STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	075420	A. Building B. Wing	03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Summit at Plantsville, The	261 Summit Street Plantsville, CT 06479

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48879 Based on review of the clinical record, facility documentation, facility policy and interviews for one (1) of three (3) residents (Resident #1) reviewed for accidents, the facility failed to ensure a safe Hoyer lift (mechanical lift) transfer for a resident, due to environmental constraints that impeded stabilization of the Hoyer lift's legs, resulting in the resident being struck in the head by the Hoyer lift arm. The findings include: Resident #1's diagnoses included atrial fibrillation (irregular heart rate), neuropathy (nerve damage causing weakness, numbness and pain), right hand contracture, muscle wasting and atrophy (decreasing in size) and adjustment disorder (excessive reaction to stress that causes negative thoughts, emotions and behavioral changes). The quarterly Minimum Data Set (MDS) assessment dated [DATE] identified Resident #1 had a Brief Mental Interview for Mental Status (BIMS) of fifteen (15) indicative of intact cognition and required substantial assistance with bed mobility and was dependent on staff for transfers. The Resident Care Plan (RCP) dated 3/3/25 identified Resident #1 bumped his/her forehead on the Hoyer lift arm. Interventions included providing three (3) staff to assist with mechanical lift transfers as needed. A nurse's note dated 3/3/25 at 7:30 AM identified that RN #1 was paged to Resident 1's room for reports that Resident #1 bumped his/her forehead on the Hoyer lift arm. The note identified that Resident #1 was alert and oriented, reported discomfort to the area which later resolved, denied a headache or dizziness and neurological vital signs were within normal limits. The note identified that a bump with redness was noted, the Advanced Practice Registered Nurse (APRN) was notified and a new order was obtained to ice the area every two (2) hours as needed for 24 hours. The facility Accident & Investigation (A & I) report dated 3/3/25 at 7:30 AM identified that Resident #1 bumped his/her head on the arm of the Hoyer lift during a transfer in his/her room and sustained a bump to his/her mid forehead and bruising to both eyes The report identified that the APRN was notified and new orders were obtained to apply ice to the area as needed for 24-hours and to hold Eliquis (blood thinner medication) for three (3) days. The report identified that NA #2 and NA #3 witnessed the incident, performed a reenactment with RN #1 (day shift supervisor), and Hoyer lift transfer reeducation was provided at that time. (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
	075420	A. Building B. Wing	03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Summit at Plantsville, The	261 Summit Street Plantsville, CT 06479

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An APRN note dated 3/3/25 at 9:30 AM identified that Resident #1 was evaluated for a head contusion after an incident that morning during a Hoyer lift transfer where he/she hit their forehead, between the eyes, into the Hoyer lift, and staff reports of a small hematoma. The note identified that upon evaluation, Resident #1 was aware of the bump, was icing his/her forehead, reported having a mild headache and was administered tramadol with good effect. Resident #1 was noted to have worsening ecchymosis (discoloration of the skin caused by blood leaking from broken blood vessels into the surrounding tissue) around the eyes but denied dizziness, nausea, vomiting or chest pain and remained alert and oriented to person, place and time. The note identified that Resident #1 had no signs and symptoms of neurological changes and that they would continue ice as ordered and hold Eliquis for the next 48-hours. The note indicated that if Resident #1 presented with significant mental status changes, he/she would be sent to the Emergency Department (ED) for a possible CAT scan (x-rays that are used to create detailed cross-sectional images of the body) or evaluation. A physician's order dated 3/3/25 directed to apply ice to forehead 20-minutes on and 20-minutes off every two (2) hours as needed for one (1) day. A physician's order dated 3/3/25 directed to hold Apixaban (Eliquis) 2.5 milligram (mg) oral tablet twice daily from 3/3/25 to 3/5/25. Review of nurse's notes from 3/3/25 through 3/4/25 identified no notable neurological changes or complaints. A nurse's note dated 3/5/25 at 11:14 AM identified Resident #1 was assessed after reporting a headache with ten (10) out of 10 pain (severe). The note identified Resident #1 denied dizziness or double vision and neurological checks were within normal limits. The APRN was notified, and a new order was obtained to transfer Resident #1 to the ED for evaluation. The hospital discharge summary dated 3/7/25 identified Resident #1 was admitted to the hospital from 3/5/25 through 3/7/25 with worsening tachycardia (faster than normal heart rate) which was likely due to headache and recent head injury and further identified that a head CT scan was completed, and a brain bleed was not seen on imaging. Interview with LPN #1 (day shift charge nurse on 3/3/25) on 3/26/25 at 10:38 AM identified that NA #2 and NA #3 reported when they pulled Resident #1 back with the Hoyer lift pad to position him/her over the shower chair, the Hoyer lift tilted sideways and struck Resident #1 on the forehead. LPN #1 identified Resident #1 initially said he/she was fine and he/she appeared to be at baseline, so NA #2 and NA #3 showered Resident #1 per his/her request. LPN #1 identified that, after the shower, visible bruising was noted to his/her forehead that spread to both eyes. LPN #1 identified that the APRN assessed Resident #1 shortly after and gave an order to apply ice to the area. Interview with RN #1 on 3/26/25 at 11:21 AM identified that Resident #1, NA #2 and NA #3 reported that when Resident #1 was turned in the Hoyer lift to be positioned to sit in the shower chair, the Hoyer lift started to tip sideways, and the arm of the lift struck Resident #1 on the forehead. RN #1 identified that Resident #1 initially complained of pain from the impact, had a bump and redness above the bridge of his/her nose, and she requested the APRN evaluate Resident #1 right away. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075420	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Summit at Plantsville, The	261 Summit Street Plantsville, CT 06479

