

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075414	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/06/2024
NAME OF PROVIDER OR SUPPLIER Havencare at Hancock Hall		STREET ADDRESS, CITY, STATE, ZIP CODE 31 Staples St Danbury, CT 06810	

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 - Minimal harm or potential for 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** 40172</p> <p>Based on clinical record reviews, facility documentation, facility policy, and interviews for one (1) of three (3) residents (Resident #1) who utilized a wheelchair for mobility, the facility failed to ensure the resident was properly positioned in the wheelchair and the footrests were in place prior to transporting the resident to prevent a fall with minor injury. The findings include:</p> <p>Resident #1's diagnoses included syncope and collapse, generalized muscle weakness, falls, and difficulty walking.</p> <p>The admission Minimum Data Set assessment dated [DATE] identified Resident #1 had no memory recall deficits, required maximal assistance with toileting, and personal hygiene, and moderate assistance with getting in and out of the bed and chair, and was always continent of bowel and bladder.</p> <p>The resident care plan dated 7/2/24 identified Resident #1 was at risk for falls related to a diagnosis of syncope, prior falls at home, and potential for unsteady gait. Interventions directed to provide reminders to use call bell prior to rising, provide education and instruction regarding safety measures.</p> <p>A physician's order dated 7/3/24 directed to provide assistance of one (1) with transfers and the assistance of one (1) for ambulation with the use of a rolling walker.</p> <p>The resident care card dated 7/9/24 identified Resident #1 required the assistance of one (1) for transfers and ambulation with the use of a rolling walker.</p> <p>The Facility Reported Incident Form dated 7/10/24 at 10:45 PM identified the 3-11PM nurse aide, Nurse Aide (NA) #1, was transporting Resident #1 who was seated in the wheelchair back to bed from the bathroom. The report indicated NA #1 was actively pushing the chair from behind and while in motion Resident #1 sustained a witnessed fall out of the wheelchair. The report identified Resident #1 required the assistance of one (1) staff with transfers and was able to self-propel in the wheelchair on unit.</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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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The nurse's note dated 7/10/24 at 11:40 PM identified the Nursing Supervisor was called to Resident #1's room around 10:45 PM and observed Resident #1 on the floor in a prone position by the foot of the bed with the wheelchair nearby and Resident #1 had sustained a laceration to the forehead. The note identified a pressure dressing was applied to the forehead laceration, a neurological assessment was conducted, and Resident #1 was alert, oriented with baseline mentation. The note indicated the on-call Advanced Practice Registered Nurse (APRN) was notified, orders were obtained to transfer Resident #1 to the Emergency Department (ED) for further evaluation, and Emergency Medical Services was called.</p> <p>The nurse's note dated 7/11/24 at 8:06 AM identified Resident #1 returned from the hospital at approximately 3:30 AM with a dressing on the forehead with staples that needed to be removed within five (5) to seven (7) days.</p> <p>The APRN note dated 7/11/24 at 2:26 PM identified Resident #1 had a fall yesterday evening sustaining a laceration to the forehead, was sent to the ED for further evaluation, and returned with four (4) staples to be removed in seven (7) days.</p> <p>An interview was conducted with the 3-11PM nurse aide, Nurse Aide (NA) #1 on 8/6/24 at 11:15 AM. NA #1 identified on 7/10/24 she was transporting Resident #1 from the bathroom back to bed when Resident #1 fell forward out of the wheelchair. NA #1 stated Resident #1 was seated in the wheelchair and was leaning slightly forward because only the buttocks were against the back of the wheelchair. NA #1 indicated she was standing behind the wheelchair, actively pushing Resident #1, and could not see where Resident #1's feet were positioned. NA #1 identified she did not put the footrests on the wheelchair prior to transporting Resident #1 because Resident #1 was able to independently self-propel the wheelchair.</p> <p>Interview with the Director of Nursing (DON) on 8/6/24 at 12:40 PM identified on 7/10/24 NA #1 did not ensure Resident #1 was properly positioned in the wheelchair and NA #1 should have put the footrests on the wheelchair prior to transporting Resident #1.</p> <p>Review of facility's wheelchair policy identified when transporting a resident in a wheelchair assist the resident with positioning to promote proper body alignment, place the resident's feet on the footrests, and leg rests must always be used when transported by others.</p>		