

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075393	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/27/2020
NAME OF PROVIDER OF SUPPLIER BEL AIR MANOR		STREET ADDRESS, CITY, STATE, ZIP 256 NEW BRITAIN AVENUE NEWINGTON, CT 06111	
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 F 0550	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, facility policy, and interviews for 1 of 1 resident (Resident #1) reviewed for dignity, the facility failed to provide the resident with a dignified experience. The finding includes: Resident (R) #1 was admitted to the facility with [DIAGNOSES REDACTED]. An admission minimum data set (MDS) assessment dated [DATE] indicated R#1 had intact cognition with no deficits in memory. During a tour of the facility with the Director of Nursing (DON) on 5/27/2020 at 10:30 AM an observation was made at which time, approximately 100 feet away from Resident (R) #1's room, this surveyor overheard very loud and inappropriate language coming from R#1's room. Upon arrival to R#1's room, R#1 was receiving morning care and being prepared for breakfast. Both Nursing Assistant (NA) #1 and NA #2 were present in R#1's room and NA #1 was overheard saying Sh**, Sh** you need to go back to central, that's where you belong, Sh** Sh** why don't you just go, Sh**! When NA#2 observed the State Surveyor at the door, she exited the room and stated, Don't worry we always talk like that. When asked if these types of conversations always occurred in front of residents, NA #2 did not reply and kept exiting the area. NA #1 stepped out into the hallway and asked, Can I help you, you here for her? Upon questioning by the State Surveyor, NA #1 denied using foul language and stated, you didn't hear anything. Upon interview with DON, after witnessing the event, the DON indicated that the language used was not appropriate and that the parties involved would be interviewed and the situation would be investigated. Interview with Administrator on 5/27/20 at 11:00 AM identified that NA #1 would be removed from the facility for the day pending disciplinary action, and further identified that this type of behavior was not appropriate nor would it be tolerated. Review of a statement from the DON on 5/27/20 indicated NA #1 would be given a final written warning, and re-education on Resident's Rights/Customer Service. NA #1 would be moved to a more visible unit for closer monitoring of her language, voice volume, and behavior when in resident areas. Audits would be initiated for all NA staff during all shifts to be completed by the DON, staff development, and supervisors to ensure appropriate language and tone of voice would be used by NA's at all times. Review of the facility Resident Rights policy identified that residents have a right to be treated with dignity and respect. Subsequent documentation, received from the facility as part of an investigation, indicated R#1 was assessed by Social Services and indicated s/he felt safe and showed no signs of emotional distress after the incident.</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.