

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075265	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/27/2023
NAME OF PROVIDER OR SUPPLIER Elim Park Baptist Home, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 140 Cook Hill Rd Cheshire, CT 06410	

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 - 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** 47826</p> <p>Based on clinical record reviews, facility documentation, facility policies and interviews for one of three sampled residents (Resident #1) reviewed for falls, the facility failed to ensure a gait belt was utilized when ambulating the resident in accordance with facility policy. The finding includes:</p> <p>Resident #1's diagnoses included Alzheimer's Disease, left artificial knee joint, and osteoarthritis.</p> <p>The Minimum Data Set assessment dated [DATE] identified Resident #1 had short- and long-term memory problems, required maximum assistance with toileting, bathing, and dressing, required moderate assistance with transfers and ambulation, and utilized a walker for mobility.</p> <p>The Resident Care Plan dated 10/28/23 identified a self-care deficit, limited physical mobility, and fall risk related to cognitive deficits and decreased functional mobility. Interventions directed for physical therapy and occupational therapy to assess and treat, use appropriate footwear, gripper socks when out of bed, to keep personal belongings within reach and to keep the environment clutter free.</p> <p>The physical therapy evaluation dated 10/28/23 identified Resident #1 was at risk for falls with a history of three (3) falls in the past year and was being evaluated for transfers and mobility. The evaluation indicated Resident #1 was able to follow commands, required moderate assistance to sit at the edge of the bed, and moderate assistance of one person to transfer from a sit to stand position with the rolling walker. The evaluation identified as Resident #1 was being walked to the toilet with the assistance of both the occupational and physical therapists, Resident #1 suddenly fell backwards hitting his/her head on the floor and complained of left foot and head pain.</p> <p>The occupational therapy evaluation dated 10/28/23 identified as Resident #1 was ambulating from the bed towards the toilet with a rolling walker and assistance of two (2), Resident #1's knee buckled and Resident #1 suddenly dropped to the floor hitting his/her head on the floor and complained of left ankle and head pain.</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 - Actual harm</p> <p>Residents Affected - Few</p>	<p>The nurse's note dated 10/28/23 identified the charge nurse, Licensed Practical Nurse (LPN) #1, heard a loud bang and gasps from Resident #1's room. Upon entry LPN #1 observed Resident #1 sitting on the floor. Resident #1 fell while working with the occupational and physical therapists, complained of pain to the right knee, posterior head, and left ankle. The resident was assessed by the Nursing Supervisor and the physician directed the resident be evaluated in the emergency department.</p> <p>Review of the hospital clinical record identified Resident #1 sustained a transverse fracture of the medial malleolus with intra-articular extension and a comminuted oblique fracture of the distal fibula with intra-articular extension. Resident #1 was admitted for orthopedic and medical workup pending a decision for surgery. The record identified Resident #1 was seen by ortho on 10/29/23 who placed splints for immobilization, recommended outpatient follow-up for placement of a cast and Resident #1 was discharged to the long term care facility on 10/31/23.</p> <p>Interview with PT #1 on 11/27/23 at 12:15 PM identified that on 10/28/23 in the morning, she along with OT #1 conducted an initial assessment of Resident #1. The assessment included testing of muscle strength, range of motion, transfers, and ambulation. PT #1 identified Resident #1 required minimal assistance to transition from a sit to stand position and initially required under the arm holds bilaterally with support to the back with ambulation. PT #1 indicated during ambulation the support was adjusted to contact guard. PT #1 identified Resident #1 was not wearing a gait belt and the gait belt policy identified anyone requiring assistance of one (1) or two (2) people for transfers and ambulation was supposed to be wearing a gait belt. PT #1 identified that typical practice is for all residents to have a gait belt on unless they are independent when ambulating.</p> <p>Interview with OT #1 on 11/27/23 at 12:45 PM identified on 10/28/23 she along with PT #1 conducted the initial assessment on Resident #1. OT #1 indicated Resident #1 required some assistance to transfer from a sit to stand position and while walking to the bathroom PT #1 and she were on either side of Resident #1, holding Resident #1 at the base of the spine and guiding the walker. OT #1 identified she readjusted her hands to manage the oxygen tubing and Resident #1 was requiring less assistance with ambulation. OT #1 identified she continued to keep a hand on Resident #1 and was very confident with Resident #1's walking ability. OT #1 identified Resident #1 was not wearing a gait belt and she was aware that the facility policy on gait belt use identified Resident #1 should have been wearing a gait belt.</p> <p>Interview with the 7AM-3PM charge nurse, Licensed Practical Nurse (LPN) #1, on 11/27/23 at 1:10 PM identified she responded to the room after hearing a loud bang, observed Resident #1 sitting on the floor at the foot of the bed with the walker in front of him/her, Resident #1 complained of foot pain and upon removal of the gripper socks, Resident #1 yelled out in pain. LPN #1 identified she contacted the Nursing Supervisor to assess Resident #1 and she identified Resident #1 needed to go to the hospital for an evaluation.</p> <p>Review of the annual mandatory in-services identified in December 2022, PT #1 and OT #1 took the post test on Body Mechanics and Back Care and correctly answered the question identifying that when ambulating a resident that requires assistance the staff must brace their weaker side, use a gait belt and walk at the resident's pace.</p> <p>Review of the facility policy titled Gait Belt Policy, dated 3/22/23, directed that gait belts are to be used when transferring or ambulating a resident that needs the assistance of one (1) or two (2) staff members.</p>		