

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 06/24/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075324	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/30/2024
NAME OF PROVIDER OR SUPPLIER Bayview Health Care		STREET ADDRESS, CITY, STATE, ZIP CODE 301 Rope Ferry Rd Waterford, CT 06385	
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	<p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 17723</p> <p>Based on observation, clinical record review, review of facility policy and interviews for two sampled resident (Residents #13 & #76) with medication left at the bedside, the facility failed to ensure the resident was assessed for self-administration of medications. The findings include:</p> <p>1. Resident #13's diagnoses included dementia, paraplegia, and osteomyelitis.</p> <p>The annual MDS assessment dated [DATE] identified Resident #13 had moderately impaired cognition, required assistance of two staff members for transfers using a mechanical lift, dressing, and toileting hygiene. The assessment further identified Resident #13 required maximal assistance with oral hygiene and personal hygiene.</p> <p>Resident #13 shared a room with Resident #21 whose diagnoses included dementia, anxiety disorder, and multiple sclerosis.</p> <p>Resident #21's annual MDS assessment dated [DATE] identified Resident #21 had severe cognitive impairment and required partial assistance with upper body dressing and locomotion on unit using a manual wheelchair.</p> <p>The care plan dated 11/29/23 identified Resident #13 had impaired cognition related dementia with interventions that included reorient as needed and refer to time of day, date and recent events when interacting with resident.</p> <p>Review of the Self Administration of Medication evaluation dated 12/1/22 completed by RN #8 identified Resident #13 did not desire to self-administer medications.</p> <p>Observation on 1/22/24 at 10:30 AM identified Resident #13 and lying in bed and awake with the overbed table placed in front of him/her. There was a medication cup containing 15ml of a blue liquid sitting on the overbed table.</p> <p>Observation on 1/22/24 at 11:00 AM with the Charge Nurse (LPN #7) identified Resident #13 remained in bed with the overbed table placed in front of him/her and the medication cup containing 15ml of blue liquid remained on the overbed table.</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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The physician's orders for the month of January/2024 directed to administer Peridex Solution 0.12% (Chlorhexidine Gluconate) (preventative maintenance of dental carries) give 15ml by mouth every day and evening with instructions for the resident swish and spit.</p> <p>Interview with LPN #7 on 1/22/24 at 11:00 AM identified that she left the Peridex (antibacterial mouthwash) on the overbed table. LPN #7 further identified that the resident did not have a self-administration order and she is usually there when he/she uses the mouthwash. LPN #7 proceeded to ask Resident #13 if he/she was ready to use the mouthwash to which the resident declined, and LPN #7 then discarded the mouthwash.</p> <p>Interview with the ADNS on 1/29/24 at 12:20 PM identified that a self-administration assessment should be conducted for the specific medication requiring self-administration, and based on how the resident performs a physician's order is obtained. The ADNS further noted that medication should not be left at the resident's bedside if the resident has not been assessed to self-administer and does not have a physician's order to self-administer.</p> <p>Review of the Medication Administration and Documentation policy and procedure identified that the licensed staff is to administer full dose of the medication to the resident via the correct route and observe the resident to ensure medication consumption.</p> <p>2. Resident #76's diagnoses included alcohol dependence, bipolar disorder, and history of other mental and behavioral disorders.</p> <p>The quarterly minimum data set assessment dated [DATE] identified Resident #76 had intact cognition, utilized a walker and wheelchair for mobility, required supervision to roll left and right, supervision or touching assistance with toilet transfers, and supervision with walking. The assessment further noted the resident had diagnoses inclusive of anxiety disorder, depression, and post-traumatic stress disorder.</p> <p>Resident #76's care plan dated 11/7/23 identified the resident was at risk for oral caries, infection related to history of candidiasis, dental caries, and the risk of oral pain or infections. Care plan interventions included Biotene (mouthwash used to treat dry mouth) 5 ml by mouth every day shift for dry mouth, can be left at the beside for the resident to self-administer.</p> <p>The monthly physician's orders for January/2024 directed to administer Peridex Solution 0.12% (antiseptic mouthwash) 15ml orally every day and evening shift preoperatively for dental extractions with directions to swish and spit the liquid out.</p> <p>Observation on 1/22/24 at 11:20 AM identified a bottle of Peridex 0.12% mouthwash at the resident's bedside.</p> <p>Review of physician's orders for the month of January/2024 failed to identify an order for self-administration of medication and review of the clinical record failed to identify an assessment for self-administration of medication.</p> <p>(continued on next page)</p>		

