

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415002	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/17/2024
NAME OF PROVIDER OR SUPPLIER Hattie Ide Chaffee Home		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Wampanoag Trail East Providence, RI 02914	

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)
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>43987</p> <p>46241</p> <p>Based on record review and staff interview, it has been determined that the facility failed to ensure that services being provided meet professional standards of practice related to notifying the physician of unavailable medications for 2 of 2 residents reviewed, Resident ID #s 6 and 33, and for failing to follow a physician order for 1 of 1 resident reviewed for medication parameters, relative to blood pressure and heart rate, Resident ID #39.</p> <p>Findings are as follows:</p> <p>1. Record review revealed Resident ID #6 was admitted to the facility in May of 2024 with a diagnosis including, but not limited to, gastro-esophageal reflux disease (GERD, a chronic digestive disease where the liquid content of the stomach refluxes into the esophagus).</p> <p>Record review revealed a physician's order dated 5/23/2024 for Saccharomyces boulardii (a probiotic medication) with instructions to administer twice daily before meals.</p> <p>Review of the May 2024 Medication Administration Record (MAR) revealed the medication was documented as being unavailable on 5/30 and 5/31/2024, indicating the resident had missed 4 doses.</p> <p>Review of the June 2024 MAR revealed the medication was documented as being unavailable on 6/1, 6/2, 6/3, 6/4, and 6/5/2024, indicating the resident had missed 10 doses.</p> <p>Record review failed to reveal evidence that the physician was notified the medication was unavailable or the resident missed 14 doses.</p> <p>2. Record review revealed Resident ID #33 was readmitted to the facility in March of 2024 with a diagnosis including, but not limited to, urinary tract infection.</p> <p>Record review revealed a physician's order dated 5/23/2024 for Saccharomyces boulardii with instructions to administer once daily.</p> <p>Review of the May 2024 MAR revealed the medication was documented as being unavailable on 5/30 and 5/31/2024, indicating the resident had missed 2 doses.</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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the June 2024 MAR revealed the medication was documented as being unavailable on 6/1, 6/2, 6/3, 6/4, and 6/5/2024, indicating the resident had missed 5 doses.</p> <p>Record review failed to reveal evidence that the physician was notified the medication was unavailable or the resident missed 7 doses.</p> <p>During a surveyor interview on 6/13/2024 at 12:16 PM, with the Director of Nursing Services (DNS), she indicated that she would have expected the Certified Medication Technician (CMT) to notify the nurse of the unavailable medication, so the nurse could have notified the physician.</p> <p>3. Mosby's 4th Edition, Fundamentals of Nursing page 314 states, The physician is responsible for directing medical treatment. Nurses are obligated to follow physician's orders unless they believe the orders are in error or would harm the clients.</p> <p>Record review revealed Resident ID #39 was admitted to the facility in March of 2023 with a diagnosis including, but not limited to, hypertension (high blood pressure).</p> <p>Record review revealed a physician's order dated 4/5/2024, for metoprolol tartrate (a medication used to treat high blood pressure), 25 mg (milligram) with instructions to administer once daily and hold if systolic blood pressure (pressure when the heart beats) is less than 110 or heart rate is less than 55.</p> <p>Review of the April, May, and June 2024 MARs failed to reveal evidence that the resident's heart rate was obtained prior to administering the medication, per physician order.</p> <p>Record review of the June 2024 MAR revealed the following days the medication was administered outside of the indicated parameters:</p> <ul style="list-style-type: none"> - 6/1/2024 with a documented systolic blood pressure of 109 - 6/2/2024 with a documented systolic blood pressure of 106 - 6/7/2024 with a documented systolic blood pressure of 109 <p>During a surveyor interview on 6/12/2024 at 10:01 AM, with CMT, Staff A, she acknowledged that the resident's heart rate had not been documented prior to the administration of the above-mentioned medication and indicated that they do not obtain the resident's heart rate before administering the medication. Additionally, she acknowledged the 3 days in June when the resident's systolic blood pressures were outside of the parameter, and the medication was administered.</p> <p>During a surveyor interview on 6/12/2024 at 10:08 AM, with Registered Nurse, Staff B, she acknowledged the resident's heart rate had not been documented prior to the administration of the above-mentioned medication, as ordered.</p> <p>(continued on next page)</p>

