

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075396	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/06/2024
NAME OF PROVIDER OR SUPPLIER Cherry Brook Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 102 Dyer Avenue Canton, CT 06019	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41223</p> <p>Based on clinical record review, facility documentation review, facility policy review, and interviews for one of two residents (Resident #4) reviewed for abuse, the facility failed ensure the resident was free from mistreatment. The findings include:</p> <p>Resident #4 was admitted with diagnoses that included dementia and amyloidosis. An admission MDS assessment dated [DATE] identified Resident #4 had a BIMS of 8 indicating moderately impaired cognition, required assistance for personal hygiene, was occasionally incontinent of urine and frequently incontinent of bowel. The RCP dated 11/5/2024 identified Resident #4 required assistance for ADLs. The RCP directed provide care.</p> <p>A facility incident report dated 11/14/2024 at 1:30 PM identified Resident #4's roommate (Resident #5) reported to social services about 6 AM a NA came into the room when Resident #4 had a bowel movement and stated to Resident #4 to get your s**** a** up. When Resident started moving, the NA said no, no, don't touch me with your s**** leg, I don't want that s*** on me.</p> <p>Resident #5 record review identified Resident #5 was alert and oriented.</p> <p>The facility summary dated 11/17/2024 identified Resident #4 was unable to provide any information for the facility investigation due to confusion. The summary indicated the accused, NA #2, denied the allegation, and further indicated the NA was given disciplinary action.</p> <p>Interview with NA #2 on 12/6/2024 at 11:00 AM identified on 11/14/2024, Resident #5 had put his/her call light on and when she went into the room, she observed Resident #4 in bed and stated there was stool everywhere in the room, on the floor, on the resident and on the bed. NA #2 stated she told Resident #4 to get up and told Resident #4 I need to get this s*** off of you, s*** is everywhere. NA #2 stated she assisted Resident #4 to the bathroom and provided care, then cleaned the room and changed the bed sheets. NA #2 stated she reacted to the mess and was frustrated, that she just blurted it out knowing that the word s*** is derogatory and could be considered abusive.</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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with the DON on 12/6/2024 at 12:13 PM at identified NA #2 upon interview, had admitted to using the word s*** when caring for Resident #4 and in within hearing distance of Resident #5. The DON stated the use of any swear or derogatory words with a resident could be abusive but, in this case, she stated it seemed that NA #2 did not willfully intend to cause any harm to Resident #4. The DON stated NA #2 was disrespectful, and she stated NA #2 had not contacted the facility since the initial interview and had not worked in the facility since that time. Further, the DON stated disciplinary action would be completed when the facility contacted NA #2 and would include a verbal warning and re-education for abuse and customer service.</p> <p>The facility Abuse, Neglect and Crimes Committed against Residents policy dated 6/2/2022 directed in part, to ensure each resident is treated with dignity, compassion and respect. All residents are to have freedom from abuse. Verbal abuse is defined as the use of oral, written or gestured language that included disparaging and derogatory terms to residents regardless of their disability or ability to comprehend.</p> <p>The facility Resident's [NAME] of Rights Policy dated 9/22/2024 identified that residents have the righty to be treated with consideration, respect and full recognition of their dignity and individuality.</p>		