STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	075443	A. Building B. Wing	02/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
John L. Levitow Health Care Center	287 West St Rocky Hill, CT 06067

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 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 52073 Based on observations, review of the clinical record, interviews, and facility policy, for the only sampled resident (Resident #6) reviewed for choices, the facility failed to accommodate a resident's preference to get out of bed prior to breakfast. The findings include: Resident #6's diagnoses included spinal stenosis, difficulty walking, and chronic pain syndrome. The annual Minimum Data Set assessment dated [DATE] identified Resident #6 was moderately cognitively impaired, wheelchair dependent, and was dependent on staff for care to lower body dressing, tub/toilet transfers, and bed mobility. The Resident Care Plan dated 12/17/24 identified Resident #6 was a potential fall risk related to decreased mobility. Interventions included supervision and assistance with transfers using a sit to stand lift and encourage Resident #6 to use the call bell for assistance before he/she got out of bed. A physician's order dated 1/9/25 directed staff to use a sit-to-stand lift for transfers. Observation on 2/18/24 at 8:44 AM identified Resident #6 was sleeping in bed. Observation and interview on 2/19/25 at 9:56 AM with Resident #6 identified he/she preferred to get out of bed before breakfast to use the gym first thing in the morning. Resident #6 indicated staff were aware of his/her requests, but on several occasions was told that he/she had to wait because they were taking care of other residents. Additionally, Resident #6 stated he/she felt they needed more staff to provide resident care. Interview with Nurse Aide (NA) #4 on 2/24/25 at 10:32 AM identified she was aware Resident #6 preferred to get out of bed early in the morning on her shift. NA #4 indicated that when the facility only had 3 NA's scheduled it was difficult to honor Resident #6's choice. NA #4 stated that Resident #6 usually did not get out of bed until 9:30 AM because he/she required 2 NA's to mechanically transfer him/her out of bed, however, she was able to get the resident up early this morning as the facility had scheduled 4 NA's for the unit. NA #4 indicated generally the facility only scheduled 3 NA's for the unit and she has asked the DON, in the past, to provide more NA help to assist with resident care. (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

Printed: 06/26/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075443	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
John L. Levitow Health Care Center	287 West St Rocky Hill, CT 06067

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 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview with the Director of Nursing (DON) on 2/24/25 at 11:20 AM identified she did not specifically recall NA #4's request for more help, but that if NA #4 said she had spoken to her, then likely she had. The DON indicated she would have expected the nurses on the unit to assist the NA's when needed. The DON stated, had she been aware there was an issue, she herself would have helped with Resident #6's transfers. Interview with LPN #1 on 2/24/25 at 1:19 PM identified that Resident #6 usually got out of bed after breakfast. She indicated she had recently assisted the NA to get Resident #6 out of bed and would have helped had she been asked. Subsequent to surveyor inquiry, a nursing note dated 2/24/25 at 3:39 PM written by the DON, indicated she spoke to the resident, verified his out of bed preference time (before breakfast), and updated the Resident Care Plan to reflect Resident #6's preference for an out of bed schedule. Review of the Ethics Nursing Policy dated 5/29/19 indicated, in part, that nursing staff will always act in the Veteran Patient's best interest, coordinating care, acting as a Veteran Patient's advocate, protecting the Veteran Patient's rights and property, respecting their privacy and dignity, and attempting to implement the Veteran Patient's wishes.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075443	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/25/2025
NAME OF PROVIDER OR SUPPLIER: John L. Levitow Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 287 West St Rocky Hill, CT 06067	

