| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
| --- | --- | --- | --- |
| | 225194 | A. Building<br>B. Wing | 10/29/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
| --- | --- |
| Kimwell Nursing and Rehabilitation | 495 New Boston Road<br>Fall River, MA 02720 |

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) |
| --- | --- |
| F 0580<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.<br><br>37183<br><br>Based on records reviewed and interviews, for one of three sampled residents (Resident #1), who had an activated Health Care Proxy (HCP), the Facility failed to ensure nursing promptly notified his/her Health Care Agent (HCA), when on 09/05/24, Resident #1 was found sitting on the floor against the bed after an unwitnessed fall.<br><br>Findings include:<br><br>Review of the Facility's Policy, titled Change in a Resident's Condition or Status, dated as revised February 2022, indicated the following:<br><br>-our facility promptly notifies the resident's attending physician, the resident representative of change in the resident's medical/mental condition and/or status;<br><br>-a nurse will notify the resident's representative when the resident is involved in any accident or incident that results in an injury including injuries of unknown source;<br><br>-the nurse will record in the resident's medical record information relative to changes in the resident's medical/mental condition or status.<br><br>Review of the Facility Policy, titled Accidents and Incidents - Investigating and Reporting, dated as revised July 2022, indicated that all accidents and incidents involving residents occurring on our premises shall be investigated and reported to the administrator. The Policy further indicated that the charge nurse shall promptly initiate and document investigation of the accident or incident.<br><br>Resident #1 was admitted to the Facility in July 2024, diagnoses included fracture of right pubis, osteoarthritis, type 2 diabetes mellitus, dysphagia, anxiety, depressive disorder, muscle weakness, muscle wasting, chronic kidney disease stage 3 and cerebral infarction.<br><br>Review of Resident #1's Medical Record indicated Resident #1's Health Care Proxy was invoked on August 23, 2024.<br><br>Review of the Report submitted by the Facility via the Health Care Facility Reporting System (HCFRS), dated as submitted on 09/12/24, indicated that on 09/05/24 at approximately 5:00 A.M., Resident #1 sustained a fall out of bed and did not sustain any injuries.<br><br>(continued on next page) |

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 |
| --- | --- | --- |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225194 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/29/2024 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER Kimwell Nursing and Rehabilitation | | STREET ADDRESS, CITY, STATE, ZIP CODE 495 New Boston Road Fall River, MA 02720 | |

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0580<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Review of an Accident/Incident Report, dated 09/05/24, indicated that at 5:05 A.M., Resident #1 was found siting on the floor against the bed after an unwitnessed fall. The Report indicated that Resident #1's HCA was not notified.<br><br>During an interview on 10/30/24 at 8:16 A.M., Nurse #3 said that she worked the 11:00 P.M. to 7:00 A.M. shift on 09/04/24 into 09/05/24. Nurse #3 said that on 09/05/24 at approximately 5:00 A.M., Resident #1 was found lying on the floor in his/her room next to his/her bed. Nurse #3 said that she could not recall if she notified Resident #1's HCA of the fall, but should have. Nurse #3 said that if she did not document that she notified Resident #1's HCA of the fall, then she probably did not notify him/her.<br><br>Review of Resident #1's Medical Record indicated that there was no documentation from Nurse #3 related to Resident #1's unwitnessed fall or any documentation to support Nurse #3 notified Resident #1's HCA of his/her unwitnessed fall on 09/05/24.<br><br>Review of a written and signed statement by Resident #1's HCA, dated 09/09/24, the HCA said they were not notified of Resident #1's unwitnessed fall on 09/05/24.<br><br>This was not consistent with the Facility's Change in a Resident's Condition or Status and Accidents and Incidents - Investigating and Reporting Policies.<br><br>The Surveyor was unable to interview Resident #1's HCA, as he/she did not respond to the Department of Public Health's telephone requests for an interview.<br><br>During an interview on 10/29/24 at 3:35 P.M., the Director of Nurses (DON) said that Resident #1 had sustained an unwitnessed fall on 09/05/24 and said she could not find any documentation in Resident #1's Medical Record regarding his/her unwitnessed fall on 09/05/24. The DON said it was her expectation that Nurse #3 should have documented in a progress note about Resident #1's unwitnessed fall and immediately notified Resident #1's HCA of his/her unwitnessed fall, but had not. The DON said that Nurse #3 did not follow the Facility's policies. |

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F 0842

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Few

Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.

37183

Based on records reviewed and interviews for one of three sampled residents (Resident #1), who was found sitting on the floor against his/her bed after an unwitnessed fall, the Facility failed to ensure they maintained complete and accurate medical/clinical records, when there was no nursing documentation in the Medical Record related to Resident #1's unwitnessed fall.

Finding Include:

Review of the Facility Policy titled, Charting and Documentation, dated as revised July 2017, indicated that all services provided to the resident, progress toward the care plan goals, or any changes in the resident's medical, physical, functional, or psychosocial condition should be documented in the resident's medical record.

The Policy further indicated that the following information is to be documented in the resident medical record:

-objective observations;

-treatments or services performed;

-changes in the resident's condition;

-events, incidents or accidents involving the resident;

Review of the Facility Policy, titled Accidents and Incidents - Investigating and Reporting, dated as revised July 2022, indicated that all accidents and incidents involving residents occurring on our premises shall be investigated and reported to the administrator. The Policy further indicated that the charge nurse shall promptly initiate and document investigation of the accident or incident.

Resident #1 was admitted to the Facility in July 2024, diagnoses included fracture of right pubis, osteoarthritis, type 2 diabetes mellitus, dysphagia, anxiety, depressive disorder, muscle weakness, muscle wasting, chronic kidney disease stage 3 and cerebral infarction.

Review of the Report submitted by the Facility via the Health Care Facility Reporting System (HCFRS), dated as submitted on 09/12/24, indicated that on 09/05/24 at approximately 5:00 A.M., Resident #1 sustained a fall out of bed and did not sustain any injuries.

Review of an Accident/Incident Report, dated 09/05/24, indicated that at 5:05 A.M., Resident #1 was found siting on the floor against the bed after an unwitnessed fall. The Report indicated that Resident #1's HCA was not notified.

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|---|---|
| F 0842<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | During an interview on 10/30/24 at 8:16 A.M., Nurse #3 said that she worked the 11:00 P.M. to 7:00 A.M. shift on 09/04/24 into 09/05/24. Nurse #3 said that on 09/05/24 at approximately 5:00 A.M., Resident #1 was found lying on the floor in his/her room next to his/her bed. Nurse #3 said that she thought she documented the incident (fall) in Resident #1's medical record, and said she could not explain why there was no documentation in Resident #1's medical record regarding his/her unwitnessed fall on 09/05/24.<br><br>Review of Resident #1's Medical Record indicated that there was no documentation from Nurse #3 related to Resident #1's unwitnessed fall.<br><br>This was not consistent with the Facility's Charting and Documentation and Accidents and Incidents - Investigating and Reporting Policies.<br><br>During an interview on 10/29/24 at 3:35 P.M., the Director of Nurses (DON) said that Resident #1 had sustained an unwitnessed fall on 09/05/24 and said she could not find any documentation in Resident #1's Medical Record regarding his/her unwitnessed fall. The DON said it was her expectation that Nurse #3 should have documented in a progress note about Resident #1's unwitnessed fall, but had not. The DON said that Nurse #3 did not follow the Facility's policies. |