

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075402	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/26/2024
NAME OF PROVIDER OR SUPPLIER Mansfield Center for Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Warren Circle Storrs Mansfield, CT 06268	
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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of clinical records, interviews, and review of facility documentation for one (1) of three (3) residents (Resident #1) reviewed for grievances, the facility failed to update the resident's care plan and card regarding the resident's care preferences/concerns. The findings included:</p> <p>Resident #1's diagnoses included hemiplegia and hemiparesis following cerebral infarction affecting the left non-dominant side, anxiety, and abnormalities of gait and mobility.</p> <p>Review of the admissions Minimum Data Set (MDS) assessment dated [DATE] identified Resident #1 a Brief Mental Interview for Mental Status (BIMS) of fifteen (15), indicative of intact cognition. The MDS further identified Resident #1 required moderate assistance with toileting hygiene, bathing, and lower body dressing, and utilization of a wheelchair and walker.</p> <p>Review of Resident #1's Care Plan dated 10/30/24 identified a deficit in self-care related to cerebral vascular accident with left hemiplegia. Interventions directed to assistance of one staff member with bathing, dressing and toileting.</p> <p>Review of the November 2024 grievance entries identified a grievance was placed by Resident #1 requesting additional care checks from nursing staff, more frequent changes of soiled linens (which have remained on the resident's bed and resident for several days), and a request to scrub the resident's scalp and jawline area when bathed to remove dry skin flakes.</p> <p>Interview with the Administrator on 11/26/24 at 4:00 PM identified that the facility had received a list of Resident #1's care requests/preferences and provided a copy to the Director of Nurses to address the personal care items. The Administrator further identified holding an impromptu care plan meeting two (2) days after receiving this list of concerns with the interdisciplinary team, resident, and the resident's spouse to discuss what the facility was going to do, what could be done, and what was already in place. The Administrator indicated items listed on the grievance were to be added to the resident's care plan.</p> <p>Review of Resident #1's Care Plan failed to identify the resident's care preferences were updated.</p> <p>Review of Resident #1's November 2024 Care Card failed to identify Resident #1's care preferences were updated.</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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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility was unable to provide documentation identifying staff was educated on the aforementioned care concerns/preferences.</p> <p>Review of the Resident Rights policy directed the right to receive quality care and services with reasonable accommodation of the resident's individual needs and preferences, the right to have prompt efforts made by the facility to resolve any grievances the resident may have, and the right of the resident to participate in the planning of care and treatment.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of clinical records, interviews, and review of facility documentation for one (1) of three (3) residents (Resident #1) reviewed for accidents, the facility failed to ensure that once a new piece of equipment was ordered the equipment had the necessary fall prevention measures in place.</p> <p>The findings included:</p> <p>Resident #1's diagnoses included hemiplegia and hemiparesis following cerebral infarction affecting the left non-dominant side, anxiety, and abnormalities of gait and mobility.</p> <p>Review of the admissions Minimum Data Set (MDS) assessment dated [DATE] identified Resident #1 a Brief Mental Interview for Mental Status (BIMS) of fifteen (15), indicative of intact cognition and required moderate assistance going from a sit to lying, lying to sitting on side of bed, sit to stand, chair/bed to chair transfers, and utilized a walker and wheelchair.</p> <p>Review of Resident #1's Care Plan dated 10/30/24 identified the potential for falls due to a cerebral vascular accident with left side weakness and psychotropic medication use with interventions that directed to place bed in low position, appropriate footwear non-skid socks while in bed ,and non-slip soles on shoes/sneakers when ambulating or mobilizing in wheelchair.</p> <p>Review of the Facility Licensing and Investigations Section Reportable Event Form dated 11/3/24 at 5:45 PM identified Resident #1's left leg slid off the side of the bed, which pulled the rest of his/her body off the bed and onto the floor, The report further identified a disposition/action taken of bolsters to Resident #1's mattress.</p> <p>Review of a receipt dated 11/4/24 identified one (1) thirty-six (36) by eighty-four (84) inch Relief Max Non-Powered Surface mattress and one (1) eighty-four (84) inch perimeter cover (which included bolsters) was ordered, however review of a receipt dated 11/7/24 at 12:40 PM identified an order for a Matrix Bed Frame, extension kits, and a Reduce Max Preventative Mattress thirty-six (36) by eighty-eight (88) inches (without bolsters) to replace the previous mattress ordered.</p> <p>Review of the dated 11/16/24 at 9:30 AM identified Resident #1 lying on the floor next to the bed in his/her room resulting in left shoulder pain, and without serious injury.</p> <p>Review of Resident #1's Care Plan update dated 11/16/24 identified the potential for falls with/without injury due to: cerebral vascular accident with left side weakness and psychotropic medication use and an intervention which directed wedge cushions to be placed on the both sides of the bed to prevent his/her leg from falling off the side of the bed.</p> <p>Interview with the Facility Administrator (FA) on 11/26/24 at 1:35 PM identified bolsters were on the mattress ordered following Resident #1's initial fall (order dated 11/4/24), however the Administrator did not specifically order bolsters for the new, larger mattress (order dated 11/7/24), did not ask if the new mattress came with bolsters, and thought placement of pillows underneath the sheet on both sides of Resident #1's bed had been added as an intervention to prevent the resident from sliding/falling out of the non-bolstered bed.</p>		