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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER<br><b>075268</b>  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____                   | (X3) DATE SURVEY COMPLETED<br><b>06/09/2020</b> |
| NAME OF PROVIDER OF SUPPLIER<br><b>TRINITY HILL CARE CENTER</b>  |   | STREET ADDRESS, CITY, STATE, ZIP<br><b>151 HILLSIDE AVE<br/>HARTFORD, CT 06106</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 0557<br><br><b>Level of harm - Minimal harm or potential for actual harm</b><br><br><b>Residents Affected - Few</b>              | <p><b>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on a clinical record review, a review of facility documentation, staff interviews and a review of the facility policy for one of two sampled residents (Resident #1), who were reviewed for an allegation of mistreatment, the facility failed to treat Resident #1 with respect and dignity and/or failed to follow the facility policy when a suspicion of contraband was identified. The findings include: Resident #1's [DIAGNOSES REDACTED]. The Resident Care Plan dated 4/21/20 identified Resident #1 enjoyed smoking. Interventions directed to observe for any signs of unsafe smoking, and to review the facility smoking policy/agreement with the resident. A physician's order dated 4/29/20 directed supervised smoking per facility policy, conduct a room search as needed for safety, check for contraband, conduct a non-invasive body search to check for contraband. The reportable event form dated 5/3/20 identified Resident #1 alleged NA #1 came in his/her room to search him/her as NA #1 smelled cigarette smoke in the hallway. Resident #1 indicated NA #1 touched his/her private parts while searching the resident and he/she felt violated. Interview with Resident #1 on 6/9/20 at 11:10 AM identified he/she was asleep when NA #1 came into his/her room. NA #1 woke the resident and told Resident #1 that he/she smelled like smoke. As NA #1 was asking the resident he/she went into Resident #1's pants pockets and touched his/her private parts. Resident #1 stated he/she pushed NA #1's hand away and NA #1 left the room. Resident #1 identified he/she waited until morning to report the incident. Interview with NA #1 on 6/9/20 at 3:27 PM identified while conducting rounds, NA #2 asked him if he smelled smoke, and stated someone was smoking. NA #1 indicated he did not smell smoke because he had a mask on. NA #1 identified he went and opened Resident #1's room door and asked Resident #1 what he/she was doing. Resident #1's roommate was asleep and Resident #1 was standing in the room, and the lights were on. NA #1 indicated that Resident #1 stated that he/she was not smoking. NA #1 informed Resident #1 that the staff can smell smoke. NA #1 indicated he informed Resident #1 he was going to conduct a search. NA #1 identified he checked Resident #1's drawers and his/her closet to see if Resident #1 had smoking paraphernalia. NA #1 indicated he padded Resident #1's left and right pants pockets, but did not go inside of Resident #1's pockets. NA #1 denied that he touched the resident's private parts. Interview with the Director of Nursing (DON) on 6/9/20 at 12:20 PM identified the social worker reported the incident to her. The DON indicated she went to speak with Resident #1 and his/her initial statement indicated the lights in his/her room were on at the time of the incident, however later identified that he/she was sleeping at the time of the incident and the lights were off. Resident #1 informed the DON that NA #1 had touched and padded his/her pockets. Resident #1 asked NA #1 what are you doing? I have nothing, however NA #1 kept padding Resident #1 and touched his/her private parts. Resident #1 indicated he/she jumped out of bed, screamed at NA #1 and put his/her fist up like he/she was going to punch NA #1. Resident #1 indicated that was when NA #1 left the room. The DON identified NA #1 should not have conducted a room search by him/herself without including a charge nurse or a supervisor, and should not have touched Resident #1. The DON indicated the facility staff can conduct a room search, or search the clothing in the room, however, the staff cannot search the clothing that the resident was wearing at the time of room search per the facility policy. The facility failed to ensure that Resident #1 was treated with respect and dignity during a room search and failed to conduct a non-invasive body check when contraband was suspected in accordance with the facility policy. The safety search policy directed in part that a non-intrusive search of a person would be completed on admission, on return to the facility, and when there was evidence to suspect a resident may be in possession of contraband. A non-intrusive search of a person can be operationally defined as requesting a resident to please empty your pockets by turning them inside-out, empty your purse/wallet/bag, and lift your pants to expose your socks. The nursing supervisor, charge nurse, and/or designee, along with at least another interdisciplinary team member, would complete each search.</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.