

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/22/2025
NAME OF PROVIDER OR SUPPLIER Apple Rehab Uncasville		STREET ADDRESS, CITY, STATE, ZIP CODE 5 Richard Brown Drive Uncasville, CT 06382	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record reviews, review of facility documentation, and interviews for one (1) of three (3) sampled residents (Resident #4) who were reviewed for an omission of medications, the facility failed to ensure medications were administered in accordance with the physician's order. The findings include:</p> <p>Resident #4's diagnoses included cerebral vascular infarction (a stroke), congestive heart failure, hypertension, and depression.</p> <p>The annual Minimum Data Set assessment dated [DATE] identified Resident #4 had memory recall deficits, rarely or never made decisions regarding tasks of daily life, was dependent on staff for activities of daily living, and had a feeding tube, gastrostomy tube (G-tube), for nutritional approaches.</p> <p>The Resident Care Plan dated 12/21/24 identified cardiovascular disease, at risk for a heart attack, chest pain, or stroke and depression. Interventions directed to administer medications as prescribed.</p> <p>Physician orders dated 1/2/25 directed to administer a medication to treat high blood pressure, Losartan Potassium, give 0.5 milligrams (mg) daily, and a medication to treat depression, Escitalopram (Lexapro), a 10 mg tablet and 5 mg tablet to equal 15 mg total daily via the G-tube.</p> <p>The Medication Error Report dated 1/6/25 identified on 1/5/25 at 9:00 AM the Losartan and Lexapro were omitted, and the responsible party and physician had been notified.</p> <p>In an interview with the Director of Nurses (DON) on 1/22/25 at 11:00 AM identified she was notified by one (1) of the nurses that another nurse may not be administering the correct dose of medication to Resident #4. The DON stated an investigation was conducted and identified the wrong dose of Losartan and Lexapro had been administered by a charge nurse, Licensed Practical Nurse (LPN) #1. The DON stated she contacted LPN #1 to discuss the incident, LPN #1 denied the allegation, and subsequently resigned from employment on 1/6/25.</p> <p>Although attempted, an interview with LPN #1 was unsuccessful.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0836</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Ensure the facility is licensed under applicable State and local law and operates and provides services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards.</p> <p>Based on observations, review of facility documentation, and interviews for 7 out of a census of 111 residents who were sampled for identification bracelets, the facility failed to ensure the residents wore an identification bracelet or other form of visible identification. The findings include:</p> <p>Observations of the memory care unit on 1/22/25 at 12:30 PM identified three (3) of five (5) residents sitting in wheelchairs in the dining room with no visible form of identification on.</p> <p>Observations of the upper and lower resident units, recreation area, common areas and rehab area identified multiple residents had no identification bracelets or visible form of identification.</p> <p>Interview with two (2) residents stated they have not been provided with identification name bands.</p> <p>Interview with the Director of Nurses (DON) on 1/22/25 at 1:20 PM identified she was aware a week ago residents were missing name bands, and she thought the issue had been resolved. The DON stated the expectation was that each resident had an identification name band. The DON identified the name bands were a means of resident identification for all nurses to perform medication administration. The DON indicated instructions were given to the charge nurses on the units to audit the residents for name bands and to ensure each resident had a visible form of identification.</p> <p>Subsequently, an audit was conducted, and several other residents were found to have no visible form of identification, identification name bands were placed on the residents, and though requested the actual number of residents without name bands was not provided.</p> <p>Review of the Policy Identification of the Resident identified all residents shall be provided with a means of identification. An identification bracelet shall be placed on the wrist of each resident at the time of admission.</p>		