

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075413	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Northbridge Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2875 Main Street Bridgeport, CT 06606	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 16647</p> <p>Based on observation, review of the clinical record, facility documentation, facility policy, and interviews for 1 of 1 resident (Resident # 1) reviewed for verbal communication, the facility failed to protect the Resident from verbal abuse. The findings include:</p> <p>Resident # 1 was admitted to the facility on [DATE] with diagnoses that included Parkinsons Disease, unspecified dementia, and generalized anxiety disorder.</p> <p>The quarterly MDS dated [DATE] identified Resident # 1 had moderate cognitive impairment, was incontinent of bowel and bladder and required assistance with care with activities of daily living.</p> <p>The care plan dated 10/18/2024 identified an ADL deficit. Interventions included the assistance of one for ADLs and transfer via Hoyer lift.</p> <p>The nurse's note dated 12/13/2024 at 1:20 PM identified that a NA was overheard using foul language to the Resident.</p> <p>Review of the facility documentation dated 12/13/2024 identified that the Resident was yelling to get out of bed, NA#1 went into the Residents room and asked the Resident what she/he needed and the Resident stated to get out of bed, NA#1 told the Resident to give her a minute and the Resident asked again to get out of bed, then the Resident stated fuck you and NA#1 responded fuck you too.</p> <p>The APRN assessed the Resident on 12/13/2024 and directed to provide emotional support and follow up with social services and psychiatry.</p> <p>Review of the Interview with Resident #1 and RN #1 on 12/13/2024 identified that she asked the Resident if NA#1 used foul language and the Resident said yes, we use foul language to each other. Further review identified that the Resident was not offended by the statement because they were only fooling around and he/she did not fear NA#1 and he/she would like NA#1 to continue to care for her/him.</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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with Person #1 on 12/18/2024 at 10:05 AM identified that the Resident was calling for a while, approximately twenty minutes, NA#1 came in and asked the Resident what he/she wanted and the Resident responded that he /she wanted to get up, NA#1 responded then get up, the Resident responded that she/he could not get up, NA#1 responded saying I guess you will have to wait and don't turn the light on again, the Resident then said fuck you and NA#1 responded fuck you too you and don't turn the light on again.</p> <p>Interview with NA#1 on 12/13/2024 at 10:18 AM identified that the Resident is a jovial person and they laugh together, the Resident wanted to get out of bed and NA#1 told her/him that she would be with her/him in a minute and the Resident said fuck you, fuck you and NA#1 replied with ok, with a smiling face and said fuck you, fuck you back in a laughing manner. Further interview identified that NA#1 and the Resident talk to each other like that all the time and she did not think that it was done in an abusive manner because that is the way the Resident talks.</p> <p>Interview with Resident #1 on 12/18/2024 at 11:41 AM identified that she/he did not recall anyone using swear words when they talked with her/him and if anyone did she/he would tell them to get out.</p> <p>Interview and review of the facility documentation with the DNS on 12/13 2024 at 1:00 PM identified that verbal abuse was substantiated and NA#1 was terminated on 12/17/2024.</p> <p>Review of the facility policy Abuse, Neglect and Exploitation dated 2/2023 identified that the facility protects the health, welfare, and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation, and misappropriation of property.</p>		