

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075310	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/27/2020
NAME OF PROVIDER OF SUPPLIER COLONIAL HEALTH & REHAB CENTER OF PLAINFIELD LLC		STREET ADDRESS, CITY, STATE, ZIP 16 WINDSOR AVE PLAINFIELD, CT 06374	
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 0609 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on a review of the clinical record, a review of the facility policy and staff interviews, for 1 of 3 residents reviewed for abuse (Resident#1), the facility failed to report an allegation of abuse to appropriate personnel and the state agency timely. The findings include: Resident (R) #1 was admitted to the facility on 11/16/18 with [DIAGNOSES REDACTED]. The care plan dated 4/9/20 identified R#1 with a behavioral problem related to pinching and name calling with interventions that included to intervene as necessary to protect the rights and safety of others. Redirect or re- approach the resident when he/she had such behaviors and administer medications as ordered. The behavioral health progress note dated 7/2/20 identified R#1 was pinching more and staff had implemented interventions such as snacks, video games, puzzles and talking to reduce pinching. Further, the note indicated there was no known or predictable cause of pinching. [MEDICATION NAME] 50 milligrams (mg) was ordered at bedtime. Review of new hire inservice training identified NA #1 received education on 7/9/20 related to elder abuse that included all allegations and events of witnessed, suspected and/or rumored abuse must immediately be reported to the supervisor and all health care workers were mandated reporters. The quarterly Minimum Data Set (MDS) dated [DATE] identified severe cognitive impairment and physical behavior symptoms directed toward others less than daily. Additionally, the MDS identified R#1 required extensive assistance of two persons for transfers, dressing and toilet use, did not walk and used a wheelchair for mobility. Review of the nursing progress notes dated 7/21/20 identified R#1 had no behaviors and did not have documented incidents related to resident abuse. Interview with NA # 1 on 7/27/20 at 8:23 AM identified NA#1 witnessed R# 1 pinch a man who was wearing khaki shorts and a gray t-shirt standing in the hall near R#1 on 7/21/20 and could not recall what time. Additionally, NA #1 identified the man back hand slapped R#1 in his/her chest and held up a fist stating, I am warning you. NA #1 indicated she thought the man was another resident and broke up the incident and did not report it initially. NA #1 indicated she was a new employee and was training with NA #2. NA #1 identified she reported the incident and described the man to NA #2 who informed her it was the owner of the facility. Further, NA #1 indicated she did not recall any other witnesses and she did not report the incident to the nurse or facility management as she was having conflicts with management. Interview with NA #2 on 7/27/20 at 9:28 AM identified NA #1 reported to NA #2 that R#1 pinched a man in the hall and the man stepped back. Additionally, NA#2 identified NA #1 never informed her the man slapped R#1 or threatened R#1 with a fist. Further, NA #2 indicated she never saw the man; however, NA #1 indicated the man had grey hair and wore shorts and NA #2 informed NA #1 it might be the owner. NA #2 identified she did not report the incident to the nurse and did not tell NA #1 to report the incident. NA #2 indicated she should have immediately reported the incident to the supervisor. Interview with the Director of Nursing (DNS) and the Administrator on 7/27/20 at 10:25 AM identified they were not notified of the allegation of resident mistreatment and would have expected to be notified immediately. Additionally, the DNS indicated an investigation would start immediately and appropriate authorities would be notified. Interview with the owner of the facility on 7/27/20 at 10:44 AM identified he was in the facility on 7/21/20 and was not pinched by R#1. Additionally, the owner identified he did not slap or threaten R#1 with a fist and did not witness anyone else slap or threaten R#1. Interview with the RN Supervisor on 7/30/20 at 9:40 AM identified he/she did not witness anyone hit R#1 in the chest and did not see anyone threaten R#1 with a fist. Additionally, RN #1 indicated no one reported this alleged incident to her and if they had she would have reported to the DNS immediately. Review of the facility policy entitled Abuse Prohibition identified it was the policy of the facility to prohibit abuse, neglect, involuntary seclusion, and misappropriation of property for all residents. Anyone who witnessed an incident of suspected abuse was to report the incident to the supervisor within 15 minutes. Additionally, the Supervisor would assess the resident, initiate an investigation, contact the local police department and immediately report the incident to the Director of Nursing and the Department of Public Health and other officials in accordance with state law.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

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.