

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225221	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/02/2020
NAME OF PROVIDER OF SUPPLIER BROCKTON HEALTH CENTER		STREET ADDRESS, CITY, STATE, ZIP 2 BEAUMONT AVENUE BROCKTON, MA 02302	
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 - 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 records reviewed and interviews for one of three sampled residents (Resident #1), who required the assistance of two staff members with Activities of Daily Living (ADL) including bed mobility, the Facility failed to ensure that he/she was provided adequate assistance and remained free from an accidents with injury, when on 6/25/20, Certified Nurse Aide (CNA #1) provided care to Resident #1 and repositioned him/her in bed unassisted by another staff member, Resident #1 rolled off the bed, fell on to the floor, sustained a laceration to his/her forehead and was transferred to the Hospital Emergency Department for evaluation. Findings include: The Facility's Policy titled Positioning of the Resident, dated 8/2016, indicated that the Facility will ensure that residents' care plan interventions are implemented correctly and consistently. Resident #1 was admitted to the Facility in July 2015, [DIAGNOSES REDACTED]. Resident #1's Quarterly Minimum Data Set (MDS), dated [DATE], indicated he/she required extensive assistance of two staff persons with bed mobility and transfers. Review of Resident #1's Plan of Care, dated as revised on 05/05/20, indicated he/she was at increased risk for falls due to decreased mobility and [MEDICAL CONDITION]. The Plan of Care indicated Fall interventions included Resident #1 to be assisted by two staff members during transfers and bed mobility. The Facility's Incident Report, dated 06/25/20, indicated that Certified Nurse Aide (CNA) #1 provided morning care to Resident #1 which included bed mobility assistance, and the CNA #1 provided care by herself. The Investigation indicated that Resident #1 rolled out of bed and fell on to the floor. The Investigation indicated that Resident #1 required treatment at the hospital, because as a result of the fall, he/she sustained a one centimeter (cm) laceration above his/her eye. Review of Certified Nurse Aide (CNA) #1's Written Witness Statement, dated 06/25/20, indicated that CNA #1 provided incontinent care to Resident #1 by herself. The Statement indicated that Resident #1 fell on to the floor when she (CNA #1) rolled Resident #1 over onto his/her side. The Statement indicated that this was not the first time that CNA #1 provided care to Resident #1 by herself and that CNA #1 said she did not wait for help, because it took to long for another staff member to come. During an interview on 7/8/20, at 12:00 P.M., CNA #1 said she attempted to provide incontinent care to Resident #1 by herself, and said that is what she usually did. CNA #1 said that when she rolled Resident #1 over in bed, he/she fell on to the floor. CNA #1 said that her gloves were wet and slippery. Review of the Staff Development Coordinator (SDC)'s Written Statement, dated 6/25/20, indicated that she was on Resident #1's unit when two staff members approached her to ask for help because Resident #1 was on the floor. The SDC said that she saw Resident #1 on the floor in a prone (lying on stomach/face down) position. The SDC said that she rolled Resident #1 over and saw blood on the floor, which appeared to be coming from his/her nose. The SDC said that when she asked CNA #1 what happened, CNA #1 said words to the effect of, I turned Resident #1 over to his/her side to provide incontinent care, my hands were slippery, and he/she fell on to the floor. During an interview on 7/2/20, at 11:30 A.M., the Staff Development Coordinator (SDC) said that CNA#1, who worked for an agency at the time of the incident, used to work for the Facility as a staff employee and said CNA #1 was familiar the Resident Kardex (care cards use by CNAs) that provided level of assistance required by staff when assisting residents. During an interview on 7/2/20, at 0:00 A.M., the Director of Nurses (DON) said that CNA #1 did not follow Resident #1's Plan of Care when she provided care to Resident #1 on 6/25/20 by herself. The DON said that CNA #1 provided care to Resident #1 alone, and that Resident #1 required two staff members to assist with ADL care.</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.