

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  075441	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/21/2024
NAME OF PROVIDER OR SUPPLIER  Springs at Watermark East Hill, The		STREET ADDRESS, CITY, STATE, ZIP CODE  611 East Hill Road Southbury, CT 06488	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41223</b></p> <p>Based on clinical record review, facility documentation review, facility policy review, and interviews for one resident (Resident #1) reviewed for abuse and neglect, the facility failed ensure the resident was free from mistreatment. The findings include:</p> <p>Resident #1 was admitted with diagnoses that included dementia and difficulty in walking with unsteadiness, and anxiety. An admission MDS assessment dated [DATE] identified that Resident #1 had moderate cognitive impairment and required moderate assistance with 2 staff for transfers. The RCP dated 3/26/2024 identified Resident #1 had a self-care performance. The RCP directed transfers with 2 staff, may ambulate up to 200 hundred feet assisted by one staff member with wheelchair to follow.</p> <p>A facility accident and investigation report dated 5/28/2024 at 5:22 PM identified an allegation of staff to resident abuse without injury. LPN #2 (MDS nurse) witnessed LPN #1 being rough with Resident #1, and LPN #1 and Resident # 1 were separated. The ADNS performed a body audit that was negative for injury and LPN #1 left the facility.</p> <p>A facility summary report dated 5/30/2024 identified the facility substantiated the alleged abuse. LPN #1 had placed her hand on Resident #1's face in a cupping motion with the thumb and middle finger on Resident #1's cheeks and placed Resident #1 roughly into a wheelchair. LPN #1 did not respond to facility attempts to contact her, and her employment was terminated.</p> <p>Interview with LPN #2/MDS nurse on 6/21/2024 at 10:23 AM identified that on 5/28/2024 at approximately 5:30 PM she heard someone yelling Resident #1's first name. LPN #2/MDS looked towards the voices and saw RN #2 and LPN #1 struggling with Resident #1 and trying to transfer him/her into a chair. LPN #1 was yelling at Resident #1, saying What are you doing? LPN #2/MDS observed that Resident #1's knees were buckling and then observed LPN #1 grab Resident #1's face with her hand fingers on one side of Resident #1's face and her thumb on the other cheek with her palm under Resident #1's chin. LPN #2/MDS stated she observed LPN #1 was squeezing and holding up Resident #1's face and loudly saying what are you doing? LPN #2/MDS stated LPN #1's behavior was inappropriate, and she ran to help as she heard RN #2 tell LPN #1 to be gentle. The transfer was completed, Resident #1 was wheeled to his/her room and the DON was notified.</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
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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with RN #2 (nursing supervisor) on 6/21/2024 at 11:00 AM identified on 5/28/2024 at approximately 5:15 PM she was assisting residents to the dining room for the meal when she was in the hall and observed LPN #1 begin to ambulate Resident #1 down the hall about 200 feet to the dining room. RN #2 stated she observed there was not a wheelchair behind Resident #1 (no wheelchair to follow) and was walking toward them when she saw Resident #1 appear to begin to sit down (without a chair behind him/her). LPN #1 was standing behind Resident #1 and RN #2 grabbed a chair and placed it to the side of Resident #1. LPN #1 began to yell at Resident #1 and asking Resident #1 what was he/she doing, and RN #2 stated she tried to calm LPN #1 as they began to transfer Resident #1 to the chair. RN #2 stated LPN #2 offered to assist as Resident #1's knees began to buckle. LPN #1 suddenly grabbed Resident #1's face with her with her hand, fingers on one side of Resident #1's face and her thumb on the other cheek, palm under Resident #1's chin, holding up his/her face and saying loudly to Resident #1, What are you doing? The transfer was completed and LPN #2 wheeled Resident #1 to his/her room. RN #2 stated the ADNS addressed the incident with LPN #1.</p> <p>Review of facility Abuse, Neglect, Injuries of Unknown Origin, Misappropriation and Exploitation Policy dated 4/14/2023, directed in part, physical abuse includes but is not limited to hitting, slapping, and pinching. Verbal abuse means the use of oral, written, or gestured communication or sounds that willfully includes disparaging and derogatory terms to residents. The Policy further directed that residents would be free from abuse.</p>		