

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  075390	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/18/2025
NAME OF PROVIDER OR SUPPLIER  Beacon Brook Center for Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 89 Wied Drive Naugatuck, CT 06770	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on review of the clinical record, facility documentation, facility policy, and interviews for one of three Residents (Resident #1) reviewed for nutrition, the facility failed to provide a timely Dietician evaluation to address a documented significant weight loss. The findings include:</p> <p>Resident #1 was admitted to the facility with diagnoses that included Diabetes Mellitus, dysphagia, anemia, heart failure and chronic kidney disease.</p> <p>The Resident Care Plan (RCP) dated 4/1/2025 identified Resident #1 had nutrition related diagnoses of increased nutrient needs, malnutrition, a chronic wound and altered gastrointestinal status due to constipation, nausea and reflux. The RCP directed to allow Resident #1 time to eat, line of sight supervision at meals and a ground texture, thin consistency diet.</p> <p>A Dietician evaluation dated 5/6/2025 identified Resident #1 as a high risk for weight loss/nutritional needs and noted a 5 % weight loss over a month and a 11.4 % weight loss over a 6-month time frame. A protein supplement and weekly weights were ordered.</p> <p>A weight dated 5/9/2025 at 2:26 PM was 130.9 pounds (lbs.).</p> <p>A reweight dated 5/23/2025 at 1:48 PM was 121 lbs. A 9.9 lbs. (7.6 %) weight loss in 2 weeks.</p> <p>A quarterly Minimum Data Set (MDS) assessment dated [DATE] identified Resident #1 had severe cognitive impairment (Brief Interview for Mental Status (BIMS) score of 6), required maximal assistance for eating and was dependent for care.</p> <p>A reweight dated 6/2/2025 at 2:50 PM was 113.8 lbs. A 17.1 lbs. (13 %) weight loss in 3 weeks.</p> <p>A Nutrition note dated 6/3/2025 at 12:43 PM identified Resident #1 was seen for follow up and re-evaluation of weights. Resident #1's diet was house minced, moist and mildly thickened liquids noting intake at 0-100 % consumption of meals with a liquid protein supplement daily. Resident #1 had a stage 3 pressure wound to the right foot and unstageable pressure wounds to the sacrum and right lateral foot. A weight on 6/2/2025 was 113.8 lbs. with a weight on 5/2/2025 of 132.6 lbs. A severe weight loss times 1 month was identified. Recommendations included continuing with weekly weights and supplement changed to frozen nutrition cup three times a day. The liquid protein supplement was increased to twice a day.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with the Dietician on 6/18/2025 at 11:44 AM identified she last evaluated Resident #1 prior to 6/3/2025 on 5/6/2025 as part of a readmission review. She identified that she evaluated residents on admission, readmission, quarterly and for a significant change in condition including weight loss. She indicated she printed a weight/dietician report from the electronic medical record system (EMR) when in the facility and reviewed the report in the morning on her scheduled workdays (3 days per week) to determine what residents she needed to evaluate. She further indicated the nursing staff would add residents to her report through the EMR to notify her that an evaluation was needed. She identified she checked weights for high-risk residents such as Resident #1 when she reviewed the weight report each time she worked. She could not recall if she identified Resident #1's 5/23/2025 weight or weight loss. She indicated that there were a lot of residents on the weight report who were high risk and at times she had to prioritize who she would see. She identified that the 5/23/2025 weight of 121 lbs. was a 7.6 % loss in 2 weeks. She defined a significant weight loss as 5 % or greater weight loss in 30 days or 10 % weight loss in 6 months or 180 days.</p> <p>Interview with the Director of Nurses (DNS) on 6/18/2025 at 1:00 PM identified that a weight change of 5% or more should be reported to the supervisor who would contact the Dietician. She did not know why LPN #1 did not notify the supervisor of the weight change on 5/23/2025 and indicated the Dietician should have evaluated Resident #1 immediately or within a few days of the identified weight change. She did not know why the Dietician did not evaluate Resident #1 prior to 6/4/2025 as the weight reports that are generated included all of Resident #1's recorded weights.</p> <p>Attempts to contact LPN #1 were unsuccessful during the survey.</p> <p>The facility policy Weight policy and procedure dated 10/2023 directed in part significant weight change are verified and if the verified weight (reweigh) indicated a significant weight change, the interdisciplinary team will be notified and the plan of care revised as appropriate. Parameters for evaluating the significance of weight loss was 5 % in 30 days, 7.5 % in 90 days and 10% in 180 days.</p> <p>Although requested, the facility identified they did not have a policy that addressed the dietician evaluation of a significant weight loss.</p>		