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51102 Based on interviews, review of the clinical record, and facility policies for 1 of 1 sampled resident (Resident #47) reviewed for edema, the facility failed to notify the provider of a significant weight gain for a resident with Congestive Heart Failure (CHF). The findings included: Resident #47's diagnoses included CHF, chronic obstructive pulmonary disease (COPD), and essential hypertension. The annual Minimum Data Set (MDS) assessment dated [DATE] identified Resident #47 was cognitively intact, dependent on staff for hygiene and toileting with partial/moderate assistance needed for transfers. A physician's order dated 1/25/25 directed to weigh Resident #47 every 7 days. The Resident Care Plan dated 2/7/25 identified altered cardiac output related to orthostatic hypotension, chronic diastolic heart failure, and atrial fibrillation (irregular heartbeat). Interventions included instructing resident to report chest pain, syncope or dizziness, and monitoring of vital signs as ordered by physician. Review of Resident #47's weights identified that his/her weight was 226.4 pounds (lbs.) on 1/25/25, 233 lbs. on 2/2/25, 235 lbs. on 2/8/25, 234.6 lbs. on 2/15/25 and 238.4 lbs. on 2/22/25. (A significant weight gain of 12 lbs/5.3% weight increase in 28 days.) Interview and record review with APRN #1 on 2/24/25 at 10:39 AM identified she was not made aware of Resident #47's 12 lb/5.3% weight gain, but if she had been made aware, she would have reviewed Resident #47's medications, checked vital signs, diet, intake output and potentially adjusted the resident's medications depending on lab work. However APRN #1 stated she was only at the facility once a week on Fridays so there might be an update in her communication book. Interview and record review with Registered Nurse (RN) #1 on 2/24/25 at 11:29 AM identified the policy for residents with CHF was to obtain daily weights and follow parameters on updating the provider, follow cardiologist recommendations and if edema was present, residents wear compression stockings. Review of Resident #47's weights with RN #1 identified that although no parameters to update the provider were in place, the nurse should have updated the Dietician and the nursing supervisor about Resident #47's significant weight gain. RN #1 stated that subsequent to surveyor inquiry, she would notify the nursing supervisor. Interview and APRN communication book review with the ADNS on 2/25/25 at 9:48 AM identified there were no provider notifications regarding Resident #47's weight gain between 1/25/25 and 2/25/25. Additionally, she identified that the update might not be in the APRN book because weight gains were initially reported to the Dietician. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075443	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/25/2025
NAME OF PROVIDER OR SUPPLIER John L. Levitow Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 287 West St Rocky Hill, CT 06067	

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview and record review with the Dietician on 2/25/25 at 9:50 AM identified she tracks residents who were on weekly weights but was not tracking Resident #47 because she was under the impression Resident #47 was only on monthly weights. Review of Resident #47's weights with the Dietician identified that she was not updated on the 12 lb. weight increase for Resident #47, but if she had been notified, she would have investigated the cause and notified the provider since a weight gain that significant could be attributed to fluid overload. Subsequent to surveyor inquiry, the Dietician notified the provider of Resident #47's weight gain. The physician progress note dated 2/25/25 at 1:57 PM identified that upon assessment Resident #47 had complaints of mild shortness of breath and +2 pitting edema to both lower extremities while wearing compression stockings. Additionally, the weight gain of more than 10 lbs. in less than a month was most likely due to retained water weight. New orders were put in place for Resident #47 to receive a one time additional dose of Lasix (a diuretic) and for daily weights to be taken. Review of the CHF Policy directed in part that early recognition and management of heart failure can improve patient outcomes and quality of life, the procedure included monitoring vital signs and assessing for signs/symptoms of heart failure/fluid overload (i.e.: edema, dyspnea) and contact the provider with weight gain. Review of the Change in Condition Policy directed in part that appropriate assessments are performed and documented and timely notification of attending Physician/APRN occurs. Additionally immediate notification to the Attending Physician is made if there is a marked change. Review of the Height and Weight Procedure directed in part that the charge nurse must notify the Attending Physician and Dietician when there is a weight gain or loss of 5% in one month.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075443	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
John L. Levitow Health Care Center	287 West St Rocky Hill, CT 06067

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 0658

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Few

Ensure services provided by the nursing facility meet professional standards of quality.

NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY 51102

Based on interviews, review of the clinical records, and facility policies for 1 of 1 sampled resident (Resident #47) reviewed for edema, the facility failed to provide treatment in accordance with standards of practice for a resident with Congestive Heart Failure (CHF). The findings included:

Resident #47's diagnoses included CHF, chronic obstructive pulmonary disease (COPD), and essential hypertension.

The annual Minimum Data Set (MDS) assessment dated [DATE] identified Resident #47 was cognitively intact, dependent on staff for hygiene and toileting with partial/moderate assistance needed for transfers.

