

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

Printed: 05/21/2025  
Form Approved OMB  
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  075440	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/27/2023
NAME OF PROVIDER OR SUPPLIER  Springs at Watermark 3030 Park, The		STREET ADDRESS, CITY, STATE, ZIP CODE  3030 Park Avenue Bridgeport, CT 06604	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0655  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46046</p> <p>Based on clinical record review, facility policy review, and interviews for 1 sampled resident (Resident # 171) reviewed for edema, the facility failed to ensure that a baseline care plan was completed within 48 hours of resident admission to address the resident's needs. The findings include :</p> <p>Resident # 171's diagnoses included Chronic Congestive Heart Failure (CHF), sick sinus syndrome and atrial fibrillation.</p> <p>Resident #171 was admitted on [DATE] and was in the facility less than 10 days. Completion of admission Minimum Data Set ( MDS) assessment was not required during this time.</p> <p>The Resident Care Plan (RCP)with Care Plan initiation dates of 2/20/23 and 2/21/2023(72 and 96 hours after admission).</p> <p>The Resident Care Plan (RCP) meeting attendance sheet dated 2/23/2023 at 11:30 AM identified as the Initial 72-hour Care Plan meeting indicated that an initial care plan meeting was held and noted that interdisciplinary staff, resident, and family signed as being in attendance.</p> <p>On 2/27/2023 at 1:25 PM an interview with the Assistant Director of Nursing (ADNS) indicated that the baseline care plan, which is a paper care plan, is the responsibility of the interdisciplinary team and indicated the baseline care plan should be completed within 48 hours of admission. The ADNS further indicated that agency staff do not complete the baseline care plan but would have expected the staff nurses on duty the following shifts complete the 48 hours care plan.</p> <p>The facility policy labeled, Skilled Nursing Care Planning Protocol revised 3/3/2015 notes in part, the facility would provide an interdisciplinary plan of care that meets the resident's individual needs and preferences. The policy and procedure further indicated that all residents would have a care plan started on admission and that the admission nurse is responsible for the baseline care plan.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  075440	Facility ID:  075440  If continuation sheet Page 1 of 8

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46117</p> <p>Based on clinical record review, facility policy review and interviews for 1 sample resident (Resident #10) reviewed for hospitalization , the facility failed to ensure the resident was assessed comprehensively after significant change of condition in accordance to the professional standard and facility practice. The findings include:</p> <p>Resident #10's diagnoses included left femur fracture, rheumatoid arthritis, Peripheral Vascular Disease (PVD) and atrial fibrillation.</p> <p>The admission MDS assessment dated [DATE] identified Resident #10 had intact cognition and required extensive assist of 1 to 2 person with transfer, toileting, hygiene and non-ambulatory.</p> <p>The nurse's note dated 2/6/23 at 2:02 PM identified Resident #10 had been vomiting, noted with lethargy and left the facility for nephrology appointment.</p> <p>Further review of the nurse's note dated 2/6/23 at 3:32 PM identified Resident #10 had an episode of unresponsiveness and vomiting at his/her nephrology appointment and the resident was transferred to hospital for an evaluation.</p> <p>A review of the clinical record nurses notes for 2/6/23 failed to reflect that a comprehensive assessment had been conducted by a Registered Nurse (RN) when Resident # 10 experienced vomiting and lethargy prior to his/her nephrology appointment.</p> <p>Interview with Assistant Director of Nursing Services (ADNS) on 2/23/23 at 10:30 AM identified a RN was responsible for assessing Resident # 10 when there was significant change of condition. She also indicated that she would check the resident's vital sign, check mini mental cognitive status, check resident abdomen and update the physician of the resident condition. The ADNS also indicated she would document the resident's clinical condition in the resident's medical chart.</p> <p>Interview with Director of Nursing Services (DNS) on 2/23/23 at 12:10 PM identified a RN was responsible for assessing a resident's condition after a significant change of condition. She further indicated the physician and the resident's representative would be notified, and the RN assessment would be documented in the clinical record.</p> <p>The facility failed to ensure that a RN conducted a comprehensive assessed after Resident # 10 experienced a change in condition.</p> <p>A review of facility nursing policy dated 1/27/15 title Change in Resident Condition notes in part the charge nurse/nurse supervisor will notify the physician, resident's representative when there was a significant change in a resident's condition.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46046</p> <p>Based on clinical record review, facility policy and interviews for 1 sampled resident ( Resident # 171) reviewed for edema, the facility failed to ensure body weights were obtained as ordered by the physician. The finding include:</p> <p>Resident # 171's was admitted to the facility on [DATE] with diagnoses that included Chronic Congestive Heart Failure (CHF), sinus syndrome and atrial fibrillation.</p> <p>A physician's order dated 2/18/2023 directed to obtain Resident #171's weight on admission, daily for 3 days, weekly for four weeks, then monthly.</p> <p>On 2/21/23 at 12:30 PM observation identified Resident # 171 noted with bilateral ankle swelling. When questioned about the swelling Resident #171 was unsure if the swelling was new or old.</p> <p>On 2/22/2023 at 1:45 PM and interview with Licensed Practical Nurse (LPN#1) indicated Resident #171 had a weight obtained on admission, (2/17/2023), then again on 2/20/2023 in the electronic health medical record. LPN #1 further indicated that more weights could be found in the weight book. LPN #1 found a weight completed on 2/19/2023 189 pounds but only noted a yellow highlighted blank space for 2/18/2023. LPN#1 indicated that the day 2/18/23 was a Saturday and she did not know why the weight was not obtained.</p> <p>The Resident Care Plan ( RCP) dated 2/23/2023 indicated in part Resident # 171 had a potential nutritional problem related to recent hospitalization and CHF. Intervention included: to obtain weights as ordered by the physician. The Care Plan further indicated that Resident #171 had CHF. Interventions included: to monitor the resident's weight and to monitor, document, report signs or symptoms of CHF which included weight gain unrelated to intake.</p> <p>On 2/23/2023 at 2:27 PM an interview with LPN #3 indicated if there was a refusal of the weight the refusal would be indicated in the progress note where the weight is signed off on in the electronic medical record and indicated he could not remember what was written without seeing the medical record. LPN #3 further indicated that he was not assigned to Resident #171 during the morning when the weight would have been obtained by staff and indicated he took over the assignment at noon time as scheduled. LPN # 3 also indicated when he took over the assignment he did not check to see if weights were completed or not.</p> <p>On 2/23/2023 at 2:45 PM an interview with RN #2 indicated she could not recall reviewing the weight assignment sheets on the units to be sure they were completed. RN#2 further indicated that if the weight was refused it would be documented as such by the LPN charge nurse. RN #2 also indicated she would have expected the weight to be obtained.</p> <p>(continued on next page)</p>		

