

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075343	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/03/2024
NAME OF PROVIDER OR SUPPLIER Jerome Home		STREET ADDRESS, CITY, STATE, ZIP CODE 975 Corbin Avenue New Britain, CT 06052	

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** 43184</p> <p>Based on clinical record reviews, review of facility documentation and policies, and interviews for one (1) of three (3) sampled residents (Resident #1) who required staff assistance of one (1) when ambulating, the facility failed to utilize a gait belt when ambulating Resident #1 resulting in a fall and left lower leg fractures. The findings include:</p> <p>Resident #1's diagnoses included acute respiratory failure, weakness, difficulty walking, osteoporosis and generalized osteoarthritis.</p> <p>The admission Minimum Data Set assessment dated [DATE] identified Resident #1 had a BIMS of thirteen (13) indicating Resident #1 was alert and oriented, required extensive one (1) person assistance with toileting, limited one (1) person assistance with transfers and walking, the resident's balance when walking was not steady, and a walker and wheelchair were utilized.</p> <p>The Resident Care Plan dated 4/19/23 identified Resident #1 required assistance with activities of daily living. Interventions directed to ambulate with one (1) staff up to fifty (50) feet using a two (2) wheeled walker and gait belt for support.</p> <p>The nurse's note dated 4/21/23 at 10:56 AM identified the nurse aide called the charge nurse into Resident #1's room. Upon entering the room Resident #1 was noted to be laying on the floor stating he/she broke his/her leg. The nurse aide stated when she assisted Resident #1 to the floor, the left leg twisted. The Advanced Practice Registered Nurse (APRN) assessed Resident #1 and directed to transfer Resident #1 to the Emergency Department.</p> <p>The Facility Reported Incident form dated 4/21/23 identified Resident #1 was walking from the bathroom to the bed with the nurse aide when he/she started to lean to the left at which time the nurse aide lowered Resident #1 to the floor. The report identified Resident #1 did not have a gait belt around his/her waist and was using a walker.</p> <p>The hospital admission note dated 4/21/23 identified Resident #1 was admitted for close hemodynamic monitoring after becoming hypotensive in the emergency department. The note identified Resident #1 sustained a left comminuted displaced proximal tibia fracture and a left comminuted mildly displaced proximal fracture. The plan was to treat non-operatively with a splint and an immobilizer over the splint.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075343	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/03/2024
NAME OF PROVIDER OR SUPPLIER Jerome Home		STREET ADDRESS, CITY, STATE, ZIP CODE 975 Corbin Avenue New Britain, CT 06052	
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 0689 Level of Harm - Actual harm Residents Affected - Few	<p>Review of a statement obtained by the Assistant Director of Nursing (ADON) dated 4/24/23 identified she interviewed the nurse aide, Nurse Aide (NA) #1 on 4/24/23 regarding Resident #1's fall. NA #1 explained she had ambulated Resident #1 to the bathroom for morning care, after care was completed, she was following Resident #1 out of the bathroom and managing the oxygen tubing as to prevent it from becoming a trip hazard. NA #1 explained Resident #1 began leaning to the left, so she wrapped her arms around Resident #1 and assisted him/her to the floor. NA #1 identified although Resident #1 did utilize a walker, she did not utilize a gait belt.</p> <p>Interview with the Director of Nursing (DON) on 12/3/24 at 2:45 PM identified on 4/21/23, Resident #1 was ambulating with NA #1, without the benefit of a gait belt and sustained a fall. The DON identified it is the facility's policy that each staff member uses a gait belt while ambulating any resident.</p> <p>Review of NA #1's personnel file identified she was given and signed that she read and understood the facility gait belt policy and agreed to adhere to it as outlined on 3/9/23.</p> <p>Review of the facility policy titled Gait Belt Policy, dated 11/2015, directed as part of the facilities safety program, all nursing staff are required to have their own gait belt and gait belts are to be used for all resident transfers and ambulation that require assistance.</p> <p>Review of the facility policy titled Fall prevention policy, dated 2/1/2013, directed, in part, caregivers are to use gait belts.</p>		