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a surveyor interview on 6/12/2024 at 10:27 AM, with the DNS, she acknowledged that the resident's heart rate should be documented in the MAR, and assessed prior to administering the metoprolol to the resident as ordered. Additionally, she was unable to provide evidence that the resident's metoprolol order was held on 6/1, 6/2, and 6/7/2024, when his/her systolic blood pressure was outside the indicated parameters.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>46118</p> <p>Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to ensure that a resident receives treatment and care in accordance with professional standards of practice for 1 of 3 residents reviewed relative to mood and behaviors, Resident ID #4.</p> <p>Findings are as follows:</p> <p>Record review revealed that the resident was admitted to the facility in January of 2024 with a diagnosis including, but not limited to, major depressive disorder.</p> <p>Review of a care plan dated 4/15/2024 revealed the resident is at risk for changes in mood and behavior secondary to signs and symptoms of anxiety and depression, with a goal of decreased signs and symptoms of anxiety.</p> <p>Review of a document from geriatric psychology dated 4/6/2024, revealed in part, the resident presents with ongoing difficulty with nursing home placement and anxiety. Further review revealed interventions including, but not limited to, .Trazodone 12.5 mg [milligram] daily PRN [as needed] for [increased] anxiety .</p> <p>Record review failed to reveal evidence that the physician was notified of the above-mentioned recommendation or that it was put into place.</p> <p>Record review of the progress notes revealed the following:</p> <p>4/24/2024 - the resident refused to shower and expressed that s/he feels sad at times.</p> <p>5/1/2024 - the resident refused to be weighed.</p> <p>5/3/2024 - Nurse Practitioner follow up visit for dizziness and .increased anxiety/depression .nursing reports today that [the resident] seems to be more anxious/depressed .Increase scheduled Trazodone .</p> <p>During a surveyor interviews on 6/13/2024 at 12:09 PM and at 12:33 PM with Registered Nurse, Staff D, she acknowledged that there was a recommendation for Trazodone 12.5 mg as needed dated 4/6/2024. She further indicated that she documented the recommendation in the progress notes however she could not provide evidence that the recommendation had been reviewed by a provider.</p> <p>During a surveyor interviews on 6/13/2024 at 12:39 PM and at 12:59 PM with Nurse Practitioner, Staff E, she indicated that she could not recall if she was notified of the above-mentioned psychiatry recommendation however, she would have been in agreement and would have provided an order.</p> <p>During a surveyor interview on 6/13/2024 at 12:56 PM with the Director of Nursing Services, she could not provide evidence that the physician was notified of the above-mentioned psychology recommendation.</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<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** 46338</p> <p>Based on surveyor observation, record review, and staff interviews, the facility failed to ensure that each resident receives adequate supervision to prevent an accident for 2 of 3 reviewed who require supervision while eating, Resident ID #s 368 and 55.</p> <p>Findings are as follows:</p> <p>Review of the undated facility policy titled, Aspiration [when food or liquids are inhaled into the airway] Precautions/Managing Dysphagia [difficulty swallowing], which states in part, .It's the policy of this facility to monitor the resident's ability to eat and to do what is reasonable and necessary to treat dysphagia so as to prevent the risk of aspiration .Factors that may place a resident at risk for aspiration .Inappropriate fluid consistency and/or food textures .</p> <p>1. Record review revealed Resident ID #368 was admitted to the facility in June of 2024 with diagnoses including, but not limited to: dysphagia, Parkinson's disease (a disorder of the nervous system that affects movement, including tremors), and pneumonitis (Inflammation of the lungs) due to the inhalation of food and vomit.</p> <p>Review of a hospital continuity of care document dated 6/4/2024 revealed the resident was assessed by speech therapy during his/her hospital admission. Additionally, the document indicated that the resident requires 1:1 supervision while eating, a slow rate of eating, taking small sips/bites, and alternating liquids and solids.</p> <p>Record review revealed a physician's order dated 6/5/2024 for 1:1 feed for all meals, with aspiration precautions. Additional review of the physician's orders revealed an order dated 6/5/2024 for a house diet, no salt packet, pureed consistency, and nectar thick liquids (thicker than water, falls slowly from a spoon).</p> <p>Review of a document titled, Occupational Therapy Certification, dated 6/5/2024, revealed the resident requires 1:1 supervision with eating, nectar thick consistency liquids, and a puree diet with aspiration precautions.