The physician's order dated 1/25/25 directed to weigh Resident #47 every 7 days.

The Resident Care Plan dated 2/7/25 identified altered cardiac output related to orthostatic hypotension, chronic diastolic heart failure, and atrial fibrillation (irregular heartbeat). Interventions included instructing resident to report chest pain, syncope or dizziness, and monitor vital signs as ordered by physician.

Review of Resident #47's weights identified that Resident #47's weight was 226.4 pounds (lbs.) on 1/25/25, 233 lbs. on 2/2/25, 235 lbs. on 2/8/25, 234.6 lbs. on 2/15/25 and 238.4 lbs. on 2/22/25. (A significant weight gain of 12 lbs/5.3%, in 28 days.)

Interview with the DNS on 2/24/25 at 9:37 AM identified the facility CHF policy includes obtaining daily weight and following parameters for provider notification with a weight gain of 3 pounds (lbs.) in a day or 5 lbs. in a week. (Resident #47's physicians orders failed to reflect parameters for provider notification). Additionally for Resident #47 she would not expect CHF assessments to be in place in addition to the weekly weights because Resident #47 was stable as far as cardiac output, and the most recent hospitalization was not cardiac in nature.

Interview with APRN #1 on 2/24/25 at 10:39 AM identified the facility plan of care for residents with CHF included monitoring weights, medications and vital signs as well as following cardiology recommendations. Additionally, CHF residents should have assessments in place to monitor lung sounds and edema but could not identify the reason Resident #47 did not have those assessments in place.

Interview and record review with Registered Nurse (RN) #1 on 2/24/25 at 11:29 AM identified the policy for residents with CHF was to obtain daily weights and follow parameters to update the provider, follow cardiologist recommendations and if edema was present, residents wear compression stockings. The record review with RN #1 failed to identify CHF assessment orders or weight parameters for Resident #47. Additionally she identified edema was reported to the charge nurse by the Nurses Aids. Review of Resident #47's weights with RN #1 identified that there was a significant weight gain of 12 lbs. in the last 28 days, with no follow up assessments, reweights or provider notifications.

(continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075443	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
John L. Levitow Health Care Center	287 West St Rocky Hill, CT 06067

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview and record review with the Dietician on 2/25/25 at 9:50 AM identified she tracked residents who were on weekly weights to account for fluctuations and updated the provider if necessary. However, she was not tracking Resident #47 because she was under the impression he/she was a monthly weight. Subsequent to surveyor inquiry, the Dietician notified the provider of Resident #47's significant weight gain. A physician progress note dated 2/25/25 at 1:57 PM identified that upon assessment Resident #47 had complaints of mild shortness of breath and +2 pitting edema to both lower extremities while wearing compression stockings. (The admission assessment dated [DATE] at 11:55 AM identified regular unlabored breathing without shortness of breath, and no edema present.) Additionally, the note identified the weight gain of more than 10 lbs. in less than a month was most likely due to retained water weight. New orders were put in place for Resident #47 to receive a one time additional dose of Lasix (a diuretic) and for daily weights to be taken. Review of the CHF Policy directed in part that early recognition and management of heart failure can improve patient outcomes and quality of life, the procedure included monitoring vital signs and assessing for signs/symptoms of heart failure/fluid overload (i.e.: edema, dyspnea) and contacting the provider with weight gain. Review of the Height and Weight Procedure directed in part that an accurate record of the Veteran Patient's height/weight is essential, and body weight provides the best overall picture of fluid status. Rapid weight gain may signal fluid retention, and the charge nurse and Dietician are responsible to review new weight and compare to previous ones. Additionally, the charge nurse will review weight and determine if a reweigh is necessary due to 3 lb. or more weight difference than previous weight in one day: 4 lbs. in a week or 5 % in one month.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	075443	A. Building B. Wing	02/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
John L. Levitow Health Care Center	287 West St Rocky Hill, CT 06067

