

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075117	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER Nathaniel Witherell, The		STREET ADDRESS, CITY, STATE, ZIP CODE 70 Parsonage Rd Greenwich, CT 06830	

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)
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40172</p> <p>Based on review of the clinical record, facility documentation, facility policy, and interviews for one (1) of three (3) residents (Resident #1) reviewed for accidents, the facility failed to ensure the clinical record was complete and accurate to include a fall intervention after the resident had a fall. The findings include:</p> <p>For Resident #1, clinical record review, facility documentation review, and interviews identified Resident #1 had diagnoses that included dementia, muscle weakness, hypertension, and type 2 diabetes mellitus.</p> <p>A physician's order dated 8/1/24 directed that Resident #1 can ambulate in the hallway with a rolling walker.</p> <p>The care plan dated 8/19/24 identified Resident #1 was a moderate risk for falls related to deconditioning with interventions that directed to encourage the resident not to rock back in the chair, encourage resident to use call bell for assist during the night to go to the bathroom, educate the resident and caregivers about safety reminders.</p> <p>The quarterly MDS dated [DATE] identified Resident #1 had moderately impaired cognition and required assistance with ADLs.</p> <p>Review of the facility's accident and incident report dated 9/10/24 identified at 11:15 A.M. Resident #1 was noted lying on h/her back on the floor with h/her knees bent up near the window with complaints of lower back pain. Resident #1 was transferred to the emergency room for further evaluation and treatment.</p> <p>The nurse's note dated 9/10/24 at 10:43 P.M. written by LPN #2 identified Resident #1 returned to the facility from the hospital from a fall earlier today. LPN #2 identified Resident #1 had all testing done and showed no injuries, hematomas, skin tears, or bumps. LPN #2 indicated Resident #1 had no complaints of pain or discomfort.</p> <p>The care plan dated 9/10/24 identified Resident #1 was noted lying on h/her back on the floor with knees bent, complained of lower back pain, and Resident #1 was sent to the hospital for further evaluation. Review of Resident #1's clinical record on 10/2/24 failed to identify that a new fall intervention was implemented after Resident #1's fall on 9/10/24.</p> <p>(continued on next page)</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075117	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER Nathaniel Witherell, The		STREET ADDRESS, CITY, STATE, ZIP CODE 70 Parsonage Rd Greenwich, CT 06830	
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)		
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with RN #1 on 10/2/24 at 11:35 A.M. identified on 9/10/24 Resident #1 was noted by the housekeeper attempting to climb into an empty bed in h/her room and fell . RN #1 identified Resident #1 was found lying on h/her back on floor in h/her room with knees bent up with complaints of lower back pain. RN #1 identified Resident #1 was sent to the hospital for further evaluation and returned to the facility the same day. RN #1 indicated Resident #1 fell because the empty bed was not in a low position and as Resident #1 attempted to get into the empty bed h/she fell . RN #1 indicated following Resident #1's fall on 9/10/24 she educated Resident #1 not to attempt to get into the empty bed. In addition, RN #1 identified she was directed by the DNS to keep the empty bed in a low position and directed staff to keep the bed in a low position.</p> <p>Interview and clinical record review with DNS on 10/2/24 at 12:40 P.M., identified on 9/10/24 Resident #1 fell while h/she was attempting to get into an empty bed in h/her room that was not in a low position. The DNS identified on 9/10/24 Resident #1 complained of lower back pain following the fall and was sent out to the hospital for further evaluation. The DNS identified Resident #1 CT scans and X-rays completed in the emergency room were all negative. The DNS indicated a new intervention was implemented after Resident #1's fall on 9/10/24 that directed staff to keep the empty bed in a low position. The DNS was unable to provide documentation to reflect the new intervention was implemented after Resident #1's fall on 9/10/24. The DNS identified although she did not update the care plan with the new intervention she did educate the staff.</p> <p>Review of the facility's nursing documentation/care plan policy dated 3/2024 identified care plans need to be initiated for changes in condition such as falls with or without injury, infections, or any physical changes or changes in behavior.</p>		