STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415002	A. Building B. Wing	09/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hattie Ide Chaffee Home	200 Wampanoag Trail East Providence, RI 02915

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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. 43987 Based on record review, and staff interview, it has been determined that the facility failed to inform, in advance, the care to be furnished by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options and to choose the alternative or option he or she prefers relative to the ordering of and administration of medication for 1 of 1 resident reviewed, Resident ID #1. Findings are as follows: Record review of a community reported complaint submitted to the Rhode Island Department of Health on 9/6/2024 alleges that Resident ID #1 received a new medication, and the complainant was never notified. Review of the facility document titled, Change in Resident's Condition or Status states in part, [Name of facility redacted] will promptly [notify] the resident, the Attending Physician, and the resident's Power of Attorney or representative, of changes in the resident's medical/mental condition and or status .3) Unless otherwise instructed by the resident, the Nurse Supervisor/Charge Nurse will notify the resident's family or representative when .c) There is a need to change the care plan .5) Regardless of the resident's current medical or physical condition the Charge Nurse or DNS [Director of Nursing Services] will inform the resident of any changes in his/her treatment of care . Record review revealed the resident was admitted to the facility in May of 2024 with diagnoses including, but not limited to, encephalopathy (a condition that cause brain dysfunction), generalized muscle weakness, and history of ischemic attack and cerebral infarction (stroke). Review of a discharge Minimum Data Set Assessment completed on 6/2/2024, revealed a Brief Interview for Mental Status score of 4 out of 15, indicating severe impaired cognition. Review of a progress note dated 5/26/2024 revealed that the resident was hallucinating and that the Nurse Practitioner (NP) was contacted and a new order for Trazodone was obtained. Further review of the note failed to reveal evidence that the resident's representative was notified of the new medication change or that resident was experiencing hallucinations. Record review revealed an order dated 5/26/2024 for Trazodone (an antidepressant medication) 25 mg (milligrams) 3 times a day as needed. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of the May and June 2024 Medication Administration Records (MARs) revealed the resident received Trazodone on the following dates and times: 5/27/2024 at 8:12 AM, and two doses of the medication were administered at 6:28 PM 5/28/2024 at 6:40 PM and 7:02 PM 5/29/2024 at 11:52 PM 5/31/2024 at 10:04 AM 6/1/2024 at 6:38 PM and 7:22 PM During a surveyor interview on 9/9/2024 at 10:38 AM with the complainant s/he revealed that s/he is the Power of Attorney for Resident ID #1. Additionally, s/he revealed s/he was not consulted regarding the use Trazodone for Resident ID #1 and indicated that the resident is very sensitive to medications and would not have approved this medication's use. During a surveyor interview on 9/9/2024 at 2:45 PM with the DNS, she acknowledged that there was no evidence that the resident representative was made aware of the new order for Trazodone or of the hallucinations. During an additional interview at 3:36 PM, she stated that the expectation is for the nurse to notify the family of the new medication and to document in the record that they have done so.