

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  075237	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/14/2025
NAME OF PROVIDER OR SUPPLIER  Complete Care at Kimberly Hall-South		STREET ADDRESS, CITY, STATE, ZIP CODE  1 Emerson Drive Windsor, CT 06095	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on review of clinical records, interviews, and review of facility documentation for one (1) of three (3) residents reviewed for accidents, the facility failed to safely transfer a resident while using a Hoyer Lift. The findings included:</p> <p>Resident #1 had diagnoses that included transient ischemic attack, cerebral infarction, difficulty walking, syncope and collapse.</p> <p>Review of the Comprehensive Minimum Data Set (MDS) assessment dated [DATE] identified Resident #1 had a Brief Mental Interview for Mental Status (BIMS) of eight (8) indicative of moderate cognitive impairment. The MDS further identified Resident #1 was dependent with chair to bed-to-chair transfers.</p> <p>Review of Resident #1's Care Plan dated 8/20/24 identified the risk for decreased ability to perform activities of daily living (ADL's) and directed assist of two (2) bed mobility, toileting, dressing, bathing, and for transfers using a mechanical lift.</p> <p>Review of the Facility Licensing and Investigations Section Reportable Event Form dated 8/27/24 identified Resident #1 was transferred from his/her bed to his/her wheelchair by two (2) aides utilizing a Hoyer Lift, however, the Hoyer Lift tilted and hit the resident in the face/head following the transfer, causing an abrasion to the top of his/her scalp.</p> <p>Interview with RN #1 on 1/14/25 at 1:34 PM identified he/she received report from two (2) nurse's aides on 8/27/24 that Resident #1 sustained an injury during their bed to wheelchair transfer. RN #1 further indicated the two (2) nurse's aides had transferred Resident #1 from his/her bed utilizing a Hoyer Lift into his/her wheelchair, however after the resident was transferred into his/her wheelchair, the Hoyer Lift had tilted over and the overhead bar (which secured the seat sling supporting the resident to the Hoyer Lift during transfer) hit the resident in the head and caused a small abrasion. RN #1 identified the resident was assessed and his/her wound was attended to.</p> <p>Interview with the Regional Resource Nurse (RRN) on 1/14/25 at 1:40 PM failed to identify what caused the Hoyer Lift to tilt after Resident #1 was transferred from his/her bed into his/her wheelchair on 8/27/25.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with the Director of Nurses (DON) on 1/14/25 at 5:13 PM identified staff were trained on how to use the Hoyer Lift, that transfers were a two (2) person assist process with one (1) person guiding the resident during the mechanical transfer process while the other person moved the lift. Although identified it was the responsibility of both staff members to ensure residents were transferred safely, she was unsure of what had occurred during the transfer that caused the Hoyer to tilt and hit the resident in the head.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on review of clinical records, interview, and review of facility documentation reviewed for one (1) of three (3) residents reviewed for incontinent care, the facility failed to perform hand hygiene in accordance with facility policy. The findings included:</p> <p>Resident #1's diagnoses included Type 2 diabetes mellitus without complications and a urinary tract infection.</p> <p>Review of Resident #1's Care Plan dated 11/18/24 identified risk for decreased ability to perform activities of daily living (ADL's) including toileting with interventions that directed to provide the resident with extensive assist of one (1) for toileting hygiene.</p> <p>Review of the Comprehensive Minimum Data Set assessment dated [DATE] identified Resident #1 had a Brief Mental Interview for Mental Status (BIMS) of twelve (12), indicative of moderate cognitive impairment. The MDS further identified Resident #1 was dependent with toileting hygiene and was frequently incontinent of bowel and bladder.</p> <p>Observation performed on 1/14/25 at 2:45 PM identified NA #1 preparing Resident #1 for incontinent care. NA #1 had prepared the area, gathered the needed supplies, and applied gloves prior to removing the incontinent brief and cleaning the resident with a hygienic spray and moist washcloth. NA #1 then removed his/her gloves and applied a new set of gloves prior to applying barrier cream to the resident, however failed to perform hand hygiene prior to applying new gloves. NA #1 then removed his/her gloves after applying the barrier cream and applied new gloves, again failing to perform hand hygiene prior to applying the new gloves. NA #1 then applied a new, clean brief to Resident #1, lowered his/her [NAME], covered him/her with the bed sheet and blanket, and ensured his/her comfort prior to removing his/her gloves and performing hand hygiene.</p> <p>Interview with NA #1 on 1/14/25 at 2:50 PM identified the facility standard of practice was to perform hand hygiene each time gloves were removed during incontinence care and that he/she forgot to do so.</p> <p>Review of the Glove policy directed gloves must be worn when handling blood, body fluids, secretions, excretions, mucous membranes and/or non-intact skin and to wash hands after removing gloves.</p>