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F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Interview with LPN #6 on 1/22/24 at 11:39 AM identified she was aware of the Peridex at the bedside as it had been there for a while. She could not identify how long it had been there. LPN#6 further identified that the Peridex should be stored in the medication cart and could not identify whether or not the resident had been assessed to self-administer the prescribed medicated mouthwash. In addition, she noted that they left the Peridex at the bedside because it gives the resident a feeling of independence. Furthermore, after LPN #6 reviewed the clinical record, she noted that the resident had not been assessed to self-administer the Peridex and did not have a physician's order in place allowing the resident to self-administer the Peridex.</p> <p>Interview with the ADNS on 1/29/24 at 12:20 PM indicated that a bottle of Chlorhexidine mouthwash should not have been left at the resident's bedside.</p> <p>Review of the self-medication policy directed upon completion of the inter-disciplinary assessment, if the resident is deemed a candidate for self-medication, social services staff will describe the self-medication program and participation requirements to the resident. Nursing staff will in-service the resident on administration directions, storage procedures, record keeping practices and provide the medication along with storage containers.</p> <p>Review of the medication storage policy directed medication to be stored according to manufacturer's guidelines and secured in a locked storage area. Storage areas may include but are not limited to drawers, cabinet, medication rooms, refrigerators, and carts. The facility must ensure that only appropriately authorized staff have access to the storage area.</p> <p>Review of the medication administration policy directed it was the responsibility of the licensed nurse to assure medications are not left unattended, and keeps medication always secured in a locked area or in visible control.</p>		

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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47900</p> <p>Based on clinical record review, review of facility policy, and interviews for two of six sampled residents (Resident #39 & #97), reviewed for advance directives, the facility failed to ensure that advance directives were reviewed with the resident on admission and failed to ensure there was a signed copy of the Advance Directive Declaration Code Status form in the resident's clinical record to indicate the resident's end of life choices. The findings include:</p> <p>1. Resident #39 was readmitted to the facility in June of 2023 with diagnoses that included heart failure, type 2 diabetes mellitus, and bipolar disorder.</p> <p>The quarterly MDS assessment dated [DATE] identified Resident #39 had intact cognition, required assistance of one staff member for dressing, and personal hygiene.</p> <p>Review of Resident #39's clinical record on [DATE] at 10:14 AM failed to identify signed documentation related to advanced directives, although the current physician's orders identified the resident had a code status of full code which means that if a person's heart stops beating and/or they stop breathing, all resuscitation procedures will be provided to keep them alive. This process can include chest compressions, intubation, and defibrillation and is referred to as Cardiopulmonary Resuscitation (CPR).</p> <p>Interview with Resident #39 on [DATE] at 10:30 AM identified that he/she had not had a discussion with staff regarding advanced directives and the designation of code status. Resident #39 further noted that a code status of full code was the preferred option.</p> <p>Interview with LPN #8 [DATE] at 10:50 AM identified that if Resident #39 had a life-threatening emergency where she would need to provide CPR or withhold CPR, she would look in the physical clinical record under the advanced directives tab to review the Advanced Directives Declaration Code Status form and review the physician's order to identify the resident's code status. After LPN #8 reviewed the physician's orders, she noted that there was a physician's order addressing the resident's code status, however, the physical clinical record failed to identify an Advanced Directives Declaration Code Status form for the resident. LPN #8 further indicated that the Advanced Directives Declaration Code Status form is a part of the admission paperwork that is reviewed with the resident or the resident's representative by the admitting nurse or the nursing supervisor.</p> <p>Interview with the Nursing Supervisor (RN #3) on [DATE] at 12:00PM identified that the Advanced Directives Declaration Code Status form is reviewed on admission with the resident depending on the resident's cognitive status or the resident's representative. She further noted that the form once signed by the resident and/or resident representative is placed in the physician's binder to be reviewed and signed by the physician after which the form is placed in the resident's physical clinical record.</p> <p>(continued on next page)</p>		

