

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>075047</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>10/01/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>HEWITT HEALTH &amp; REHABILITATION CENTER, INC</b>		STREET ADDRESS, CITY, STATE, ZIP <b>45 MALTBY STREET SHELTON, CT 06484</b>	
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 0684  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide appropriate treatment and care according to orders, resident's preferences and goals.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observations, review of facility documentation, review of facility policy, and interviews, the facility failed to act upon a request for a new mattress in a timely manner and failed to follow the manufacturer's guidelines for mattress use. The findings include: Resident #1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. The admission Minimum Data Set (MDS) assessment dated [DATE] identified Resident #1 was without cognitive impairment and required extensive assistance with activities of daily living. The Resident Care Plan (RCP) dated 7/16/20 identified a risk for pain. Interventions directed to transfer with caution and handle gently when turning, manage any pain resident may experience and determine level of pain using a pain scale, and be aware of non-verbal signs of pain. A physician's orders [REDACTED]. The nurse's note dated 8/24/20 at 7:56 PM identified that Resident #1 refused to get into bed until the soft mattress was removed and replaced with a hard mattress that did not move when lying on it. The late entry nurse's note dated 9/10/20 at 7:04 PM and effective on 8/31/20 at 3:15 PM identified that the nurse spoke with the wound nurse about Resident #1's complaint that the bed was too soft and wanted a hard bed. The wound nurse identified that Resident #1 had cachexia and a hard mattress would cause his/her skin to break down. The nurse's note dated 9/10/20 at 5:09 PM identified that the responsible party called and stated Resident #1 was sleeping in a crater of a mattress. Review of the maintenance log entry dated 9/9/20 identified that Resident #1's mattress needed to be changed and that the mattress change occurred on 9/10/20. 1. Interview with Nurse Aide (NA) #5 on 10/1/20 at 2:07 PM identified that Resident #1 complained of being uncomfortable in bed, that he/she had placed a request in the maintenance book and that a few days later the mattress was changed. NA #5 was unable to recollect how long ago this request had occurred. Interview and observation with Resident #1 on 10/1/20 at 2:35 PM identified an Alternating Pressure Mattress (APM) on the bed and Resident #1 stated that the mattress was OK. Interview with NA #4 on 10/1/20 at 2:59 PM identified that Resident #1 had complained about his/her mattress and that he/she forgot to put in a request for a new mattress in the maintenance book. NA #4 indicated that other staff were aware Resident #1 was uncomfortable. NA #4 identified that the mattress was changed one to two weeks later and that Resident #1 has had two different mattresses. Additionally, NA #4 identified that Resident #1 has back pain and that he/she has tried to put pillows under Resident #1 for comfort. Interview with NA #1 on 10/1/20 at 3:25 PM identified that Resident #1 complained of back pain and that his/her bed was uncomfortable. NA #1 identified that Resident #1 has complained of an uncomfortable bed since admission to the facility. NA #1 identified that he/she had reported the mattress to the charge nurse who identified the information was given to the on-coming charge nurse to pass on to the Maintenance Department. NA #1 identified that he/she believed the maintenance book was only for work that needed to be repaired and not for mattress replacement. NA #1 identified that he/she was educated as to being able to place any request in the maintenance book, by the Director of Nurses (DNS), when the DNS called him/her at home to inquire about Resident #1's discomfort with his/her mattress following the complaint. Interview and review of facility documentation with the wound nurse (Registered Nurse (RN) #1) on 10/2/20 at 1:50 PM identified that he/she had seen Resident #1 on 8/25/20, had offered a new bed and that Resident #1 had declined. RN #1 identified that when Resident #1 declined the new bed, Resident #1 did not have any further complaints and he/she thought the issue was resolved until a complaint regarding the bed came in on 9/10/20. The facility failed to change Resident #1's mattress in a timely manner. 2. Interview and review of facility policy with the Administrator on 10/1/20 at 1:55 PM, failed to provide documentation that any facility mattresses currently in use had been evaluated for condition or tracked as to the manufacturer's recommendation for use. The Administrator identified that the only mattresses being tracked in the facility were specialty mattresses and any new mattress that came into the building. The Administrator indicated that there was no policy for mattress use. According to the manufacturer's recommendations, anticipated usable device life is five years and mattresses should still be inspected, monitored and cared for as described in the guide as the device may need to be replaced sooner than anticipated in particular situations. The facility lacked documentation that the mattresses were tracked for usable device life, including Resident #1's mattress.</p>		

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