

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  075412	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/23/2025
NAME OF PROVIDER OR SUPPLIER  Lord Chamberlain Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 7003 Main Street Stratford, CT 06614	

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 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Permit a resident to return to the nursing home after hospitalization or therapeutic leave that exceeds bed-hold policy.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review, facility documentation review, and staff interviews for one of three (Resident #1) reviewed for hospital transfer, the facility failed readmit a resident to the facility following hospitalization. The findings include:</p> <p>Resident #1 had a diagnosis of abdominal wound due to intestinal perforation and small bowel obstruction.</p> <p>Physician order dated 12/12/2024 directed cleanse abdominal wound with normal saline followed by soaked acetic acid kerlix to midline followed by ABD pad two times a day.</p> <p>The admission Minimum Data Set (MDS) dated [DATE] identified Resident #1 had a Brief Interview Mental Status (BIMS) score of 15 (indicated alert and oriented) and had a surgical wound. The Resident Care Plan RCP dated 12/26/2024 identified a surgical wound. Interventions directed to provide wound care per treatment order.</p> <p>Nurse Practitioner #2 wound note dated 12/30/2024 identified a consultation was provided for evaluation and management of the abdominal surgical wound. The wound measured 14 by 4.5 by 5.5 centimeters (cm) with a moderate amount of serosanguineous drainage. The note indicated the wound was stable, and directed to continue with acetic acid moist gauze and follow up with the surgeon.</p> <p>Change in condition nursing note dated 12/31/2024 at 3:53 PM identified Resident #1 was transferred to the hospital secondary to a wound infection.</p> <p>Nursing note dated 12/31/2024 at 4:26 PM identified Resident #1 was transferred to the hospital secondary to wound changes, the resident had no further insurance and the hospital was to assist with insurance renewal.</p> <p>Record review identified the resident did not return to the facility following hospital transfer on 12/31/2024.</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 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with RN #3 on 1/23/2025 at 12:42 PM identified she was working on 12/31/2024 on the 11 PM to 7AM shift and she received a phone call from the hospital stating Resident #1 was ready to be discharged from the hospital back to the facility. RN #3 stated she denied taking Resident #1 back from the hospital because she was told during 11 PM shift report from the off going nurse supervisor to not take the resident back from the hospital. RN #3 further stated she should not have denied the Resident #1 to return but was directed to deny readmission.</p> <p>Interview with RN #4 on 1/23/2025 at 1 PM identified she was the RN supervisor on 12/31/2024 from 7 PM to 11 PM but does not recall directing RN #3 that Resident #1 should not be readmitted to the facility and to deny the return from the hospital.</p> <p>Interview with the Administrator on 1/23/2025 at 3 PM identified any resident that is transferred to the hospital is permitted to come back within 48 hours following Federal guidelines and stated she did not know why Resident #1 was not taken back (readmitted ). The Administrator stated her expectation was that Resident #1 would be readmitted to the facility when the hospital stated the resident was ready for return on 12/31/2024.</p> <p>Facility Bed Hold Policy (No Date) directed residents may return to and resume residence in the facility after hospitalization or therapeutic leave and the current bed hold and return policy established by the state will apply to residents in the facility.</p>