

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075358	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/11/2024
NAME OF PROVIDER OR SUPPLIER Bickford Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 14 Main Street Windsor Locks, CT 06096	

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** Based on clinical record review, facility documentation and interviews for one (1) of three (3) residents (Resident #2) reviewed for accidents, the facility failed to complete monthly maintenance checks to ensure resident's bedframes were free from sharp/jagged edges in accordance with manufacturer's recommendations resulting in a laceration to the leg requiring (8) eight sutures. The findings included:</p> <p>Resident #2 had diagnoses which included Parkinsonism, major depressive disorder, epilepsy and epileptic syndromes.</p> <p>Review of Resident #2's Care Plan dated 10/1/24 identified a history of Parkinson's disease and an assist of one with transfers with interventions that directed to encourage the resident to participate in care, assistance with activities of daily living, and to use assistive devices to enhance activity of daily living performance.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] identified Resident #2 had a Brief Mental Interview for Mental Status (BIMS) of eleven (11) indicative of moderate cognitive impairment and required moderate assistance of one staff member for transfers.</p> <p>Review of the Facility Licensing and Investigations Sections Reportable Event Form dated 11/18/24 at 6:30 PM identified Resident #2 had sustained an 8.0 centimeter by 0.4 centimeter by 0.25 centimeter laceration to his/her right leg due to a sharp-edged area on his/her bedframe during a transfer. Resident #2 complained of burning and discomfort. The report further identified the Medical Director was notified and directed the resident be sent to the emergency department.</p> <p>Review of the hospital Discharge summary dated [DATE] identified Resident #2 was seen in the emergency department for a right leg laceration and had eight (8) stitches placed.</p> <p>Interview with Resident #2 on 12/11/24 at 10:30 AM identified being transferred to his/her bed from his/her wheelchair with the assistance of a Nurse Aide (NA), his/her leg encountered something sharp on the bed frame, after transferring from his/her wheelchair to his/her bed and cut his/her leg open, and indicated it was a very painful experience.</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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NAME OF PROVIDER OR SUPPLIER Bickford Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 14 Main Street Windsor Locks, CT 06096	
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(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>Interview with NA #1 on 12/11/24 at 12:40 PM identified that on 11/18/24 he/she had transferred the resident from the wheelchair to his/her bed on the day without any problem. NA #1 indicated Resident #2 held onto his/her walker for support after standing up from his/her wheelchair while NA#1 assisted in guiding the resident's transfer to his/her bed. NA #1 indicated that once Resident #2 had pivoted and sat onto his/her bed, he/she had noticed blood on the floor near the resident's bed and then noticed a sharp, jagged edge on the bedframe that had come into contact with Resident #2's leg.</p> <p>Interview with the President of Facility Operations, on 12/11/24 at 10:15 AM identified that resident bed safety checks were performed yearly by an outside vendor which included assessing the resident's beds for function and electrical safety, however, not for structural hazards. The President identified the area of the bedframe that injured Resident #2 was due to a defect along the edge of one of the hollowed, metal support bars that created a sharp, jagged edge, the ends of these hollowed, metal support bars were generally milled smooth and covered by a plastic cap, but over time, the caps detach from the bedframe and expose the hollowed end. The President indicated the caps, once detached, were generally not replaced as their use was for cosmetic purposes only, and were not concerned the ends of the metal support bars were exposed as they were milled smooth. The President identified that the facility did not have any bed safety checks in place to prevent injury hazards.</p> <p>Interview with Person #1 (the vendor hired to perform the annual bed safety checks) on 12/11/24 at 11:02 AM identified the resident's beds were assessed for functional and electrical safety only during annual bed checks, assessing the bedframe for any structural hazards/anomalies was not part of the annual safety check.</p> <p>Interview with Person #2 and Person #3 (both representatives of the manufacturer of the bed) on 12/11/24 at 2:16 PM and 2:29 PM identified end caps on the bed frame should be replaced if missing to provide a safe surface for residents.</p> <p>Interview with the Director of Nurses (DNS) on 12/11/24 at 12:12 PM identified monthly bed frame checks have now been instituted to monitor for any safety hazards with the bed. The DNS further identified the [NAME] on the Resident #2's bed frame was immediately filed down and taped heavily to prevent any further injury from occurring. A new end cap was applied to the bed frame when the shipment was received. Subsequent to the incident the facility that on 11/19/24 all the facility's bed frames were assessed and no other hazardous anomalies/defects were found.</p> <p>Review of manufacturer guidelines for preventative maintenance directed to visually inspect the bed and accessories for broken welds or cracks, and check for loose hardware, (which includes end caps) monthly.</p>		