

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075373	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/20/2025
NAME OF PROVIDER OR SUPPLIER Cheshire House Health Care Facility & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3396 E Main Street Waterbury, CT 06705	
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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record reviews, review of facility documentation, facility policies, and interviews for one (1) sampled resident (Resident #1) who was reviewed for a potential allegation of abuse, the facility failed to ensure an allegation of abuse was reported to the Administrator and/or designee within two (2) hours of the incident. The findings include: Resident #1's diagnoses included dementia with behavioral disturbance, anxiety and repeated falls. The quarterly Minimum Data Set assessment dated [DATE] identified Resident #1 rarely or never made decisions regarding tasks of daily life, required limited assistance with bed mobility and transfers and extensive assistance with toileting. The Resident Care Plan dated 8/29/25 identified Resident #1 had impaired cognition related to dementia with aggressive behavior. Interventions directed to encourage socialization and recreation activity, have call bell within reach, observe resident for unmet needs and address as needed, review meds, weight loss, medical problems for possible causes of decline in cognition, and use simple, direct communication, verbal cues and task segmentation. The Facility Reported Incident form dated 9/29/25 at 11:00 AM identified an allegation of abuse was made by a 7AM-3PM nurse aide, Nurse Aide (NA) #1, regarding an incident NA #1 witnessed between Resident #1 and another nurse aide, NA #2, on 9/28/25 at approximately 12:30 PM. Interview with NA #1 on 10/20/25 at 12:40 PM identified on 9/28/25 she observed a peer, NA #2, attempting to provide care to Resident #1 which Resident #1 refused. NA #1 identified she observed NA #2 continue to attempt to provide care after Resident #1 had refused and she felt this was abusive. NA #1 indicated she directed NA #2 to step out of the room, and she was able to redirect Resident #1. NA #1 identified she did not report this to anyone until the following day on 9/29/25. NA #1 identified facility policy directed any allegation of abuse was to be reported immediately and she should have reported the incident when she witnessed the interaction. Interview and clinical record review with the Director of Nursing (DON) identified on 9/29/25 she received an allegation made by NA #1 regarding abuse to Resident #1 the day before on 9/28/25. The DON identified facility policy directed any allegation of abuse was to be reported immediately but no more than two (2) hours after the incident. The DON identified all staff are responsible for following this policy and NA #1 did not follow the policy when she reported the allegation the day after the alleged incident occurred. Review of the facility policy title Abuse, Neglect and Exploitation, undated, directed, in part, reporting of all alleged violations to the Administrator, state agency, adult protective services and to all other required agencies within specified timeframes: immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury.</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:	Facility ID: 075373
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