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| 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 07/25/2025 |
| 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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the clinical record, facility documentation, facility policy, and interviews for one (1) of three (3) residents (Resident #3) reviewed for falls, the facility failed to ensure the resident had a fall care plan with interventions when identified as a high risk for falls. The findings include: Resident #3 was admitted to the facility on [DATE] with diagnoses that included left artificial hip joint, type II diabetes and Alzheimer's disease. The Resident Care Plan (RCP) dated 1/19/25 identified Resident #3 needed assistance with activities of daily living (ADL) skills due to physical and mental impairments, recent hospitalization and deconditioning. Interventions included half-side rails for bed mobility and offer toileting upon arising, before/after meals, at hour of sleep and as needed. A Fall Risk assessment dated [DATE] identified Resident #3's score was eighteen (18) indicative of being a high fall risk. The admission Minimum Data Set (MDS) assessment dated [DATE] identified Resident #3 had severely impaired cognition for making decisions regarding tasks of daily life (Brief Interview for Mental Status (BIMS) of ninety-nine (99) indicative of being unable to complete the interview) and had a fall in the last month prior to admission. The Accident and Incident (A & I) form dated 3/3/25 at 10:55 AM identified during ambulation from the bathroom using a rolling walker and gait belt, Resident #3 was lowered to the floor due to a sudden loss of balance. Resident #3 complained of right knee pain and was transported to the emergency department. Resident #3 was diagnosed with a right knee femur fracture adjacent to total knee arthroplasty and had surgical repair to the right femur on 3/4/25. The RCP dated 3/3/25 (subsequent to the fall on 3/3/25) identified Resident #3 was at risk for falls due to weakness, abnormal gait, history of falls and dementia. Interventions included call bell within reach at all times, encourage resident to seek assistance prior to attempts to get out of bed, adequate lighting in the room and bathroom, encourage Resident #3 to wear shoes or non-skid socks when ambulating, ensure bed is locked and at its lowest position and keep room clean and clutter free. Although Resident #3 was identified as a high fall risk on 1/20/25, a fall care plan was not initiated until 3/3/25, after Resident #3's fall with major injury. Interview and record review with the DNS on 7/25/25 at 2:30 PM identified she was not aware Resident #3 did not have a fall risk care plan and identified a care plan should be implemented for residents identified as a high fall risk. Review of the fall prevention program policy directed that the nurse will refer to the facilities high risk or low/moderate risk protocols when determining primary interventions. It further directed the high risk protocols used for a score greater than thirteen (13) on the fall assessment include that the Resident would be placed on the facility's fall prevention program and to indicate fall risk on care plan.</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 |
| FORM CMS-2567 (02/99) Previous Versions Obsolete | Event ID: | Facility ID: 075343 |
| | | If continuation sheet Page 1 of 1 |