STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	075397	A. Building B. Wing	06/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Haven Center for Nursing & Rehabilitation LLC	181 Clifton Street New Haven, CT 06513

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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47460 Based on clinical record review, facility documentation review, facility policy review, and interviews for one of three residents (Resident #1) reviewed for care plans, the facility failed to ensure a comprehensive care plan included discharge planning. The findings include: Resident #1's diagnoses included depression, paranoid personality, and atrial fibrillation. The quarterly Minimum Data Set (MDS) assessment dated [DATE] identified that Resident #1 was alert and oriented, and required substantial/maximal assistance for ADL care. The MDS indicated Resident #1 wanted to be asked about returning to the community on all assessments, that a referral to Local Contact Agency was not made. Review of Resident Care Plan (RCP) dated 1/8/2024 and failed to identify care plan discharge goals or interventions for Resident #1. The social worker's note dated 1/18/2024 at 2:37 PM identified that an application was completed for Money Follows the Person (MFP) by SW #2, for discharge planning. A copy was provided to Resident #1. The note further indicated the State phone application was completed, was in processing and not yet approved for MFP and indicated a plan to follow up. Review of the RCP meeting attendance form dated 3/12/2024 included attendance by SW #2 and Resident #1. Additional review of the RCP failed to identify the care plan included discharge planning, and that an MFP application was pending approval. Interview, clinical record review and facility documentation review with SW #2 on 6/20/2024 at 12:06 PM identified Resident #1's quarterly RCP meeting form dated 3/12/2024 did not include information regarding Resident #1's MFP program application or discharge status. She further indicated that she wrote notes in her notebook that Resident #1 was seen by the MFP transitional coordinator but did not document in Resident #1's clinical record because she did not have time and was behind in her computer documentation, and she should have included the documentation in the clinical record. Interview, clinical record review and facility documentation review with DNS on 6/20/2024 at 12:52 PM identified that SW #2 should have documented status of progress for MFP on the RCP meeting form or in a progress note in Resident #1's clinical record. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075397	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Haven Center for Nursing & Rehabilitation LLC	181 Clifton Street New Haven, CT 06513

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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility Care Plan Policy, directed in part, a comprehensive, person-centered care plan will: include the resident's stated preference and potential for future discharge, including his or her desire to return to the community and any referrals make to local agencies or other entities to support such a desire.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075397	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/20/2024
NAME OF PROVIDER OR SUPPLIER New Haven Center for Nursing & Rehabilitation LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 181 Clifton Street New Haven, CT 06513	

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)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47460 Based on clinical record review, facility documentation review, and interviews for one of three residents (Resident #2) reviewed for medication administration, the facility failed to ensure the clinical record was complete and accurate to include medication administration documentation. The findings include: Resident #2's diagnoses included myocardial infarction, chronic obstructive pulmonary disease, and heart failure. The quarterly Minimum Data Set (MDS) assessment dated [DATE] identified that Resident #1 was alert and oriented and required substantial/maximal assistance for ADL care. Review of the Resident Care Plan (RCP) dated 4/23/2024 identified resident is often non-complaint with medication administration. Interventions included review of risk of non-compliance with resident. A physician's order dated 5/1/2024 directed Nitroglycerin 0.4mg, 1 tablet, sublingual once a day as needed. The nurse's note dated 5/3/2024 at 2:52 PM identified that the charge nurse notified the RN supervisor RN (RN #1) that Resident #2 was given sublingual Nitroglycerin. The APRN was updated with orders received to monitor the resident. Review of Resident #2's May 2024 Medication Administration Record (MAR) failed to identify Resident #2 received the Nitroglycerin 0.4 mg on 5/3/2024. Interview and clinical record review on 6/20/2024 at 12:35 PM with RN #1 indicated that when a medication is administered it is documented on the MAR, she further indicated that while she did document in her progress note that she gave Resident #2 Nitroglycerin on 5/3/2024, she did not document on Resident #2's MAR. Interview failed to identify why the medication was not signed on the MAR to identify it was administered. Interview and clinical record review on 6/20/2024 at 12:57 PM with the DNS identified that RN #1 should have documented the administration of Nitroglycerin on 5/3/2024 in the Resident's MAR. Review of facility Documentation Policy directed in part, to ensure accurate, timely, and appropriate documentation in the resident's medical record.