STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	075402	A. Building B. Wing	01/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mansfield Center for Nursing and Rehabilitation	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)
F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from the wrongful use of the resident's belongings or money. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50059 Based on clinical record reviews, review of facility documentation and interviews for one (1) of three (3) sampled residents (Resident #1) who were reviewed for the misappropriation of personal property, the facility failed to ensure a controlled medication prescribed for Resident #1, Ativan, was not removed from the facility. The findings include: Resident #1's diagnoses included cerebral infarction, anxiety, and depressive disorder. A physician's order dated 10/20/24 directed to administer Ativan 1 milligram (mg) every eight (8) hours as needed for anxiety. The Resident Care Plan dated 10/22/24 identified Resident had a history of depression and anxiety. Interventions directed to administer medications as ordered, monitor for effect, and psych consultation as needed. The admission Minimum Data Set assessment dated [DATE] identified Resident #1 was alert and oriented to person, place, and time, experienced delusions, exhibited no behavioral symptoms, and received an antidepressant medication. The nurse's note dated 10/29/24 at 12:52 AM identified Ativan 1mg was administered with effect. The Facility Reported Incident form dated 11/6/24 at 1:00 PM identified on 11/2/24 the former Director of Nursing, Registered Nurse (RN) #2, was notified by the 7AM-3PM Nursing Supervisor, RN #1, Resident #1's bubble pack of Ativan 0.5 mg tablets was unable to be located, there was a total of twenty-nine (29) tablets from the thirty (30) that was delivered on 10/22/24. An investigation including audit of narcotics, review of the nurse shift to shift narcotic sign off sheets and staff interviews was conducted 11/2/24 and the Drug Enforcement Agency (DEA) was contacted. (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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	075402	A. Building B. Wing	01/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mansfield Center for Nursing and Rehabilitation	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)
F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The investigation identified RN #2 explained to the DEA agent twenty-nine (29) tablets of Ativan 1 mg belonging to Resident #1 was discovered missing at 7:00 AM on 11/2/24. On 11/1/24 at the 3:00 PM shift change the Ativan was verified as present by the 7AM-3PM and 3-11PM nurses during the controlled medication count. RN # 2 stated the 3-11PM nurse, Licensed Practical Nurse (LPN) #1, informed her that at she, LPN #1, had counted with the 11PM-7AM nurse, LPN #2. RN #2 identified the 11PM-7AM nurse informed her that she did not remember the count, even though her initial were on the shift change sheet with LPN #1's. RN #2 explained LPN #1 worked a double shift so at 11:00 PM, LPN #1 left the keys to the medication cart on top of the medication cart and proceeded to go to the unit she was scheduled to work on. The 11PM-7AM nurse, LPN #2, stated although she signed that at 11:00 PM she counted the controlled medications and took the keys, LPN #2 did not get to the cart and took the keys until sometime after 11:00 PM. In an interview on 1/13/25 at 11:24 AM the Administrator identified he was made aware on 11/4/24 of the missing medication that was reported to RN #2 on 11/2/24. In an interview with the Drug Enforcement Agency (DEA) agent on 1/13/25 at 11:55 AM he was notified on 11/6/24 of the missing Ativan medication. The agent stated he met with RN #2 and the Administrator at the facility 11/7/24 and investigated the discrepancy. The DEA agent identified although he reviewed records, conducted interviews and toured the facility he was unable to identify how the medication was unable to be located in the facility. Although attempted, an interview with RN #1 and RN #2 were not obtained. Review of the Abuse policy dated 12/23 directed Misappropriation of Resident Property means the deliberate misplacement, exploitation, wrongful, temporary or permanent use of a resident's belongings or money without the resident's consent.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	075402	A. Building B. Wing	01/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mansfield Center for Nursing and Rehabilitation	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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50059 Based on clinical record reviews, review of facility documentation and interviews for one (1) of three (3) sampled residents (Resident #1) who were reviewed for misappropriation of the resident's controlled medication, the facility failed report the missing medication to the state agency within the noted two (2) hours. The findings include: Resident #1's diagnoses included cerebral infarction, anxiety, and depressive disorder. A physician's order dated 10/20/24 directed to administer Ativan 1 milligram (mg) every eight (8) hours as needed for anxiety. The Resident Care Plan dated 10/22/24 identified Resident had a history of depression and anxiety. Interventions directed to administer medications as ordered, monitor for effect, and psych consultation as needed. The admission Minimum Data Set assessment dated [DATE] identified Resident #1 was alert and oriented to person, place, and time, experienced delusions, exhibited no behavioral symptoms, and received an antidepressant medication. The nurse's note dated 10/29/24 at 12:52 AM identified Ativan 1mg was administered with effect. The Facility Reported Incident form dated 11/6/24 at 1:00 PM identified on 11/2/24, four (4) days earlier, the former Director of Nursing, Registered Nurse (RN) #2, was notified by the 7AM-3PM Nursing Supervisor, RN #1, Resident #1's bubble pack of Ativan 0.5 mg tablets was unable to be located, there was a total of twenty-nine (29) tablets from the thirty (30) that was delivered on 10/22/24. An investigation including audit of narcotics, review of the nurse shift to shift narcotic sign off sheets and staff interviews were conducted 11/2/24. An email correspondence to the Drug Enforcement Agency (DEA) identified on 11/6/24 RN #2 reported the missing Ativan medication and RN #2 also reported the missing medication to the Department of Public Health. The investigation identified RN #2 explained to the DEA agent twenty-nine (29) tablets of Ativan 1 mg belonging to Resident #1 was discovered missing at 7:00 AM on 11/2/24. On 11/1/24 at the 3:00 PM shift change the Ativan was verified as present by the 7AM-3PM and 3-11PM nurses during the controlled medication count. RN # 2 stated the 3-11PM nurse, Licensed Practical Nurse (LPN) #1, informed her that at she, LPN #1, had counted with the 11PM-7AM nurse, LPN #2. RN #2 identified the 11PM-7AM nurse informed her that she did not remember the count, even though her initial were on the shift change sheet with LPN #1's. RN #2 explained LPN #1 worked a double shift so at 11:00 PM, LPN #1 left the keys to the medication cart on top of the medication cart and proceeded to go to the unit she was scheduled to work on. The 11PM-7AM nurse, LPN #2, stated although she signed that at 11:00 PM she counted the controlled medications and took the keys, LPN #2 did not get to the cart and took the keys until sometime after 11:00 PM. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	075402	A. Building B. Wing	01/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mansfield Center for Nursing and Rehabilitation	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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 1/13/25 at 11:24 AM the Administrator identified he was made aware on 11/4/24 of the missing medication that was reported to RN #2 on 11/2/24. The Administrator stated he was notified on 11/4/24, two (2) days later by RN #2, however he did not report the incident to The Department of Consumer Protection, the Drug Enforcement Division (DCP), Department of Public Health (DPH) or local law enforcement until 11/6/24, four (4) days later. In an interview with the Drug Enforcement Agency (DEA) agent on 1/13/25 at 11:55 AM he was notified on 11/6/24 of the missing Ativan medication. The agent stated he met with RN #2 and the Administrator at the facility 11/7/24 and investigated the discrepancy. The DEA agent identified although he reviewed records, conducted interviews and toured the facility he was unable to identify how the medication was unable to be located in the facility. Review of the Abuse policy dated 12/2023 and Procedures directed The facility must ensure that alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property and exploitation are reported immediately to the Administrator and Director of Nurses of the facility utilizing the chain of command.