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview with NA #2 on 3/26/25 at 11:28 AM identified that on 3/3/25, NA #3 and herself placed the Hoyer pad under Resident #1, attached the pad to the hooks of the Hoyer pad, covered Resident #1 with a blanket and lifted Resident #1 into the air. She identified that due to space constraints, the large shower chair was positioned in the doorway because it did not fit next to the bed with the Hoyer lift. NA #2 identified that NA #3 pushed Resident #1 from his/her window bed in the Hoyer lift, past Resident #2 (roommate) to the shower chair positioned between Resident #2 and the doorway of the room. NA #2 identified that she was inside the room behind the back of the shower chair and NA #3 was controlling the Hoyer lift and then she (NA #2) pushed the shower chair in between the Hoyer lift legs, locked the shower chair, and NA #3 began to lower Resident #1. She reported that she pulled the Hoyer lift pad slightly from behind to position Resident #1 over the shower chair and as she did that, the Hoyer lift tipped to its side and struck Resident #1 on the forehead. NA #2 identified the incident happened fast, and although she was unable to fully see if the Hoyer lift legs were completely opened, due to where she was positioned behind Resident #1, she indicated she was able to push the shower chair forward between the Hoyer lift legs so she assumed the Hoyer lift legs were completely open for stabilization. NA #2 identified that she never worked with NA #3 prior to the 3/3/25 incident but reported that she had given Resident #1 numerous showers in the past and had never had an issue with the Hoyer lift tipping before. Additionally, she identified that they used the regular Hoyer lift (not bariatric) to transfer Resident #1. Interview with the DNS on 3/26/25 at 11:41 AM identified that although she was unable to determine how or why the Hoyer lift tipped and struck Resident #1 on the forehead, she reported that if the staff operated the lift correctly, it should not have tipped. Further, she identified that when NA #2 and NA #3 redemonstrated the transfer with Resident #1, they demonstrated it correctly with no issues. Observation on Resident #1's unit on 3/26/25 at 11:45 AM identified one Hoyer lift in the shower room. Review of the manufacturer's guidelines for the Hoyer lift provided by the Administrator identified a weight capacity of up to 500 pounds. Review of the clinical record identified Resident #1's weight was 228 pounds on 3/3/25. Observation and interview with Resident #1 on 3/26/25 at 11:49 AM identified dark discoloration under both eyes. Resident #1 identified that on 3/3/25, the NA's hooked him/her up to the Hoyer lift and pushed him/her to the shower chair, by the door, and when they went to lower him/her, the Hoyer lift tipped and struck him/her in the head. Resident #1 identified his/her head hurt but he/she still wanted to be showered. Resident #1 identified he/she has had intermittent headaches since the incident. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	075420	A. Building B. Wing	03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Summit at Plantsville, The	261 Summit Street Plantsville, CT 06479

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview with NA #3 on 3/26/25 identified that he was employed by an agency and had never met Resident #1 prior to the 3/3/25 incident. He identified that NA #2 was present during Resident #1's Hoyer lift transfer and indicated he pushed Resident #1, in the Hoyer lift, to where the shower chair was positioned by the doorway, because there was not enough space on Resident #1's side of the room to fit both the Hoyer lift and shower chair. He identified that Resident #2's (roommate) bed side table was in the way and when he asked Resident #2 to move it, Resident #2 barked at him and told him not to touch his/her stuff. NA #3 identified that although the space was tight and the bedside table was too close to the area they were transferring Resident #1 in, he opened the Hoyer lift legs as much as he could. NA #3 identified he was facing the room door and the Hoyer lift leg, on his right side, was against the long wall opposite the bathroom door. NA #3 indicated the position of the Hoyer lift prevented the Hoyer lift legs from opening completely. He identified that as they started to lower Resident #1 onto the shower chair, the Hoyer lift started to tip and Resident #1's forehead swung into the arm of the Hoyer lift. NA #3 identified they were able to keep the Hoyer lift from completely falling over, as it fell against the long wall and he used the emergency release on the Hoyer lift to slowly lower Resident #1 into the shower chair. NA #3 identified the battery on the Hoyer lift was charged but he used the emergency release to enable more control and get the Hoyer lift back on both legs. He identified that the Hoyer lift tipped over due to not having enough space to open the Hoyer lift legs. Re-interview with NA #2 on 3/26/25 at 12:41 PM identified that it is difficult to transfer Resident #1 onto the shower chair due to performing the transfer partially on Resident #2's side of the room. She reported that she could not recall exactly what was in the way at the time of Resident #1's transfer, but identified that Resident #2 does not want his/her stuff touched. Re-interview with the DNS on 3/26/25 at 2:08 PM identified that she was unaware that staff were having difficulty maneuvering both the Hoyer lift and the large shower chair in Resident #1's room and that they were having to push Resident #1 in the Hoyer lift to the area between Resident #2 and the doorway to the room. She identified that the staff should not have transferred Resident #1 with the Hoyer lift if the environment was not clear of hazards and if there was not enough space to open the Hoyer lift legs completely. Review of the Mechanical Lift policy dated 01/2023 directed, in part, that the base legs of the lift will be locked in the maximum open position. The base legs must be always locked for stability and resident safety when lifting and transferring a resident.