</p> <p>Record review of the Minimum Data Set (MDS) assessment dated [DATE] indicated Resident ID #368's Brief Interview for Mental Status (BIMS) score was 9 out of 15, indicating moderately impaired cognition.</p> <p>Review of the baseline care plan dated 6/7/2024 failed to reveal evidence that the resident required 1:1 supervision with eating.</p> <p>During a surveyor observation on 6/11/2024 from 8:48 AM to 8:59 AM, the resident was observed eating breakfast, without a staff member present in the room. Additionally, at approximately 9:00 AM, the resident was observed coughing, after his/her breakfast tray was removed from the room.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>During a surveyor observation on 6/12/2024 from 8:33 AM to 8:41 AM, the resident was observed in his/her room, eating breakfast, without a staff member present in the room. Additionally, the resident was noted to be drinking coffee that was not thickened. Further observation revealed there was a carton of milk on his/her breakfast tray which was not thickened.</p> <p>Record review of the daily nursing assistant assignment sheet revealed the resident requires 1:1 supervision with eating.</p> <p>During a surveyor interview on 6/12/2024 at 8:43 AM, with Nursing Assistants (NAs), Staff F and Staff G, they acknowledged that the resident was eating independently in his/her room and that the coffee s/he was drinking was not thickened and not the nectar thick consistency, per the physician's order. Additionally, they revealed that they were unaware that the resident required 1:1 supervision with eating for all meals.</p> <p>During a surveyor interview on 6/12/2024 at 8:52 AM, with Registered Nurse, Staff H, she revealed that she was unaware that the resident requires 1:1 supervision with eating. After reviewing the resident's medical record with her, she acknowledged the physician's order is for 1:1 supervision with eating.</p> <p>During a surveyor interview on 6/12/2024 at 9:52 AM, with Occupational Therapist, Staff I, she revealed that the resident requires 1:1 supervision with all meals due to him/her being at risk for aspiration.</p> <p>During surveyor interviews on 6/12/2024 at 3:20 PM and 6/13/2024 at approximately 2:00 PM, with Speech Therapist, Staff J, she revealed that the resident requires 1:1 supervision with meals, a puree diet, and nectar thick liquids. Additionally, she indicated that she would expect the resident to be supervised by staff while eating and his/her diet order to be followed for safety.</p> <p>During a surveyor interview on 6/12/2024 at 10:57 AM with the Director of Nursing Services, she revealed that she was unaware the resident requires 1:1 supervision with eating. Additionally, she indicated that she would have expected the physician's order to be followed.</p> <p>During a surveyor interview on 6/13/2024 at 9:14 AM with the resident's physician, she revealed that she was unaware that the resident requires 1:1 supervision for all meals. She acknowledged that she signed the physician order for the 1:1 feed on 6/7/2024; however, she does not review each order individually prior to signing them. Additionally, she indicated that she would expect staff to stay with the resident during his/her meals whenever 1:1 supervision is ordered.</p> <p>The failure of the facility to provide 1:1 supervision with meals to Resident ID #368 who has a history of aspiration and remains at risk for aspiration, placed the resident at risk for serious harm, serious injury, serious impairment, or death.</p> <p>2. Record review revealed Resident ID #55 was admitted to the facility in January of 2024 with diagnoses including, but not limited to, dementia and muscle weakness.</p> <p>(continued on next page)</p>

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Review of a MDS assessment dated [DATE] revealed a BIMS score of 3 out of 15, indicating severe cognitive impairment. Further review revealed the resident has bilateral upper extremity (shoulder, elbow, wrist, hand) impairments. Additionally, record review revealed the resident required supervision or touching assistance with eating.</p> <p>Review of a care plan dated 4/22/2024 revealed the resident is at risk for weight loss related to sporadic intake.</p> <p>Further review of the care plan failed to reveal evidence that the resident required supervision or touching assistance with eating.</p> <p>Record review revealed a physician's order dated 1/13/2024 for soft, bite-sized foods.</p> <p>During the following surveyor observations, the resident was not being supervised while eating nor was the food soft and cut up into bite sized pieces, as ordered:</p> <ul style="list-style-type: none"> - 6/10/2024 at 9:53 AM during the breakfast meal the resident was served a 1/2 of a muffin and 1 whole sausage link - 6/12/2024 at 1:06 PM during the lunch meal the resident was attempting to eat 3 whole clam cakes, thickly sliced zucchini, and halved roasted potatoes. During this observation the resident was noted to have difficulty chewing the clam cakes and was observed to be coughing when the surveyor entered the room. <p>During a surveyor interview on 6/12/2024 at 1:10 PM with NA, Staff Q, she indicated that the resident should receive soft bite sized foods. She further acknowledged that the resident's food had not been cut into bite sized pieces, and that the resident was having difficulty eating the clam cakes. Staff Q was then observed cutting up the clam cakes into small, bite-sized pieces.