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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview with the DNS on [DATE] at 2:18 PM identified that the facility's policy is to have a copy of the Advanced Directives Declaration Code Status form in the resident's chart and in the Electronic Health Records. The DNS indicated that the facility just began a Quality Improvement Plan (QIP) that includes education and training to make sure they are completed. The DNS could not identify why the procedure had not been followed for Resident #39.</p> <p>Review of the Admission Advance Directive Policy identified that a copy of the resident's Advance Directive Status will be placed and documented in the resident's medical records.</p> <p>2. Resident #97's was admitted to the facility in October of 2023 with diagnoses that included type 2 diabetes mellitus, hypertension, and Rheumatoid arthritis.</p> <p>The admission MDS assessment dated [DATE] identified Resident #97 had intact cognition, required assistance of two staff for transfers, dressing, toileting and hygiene.</p> <p>Review of the Resident Care Conference Progress Note dated [DATE] failed to identify that advance directives were discussed with resident or resident representative.</p> <p>Review of Resident #97's clinical record on [DATE] at 10:14 AM failed to identify signed documentation related to advanced directives, although the current physician's orders identified the resident had a code status of full code which means that if a person's heart stops beating and/or they stop breathing, all resuscitation procedures will be provided to keep them alive. This process can include chest compressions, intubation, and defibrillation and is referred to as Cardiopulmonary Resuscitation (CPR).</p> <p>Interview with LPN #8 [DATE] at 10:50 AM identified that if Resident #39 had a life-threatening emergency where she would need to provide CPR or withhold CPR, she would look in the physical clinical record under the advanced directives tab to review the Advanced Directives Declaration Code Status form and review the physician's order to identify the resident's code status. After LPN #8 reviewed the physician's orders, she noted that there was a physician's order addressing the resident's code status, however, the physical clinical record failed to identify an Advanced Directives Declaration Code Status form for the resident. LPN #8 further indicated that the Advanced Directives Declaration Code Status form is a part of the admission paperwork that is reviewed with the resident or the resident's representative by the admitting nurse or the nursing supervisor.</p> <p>Interview with the Nursing Supervisor (RN #3) on [DATE] at 12:00PM identified that the Advanced Directives Declaration Code Status form is reviewed on admission with the resident depending on the resident's cognitive status or the resident's representative. She further noted that the form once signed by the resident and/or resident representative is placed in the physician's binder to be reviewed and signed by the physician after which the form is placed in the resident's physical clinical record.</p> <p>Interview with the DNS on [DATE] at 2:18 PM identified that the facility's policy is to have a copy of the Advanced Directives Declaration Code Status form in the resident's chart and in the Electronic Health Records. The DNS indicated that the facility just began a Quality Improvement Plan (QIP) that includes education and training to make sure they are completed. The DNS could not identify why the procedure had not been followed for Resident #97.</p> <p>(continued on next page)</p>		

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the Admission Advance Directive Policy identified that a copy of the resident's Advance Directive Status will be placed and documented in the resident's medical records.		

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F 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Assist a resident in gaining access to vision and hearing services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48335</p> <p>Based on observation, review of the clinical record, review of facility documentation, review of facility policy and interviews, for one sampled resident (Resident #67) reviewed for communication/sensory, the facility failed to ensure that that there was follow up when a hearing device was lost. The findings include:</p> <p>Resident #67's diagnoses included dementia, anxiety, and depression.</p> <p>A nurse's admission assessment dated [DATE], identified a left hearing aid.</p> <p>The significant change assessment dated [DATE] identified Resident #67 was severely cognitively impaired, had minimal difficulty with hearing, did not have hearing aids and required extensive assistance with bed mobility, transfers, and toilet use.</p> <p>The care plan dated 11/30/23 identified Resident #67 had communication difficulties related to a hearing impairment, dementia, and lost hearing aids. Care plan interventions included: offer a communication board, encourage head/hand gestures, and speak slowly and clearly when explaining all procedures.</p> <p>During the screening process on 1/22/24, Resident #67 identified that she had difficulty hearing and did not have his/her hearing aids.