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 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 52073 Based on observations, review of the clinical record, interviews, and facility policy for the only sampled resident (Resident #63) reviewed for activities of daily living, the facility failed to reassess ambulation ability after a decline in function. The findings include: Resident #63's diagnoses included stroke, traumatic brain dysfunction, and dementia. The quarterly Minimum Data Set assessment dated [DATE] identified Resident #63 was severely cognitively impaired and required supervision or touching assistance when ambulating 50 feet. The Resident Care Plan dated 7/9/24 identified alterations in Resident #63's activities of daily living related to dementia. Interventions included assistance of 1 staff when ambulating, transferring, dressing, and showering Resident #63. A physician's order dated 8/18/24 directed staff to ambulate Resident #63 with a rolling walker assisted by 1 staff member. A Physical Therapy Screening form dated 9/23/24 identified Resident #63 could ambulate short distances with a rollator assisted by 1 staff member, but he/she had not been ambulated. Additionally, Resident #63 did not require physical therapy. Review of the Resident #63's Treatment Administration Record dated 9/1/24 through 9/30/24 indicated that ambulation in room had not occurred, and documentation for ambulation in the corridor, occurred once on 9/13/24 with limited assistance from staff. The quarterly Minimum Data Set assessment dated [DATE] identified Resident #63 was severely cognitively impaired and required partial to moderate assistance (previous Minimum Data Set indicated supervision or touching assistance) ambulating 50 feet. The Resident Care Pan dated 10/8/24 identified alterations in Resident #63's activities of daily living related to dementia. Prior interventions included assistance of 1 when ambulating, transferring, dressing, and showering, however, the intervention to ambulate Resident #63, had been discontinued. The physician's order dated 10/8/24 directed staff to discontinue ambulating Resident #63. An Interdisciplinary Team Progress Note dated 10/8/24 identified Resident #63 needed 1 staff member to assist with transfers and the resident did not ambulate. The Treatment Administration Record dated 10/1/24 through 10/31/24 indicated Resident #63's ambulation in room and ambulation in the corridor had not occurred. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075443	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/25/2025
NAME OF PROVIDER OR SUPPLIER John L. Levitow Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 287 West St Rocky Hill, CT 06067	

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 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Psychiatric progress notes dated 10/2/24 through 11/6/24 identified Resident #63 had been experiencing episodes of verbal agitation, delusions and hallucinations. Resident #63 had multiple medication changes, had become more difficult to arouse, and that sleeping logs indicated the resident was sleeping 13 to 16 hours per day. A Physical Therapy (PT) screen dated 11/12/24 identified Resident #63 could no longer ambulate and required a modified postural tilt wheelchair. The PT screen indicated that no skilled PT was required. Psychiatric progress notes dated 11/20/24 through 1/27/25 identified Resident #63 was noted to have a significant overall improvement due to changes in medication management. Resident #63 was awake, alert, attentive, and had no complaints. An Interdisciplinary Team progress note dated 11/26/24 identified Resident #63 was previously out of bed to a standard wheelchair. He/she displayed a forward flexed posture due to increased lethargy and required the use of a modified postural tilt wheelchair. A Physical Therapy screen dated 1/6/24 identified Resident #63 was able to perform sit-to-stand transfers from the wheelchair to the rolling walker, assisted by 1 staff member. The resident was able to march in place with support of a rolling walker. He/she did not experience knee bucking or loss of balance. The screening indicated no changes to current orders and no skilled PT was needed. An observation on 2/18/25 at 12:36 PM identified Resident #63 was sitting in a wheelchair at the nurses' station in the common area talking to the nursing assistant and laughing. An observation on 2/19/25 at 8:31 AM identified Resident #63 was sitting in a wheelchair at the nurses station in the common area. An interview with Resident #63's family on 2/19/25 at 8:53 AM identified the resident was ambulating prior to admission to the facility but has not walked in several months. The family member indicated that he/she brought his/her concerns to the facility, but was told Resident #63 did not qualify for Physical Therapy services. Interview and clinical record review with PT #1 on 2/24/25 at 10:46 AM identified Resident #63 was ambulating short distances with a walker and rollator in October 2024; however, he/she had a significant medical decline in October/November and was no longer ambulating. She stated Resident #63 was sleeping a lot, flexing forward, and was subsequently required a modified tilt custom wheelchair. PT #1 stated, Resident #63 was still ambulating short distances, but not long ones. Interview and review of documentation with the DNS, PT #1, and the Facility Administrator on 2/25/25 at 11:40 AM, identified Resident #63 had experienced a medical decline in function and was super confused and not following commands. PT #1 determined the resident was not a good candidate for therapy at that time. PT #1 indicated she had screened Resident #63 on 1/6/25 and he/she was able to march in place with the assistance of a walker. Although a screen had been conducted, PT had not evaluated Resident #63's ability to ambulate following his/her decline in function. The DNS indicated that, since admission, Resident #63 had never been placed on a functional maintenance program to maintain his/her ability to ambulate. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075443	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
John L. Levitow Health Care Center	287 West St Rocky Hill, CT 06067

