

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075394	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/08/2026
NAME OF PROVIDER OR SUPPLIER Civita Care Center at Long Ridge		STREET ADDRESS, CITY, STATE, ZIP CODE 710 Long Ridge Road Stamford, CT 06902	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, facility documentation review, and staff interviews for one of three residents (Resident #1) reviewed for accidents, the facility failed to ensure an accident was reported timely when Resident #1 hit his/her hip during a transfer. The findings include: Resident #1 had a diagnosis of chronic atrial fibrillation (abnormal heart rhythm), vascular dementia, and muscle weakness. The admission Minimum Data Set, dated [DATE] identified Resident #1 had a Brief Interview Mental Status (BIMS) score of 11 indicating moderately impaired cognition and required partial assistance with transfers. The Resident Care Plan dated 1/10/26 identified a fall risk, agitation, restlessness, and needed assistance with activities of daily living. Interventions directed to provide one (1) staff assistance for transfers. The nursing note dated 3/11/26 at 8:10 AM identified Resident #1 was observed with discoloration and pain to the left hip. The APRN was notified and Resident #1 was transferred to the hospital for evaluation at 8:20 AM. Facility investigation identified NA #1 was assigned to Resident #1 on 3/10/26 during the 3 to 11 PM shift. NA #1 indicated that during the transfer, Resident #1 stumbled and hit his/her left hip on the side rail as NA #1 was trying to turn him/her around. NA #1 stated Resident #1 did not fall and managed to turn him/her and put him/her to bed, and Resident #1 had no complaints of pain throughout the shift. NA #1 stated he made rounds prior to end of his shift and resident was asleep. Facility statement from NA #1 dated 3/11/26 identified when he transferred Resident #1 into bed on 3/10/26 around 8 PM, Resident #1 stumbled during the transfer and hit his/her left hip on the side rail. NA #1 did not inform the nurse of the incident. Although attempted, an interview with NA #1 was not obtained during the survey. Interview with the Administrator and DNS on 4/7/26 at 12:50 PM identified on the morning of 3/11/26 Resident #1 was found with discoloration and pain to the left hip. The APRN was notified and Resident #1 was transferred to the hospital for evaluation. Facility investigation identified NA #1 transferred Resident #1 on 3/10/26 at around 8 PM and during the transfer Resident #1 his/her left hip on the side rail. NA #1 did not notify the nurse of the incident when it occurred. The DNS stated NA #1 should have informed the nurse when Resident #1 hit his/her hip on the side rail. Although requested, no facility policy was obtained regarding reporting an incident for surveyor review. Facility documentation review identified staff education was initiated on 3/13/2026 and included directing staff to report all incidents of the resident stumbling during transfer, hitting the side rail, bed or object, loss of balance, or needing to catch the resident unexpectedly to the charge nurse promptly. A QAPI meeting was held on 3/13/2026, and audits were initiated on 3/11/2025. Based on review of facility documentation, past non-compliance was identified.</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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