STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	075279	A. Building B. Wing	12/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Kimberly Hall North	1 Emerson Dr 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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47460 Based on clinical record review, facility documentation review, facility policy review, and interviews for one of three residents (Resident #1) reviewed for accidents, the facility failed to ensure assistance was provided in accordance with the resident plan of care. The findings include: Resident #1's diagnoses included dementia, osteoarthritis and osteoporosis. The quarterly Minimum Data Set (MDS) assessment dated [DATE] identified Resident #1 had a Brief Interview for Mental Status (BIMS) score of zero out of fifteen, indicative of severe cognitive impairment and required total care for ADLs. The Resident Care Plan (RCP) dated 11/15/2024 identified Resident #1 required assistance with ADLs. Interventions directed two (2) staff to assist with bed mobility. The nurse aide care card/Kardex dated 11/26/2024 directed Resident #1 required assist of two (2) for bed mobility. Facility incident report dated 11/30/2024 at 7 AM identified Resident #1 required two (2) staff assist for bed mobility. The report indicated on 11/29/2024 at 10:15 PM Resident #1 was noted with facial grimacing with new orders obtained for a right shoulder x-ray. X-ray results identified a right subcoracoid dislocation of the humeral head. Review of facility Summary Report dated 12/5/2024 identified Resident #1 required two (2) staff for bed mobility and Hoyer lift transfers, used a wheelchair and was unable to self-propel, had no falls, and was unable to verbalize what occurred due to his/her cognition. Resident #1 was identified on 1/27/2024 to have right shoulder pain, and x-ray results identified a dislocation of the right shoulder. Interview and review of facility documentation on 12/23/2024 at 11:32 AM with NA #6 identified that Resident #1 was on her assignment on the 11 PM to 7 AM shift on 11/26/2024 (three days before the dislocation was identified). NA #6 indicated that Resident #1 said ow briefly when she turned the resident in bed, and she indicated that Resident #1 did that as a routine behavior at times. NA #1 further indicated that she provided care to Resident #1 without the assistance of a second staff member. NA #6 stated she was aware that Resident #1's aide care card/Kardex directed two (2) staff assist for bed mobility, and stated there was only one aide on the 11 PM to 7 AM shift on that unit; she had no second NA to assist her. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	075279	A. Building B. Wing	12/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Kimberly Hall North	1 Emerson Dr 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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 12/23/2024 at 12:16 PM with LPN #5 indicated he worked the 11 PM to 7 AM shift on 11/26/2024 and Resident #1 was his resident. LPN #5 stated he did not assist NA #6 with any care or repositioning, and he was not aware of any reports of pain or discomfort - none were reported by NA #6 regarding Resident #1. Interview, clinical record review and facility documentation review with the DNS on 12/23/2024 at 12:33 PM identified when NA #6 was interviewed, NA #6 did not indicate any new complaints. Further, ow was typical verbalization for the resident and he/she is care planned for alteration in comfort. The DNS further stated that there should have been two (2) staff members assisting with bed mobility as directed per Resident #1's care card/Kardex on 11/26/2024 when NA #6 provided Resident #1's care alone on the 11 PM to 7 AM shift. Review of facility Care Plan, Comprehensive Person-Centered Policy directed in part, the comprehensive, person-centered care plan will describe the services that are to be furnished to the resident.