

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075198	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/10/2020
NAME OF PROVIDER OF SUPPLIER VILLAGE GREEN OF BRISTOL REHAB & HEALTH CENTER		STREET ADDRESS, CITY, STATE, ZIP 23 FAIR STREET FORESTVILLE, CT 06010	
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)		
F 0689 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<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**</p> <p>Based on a clinical record review, a review of facility documentation and interviews for one sampled resident (Resident #1) who was reviewed for elopement, the nurse's aide failed to notify a nurse when Resident #1 had been expressing the desire to go home. The findings include: Resident #1's [DIAGNOSES REDACTED]. The nursing admission/readmission documentation dated 7/1/20 at 4:20 PM identified Resident #1 did not express the desire to leave: e.g., go home, talked about going on a trip, attempted to pack belongings. The Resident Care Plan dated 7/2/20 identified Resident #1 had impaired cognitive function or impaired thought process related to dementia. Interventions directed to observe and evaluate the types of changes in cognitive status, e.g., confusion, orientation, forgetfulness, decision making ability, ability to express self, impulsivity, mental status and notify physician as needed. A history and physical dated 7/2/20 identified Resident #1 demonstrated periods of intermittent and worsening confusion without significant agitation or behavioral changes. Review of the nurse's notes from 7/2/20 through 7/5/20 identified Resident #1 was confused, forgetful and alert to person only. The nurse's note dated 7/5/20 at 8:22 AM identified Resident #1 was missing from his/her unit. Unable to locate Resident #1 in the facility. During search for Resident #1 outside the facility Resident #1 was found at a neighboring property. The owner of the property stated that Resident #1 fell behind the dumpster. Resident #1 was being aggressive with staff, combative, tried to run away. Resident #1 was returned to the facility with an abrasion observed to the chin, left arm, left elbow, left pinky finger, bilateral knees. Resident #1 was able to move all extremities, no apparent injury to the head was noted, neurological checks initiated, vital signs stable. An elopement alert bracelet applied to right leg. The physician and family were notified of the incident. The reportable event form dated 7/5/20 at 7:30 AM identified Resident #1 was observed on neighboring property with an abrasion to his/her knees from a witnessed fall. An elopement risk assessment was completed and wanderguard was placed on ankle. Review of the facility investigation identified on 7/5/20 Resident #1 was observed sitting at the nurse's station at 7:30 AM. According to camera footage, the aide came back to the place where Resident #1 was sitting 15 seconds later and noticed Resident #1 was not there. The staff then started looking and expanded their search to include the other units in the building and then the outside premises. Resident #1 was noted on adjacent property and was retrieved and brought back into the facility within 12 minutes. Interview with NA #1 on 7/10/20 at 10:23 AM identified she cared for Resident #1 on multiple days during the day shift. NA #1 indicated Resident #1 was confused and always mentioned he/she wanted to go home. NA #1 identified she did not report to the shift nurse that Resident #1 wanted to go home. Interview with the Director of Nursing (DON) on 7/10/20 at 11:40 AM identified if a resident stated to a NA that he/she wanted to go home, the expectation was for the NA to report the Resident's desire to go home to the nurse. The nurse would conduct an assessment and implement appropriate interventions.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE (X6) DATE	

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.