

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075243	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/11/2025
NAME OF PROVIDER OR SUPPLIER Pierce Memorial Baptist Home, Inc.		STREET ADDRESS, CITY, STATE, ZIP CODE 44 Canterbury Road Brooklyn, CT 06234	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record reviews, facility documentation, facility policies and interviews for one (1) of three (3) sampled residents (Resident #1) who was dependent on staff for transfers with a mechanical lift, the facility failed to ensure the resident's rights to refuse treatment were honored when the resident refused the transfer and to be showered several times. The findings include:</p> <p>Resident #1's diagnoses included chronic osteomyelitis, anxiety, and abnormal gait and mobility.</p> <p>The quarterly Minimum Data Set assessment dated [DATE] identified Resident #1 had no memory recall deficits, was oriented to person, place, time, and situation, was dependent on staff for toileting, personal hygiene, bathing, bed mobility, and transfers.</p> <p>The Resident Care Plan dated 4/17/25 identified Resident #1 had limited physical mobility and was at risk for falls. Interventions directed to use a mechanical lift with two (2) staff for all transfers, physical and occupational therapy referrals as needed, and call bell in reach at all times.</p> <p>The nurse's note dated 5/29/25 at 8:59 PM identified the 3PM-11PM Nursing Supervisor was called to Resident #1's room to interview Resident #1. The note indicated Resident #1 stated on 5/28/25 one (1) of two (2) nurse aides was pulling on my leg to get it into the Hoyer lift, I told them I did not want a shower, and they put me in the Hoyer lift anyway. One (1) of the nurse aides was pulling on my leg to get it into the Hoyer, I told her to stop she was hurting me, my right leg was dangling down, I said that it is the leg they operated on it hurts. They gave me a shower and when they brought me back the shower chair fell back, I thought I was going to fall I yelled stop it. A third staff member came in the room to help after she heard me yelling.</p> <p>The Facility Reported Incident form dated 5/29/25 identified Resident #1 had alleged on 5/28/25 during a transfer with the mechanical lift, NA #2 caused pain to Resident #1's right leg when bending the leg to fit it into the Hoyer lift and the nurse aide continued with the transfer even after Resident #1 told the nurse aide to stop the transfer.</p> <p>Interview with Resident #1 on 6/11/25 at 11:45 AM identified on 5/28/25 he/she initially agreed to the transfer with the Hoyer lift for the purpose of showering. Resident #1 identified he/she began to refuse the transfer and shower after the nurse aides were having difficulty with the transfer and causing pain to his/her right leg. Resident #1 explained that despite his/her repeated requests to stop the transfer, the nurse aide continued with the process.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 075243
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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with the 3-11PM nurse aide, Nurse Aide (NA) #1, on 6/11/25 at 12:05 PM identified she was in training. NA #1 identified on 5/28/25 during the transfer process when Resident #1 was in pain from the process and began to refuse the transfer, NA #2 continued with the transfer.</p> <p>Interview with NA #2 on 6/11/25 at 12:45 PM identified on 5/28/25 Resident #1 did not refuse to take a shower.</p> <p>Interview with the Director of Nursing (DON) on 6/11/25 at 1:45 PM identified it was a violation of the resident's rights to proceed with the transfer and shower and the nurse aides should have stopped the transfer immediately when Resident #1 refused. The DON stated NA #2 was terminated for failure to comply with the Resident's [NAME] of Rights.</p> <p>Review of the facility Residents' [NAME] of Rights identified in part, the resident had the right to request, refuse, and/or discontinue treatment.</p>		

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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>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record reviews, facility documentation, facility policies and interviews for one (1) of three (3) sampled residents (Resident #1) who were dependent on staff for transfers via a mechanical lift, the facility failed to ensure the lift pad was the correct size to properly transfer the resident out of the bed for a shower. The findings include:</p> <p>Resident #1's diagnoses included chronic osteomyelitis, anxiety, and abnormal gait and mobility.</p> <p>The quarterly Minimum Data Set assessment dated [DATE] identified Resident #1 had no memory recall deficits, was oriented to person, place, time, and situation, was dependent on staff for toileting, personal hygiene, bathing, bed mobility, and transfers.</p> <p>The Resident Care Plan dated 4/17/25 identified Resident #1 had limited physical mobility and was at risk for falls. Interventions directed to use a mechanical lift with two (2) staff for all transfers, physical and occupational therapy referrals as needed, and call bell in reach at all times.</p> <p>The nurse's note dated 5/28/25 at 10:38 PM identified Resident #1's right leg was outstretched during a transfer into the mechanical lift and bumped his/her right knee and had some initial redness at the area.</p> <p>The nurse's note dated 5/29/25 at 8:59 PM identified the 3PM-11PM Nursing Supervisor was called to Resident #1's room to interview Resident #1. The note indicated Resident #1 stated on 5/28/25 one (1) of two (2) nurse aides was pulling on my leg to get it into the Hoyer lift, I told them I did not want a shower, and they put me in the Hoyer lift anyway. One of the nurse aides was pulling on my leg to get it into the Hoyer, I told her to stop she was hurting me, my right leg was dangling down, I said that it is the leg they operated on it hurts. They gave me a shower and when they brought me back the shower chair fell back, I thought I was going to fall I yelled stop it. A third staff member came into the room to help after she heard me yelling.</p> <p>The Facility Reported Incident form dated 5/29/25 identified Resident #1 had alleged on 5/28/25 during a transfer with the mechanical lift, NA #2 caused pain to the resident's right leg when bending the leg to fit it into the Hoyer lift.</p> <p>Review of the clinical record including the care card failed to reflect documentation of the specific sling size to use for Resident #1.</p> <p>Interview with Resident #1 on 6/11/25 at 11:45 AM identified on 5/28/25 he/she initially agreed to the transfer with the Hoyer lift for the purpose of showering. Resident #1 identified he/she began to refuse the transfer and shower after the nurse aides were having difficulty with the transfer and causing pain to his/her right leg. Resident #1 explained upon return from the shower, during the transfer back to bed, he/she identified the the Hoyer broke down and collapsed and I went down. Resident #1 identified another staff member came into the room and helped the aides get me back into bed. Resident #1 indicated this was the first time the nurse aides had transferred him/her.</p> <p>(continued on next page)</p>		