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 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Interview with Nurse Aide (NA) #3 on 2/25/25 at 12:40 PM identified Resident #63 used to ambulate with a walker, but that he/she experienced multiple falls at the facility. NA #3 indicated she had been previously informed that Resident #63 was only allowed to ambulate with PT due to his/her history of falling. Subsequent to surveyor inquiry, a Physical Therapy evaluation was completed. Review of the evaluation dated 2/25/25 identified Resident #63 ambulated 10-feet with a rolling walker and maximum assist with gait deviations. It was determined that the resident would now receive PT, 5-days a week for 4 weeks, to address functional mobility and reach maximum potential. Goals included resident would ambulation 25 feet with a rolling walker and moderate assist at various times of the day. The Resident would transition to a maintenance level of PT or participate in the daily Ambulation Program with nursing staff. Review of the facility Change in Condition Policy indicated, in part, to assess changes of conditions and notify the Attending Physician/APRN, family or responsible party when indicated.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075443	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/25/2025
NAME OF PROVIDER OR SUPPLIER John L. Levitow Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 287 West St Rocky Hill, CT 06067	

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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide activities to meet all resident's needs. 19953 Based on review of the recreational activity calendar and resident/staff interviews regarding weekend activities, the facility failed to offer varied recreational activities on Sundays other than Catholic mass. The findings include: Interview with the Veteran Council on 2/20/25 at 11:15 AM identified that a streaming of Catholic mass was offered on Sundays, but there were no other recreational programs for them to attend on Sundays. The Veteran Council further identified someone from recreation was at the facility on Saturdays, but there wasn't anyone on Sundays, and they would participate in Sunday activities if they were offered. Additionally, the Veteran Council identified that the Catholic mass was not in person, but streamed on television in the recreation room because the facility did not have a Chaplain at the current time. Review of the Recreational Activity Calendars dated August 2024 through February 2025 identified the only activity offered on Sundays was Catholic Mass. Interview with the Administrator on 2/25/25 at 9:35 AM identified the facility previously had a Chaplain that would hold in person catholic mass, but he/she retired and the facility was currently searching for another. Additionally, the Administrator noted that the Recreation Room (Charley's Place), library and computer room were open on Sundays, but activities were not offered by recreation or any other departments for residents who could not participate in self initiated activities or who were not spiritual. \

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075443	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/25/2025
NAME OF PROVIDER OR SUPPLIER John L. Levitow Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 287 West St Rocky Hill, CT 06067	

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 51756

Based on observations, review of the clinical record, facility documentation, facility policy and interviews for 1 of 2 sampled residents (Resident #53) reviewed for smoking, the facility failed to ensure a safe smoking environment. The findings included:

Resident #53 was admitted to the facility in July 2005 with diagnoses that included quadriplegia, recurrent depressive disorders and nicotine dependence.

The annual Minimum Data Set (MDS) assessment dated [DATE] identified Resident #53 was moderately cognitively impaired and required total dependence from staff for eating, dressing, toileting, and personal hygiene and full mechanical lift for transfers.

The Resident Care Plan (RCP) dated 12/10/24 identified smoking as an area of concern. Interventions included quarterly smoking assessment, supervision of outside smoking, verbalizing feelings regarding smoking, educating on smoking policy, assist with lighting, holding, extinguishing and disposing of cigarette, wear smoking apron, and hands under apron while smoking.

