

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075060	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/17/2020
NAME OF PROVIDER OF SUPPLIER SALMON BROOK REHAB AND NURSING		STREET ADDRESS, CITY, STATE, ZIP 72 SALMON BROOK DRIVE GLASTONBURY, CT 06033	
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	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on clinical record reviews, review of facility documentation, facility policy and interviews for one sampled resident (Resident #1) who had an infection of a lower extremity wound, the facility failed to notify a physician when there was a change in the right lower extremity. The findings include: Resident #1's [DIAGNOSES REDACTED]. The admission Minimum (MDS) data set [DATE] identified Resident #1 had no cognitive impairments, required limited assistance with bed mobility and dressing, had one (1) venous and arterial ulcer present, and an infection of a foot (e.g. [MEDICAL CONDITION], purulent drainage). The Resident Care Plan dated 3/21/20 identified Resident #1 had an infection of the right lower extremity wound. Interventions directed to administer antibiotics as per physician orders, to monitor, document, and report to the physician signs and symptoms of [MEDICAL CONDITION], changes in behavior, altered mental status, wide variation in cognitive function throughout the day, communicate decline, disorientation, periods of lethargy, restlessness and agitation, altered sleep cycle. The wound physician's progress note dated 4/15/20 identified a [MEDICAL CONDITION] wound of the right leg that measured 12 centimeters (cm) by 28 cm by 0.3 cm, with moderate serous exudate, 10% granulation tissue, 90% skin and there was no change in the wound's progress. The note did not reflect documentation that the wound had a strong foul odor. Review of the facility's weekly wound rounds form dated 4/15/20 identified the overall impression of the wound was unchanged, granulation tissue was present (beefy red), there was moderate serous drainage and no odor was noted. A physician's orders [REDACTED]. strength, followed by ABD pads around the leg, followed by dry gauze twice daily and as needed if soiled for [DIAGNOSES REDACTED]. The nurse's note dated 4/16/20 at 10:30 PM identified that the strong odor persists, and less bloody drainage was noted to right lower extremity wound. The nurse's note dated 4/17/20 at 1:22 PM identified the right wound dressing was changed as ordered, and the wound had a bad odor and Dakin's solution was used. The nurse's note dated 4/17/20 at 10:34 PM identified the right lower extremity was wrapped, and strong foul odor persisted. The change in condition noted dated 4/19/20 at 10:22 AM identified Resident #1 was experiencing increase pain in the right lower extremity and there were circulatory changes. The note indicated the recommendation was Resident #1 be transferred to the hospital to be assessed by a surgeon. Review of the clinical record failed to reflect documentation a physician was notified when a strong foul odor to right lower extremity wound was noted on 4/16/20, the day after Resident #1 had been seen by the wound physician on 4/15/20, through 4/19/20 when Resident #1 was seen by the attending and subsequently transferred to the hospital for evaluation, four (4) days later. The Hospital documentation dated 4/29/20 identified Resident #1 was admitted to the hospital with [REDACTED].#1 underwent debridement of the right lower extremity wound. Interview with the facility's wound nurse, Registered Nurse (RN) #1, on 6/17/20 at 9:10 AM identified Resident #1 was sent to the hospital on [DATE] due to an odorless right lower extremity due to odorless wound to right lower extremity and question of an infection. Interview with the Advanced Practice registered Nurse (APRN #1) on 6/17/20 at 9:35 AM, he identified that he was not notified when Resident #1's right lower extremity wound become odorless on 4/16/20. APRN #1 indicated he would expect the staff to notify him the first moment Resident #1's wound became odorless. APRN #1 identified he would have checked to see if Resident #1 was on antibiotic, if Resident #1 was then he would have changed the antibiotic to broad spectrum antibiotics and start intravenous fluids. APRN #1 stated if Resident #1's condition deteriorated then he would send the resident to the hospital. APRN #1 indicated that he is in the facility Monday through Friday and is also available after hours via phone. The attending physician was not available for interview. Review of the change in condition in a resident status policy directed the nurse supervisor/charge nurse will notify the resident's Attending Physician or on-call physician when there had been a significant change in the resident's physical/emotional/mental condition, a need to alter the resident's medical treatment significantly, instructions to notify the physician of changes in the resident's condition. A significant change of condition was a decline or improvement in the resident's status that will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions, required interdisciplinary review and/or revision to the plan of care. Notifications will be made within twenty-four (24) hours of a change occurring in the resident's medical/mental condition or status.</p>		