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F 0684  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>On 2/23/2023 at 3:00PM interview with the ADNS indicated that there was no weight obtained on 2/18/2023 and indicated LPN #3 was responsible for ensuring the weight was completed, documented on the weight sheet in the weight book and in the electronic medical record. The DNS further indicated during review of the electronic Medication Administration Record (MAR) LPN #3 signed off the order to obtain the weight on 2/18/2023 but there was no note entered regarding the result of the weight or if it was refused. The DNS further indicated the Nurse Aides (NA) are responsible for obtaining weights, the licensed nurse is responsible for documenting the weights in the computer and signing off the weight in the Medication Administration Record (MAR).</p> <p>Review of the facility policy labeled Skilled Nursing Weights Policy dated 10/30/2015 notes in part, Resident's weights are kept within acceptable parameters of nutritional status taking into account their clinical condition. The policy further indicated that the resident's weights will be obtained as ordered by the physician, federal/state regulations or standards of practice.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>46046</p> <p>Based on review of facility documentation, observations of the kitchen and interviews, the facility failed to ensure that food temperatures were taken and documented daily at each meal and failed to ensure proper infection control practices for hand washing were maintained while plating food at mealtime. The findings included:</p> <p>1. Interview and review of facility documentation on 2/22/2023 at 12:25 PM with [NAME] #1 identified that he did not know why the cook scheduled on 2/22/2023 did not document the temperatures of foods served on 2/4/2023 for( 3 meals). [NAME] #1 indicated that when he came in to work his next scheduled day that is when he started to write on the 2/4/2023 blank form realizing it was the wrong day went to the correct sheet to document on and further indicated that he did not work on 2/4/2023. [NAME] #1 further indicated that the food is provided by the assisted living facility kitchen, and it is delivered to the skilled nursing facility via satellite kitchen, the food is kept warm, skilled nursing completes some of prep and cooking, plates and serves meals to the skilled nursing facility residents.</p> <p>On 2/27/23 at 10:00 AM during facility documentation review and interview the Associate Executive Director of dietary subsequent to inquiry on 2/22/23 identified the cook that was working on 2/4/23 in the kitchen was spoken to by him/her and Human Resource (HR) regarding the lack of documentation of food temperatures for all meals on 2/4/2023. The Associate Executive Director of dietary further indicated the cook working 2/4/23 stated that he had taken the temperatures but had not written them down and that the temperatures should have been documented. Although the Associate Executive Director was able to provide evidence of food temperatures for the food that was prepared and delivered to the satellite kitchen, he was unable to provide documentation of food temperatures taken on 2/4/2023 for the satellite kitchen that serves the Skilled Nursing facility.</p> <p>2. On 2/27/2023 at 12:15 PM observation of [NAME] #1 identified [NAME] #1 wearing a mask that was moving down past his nose while preparing and plating food with gloved hands, [NAME] #1 was noted to repeatedly touch the mask and then return to plating food, the Associate Executive Director observing in the dining area was immediately made aware of the observation. Subsequent to inquiry, the Associate Executive Director of dietary consulted with the supervising chef in attendance, assisted [NAME] #1 by obtaining a new mask, removed gloves, completed hand washing and new gloves applied. No concerns were noted during observation for the remainder of plating through 12:40 PM.</p> <p>On 12/27/2023 at 12:25 PM interview with the Dietary Supervisor identified he would have expected [NAME] #1 to remove the gloves, washed his hands and apply new gloves after touching his mask before resuming plating of the food.</p> <p>(continued on next page)</p>		

