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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                               | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>075366 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                               | (X3) DATE SURVEY COMPLETED<br><br>02/11/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Hamden Rehabilitation & Health Care Center |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1270 Sherman Lane<br>Hamden, CT 06514 |  |

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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |
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| <p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Keep all essential equipment working safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on review of the clinical record, facility documentation, facility policy, observation, and interviews for one (1) of three (3) residents (Resident #1) reviewed for accidents, the facility failed to ensure the shower room door alarm was functioning to prevent a fall with injury. The findings include:</p> <p>Resident #1 had diagnoses that included dementia with behavioral disturbance, history of falls, vascular dementia, diabetes mellitus type 2, and hypertension.</p> <p>The quarterly Minimum Data Set, dated [DATE] identified Resident #1 had a Brief Interview for Mental Status (BIMS) score of three (3) indicative of severely impaired cognition, was always incontinent of bowel and bladder, required moderate assistance with transfers, non-ambulatory, and independent with mobility using a manual wheelchair.</p> <p>The care plan dated [DATE] identified Resident #1 was at risk for falls because of the following: history of falls, weakness, impaired mobility, and impaired safety awareness with interventions that directed to encourage not to get up alone, encourage to wear nonskid footwear or nonskid socks, explain the routine to me, offer me education to use the call bell when I need assistance, place commonly used items within easy reach, and staff to ensure the overhead light is off after PM care.</p> <p>A physician's order dated [DATE] directed to transfer with the assist of one (1) and a rolling walker and ambulate on the unit with assist of one (1) and a rolling walker.</p> <p>A fall risk assessment dated [DATE] identified Resident #1 as a high risk for falls.</p> <p>A nurse's note dated [DATE] at 12:21 P.M. written by Registered Nurse (RN) #1 (7:00 AM- 3:00 PM supervisor), identified she was called to the unit and observed Resident #1 lying on h/her back on the floor in the shower room. RN #1 identified Resident #1 was bleeding from the occipital region on h/her head and noted to have a 2.0 centimeter laceration on the back of head. RN #1 identified APRN #2 was notified, and Resident #1 was transferred to the hospital.</p> <p>A nurse's note dated [DATE] at 12:50 P.M. written by RN #3 identified she was informed by the Licensed Practical Nurse (LPN) #1 that Resident #1 had fallen. RN #3 identified she observed Resident #1 laying on the floor in the shower room with a complaint about a head strike. RN #3 identified Resident #1 had an open area on the occipital area of h/her head with a small amount of blood coming from the area. RN #3 identified Resident #1 was sent to the emergency room for further evaluation.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Review of the facility's accident and incident report dated [DATE] identified that on [DATE] at 11:10 A.M. Resident #1 was observed on the floor in the bathroom across from the recreation room. RN #1 assessed Resident #1 noting a 2.0-centimeter open area to the occipital area of h/her head orders were obtained to transfer Resident #1 to the emergency room. It was discovered that Resident #1 self-propelled out of the recreation room into the communal shower/bathroom. While in the emergency room a CT-scan of the chest revealed Resident #1 had acute fractures of the left 3rd, 4th, and 6th posterior ribs associated with a moderate size left hemo-pneumothorax.</p> <p>Resident #1 was admitted to the hospital upon return from the hospital Resident #1 will be evaluated by PT/OT for transfers, self-mobility, and wheelchair safety.</p> <p>Interview with Housekeeper #1 on [DATE] at 12:15 P.M. identified on [DATE] he observed Resident #1 lying on the floor in the shower room with h/her wheelchair pushed to the side. Housekeeper #1 identified the door to the shower room was open and the door alarm was not sounding. Housekeeper #1 identified he notified LPN #1 that Resident #1 was on the floor.</p> <p>Interview with LPN #1 on [DATE] at 3:00 P.M. identified on [DATE] Housekeeper #1 reported that Resident #1 was on the floor in the communal bath/shower room. LPN #1 identified on [DATE] when Resident #1 was found in the shower room lying on the floor, the door alarm on the shower room door was not alarming. LPN #1 identified the door alarm is on the shower door to prevent residents from going in the shower room unsupervised. LPN #1 identified the door alarm on the shower door doesn't always work because when the staff are done using the shower room a code needs to be entered to activate the door alarm and staff forget to turn it back on.</p> <p>Interview with RN #1 on [DATE] at 1:45 P.M. identified on [DATE] she was notified by LPN #1 that Resident #1 was found lying on the floor in the shower room. RN #1 identified upon arrival to the unit the door to the shower door was opened and door alarm was not alarming. RN #1 identified she observed Resident #1 on the floor in the shower room lying on h/her back and noted some bleeding coming from a small laceration on back of h/her head. RN #1 identified Advanced Practice Registered Nurse #2 was notified, an order was obtained to transfer Resident #1 to the emergency room. RN #1 identified when the shower room door alarm is activated it is very loud and can be heard throughout the unit.</p> <p>Interview with the DNS on [DATE] at 2:15 P.M. identified on [DATE] at approximately 10:30 A.M. Resident #1 was found by Housekeeper #1 lying on the floor in the shower room. The DNS identified he immediately went down to the unit, observed Resident #1 lying on the floor in the shower room with h/her wheelchair pushed to the side, and the shower room door alarm was not alarming. The DNS identified Resident #1 was transferred to the hospital and did not return. The DNS indicated the door alarm on the shower room door should have been alarming, however on on [DATE] the door alarm on the shower room door was not functioning because the battery had died and the DNS was unable to provide documentation to reflect the door alarm on the shower room door was monitored and maintained to ensure it proper functioning.</p> <p>Although requested, a facility shower room door alarm policy was not provided.</p> |  |  |