

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075198	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/07/2025
NAME OF PROVIDER OR SUPPLIER Village Green Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 23 Fair Street Bristol, CT 06010	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the clinical record, facility documentation, facility policy, and interviews for one (1) of two (2) residents (Resident #1) reviewed for falls, the facility failed to complete neurological checks for an unwitnessed fall in full per facility protocol. The findings include:</p> <p>Resident #1 was admitted to the facility with diagnoses that included fibromyalgia and repeated falls.</p> <p>A care plan dated 2/4/25 identified Resident #1 was at risk for falls with interventions that included to assist the resident with ambulation and transfers, and if a fall occurs, to initiate frequent neurological and bleeding evaluation per facility protocol.</p> <p>The fall risk evaluation dated 2/5/25 identified Resident #1 scored fifteen (15) indicative of being at risk for falls.</p> <p>The admission MDS dated [DATE] identified Resident #1 had a Brief Mental Interview for Mental Status (BIMS) of fourteen (14) indicative of intact cognition, required one staff physical assist for toilet use, transfers and bed mobility, and had a fall in the last month.</p> <p>The accident and incident form dated 2/26/25 at 2:30 PM identified Resident #1 called out for help and was found sitting on the floor next to the bed. Resident #1 reported she had gotten up to the bathroom and felt dizzy, tried to use the trash bin to stabilize her/himself but fell.</p> <p>The change in condition from dated 2/26/25 at 11:27 PM Resident #1 went to the bathroom without assistance from staff and fell. The physician was notified and ordered to continue neurological checks.</p> <p>Review of the neurological evaluation sheet beginning on 2/26/25 and 2/27/25 identified the following:</p> <p>1 Evaluate neurological checks every fifteen minutes for the first two hours after the initial evaluation- four (4) checks were completed and four (4) checks were missed.</p> <p>2. Evaluate neurological checks every thirty minutes for the next two hours - two (2) checks were completed, and two (2) checks were missed.</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
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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>3. Evaluate neurological checks every hour for the next four hours - one (1) check was completed, and three (3) checks were missed.</p> <p>Interview with the Corporate Nurse on 3/7/25 at 2:30 PM identified neurological checks are to be completed in full per the protocol. She identified Resident #1 was in the facility until 2/28/25.</p> <p>Review of the falls management policy identified a fall is considered to have occurred when a patient is found on the floor. Patients experiencing a fall will receive appropriate care and post fall interventions will be implemented. It identified any patient who sustains an injury to the head from a fall and/or has a fall unwitnessed by staff will be observed for neurological abnormalities by performing neurological checks, per policy.</p> <p>Review of the neurological procedure directed to document the LOC, orientation, ability to follow commands, response to sensation and/or pain, pupil reaction, motor function, temperature, pulse, respiration, and blood pressure on neurological assessment flow sheet.</p> <p>Review of the neurological evaluation flowsheet directed perform an initial evaluation, then to evaluate every 15 minutes for the first two hours after initial evaluation, every thirty minutes for the next two hours, every hour for the next four hours, then every eight hours for at least sixty-four additional hours.</p>