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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 NA #1 on 6/11/25 at 12:05 PM identified on 5/28/25 she was being trained by NA #2. NA #1 indicated Resident #1 began to refuse the transfer when he/she was experiencing pain while NA #2 was attempting to get Resident #1's right leg into the Hoyer lift. NA #1 identified she recognized the hoyer pad NA #2 was using was too small for Resident #1 and questioned NA #2. NA #1 explained NA #2 left the room to get another pad and returned with the same size pad and proceeded with the transfer, Resident #1 continued to refuse the transfer, and NA #2 was having difficulty getting Resident #1 positioned on the pad causing discomfort to Resident #1. NA #1 identified she asked Resident #1 if he/she would agree to the transfer if she took over and Resident #1 agreed. NA #1 explained she took over the transfer and when performing the transfer NA #2 began to move the shower chair prematurely causing Resident #1 to hit his/her leg on the bedside table. NA #1 indicated during the transfer back to bed, one (1) of the latches of the Hoyer pad slipped off the lift and Resident #1 began to fall backwards, she caught Resident #1 and broke the fall. NA #1 identified the charge nurse heard Resident #1 yell, she entered the room and assisted with getting Resident #1 back into bed.</p> <p>Interview with NA #2 on 6/11/25 at 12:45 PM identified she had not transferred Resident #1 before and she was using the correct pad for Resident #1 because she had seen other nurse aides use that pad. NA #2 indicated a latch came off the Hoyer lift during the process of transferring Resident #1 back to bed and the charge nurse entered the room to assist with getting Resident #1 back to bed.</p> <p>Interview with the Director of Nursing (DON) on 6/11/25 at 1:45 PM identified on 5/28/25 NA #2 was training NA #1 and NA #2 used a large size sling pad when an extra-large sling pad should have been used for Resident #1. The DON explained the hoyer pad was placed improperly under Resident #1 causing the right leg to not be supported correctly, the leg did not fit properly into the sling causing pain. The DON identified NA #2 should have stopped the transfer and differed to a nurse for direction.</p> <p>Review of the facility policy Mechanical Lift use identified in part, residents will be transferred by trained and qualified caregivers and to use the proper size sling recommended for use of the lift.</p>		

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<p>F 0940</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop, implement, and/or maintain an effective training program for all new and existing staff members.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record reviews, facility documentation, facility policies and interviews for one (1) of three (3) sampled residents (Resident #1) who were dependent on staff for transfers via a mechanical lift, the facility failed to ensure staff were trained on the proper use of mechanical lift transfers which ultimately caused staff to improperly transfer a resident. The findings include:</p> <p>Resident #1's diagnoses included chronic osteomyelitis, anxiety, and abnormal gait and mobility.</p> <p>The quarterly Minimum Data Set assessment dated [DATE] identified Resident #1 had no memory recall deficits, was oriented to person, place, time, and situation, was dependent on staff for toileting, personal hygiene, bathing, bed mobility, and transfers.</p> <p>The Resident Care Plan dated 4/17/25 identified Resident #1 had limited physical mobility and was at risk for falls. Interventions directed use of a mechanical lift with two (2) staff for all transfers, Physical and Occupational Therapy referrals as needed, and call bell in reach at all times.</p> <p>The nurse's note dated 5/29/25 at 8:59 PM identified the 3PM-11PM Nursing Supervisor was called to Resident #1's room to interview Resident #1. The note indicated Resident #1 stated on 5/28/25 one (1) of two (2) nurse aides was pulling on my leg to get it into the Hoyer lift, I told them I did not want a shower, and they put me in the Hoyer lift anyway. One of the nurse aides was pulling on my leg to get it into the Hoyer, I told her to stop she was hurting me, my right leg was dangling down, I said that it is the leg they operated on it hurts. They gave me a shower and when they brought me back the shower chair fell back, I thought I was going to fall I yelled stop it. A third staff member came into the room to help after she heard me yelling.</p> <p>Interview with Resident #1 on 6/11/25 at 11:45 AM identified on 5/28/25 he/she initially agreed to the transfer with the Hoyer lift for the purpose of showering. Resident #1 identified he/she began to refuse the transfer and shower after the nurse aides were having difficulty with the transfer and causing pain to his/her right leg. Resident #1 explained upon return from the shower, during the transfer back to bed, he/she identified the the Hoyer broke down and collapsed and I went down. Resident #1 identified another staff member came into the room and helped the aides get me back into bed. Resident #1 indicated this was the first time the nurse aides had transferred him/her.</p> <p>(continued on next page)</p>		

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