

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075431	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/02/2024
NAME OF PROVIDER OR SUPPLIER Twin Maples Healthcare, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 809 R New Haven Road Durham, CT 06422	

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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37721</p> <p>Based on clinical record reviews, facility documentation, facility policy and interviews for one (1) of two (2) residents (Resident #1) who were reviewed for pressure ulcers, the facility failed to ensure complete and accurate documentation for a resident with a scheduled skin inspection who subsequently developed a pressure ulcer. The findings include:</p> <p>Resident #1's diagnoses included multiple sclerosis, neuromuscular dysfunction of the bladder and dementia.</p> <p>The quarterly Minimum Data Set assessment dated [DATE] identified Resident #1 was moderately cognitively impaired, required extensive two person assist with bed mobility, transfers, total care with bathing, was at risk for the development of pressure ulcers and did not have any unhealed pressure ulcers.</p> <p>The Resident Care Plan dated 10/9/23 identified Resident #1 had a potential for impairment to skin integrity related to decreased mobility, incontinence (bowel) and muscle spasms of the lower extremities with interventions that directed to apply an alternating pressure mattress and return to bed after lunch daily to limit time seated in wheelchair and off load pressure to buttocks.</p> <p>A physician's order dated 11/1/23 directed a weekly skin assessment on Friday's during the 3:00 PM - 11:00 PM shift.</p> <p>Review of skin assessments from 10/4/ through 10/27/23 the clinical record failed to include a documented weekly skin assessment for 10/27/23.</p> <p>A nurse's note dated 11/1/23 at 11:37 PM identified Resident #1 had developed an open area to the coccyx (tail bone), which appeared necrotic, measuring 3 cm x 5 cm. A second macerated (breakdown in skin tissue) was also noted that measured 3 cm x 3 cm. The dressing was clean, dry, and intact. The Advance Practice Registered Nurse (APRN) and wound team to follow up for further evaluation.</p> <p>A subsequent Skin Only Evaluation dated 11/2/23 identified Resident #1 had developed an unstageable pressure ulcer at the coccygeal region that measured 2 cm x 3 cm with an unknown depth. A second moisture associated skin damage was also identified on the left buttock.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075431	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/02/2024
NAME OF PROVIDER OR SUPPLIER Twin Maples Healthcare, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 809 R New Haven Road Durham, CT 06422	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A Wound Consultation dated 11/2/24 identified unstageable necrosis to the sacrum measuring 2.3 cm x 3 cm x 0.2 cm depth. A plan was in place for debridement. Orders were placed for calcium alginate, Santyl and a dry protective dressing every other day,</p> <p>An interview with Registered Nurse, RN #1 on 2/2/24 at 1:41 PM identified she was the assigned nurse on 10/27/23 during the 3:00 PM to 11:00 PM shift and would have been responsible for the Weekly skin inspection for Resident #1 during that time. RN #1 stated she did complete the weekly skin assessment on 10/27/23 and identified no skin integrity issues. RN #1 indicated she may not have completed the documented assessment.</p> <p>An interview with the Director of Nursing (DNS) on 2/2/24 at 2:44 PM identified she would expect -nursing staff to complete skin assessments on a weekly basis.</p> <p>Although requested, a policy complete and accurate documentation was not provided.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075431	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/02/2024
NAME OF PROVIDER OR SUPPLIER Twin Maples Healthcare, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 809 R New Haven Road Durham, CT 06422	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37721</p> <p>Based on clinical record reviews, observations, facility documentation, facility policy and interviews for one (1) of two (2) residents,(Resident #1), who were reviewed for pressure ulcers, the facility failed to ensure appropriate infection control practices were followed for a resident receiving a wound treatment. The findings include:</p> <p>Resident #1's diagnoses included multiple sclerosis, neuromuscular dysfunction of the bladder and dementia.</p> <p>The quarterly Minimum Data Set assessment dated [DATE] identified Resident #1 was moderately cognitively impaired, required extensive two person assist with bed mobility, transfers, total care with bathing, was at risk for the development of pressure ulcers and did not have any unhealed pressure ulcers.</p> <p>The Resident Care Plan dated 11/5/23 identified Resident #1 had an unstageable pressure ulcer related to decreased mobility. Interventions directed to assess, record, monitor wound status and stage of healing weekly and provide treatment(s) as ordered.</p> <p>A physician's order dated 1/31/24 directed to irrigate the wound of the coccyx with normal saline. Moisten 4x4 gauze with normal saline, loosely pack wound and cover with a dressing twice daily and as needed.</p> <p>An observation during Resident #1's wound treatment on 2/2/24 at 10:10 AM identified Registered Nurse #2 cleansed the wound with a saturated piece of gauze and then begin to pack the wound with a second piece of gauze moistened with saline without the benefit of doffing her gloves, performing hand hygiene, and donning a clean pair of gloves. The task was interrupted and subsequently performed observing appropriate infection control practices.</p> <p>An interview with RN #2 on 2/2/24 at 10:10 AM identified that she would normally change gloves and perform hand hygiene between tasks but was nervous and therefore did not perform the task.</p> <p>An interview with the Director of Nursing, DNS on 2/2/24 at 2:44 PM identified she would expect nursing staff to change gloves and perform had hygiene between dirty and clean tasks.</p> <p>Although requested, a policy for hand hygiene during wound care was not provided.</p>		