F 0684 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on clinical record reviews, review of facility documentation, and interviews for one sampled resident (Resident #1) who had an infection of a lower extremity wound, the facility failed to implement a physician's orders [REDACTED]. The findings include: Resident #1's [DIAGNOSES REDACTED]. The admission Minimum (MDS) data set [DATE] identified Resident #1 had no cognitive impairments, required limited assistance with bed mobility and dressing, had one (1) venous and arterial ulcer present, and an infection of a foot (e.g. [MEDICAL CONDITION], purulent drainage). The admission Resident Care Plan identified Resident #1 had an infection of the right lower extremity wound. Interventions directed to administer antibiotics as per physician orders, to monitor, document, and report to the physician signs and symptoms of [MEDICAL CONDITION], changes in behavior, altered mental status, wide variation in cognitive function throughout the day, communicate decline, disorientation, periods of lethargy, restlessness and agitation, altered sleep cycle. The wound physician's progress note dated 3/2/20 identified Resident #1 was seen for an initial wound assessment of the right lower extremity wound. The lymphatic wound of the right leg measured 13 centimeters (cm) by 30 cm by 0.3 cm, the wound presented with thick adherent devitalized necrotic tissue 5% and granulation tissue 95% and had heavy serous drainage. The note indicated the wound was in an [MEDICAL CONDITION] stage and was unable to progress to a healing phase because of the presence of a biofilm, surgical excisional debridement of the necrotic tissue was performed, and margins of viable tissue were established. The dressing treatment plan directed to add Mesalt once daily for thirty (30) days and discontinue the alginate calcium with silver treatment. The wound physician's progress note dated 3/9/20 identified Resident #1 was seen for a wound assessment of the right lower extremity wound, the wound had improved, and the dressing treatment plan directed to apply Mesalt once daily for twenty-three (23) days. The wound physician's progress note dated 3/16/20 identified Resident #1 was seen for a wound assessment of right lower extremity wound, and the wound had deteriorated. The note indicate Silver Alginate was being used because the Mesalt was not available to the facility, an odor was present and the recommendation was made to transfer Resident #1 to the hospital for possible surgical debridement, antibiotic therapy and monitoring of the wound. The nurse practitioner's progress note dated 3/16/20 identified t Resident #1 was being evaluated per request of the wound physician. The indicated as reported by the wound physician, Resident #1 had worsening of the</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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075060	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/17/2020
NAME OF PROVIDER OF SUPPLIER SALMON BROOK REHAB AND NURSING		STREET ADDRESS, CITY, STATE, ZIP 72 SALMON BROOK DRIVE GLASTONBURY, CT 06033	
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 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>(continued... from page 1)</p> <p>right lower extremity wound that had a foul smell and greenish discharge and physician was very concerned for worsening of the infection and requested Resident #1 be sent to the hospital for further evaluation and attempt to salvage the limb and avoid amputation. The note identified Resident #1 had severe [MEDICAL CONDITION] and was at risk for amputation. Review of the Treatment Administration Record from 3/2/20 through 3/16/20, fourteen (14) days, identified tet right lower extremity wound was cleansed with normal saline, silver alginate was applied, then covered with heavy ABD pads and wrapped with kerlix. Before removing the silver alginate, wet with normal saline for nontraumatic removal, change daily every evening shift and to change from the silver alginate to Mesalt if or when available. Review of the clinical record failed to reflect documentation the Mesalt treatment to the right lower extremity recommended by the wound physician was implemented or the reason as to why the treatment was not implemented. Interview and review of the clinical record with the Director of Nursing (DON) on 6/17/20 at 9:55 AM identified that she started to look at re-ordering Mesalt on 3/4/20 and to add Mesalt to the facility formulary. The DON indicated that she reached out to the corporate office for help with ordering the Mesalt. The DON identified she could not order the Mesalt because it was not on the facility formulary at the time the order was written. In a subsequent interview with the DON on 6/17/20 at 11:20 AM she identified the Mesalt was ordered and was delivered on 3/28/20. The DON indicated that the Mesalt was a special order, so it had to be approved by the corporate office and that was why there was a delay in ordering the Mesalt for Resident #1.</p>		