</p> <p>Observation on 1/29/24 at 10:00 AM, identified Resident #67 did not have hearing aids in place.</p> <p>Interview on 1/29/24 at 10:08 AM with the charge nurse (RN #1) identified that she was unsure whether or not the resident had hearing aids, and after checking the physician's orders, she noted there was not an order for hearing aids.</p> <p>Interview on 1/29/24 at 10:12 AM with NA #1 identified she could not recall seeing the resident with hearing aids, and noted that when a resident has hearing aids, the nurse gives them to the resident, we sometimes help them or remind them to put them in, and it would be on the resident's care card.</p> <p>Interview on 1/29/24 at 10:17 AM with the medication nurse (LPN #1) identified that the resident was admitted with hearing aids, she noted that it had been quite some time since the resident had hearing aids. LPN #1 further noted that they would put the hearing aids in, and the resident would take them out repeatedly and lose them. In addition, she noted that when hearing aids are missing or lost, a room search is conducted, the laundry department is notified, and a missing property form is completed.</p> <p>(continued on next page)</p>		

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F 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Interview on 1/29/24 at 10:21 AM with social workers; SW #1, SW #2, and SW #3 identified that when a resident's personal property is missing, a missing property form is filled out and provided to the social work department by whomever finds that an item is missing. The resident's room and belongings are searched, laundry is called and searched, and if the item like hearing aids is not found, they contact the family to see if they would like to have the hearing aid(s) replaced, then the vendor of the family's choice would evaluate the resident for new hearing aids. They further noted that the facility is responsible for replacing the missing item(s). None of the Social Workers were aware of Resident #67 having a missing hearing aid and they did not find documentation that a missing item report had been completed. SW #3 checked the clinical record and found that the resident was admitted with a left hearing aid on 1/7/23.</p> <p>The facility failed to address a plan to ensure the security of Resident #67's hearing device and failed to address the lost hearing device and also failed to follow up with assisting the resident to obtain a new hearing device.</p>		

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<p>F 0711</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure the resident's doctor reviews the resident's care, writes, signs and dates progress notes and orders, at each required visit.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46117</p> <p>Based on clinical record review, and interviews for one sample resident (Resident #14) who was admitted to the facility within the past six months, the facility failed to ensure physician's orders were signed and dated in a timely manner. The findings include:</p> <p>Resident #14 was admitted to the facility on [DATE] with diagnoses that included ulcerative colitis, hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, dysphagia, and hypertension.</p> <p>The admission MDS assessment dated [DATE] identified Resident #14 was moderately cognitively impaired and totally dependent on staff for bed mobility, hygiene, toileting, and transfers.</p> <p>Review of the physician's orders from October 2023 through 1/24/24 identified Resident #14 physician's orders were not signed on admission and not renewed every 30 days for 90 days. The physician's orders should have been signed on 11/1/23 (48 hours after admission) and renewed by 12/10/23 and again by 1/10/24.</p> <p>Interview with the Medical Director (MD #1) on 1/24/23 at 2:10 PM identified that he was aware that physician's orders should be signed on admission and renewed every 30 days for the next 90 days. He also identified that the facility utilizes the electronic signature in the physician's orders and had stopped signing the physician's orders on paper. MD #1 further identified that he had been signing the physician's orders electronically but did not realize that he only signed the interim physician's orders. Subsequent to surveyor inquiry Resident #14's physician's orders were renewed on 1/25/24 (86 days late).</p> <p>Interview with DNS on 1/25/24 at 10:20 AM identified that the physician's orders should be signed on admission and renew every 30 days for the next 90 days. She further identified that all physicians will be re-educated on signing the physician orders electronically.</p> <p>Although requested, the facility policy regarding physician visits and the renewing of orders was not provided during the survey.</p>		

