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| 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 12/16/2025 |
| 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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the clinical record, facility documentation, facility policy and interviews for 1 of 2 residents (Resident #120) reviewed for dignity, the facility failed to provide care in a dignified manner when the resident needed to use the bathroom and the nurse aide told the resident to urinate in the diaper. The findings include:Resident #120's diagnoses included bradycardia (slow heart rate), pacemaker placement and high blood pressure. A physician's order dated 6/17/25 directed: may transfer the resident with assist of one with a rolling walker.The admission Minimum Data Set (MDS) assessment dated [DATE] identified Resident #120 was cognitively intact, required the assistance of one with a walker for toileting and transfers.The investigation (accident and incident report) dated 6/25/25, identified NA #2 instructed Resident #120 to urinate in the diaper, if the resident couldn't wait for assistance.A facility One to One Inservice Record indicated NA #2 was in-serviced regarding using the phrase diaper as not appropriate for the age group served and the phrase to be used was brief or incontinent care products. If unable to assist the resident immediately, simply state they would return as soon as they could. Do not encourage urinating in brief. The care plan dated 7/25/25 identified Resident #120 was incontinent of bowel and bladder and at risk for bladder infections and skin breakdown. Interventions included encourage and provide assistance with toileting and incontinent care. Provide briefs for dignity and monitor for any urinary retention and skin breakdown.Interview on 12/9/25 at 2:16 PM with Person #1 identified Resident #120 needed to use the bathroom and was instructed by staff to pee or poop in the diaper if the resident was unable to wait until the aide came back. Resident #120 had to sit in poop all night before the staff came back to provide care.Interview on 12/10/25 at 3:33 PM with the DNS identified the NA could have let the bell ring until the NA was able to assist the resident or the NA could have answered the call light and told the resident he/she would come back after helping another resident. The NA should not have told the resident to urinate in the brief and should not have used the word diaper.Although attempted, an interview with NA #2 on 12/16/25 at 11:26 AM was not obtained.The Resident Rights policy directed that the resident has the right to be treated with respect and full recognition of his/her dignity and individuality. The resident has the right to receive quality care and services with reasonable accommodation of their individual needs and preferences.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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