

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075407	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/14/2025
NAME OF PROVIDER OR SUPPLIER Autumn Lake Healthcare at West Hartford		STREET ADDRESS, CITY, STATE, ZIP CODE 1 Emily Way West Hartford, CT 06107	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, facility documentation, and staff interviews for one of three residents (Resident #1), reviewed for quality of care, the facility failed to ensure daily weights were obtained and failed to notify the physician of a weight gain greater in accordance with physician orders. The findings include:</p> <p>Resident #1 had a diagnosis of chronic kidney disease. Quarterly MDS dated [DATE] identified Resident #1 had a BIMS of 12 indicating moderately impaired cognition and required assistance with ADLs. The Resident Care Plan (RCP) dated 1/23/2025 identified variations in weight and appetite. Interventions directed to monitor weight, and notify the provider of significant weight changes.</p> <p>Physician order dated 12/23/2024 directed to obtain a daily weight and to notify the provider of an increase greater than two (2) pounds in one (1) day or five (5) pounds in three (3) days.</p> <p>Record review identified during January 2025, Resident #1 weights were obtained on the following dates: 1/6, 1/7, 1/15, 1/16, 1/22, 1/25, and 1/31/2025. Additional review identified Resident #1 refused to be weighed on nine (9) days (1/1, 1/2, 1/8, 1/9, 1/14, 1/18, 1/19, 1/20, and 1/21/2025). Weights were not recorded on fifteen (15) out of 31 days (1/3, 4, 5, 10, 11, 12, 13, 17, 23, 24, 26, 27, 28, 29, and 30/2025).</p> <p>Interview and record review with the Dietician on 2/14/2025 at 11:41 AM identified Resident #1 was not weighed daily during the month of January but should have been weighed daily. The Dietician indicated she did not know why the weights were not obtained.</p> <p>Interview and record review with LPN #1 on 2/14/2025 at 12:46 PM identified Resident #1 was not weighed daily during January 2025 but should have been, per physician order. LPN #1 further stated that it was her responsibility and the nurse on each shift's responsibility to ensure the resident was weighed daily. LPN #1 stated she did not know why the weights were not obtained, and she never checked to ensure daily weights were obtained as ordered.</p> <p>Interview and record review with the DNS and Administrator on 2/14/2025 at 1:36 PM identified although the physician ordered daily weights, and Resident #1 refused weights at times, the interview failed to identify why weights were not obtained on the fifteen (15) days without documentation. Interview identified the weights should have been obtained, and if the resident refused the weight, then the refusal should have been documented.</p> <p>a.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Weight on 1/22/2025 was recorded as 115 pounds (lbs). Weight recorded on 1/25/2025 was 125 lbs (increase of 10 lbs). Record review failed to identify the physician was notified of the 10-pound weight gain in accordance with physician order.</p> <p>Interview and record review with the DNS and Administrator on 2/14/2025 at 1:36 PM identified the facility was unable to provide documentation that the physician/APRN was notified of the 10-pound weight gain identified on 1/25/2025. Interview identified the physician/APRN should have been notified, and the DNS and Administrator did not know why they were not notified.</p> <p>Although requested, a facility policy was not provided.</p>		