Physician's orders dated 2/18/25 directed to administer Nicorette 2 milligrams (mg) lozenge (used for smoking cessation) every 2 hours as needed, no smoking materials with patient, and patient may smoke outside in designated area with staff supervision.

Observations on 2/24/25 at 1:00 PM identified residents' smoking materials were stored in a locked medication cart that was inside a small, locked shed near the smoking gazebo. NA #1 was assigned as the smoking monitor to observe and assist 6 residents for smoking. NA #1 had a copy of the Resident Smoking Instructions Guide dated 2/20/25 which included the names of residents that smoke and instructions regarding specific interventions for smoking for each resident. Resident #53's instructions were to use a smoking apron, keep hands under smoking apron when smoking and assist with lighting and disposing of cigarette.

Resident #53 was transported outside in his/her wheelchair to the smoking gazebo with a smoking apron (that was previously applied prior to him/her arriving outside) covering his/her upper body and partially covering his/her legs. Resident #53 had an untamed and lengthy beard that went past the chin area. NA #1 retrieved Resident #53's cigarette and lighter from the medication cart, proceeded to place the cigarette between Resident #53's lips and lit the cigarette. Resident #53 had his/her hands under the smoking apron and was only using his/her lips to inhale the cigarette (hands free). NA #1 went back to the medication cart inside the shed with her back to Resident #53. Resident #53 was smoking the cigarette with it dangling from his/her lips, was talking throughout the time he/she was smoking which caused the cigarette to move up and down near his/her beard. Resident #53 was not able to adjust the cigarette due to immobility of his/her arms and hands. Resident #53's ashes from the cigarette were falling on the smoking apron. NA #1 checked on Resident #53 once during Resident #53's first cigarette. NA #1 was assisting other residents throughout the time Resident #53 was smoking. Resident #53 smoked the first cigarette down to the filter and proceeded to call NA #1 to come dispose of the cigarette and provide him/her with a second cigarette.

(continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075443	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/25/2025
NAME OF PROVIDER OR SUPPLIER John L. Levitow Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 287 West St Rocky Hill, CT 06067	

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	A review of Resident #53's smoking assessments dated 9/3/24 and 12/1/24 and interview with RN #3 on 2/24/25 at 1:25 PM identified that she had completed most of the quarterly smoking assessments, did not directly observe Resident #53 smoking but gets information to complete the smoking assessment from the smoking monitors. RN #3 documented on Resident #53's smoking assessments that he/she was not able to easily hold a cigarette, was unable to hold a cigarette with a concentrated effort and had no burn marks on skin or burn holes on clothing. RN #3 did not recall which smoking monitors she spoke with to complete the smoking assessments but indicated there were several different smoking monitors. RN #3 indicated that Resident #53 was unable to hold a cigarette in his/her hands and used a smoking extender for safety and/or staff hold the cigarette when he/she smokes. RN #3 was unaware that Resident #53's smoking extender had been discontinued on 4/15/24 due to Resident #53's refusal to use. Interview and review of the RCP with the Care Plan Coordinator, (RN #4) on 2/24/25 at 2:20 PM identified that Resident #53 previously used a cigarette extender, but it was discontinued on 4/15/24 due to Resident #53's refusals. Resident #53's care plan failed to reflect any new interventions to replace his/her refusal of the smoking extender. RN #4 stated that she reviews the smoking assessments that were completed quarterly by the unit managers, and she updates the individual care plans and the smoking guide for the smoking monitors. A review of nursing notes and social service notes failed to reflect any documentation from 1/1/24 through 2/24/25 of Resident #53's refusal to use a smoking extender. Interview with DNS on 2/25/25 at 9:50 AM indicated the smoking assessments were completed by licensed nursing staff and that licensed nursing staff should directly observe the resident smoking and obtain additional information from the smoking monitors to complete the smoking assessments. The DNS indicated that the facility has 4 or 5 smoking monitors. Furthermore, the DNS indicated that direct observations from the nurse should have been completed for Resident #53's smoking assessments. The DNS indicated that she had not recently witnessed Resident #53 smoking. Interview with Resident #53 on 2/25/25 at 10:00 AM indicated that he/she used a smoking extender previously but did not like it because it was plastic and would get wet. Resident #53 stated that he/she was unable to hold it securely due to not having any teeth to hold it in place. Resident #53 indicated that no other type of smoking extender or device was ever tried to replace the plastic one. Interview with NA #2 on 2/25/25 at 10:05 AM indicated that she was a smoking monitor and frequently was assigned to assist residents with smoking for the 1:00 PM smoking time. NA #2 stated she was familiar with Resident #53's smoking interventions and stated that Resident #53 had a bag of plastic smoking extenders in the medication cart but that sometimes Resident #53 used them and sometimes he/she would refuse. Although NA #2 was aware of the smoking guide for smokers, she was unaware that the smoking extender was no longer a current intervention for Resident #53. NA #2 indicated that she was unsure if she had ever seen a nurse observe residents smoking. On 2/25/25 at 1:30 PM the DNS indicated that Resident #53's smoking was observed by nursing and that a different type of smoking extender would be trialed with Resident #53. Although a policy was requested regarding how to complete a smoking assessment, the DNS indicated that there was no policy available. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075443	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/25/2025
NAME OF PROVIDER OR SUPPLIER: John L. Levitow Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 287 West St, Rocky Hill, CT 06067	

