WESTVIEW HEALTH CARE CENTER

Report ID: CCN 075078
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§ 1 Facility Identity

Facility	WESTVIEW HEALTH CARE CENTER
CCN	075078
Location	150 WARE RD, DAYVILLE, CT, 06241
Ownership type	For profit - Corporation
Certified beds	103

§ 2 CMS Federal Record

Civil money penalties on file	$0
Deficiency citations — current cycle	26 (up from 0 in the prior 24 months)
Deficiency citations — prior 24 months	0
Immediate Jeopardy — current cycle	0
Actual-harm (G+) citations — current cycle	0
Special Focus Facility status	Not listed
Abuse icon	No

§ 3 Federal Penalties in Context

This facility — penalties on file	$0
CT state average	$18,685 (this facility is 0.0× the CT average)
National average	$31,239 (this facility is 0.0× the national average)

Averages are CMS-published per-facility fine amounts for the same snapshot. Figures and multiples are stated as published; no inference is drawn here.

§ 4 Current-Cycle Deficiencies

The current survey cycle records the following 26 federal deficiency citations (CMS F-tags). Scope/severity is CMS's own A–L grade; "Immediate Jeopardy" is CMS's most serious classification.

F-TAG	FINDING (CMS)	SCOPE/SEV.	SOURCE
F550	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.	E	Standard survey
F644	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.	E	Standard survey
F726	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.	E	Standard survey
F812	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.	E	Standard survey
F602	Protect each resident from the wrongful use of the resident's belongings or money.	D	Complaint
F641	Ensure each resident receives an accurate assessment.	D	Standard survey
F657	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.	D	Standard survey
F686	Provide appropriate pressure ulcer care and prevent new ulcers from developing.	D	Standard survey
F692	Provide enough food/fluids to maintain a resident's health.	D	Standard survey
F741	Ensure that the facility has sufficient staff members who possess the competencies and skills to meet the behavioral health needs of residents.	D	Standard survey
F742	Provide the appropriate treatment and services to a resident who displays or is diagnosed with mental disorder or psychosocial adjustment difficulty, or who has a history of trauma and/or post-traumatic stress disorder.	D	Standard survey
F745	Provide medically-related social services to help each resident achieve the highest possible quality of life.	D	Standard survey

F835	Administer the facility in a manner that enables it to use its resources effectively and efficiently.	D	Standard survey
F838	Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies.	D	Standard survey
F840	Employ or obtain outside professional resources to provide services in the nursing home when the facility does not employ a qualified professional to furnish a required service.	D	Standard survey
F841	Designate a physician to serve as medical director responsible for implementation of resident care policies and coordination of medical care in the facility.	D	Standard survey
F880	Provide and implement an infection prevention and control program.	D	Standard survey
F940	Develop, implement, and/or maintain an effective training program for all new and existing staff members.	D	Standard survey
F941	Develop, implement, and/or maintain an effective training program that includes effective communications for direct care staff members.	D	Standard survey
F942	Ensure that staff members are educated on resident rights and facility responsibilities to properly care for its residents.	D	Standard survey
F943	Give their staff education on dementia care, and what abuse, neglect, and exploitation are; and how to report abuse, neglect, and exploitation.	D	Standard survey
F944	Conduct mandatory training, for all staff, on the facility's Quality Assurance and Performance Improvement Program.	D	Standard survey
F945	Include as part of its infection prevention and control program, mandatory training that includes written standards, policies, and procedures for the program.	D	Standard survey
F946	Provide training in compliance and ethics.	D	Standard survey

F947	Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.	D	Standard survey
F949	Provide behavior health training consistent with the requirements and as determined by a facility assessment.	D	Standard survey

§ 5 Ownership

Ownership record	Owner on file: CZERMAK, CHAIM (individual)

§ 6 CMS Care Compare Star Ratings

Overall	4 / 5 (state avg 3 · US avg 3)
Health inspection	2 / 5 (state avg 2.7 · US avg 2.8)
Staffing	5 / 5 (state avg 3.3 · US avg 2.9)
Quality measures (QM)	5 / 5 (state avg 3.7 · US avg 3.7)

§ 7 Record Provenance

CMS data as of	Jun 2026
Independent verification	https://www.medicare.gov/care-compare/details/nursing-home/075078
Snapshot SHA-256	d77f3beb44d5f4acdbcb41764185a90f70955a0f197cd8739bb120f8345b7ace
Methodology & version	v1.0 — https://www.caregiverhelpnow.com/methodology

§ 8 For Your Attorney

1. The full survey file (Form 2567) for each inspection cited above is available from the state survey agency or by FOIA request.
2. Quarterly staffing data: CMS Payroll-Based Journal (PBJ) public use files, CCN 075078.
3. Cite this snapshot as “CMS Care Compare, as of Jun 2026” — integrity hash d77f3beb44d5.
4. Deficiency F-tags cited above are searchable in CMS QCOR (qcor.cms.gov).

relationship. Inspection findings are point-in-time CMS survey results, not a determination that any specific resident was harmed.