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F 0730 Level of Harm - Potential for minimal harm Residents Affected - Some	<p>Observe each nurse aide's job performance and give regular training.</p> <p>46117</p> <p>Based on review of facility documentation, review of facility policy, and interviews for three sampled nurse aides (NA #3, NA #4, and NA #5) reviewed for yearly performance evaluations, the facility failed to complete performance evaluations for 2022 and 2023. The findings include:</p> <p>Review of NA #3's personnel file identified a hire date of 7/14/2015 and failed to identify that a yearly performance evaluation was completed for 2022 or 2023.</p> <p>Review of NA #4's personnel file identified a hire date of 5/5/22 and failed to identify that a yearly performance evaluation was completed for 2023.</p> <p>Review of NA #5's personnel file identified a hire date of 3/31/22 and failed to identify that a yearly performance evaluation was completed for 2023.</p> <p>Interview with DNS on 1/25/24 at 1:00 PM identified that each employee should have a performance review completed on an annual basis on the anniversary of their hire date. She further identified that she was responsible for ensuring the performance evaluation were completed yearly and could not find documentation to identify that performance evaluations were completed for NA #3, NA #4, and NA#5.</p> <p>The performance review policy identified performance would be based on standards in the job description and would be reviewed at least once a year.</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46117</p> <p>Based on clinical record review, facility policy review, and interviews for one of three sampled residents (Resident #52) reviewed for psychotropic medication side effects, the facility failed to ensure that an as needed order for Olanzapine (antipsychotic medication) was limited to 14 days. The findings include:</p> <p>Resident #52 was admitted to the facility on [DATE] with diagnoses that included periprosthetic fracture of left hip, depression, anxiety, insomnia, and mild cognitive impairment.</p> <p>The physician's order dated 11/10/23 directed to administer Olanzapine 5 milligrams (mg) by mouth every 12 hours as needed for agitation and/or anxiety.</p> <p>Review of the physician's admission orders failed to identify a stop or discontinue date was set at fourteen days (11/24/23) for the as needed Olanzapine order.</p> <p>The admission MDS assessment dated [DATE] identified Resident # 52 had moderate cognitive impairment, required extensive assistance for dressing, hygiene, toileting, and transfers and received antipsychotic medication in the previous seven days.</p> <p>Review of the Medication Administration Record (MAR) from 11/10/23 to 11/30/23 (20 days) identified Resident #52 was administered the Olanzapine 5mg on six occasions.</p> <p>Review of physician progress notes from 11/24/23 to 11/30/2023 failed to identify Resident #52 was evaluated for the continued use of the as needed Olanzapine.</p> <p>The Resident Care Plan (RCP) dated 11/30/23 identified Resident #52 who used psychotropic medication. Care plan interventions directed to administer psychotropic medication as ordered by the physician, discuss with the physician and family regarding ongoing need for use of the medication, and monitor and/or document any adverse reactions as needed.</p> <p>Review of the MAR from 12/1/23 to 12/31/23 identified Resident #52 was administered Olanzapine 5 mg on fourteen occasions.</p> <p>Review of the MAR from 1/1/24 to 1/22/24 identified Resident #52 was administered Olanzapine 5 mg on eighteen occasions.</p> <p>Review of the psychiatric APRN's note dated 1/22/24 identified Resident #52 was evaluated for depression, anxiety, insomnia, and the as needed medication .Olanzapine. The Olanzapine 5mg PRN was discontinued on 1/22/24 (59 past the 14th day of the order).</p> <p>(continued on next page)</p>		

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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 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Interview and clinical record review with the Unit Manager (LPN #2) on 1/25/24 at 10:30 AM identified that as needed orders for antipsychotic medications should only be ordered for a duration of fourteen days and then the physician is required to reevaluate the continued usage of the antipsychotic medication. Further, review of Resident #52's physician's orders identified the Olanzapine was not discontinued and/or the physician had not reevaluated the use of the medication from the origination date of the order (11/10/23).</p> <p>Interview with LPN #3 (7-3 shift charge nurse) on 1/25/24 at 11:00 AM identified Resident #52 was on Olanzapine 5 mg for anxiety and/or agitation and she had not realized that the Olanzapine order had been in effect and in use from the date of admission and had not been evaluated by the physician after the initial fourteen days.</p> <p>Interview with the DNS on 1/29/24 at 11:15 AM identified that residents with antipsychotic medication ordered on an as needed basis should have a duration of fourteen days and then continued use should be reevaluated by the physician. She further identified that the licensed staff would be re-educated to put a duration of fourteen days for any as needed antipsychotic medication orders.</p> <p>The Use of Psychoactive Medications policy identified that anti-psychotic medication would be used in accordance with the standard set forth in the federal law of the State Operational Manual (SOM).</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>17723</p> <p>Based on observation, clinical record review, review of facility policy and interviews for one sampled resident (Resident #76) with medication left at the bedside, the facility failed to ensure a medication was appropriately secured. The findings include:</p> <p>Resident #76's diagnoses included alcohol dependence, bipolar disorder, and history of other mental and behavioral disorders.