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F 0812  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	The facility policy for dining services labeled Handwashing revised on 10/16/2020 indicated in part the facility policy ensures that standard precautions including proper and effective handwashing techniques are followed at all times to prevent the spread of disease, germs, and cross contamination. The policy further indicated in part that anyone preparing, handling, or serving food will wash their hands frequently and that gloves or alcohol-based sanitizers will not be used in place of hand washing and hands will be washed when changing food preparation tasks and after touching the face, hair, or body.		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>46117</p> <p>Based on observation, facility policy review and interviews, the facility failed to ensure that staff was wearing a N-95 mask and face shield/goggles prior to going in a positive COVID-19 room in accordance to facility practice. The findings include:</p> <p>Observation on 2/23/23 at 9:10 AM identified License Practical Nurse (LPN #2) was preparing to administered medication outside a positive COVID-19 room. LPN#2 was noted wearing a gown, surgical mask and gloves and proceeded to go inside the positive Covid 19 resident's room to administer a medication. Further observation with LPN #2 having close contact with the positive COVID-19 resident during the medication administration.</p> <p>Interview with LPN #2 on 1/23/23 at 9:25 AM identified she was aware that room she went in was a positive COVID-19 room and on the resident was on strict precaution. She also indicated that staff are required to wear a gown, N-95 mask, face shield/goggles and gloves prior to entering a positive COVID-19 room. She also indicated she should wear a N-95 mask and face shield/goggles while administering a medication.</p> <p>Interview with Director of Nursing Services (DNS) on 1/23/23 at 11:00 AM identified staff is required to wear a N-95 mask, gown, face shield/goggles and gloves prior to entering a positive COVID-19 room. She would expect her staffs to wear proper Personal Protective Equipment (PPE) when providing care to a positive COVID-19 room and also during medication administration.</p> <p>A review of facility nursing policy dated 6/15/22 title COVID-19 Infection and Outbreak Policy notes when confirmed positive COVID-19 is identified to place a signage of Isolation In Use on door and to use isolation gown, gloves, face mask and eye protection.</p>		

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F 0883  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>46117</p> <p>Based on clinical record review, facility documentation, facility policy review and interviews for 1 of 5 residents (Resident #9) reviewed for vaccinations, the facility failed to administer pneumovax vaccine following a request to receive the vaccinations. The findings include:</p> <p>Resident #9 's diagnoses included dementia, atrial fibrillation, heart failure, depression, and hypertension.</p> <p>A review of facility documentation of Resident # 9's medical consent and acknowledgement dated 9/30/22 immunization record identified Resident # 9's responsible party signed the consent to administer vaccines according to the recommended schedule on 10/7/22. The immunization record identified that the consent for pneumovax dose 1 was refused.</p> <p>Interview with Director of Nursing Services (DNS) on 2/22/23 at 2:00 PM identified RN #1 (Infection Control Nurse) was responsible for obtaining and ensuring the resident's vaccine was administered after the consent was obtained. She also indicated that typically RN #1 had a separate consent form that allowed the facility to administer the pneumovax vaccine. She could not provide a reason on why the pneumovax vaccine was not given and flu vaccine was given using the medical consent and acknowledgement. Subsequent to inquiry, the pneumovax vaccine was ordered on 2/24/23.</p> <p>RN #1 was not available for interview during the survey.</p> <p>Review of facility nursing policy dated 10/22/19 title Influenza and Pneumovax Vaccination Policy notes vaccination will be offered to all residents. Each resident will be offered a pneumococcal immunization unless contraindicated or the resident has already been immunized.</p>		