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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION        | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>115674 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                     | (X3) DATE SURVEY COMPLETED<br><br>09/05/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Westminster Commons |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>560 St Charles Ave, NE<br>Atlanta, GA 30308 |  |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 25680</p> <p>Based on record review, staff interview, and review of the facility policy titled, Fall Prevention Protocol Policy, the facility failed to adequately supervise, accurately evaluate and identify risk, analyze recurrent falls, and implement new interventions for one of three residents (R) (R2) reviewed for falls. Specifically, the facility failed to ensure fall interventions were implemented for R2 after having two documented fall incidents.</p> <p>Findings include:</p> <p>Review of the facility policy titled Fall Prevention Protocol Policy revised 10/18/2021 revealed under step 1. All residents/patients are screened for fall risk on admission, significant change of condition, quarterly and annually. 4. After an incident of a fall: a. Complete the Post Falls Assessment. d. Complete pain assessment after the fall. g. Referrals, interventions, care plan updates completed in the clinical meeting. h. Review fall incident during the clinical meeting with a root cause analysis.</p> <p>Review of the electronic medical record (EMR) for R2 revealed admission to the facility with diagnoses including but not limited to myasthenia gravis and spinal stenosis.</p> <p>Review of the admission Minimum Data Set (MDS) dated [DATE] documented a Brief Interview for Mental Status (BIMS) score of two, indicating severe cognitive impairment. R2 is dependent on staff for all activities of daily living (ADLs). Mobility and transfers were via mechanical lift by 2 staff members and unable to stand or walk.</p> <p>Review of the Nursing Progress Notes on 8/1/2023 at 5:23 pm documented R2 was observed on her back on the floor with confusion listed as the predisposing factor. There was no documented evidence of a Post Fall Assessment, care plan, or interventions to prevent falls.</p> <p>Review of the Nursing Progress Notes on 9/16/2023 at 10:40 pm documented R2 was observed on floor in sitting position. There was no documented evidence of a Post Fall Assessment, care plan or interventions to prevent falls.</p> <p>Review of the Nursing Progress Notes on 10/14/2023 at 4:36 am documented R2 was observed on the floor next to her bed in a sitting position, with no apparent injury noted. There was no documented evidence of a Post Fall Assessment or interventions to prevent falls.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Review of the Nursing Progress Notes on 10/21/2023 at 10:29 pm documented as follows: Resident heard calling from her room. Upon entering room, resident was observed sitting on the floor with her back rested [sic] against her bed. There was no documented evidence of a Post Fall Assessment, or additional interventions to prevent falls.</p> <p>During an interview on 9/4/2024 at 1:15 pm, the Director of Nursing (DON) revealed that after a fall, there should be a Patient at Risk (PAR) meeting to see why they fell and to have the MDS nurse update the care plan. The DON also confirmed that there was no documented evidence of a PAR meeting after R2 fell . The DON further confirmed R2 did not have a care plan for falls until after they sustained the third fall in a two-month period.</p> |  |  |