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	The policy Healthcare Center Smoking for Veterans updated 2/20/25, indicated, in part, that clinicians determine and document the tobacco status of every Veteran cared for in the healthcare facility. Staff and Veteran compliance with smoking policies and procedures is a mandatory safety issue. The Smoking Assessment Tool is completed on Veterans on admission and every 3 months thereafter, or with a significant change in condition to determine the smoker's ability to safely smoke and individualized care plans will be developed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075443	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/25/2025
NAME OF PROVIDER OR SUPPLIER John L. Levitow Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 287 West St Rocky Hill, CT 06067	

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. 52073 Based on a tour of the Dietary Department, interviews, completion of a temperature tray, and facility documentation, the facility failed to ensure foods were at appropriate temperatures for palatability. The findings included: Interview with Resident #30 on 2/18/25 at 11:13 AM identified that food was often cold. Interview with Resident #10 on 2/18/25 at 11:14 AM identified that hot food was never hot (no particular meal). Interview with Resident #6 on 2/19/25 at 10:10 AM identified that the food was cold at times. An interview with the Supervisor of Food Services on 2/18/25 at 10:33 AM identified the process to ensure foods were hot included documentation of the food temperatures as food arrived from the main kitchen (located through a covered tunnel in another building), documentation of food temperatures five minutes before service, plates kept in a plate warmer prior to plating, and plate covers to keep the temperature hot. A review of the lunch and dinner temperature log for 2/18/25 through 2/20/25 identified temperatures were taken each day before lunch/dinner, and lunch and dinner documented temperatures met the food code standards. On 2/5/25 at 12:43 PM, a test tray was conducted with the Food Services Director. The following was identified: A lunch meal was plated (plate taken from the plate warmer system) in the kitchen at 12:31 PM, the metal covered food truck left the kitchen at 12:36 PM and arrived in the Dining Room at 12:37 PM. At 12:37 PM, the Nurses Aid began passing out meal trays to residents. The last tray was delivered at 12:43 PM, and temperatures were conducted with the Food Services Director at that time and identified the following: a. The salmon's internal temperature was 127.9 degrees Fahrenheit (F) from the surveyor's thermometer and 135 degrees F from the Food Services Director's thermometer. b. The mashed potato's internal temperature was 142 degrees F from the surveyor's thermometer and 139 degrees F from the Food Services Director's thermometer. c. The stuffed cabbage's internal temperature was 131 degrees F from the surveyor's thermometer and 133. 9 degrees F from the Food Services Director's thermometer. An interview with the Food Services Director on 2/5/25 at 12:45 PM identified that the temperatures between 130 degrees to 135 degrees F were not that bad for the residents at this facility. The surveyor identified the salmon felt cool to the touch. Subsequently the Food Service Director separated the salmon and reported the center was warm to the touch. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075443	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
John L. Levitow Health Care Center	287 West St Rocky Hill, CT 06067

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of the Infection Control Food Service Procedure dated 2/16/2023 directed in part that, except during preparation, cooking or cooling food shall be maintained at 140 degrees F or above.