

| | | | |
|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075416 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/27/2026 |
| NAME OF PROVIDER OR SUPPLIER Candlewood Rehabilitation and Healthcare Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 30 Park Lane East New Milford, CT 06776 | |

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p> | <p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, facility documentation review, and staff interviews for one of three residents (Resident #1) reviewed for care and services, the facility failed to ensure care was provided in accordance with the plan of care and failed to ensure staff reapproached the resident when combative/resistive to care. The findings include: Resident #1 had a diagnosis of Alzheimer's, vascular dementia, restlessness and agitation. The quarterly Minimum Data Set (MDS) dated [DATE] identified Resident #1 had a Brief Interview Mental Status (BIMS) score of one (1) indicating severely impaired cognition, had not behaviors in the prior seven (7) days, and was dependent on for ADLs. The Resident Care Plan (RCP) dated 2/2/26 identified Resident #1 had combative behaviors. Interventions directed if the resident becomes aggressive or resistive to care to leave the resident if safe to do so and to reapproach. Nursing note dated 4/4/26 at 10:37 PM identified Resident #1 was combative with incontinent care at the start of shift. Interview with NA #1 on 4/27/26 at 10:50 AM identified around 3 to 4 PM, Resident #1 was being combative while she and NA #3 were trying to provide incontinent care. A family member assisted NA #1 and they were able to provide the care. Resident #1 was being combative, and the family member helped to hold Resident #1 to prevent him/her from hitting us. Interview with NA #3 was unable to be obtained during the survey. Interview with RN #1 on 4/27/26 at 12:13 PM identified Resident #1 was being combative during care around 4 pm and stated staff should have stopped giving care when the resident became combative, and attempted to reapproach the resident at a later time. Interview with the Director of Nursing and Administrator on 4/27/26 at 1:05 PM identified Resident #1 had a history of being combative during care. The DNS indicated he was not aware if Resident #1 was resistive to care on 4/4/2026, stated if the resident was being combative, staff should make sure the resident is safe, leave if the resident and attempt to reapproach at a later time. Review of facility Care Plan Resident Policy dated 7/1/09 directed in part,care plans will develop an appropriate and individualized plan of care for the resident.</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 |
|---|-------|-----------|