

GREENTREE MANOR NURSING AND REHABILITATION CENTER

Report ID: CCN 075113

Generated: 2026-07-26T19:14:19.463Z

§ 1 Facility Identity

Facility	GREENTREE MANOR NURSING AND REHABILITATION CENTER
CCN	075113
Location	4 GREENTREE DRIVE, WATERFORD, CT, 06385
Ownership type	For profit - Corporation
Certified beds	90

§ 2 CMS Federal Record

Civil money penalties on file	\$0
Deficiency citations — current cycle	28 (155% vs prior 24 months (11))
Deficiency citations — prior 24 months	11
Immediate Jeopardy — current cycle	0
Actual-harm (G+) citations — current cycle	2
Special Focus Facility status	Not listed
Abuse icon	Yes — CMS abuse icon currently listed

§ 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 28 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
F658	Ensure services provided by the nursing facility meet professional standards of quality.	G	Standard survey
F689	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.	G	Standard survey
F602	Protect each resident from the wrongful use of the resident's belongings or money.	E	Complaint
F761	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.	E	Complaint
F558	Reasonably accommodate the needs and preferences of each resident.	E	Standard survey
F656	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.	E	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.	E	Standard survey
F759	Ensure medication error rates are not 5 percent or greater.	E	Standard survey
F800	Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs.	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
F814	Dispose of garbage and refuse properly.	E	Standard survey
F689	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.	D	Complaint

F585	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.	D	Complaint
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	Complaint
F684	Provide appropriate treatment and care according to orders, resident's preferences and goals.	D	Complaint
F552	Ensure that residents are fully informed and understand their health status, care and treatments.	D	Standard survey
F580	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.	D	Standard survey
F677	Provide care and assistance to perform activities of daily living for any resident who is unable.	D	Standard survey
F684	Provide appropriate treatment and care according to orders, resident's preferences and goals.	D	Standard survey
F692	Provide enough food/fluids to maintain a resident's health.	D	Standard survey
F695	Provide safe and appropriate respiratory care for a resident when needed.	D	Standard survey
F698	Provide safe, appropriate dialysis care/services for a resident who requires such services.	D	Standard survey
F755	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.	D	Standard survey
F756	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.	D	Standard survey
F761	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.	D	Standard survey

F880	Provide and implement an infection prevention and control program.	D	Standard survey
F883	Develop and implement policies and procedures for flu and pneumonia vaccinations.	D	Standard survey
F887	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.	D	Standard survey

§ 5 Ownership & Chain Context

Ownership record	Chain: RYDERS HEALTH MANAGEMENT (8 facilities); Owner on file: KOPCHIK, KENNETH (individual)
Ownership chain	RYDERS HEALTH MANAGEMENT (8 facilities)
Penalties vs chain average	\$0 vs \$11,299 (0.0× the chain average)
Current deficiencies vs chain average	28 vs 18.9 (1.5× the chain average)

§ 6 CMS Care Compare Star Ratings

Overall	1 / 5 (state avg 3 · US avg 3)
Health inspection	1 / 5 (state avg 2.7 · US avg 2.8)
Staffing	4 / 5 (state avg 3.3 · US avg 2.9)
Quality measures (QM)	1 / 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/075113
Snapshot SHA-256	e8d08a330c1ca5ea3154eec8e5439ca7f515196714cd7371640b221b15033ea5
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 075113.
3. Cite this snapshot as “CMS Care Compare, as of Jun 2026” — integrity hash e8d08a330c1c.
4. Deficiency F-tags cited above are searchable in CMS QCOR (qcor.cms.gov).

This snapshot is a frozen record of CMS Care Compare data as of Jun 2026. Independently verifiable at the URL above. Generated by CareSentinel under Nodal Logics LLC. Compiled under CareSentinel methodology v1.0, documented at <https://www.caregiverhelpnow.com/methodology>; the Snapshot SHA-256 above pins this record to that methodology version.

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