</p> <p>Observation on 1/22/24 at 11:20 AM identified a bottle of Peridex 0.12% (antiseptic mouthwash) mouthwash on Resident #76's bedside table.</p> <p>The monthly physician's orders for January/2024 directed to administer Peridex Solution 0.12% (antiseptic mouthwash) 15ml orally every day and evening shift preoperatively for dental extractions with directions to swish and spit the liquid out.</p> <p>Review of physician's orders for the month of January/2024 failed to identify an order for self-administration of medication and review of the clinical record failed to identify an assessment for self-administration of medication.</p> <p>Interview with LPN #6 on 1/22/24 at 11:39 AM identified she was aware of the Peridex at the bedside as it had been there for a while. She could not identify how long it had been there. LPN#6 further identified that the Peridex should be stored in the medication cart and could not identify whether or not the resident had been assessed to self-administer the prescribed medicated mouthwash. In addition, she noted that they left the Peridex at the bedside because it gives the resident a feeling of independence. Furthermore, after LPN #6 reviewed the clinical record, she noted that the resident had not been assessed to self-administer the Peridex and did not have a physician's order in place allowing the resident to self-administer the Peridex.</p> <p>Interview with the ADNS on 1/29/24 at 12:20 PM indicated that a bottle of Chlorhexidine mouthwash should not have been left at the resident's bedside.</p> <p>Review of the medication storage policy directed medication to be stored according to manufacturer's guidelines and secured in a locked storage area. Storage areas may include but are not limited to drawers, cabinet, medication rooms, refrigerators, and carts. The facility must ensure that only appropriately authorized staff have access to the storage area.</p> <p>Review of the medication administration policy directed it was the responsibility of the licensed nurse to assure medications are not left unattended, and keeps medication always secured in a locked area or in visible control.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>47900</p> <p>Based on review of facility documentation, review of facility policy, and interviews, the facility failed to provide documentation that environmental rounds were conducted on a quarterly basis, and failed to provide documentation that infection trends within the facility were monitored and analyzed monthly. The findings include:</p> <p>a. Review of the infection control environmental round documentation for the past two years with the Infection Preventionist (RN #6) on 1/25/24 at 1:00 PM identified that quarterly environmental rounds were not completed for the months of January 2022, October 2022, and January 2023.</p> <p>Interview with RN #6 on 1/29/24 at 1:55 PM identified that she was unable to locate the environmental rounds survey worksheets for the months of January 2022, October 2022, and January 2023. RN #6 further added that she started working at the facility in March of 2023 and it would have been the responsibility of the previous IP nurse.</p> <p>Interview with the DNS on 1/30/24 at 2:35 PM identified that she was not employed at the facility during the time when the environmental rounds were due. The DNS added that she was unable to speak on the issue as neither she nor the current Infection Preventionist was working at the facility during that time.</p> <p>Review of the Environmental Rounds policy identified that environmental rounds should be conducted on a regular basis, but at least quarterly, and the environmental survey worksheets will be retained for review to illustrate the improvement of quality of life within the facility.</p> <p>b. Review of the infection control program with the Infection Preventionist Nurse (IP) RN #6 on 1/25/24 at 1:00 PM failed to identify that monthly analysis of infection trends were completed for December 2022.</p> <p>Interview with RN #6 on 1/30/24 at 11:50 AM identified that she started working as the IP in March of 2023 and was unable to locate any monthly statistical analysis of infection rates/trends for the month of December 2022. RN #6 indicated that statistical analysis of infection rates/trends within the facility should be completed monthly by the Infection Preventionist.</p> <p>Interview with the DNS on 1/30/24 at 2:35 PM identified that she was not employed at the facility during the month of December 2022. The DNS added that she was unable to speak on the issue as neither she nor the current Infection Preventionist was working at the facility during the time.</p> <p>Review of the Infection Control Policy identified that the Infection Preventionist would maintain the monthly infection reports by unit, analyze trends and clusters of infection, and any increase in the rate of infection.</p> <p>Review of the Health Care Associated Infections by Site Monthly policy identified that the IP would monitor the residents on antibiotics or clinical presentation of infection, by completing the resident infection reports monthly.</p>		