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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                         | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>075237 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                              | (X3) DATE SURVEY COMPLETED<br><br>04/03/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Complete Care at Kimberly Hall-South |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1 Emerson Drive<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |
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| <p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on clinical record review, facility documentation review, facility policy review, and interviews for one of three residents (Resident #2) reviewed for wounds, the facility failed to ensure staff developed a comprehensive care plan to include an alteration in skin integrity. The findings include:</p> <p>Resident #2's diagnoses included hemiplegia and hemiparesis (paralysis and weakness of one side), diabetes, chronic kidney disease stage 4, and heart failure. The admission Minimum Data Set (MDS) assessment dated [DATE] identified that Resident # 2 had a Brief Interview for Mental Status (BIMS) score of ten out of fifteen, indicative of moderate cognitive impairment and required total care for ALDs, rolling, and was frequently incontinent of bowel and bladder.</p> <p>The Resident Care Plan (RCP) dated 1/29/2025 identified a risk for impairment to skin integrity secondary to generalized weakness, impaired mobility, incontinence and diabetes. Interventions directed use of pressure relieving devices in bed and/or chair, observe/document/report to MD/APRN as needed, and turn and reposition four (4) times per shift.</p> <p>Review of admission note dated 1/9/2025 identified a moisture associated skin damage (MASD) to left buttock and scrotum. Nursing note dated 1/9/2025 at 8:26 PM identified the MASD, and a three (3) centimeter (cm) skin tear on the left arm.</p> <p>Review of initial specialty physician wound evaluation and management summary dated 1/22/2025 identified Resident #2 had a left lower buttock Stage 3 pressure ulcer, a left upper buttock stage 2 pressure ulcer, and a right buttock stage 2 pressure ulcer.</p> <p>Nursing change in condition note dated 1/28/2025 (no time) identified a small open area noted on the left side of the G-Tube, measured 0.9 by 0.7 by 0.1 centimeters (cm). the APRN was notified at 7:22 PM with orders to leave the abdominal skin opening open to air and notify of any change in condition.</p> <p>Nursing note dated 1/29/2025 at 8:44 PM identified wound doctor to see wound on buttocks.</p> <p>Skin integrity report dated 1/29/2025 and wound evaluation and management summary report dated 1/29/2025 identified an unstageable wound to left sacrum.</p> <p>Additional record review failed to identify a care plan was developed related to actual alteration in skin integrity.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Interview, clinical record and facility documentation review with DNS and RN #2 on 4/3/2025 at 12:11 PM identified although Resident #2 had a care plan in place for a risk for alteration in skin integrity, Resident #2's care plan did not include the actual alteration in skin integrity. Interview identified the care plan should have been updated to reflect the actual alterations in skin integrity.</p> <p>Review of facility Comprehensive Care Plans Policy directed in part, to develop and implement a comprehensive person-centered care plan for each resident, that includes measurable objectives and timeframes to meet a resident's medical needs. A comprehensive care plan will describe at a minimum the services that are to be furnished.</p> <p>Facility documentation review identified staff education was initiated on 2/20/2025 and included when a resident has a skin alteration, a care plan must be updated with the new area and new interventions. Audits were initiated on 2/18/2025 and a QAPI meeting was held on 2/18/2025. Based on review of facility documentation, past non-compliance was identified.</p> |