</p> <p>During a surveyor interview on 6/12/2024 at 1:16 PM with the Chef, Staff R, he indicated that the NAs are responsible for cutting residents' food to the appropriate size.</p> <p>During an additional surveyor observation on 6/13/2024 at 9:08 AM, the resident was alone in bed with his/her breakfast tray on the table in front of him/her, the meal consisted of a whole sausage link, a piece of French toast, a cheese sandwich cut in half, and a hard piece of bacon.</p> <p>During a surveyor interview on 6/13/2024 at 9:11 AM with Certified Medication Technician, Staff A, she acknowledged that the resident's food had not been cut into bite sized pieces and that the hard bacon should not be served to resident on a soft diet.</p> <p>During a surveyor interview on 6/13/2024 at 9:13 AM with Registered Nurse, Staff S, she indicated that she was unaware of the resident's diet order, as she doesn't usually work on that unit. She then reviewed the resident's tray ticket and acknowledged that the resident should have his/her food cut into bite sized pieces and should be served soft foods, as ordered.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>During a surveyor interview on 6/13/2024 at 9:29 AM with the Director of Nursing Services (DNS) she indicated that the resident has a physician's diet order for soft, bite-sized foods. Additionally, she could not provide evidence that the resident had been provided soft, bite-sized foods as ordered.</p> <p>During a surveyor interview on 6/13/2024 at 10:28 AM with the MDS Nurse, she indicated that the resident requires supervision and cueing with eating. She was unable to provide evidence that the care plan was updated with this intervention.</p> <p>During a surveyor interview on 6/12/2024 at 10:57 AM with the DNS, she indicated that she would expect the physician's diet order to be followed. She indicated that if the MDS Assessment indicates that a resident requires supervision with eating she would expect this to be reflected on the care plan and for a physician's order to be in place.</p> <p>Cross Reference F 710 and F 805</p>		

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<p>F 0710</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Obtain a doctor's order to admit a resident and ensure the resident is under a doctor's care.</p> <p>46241</p> <p>Based on record review and staff interview, it has been determined that the facility failed to ensure the medical care of each resident is supervised by a physician for 1 of 3 resident's reviewed for 1:1 feeding assistance, Resident ID #368.</p> <p>Findings are as follows:</p> <p>Record review revealed Resident ID #368 was admitted to the facility in June of 2024 with diagnoses including, but not limited to, dysphagia (difficulty swallowing) and pneumonitis (inflammation of the lung tissue) due to the inhalation of food and vomit.</p> <p>Record review revealed a physician's order dated 6/5/2024 for 1:1 feed for all meals [with] aspiration precautions in place, which was signed by the resident's physician on 6/7/2024.</p> <p>During a surveyor observation on 6/11/2024 from 8:48 AM to 8:59 AM, the resident was observed eating breakfast, without staff present in the room.</p> <p>During a surveyor observation on 6/12/2024 from 8:33 AM to 8:41 AM, the resident was observed eating breakfast, without staff present in the room.</p> <p>During a surveyor interview on 6/13/2024 at 9:14 AM, with the resident's physician, she revealed that she was unaware that the resident requires 1:1 supervision for all meals. She acknowledged that she signed the physician order for the 1:1 feed on 6/7/2024 however, she does not review each order individually prior to signing them.</p> <p>During a surveyor interview on 6/13/2024 at 10:58 AM, with the Director of Nursing Services, she indicated that she would expect the physician to review orders individually before signing off on them.</p> <p>Cross Reference F 689</p>		

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<p>F 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>39496</p> <p>Based on record review and staff interview, it has been determined that the facility failed to complete annual performance reviews for every nurse aide (nursing assistant), at least once every 12 months, for 5 of 5 nursing assistants reviewed, Staff G, K, L, M, and N.</p> <p>Findings are as follows:</p> <p>Record review of the personnel files failed to reveal evidence that an annual performance evaluation within the last 12 months was completed for the following nursing assistants:</p> <ul style="list-style-type: none"> -Staff G, Date of hire 8/14/2019 -Staff K, Date of hire 6/16/2022 -Staff L, Date of hire 3/24/2022 -Staff M, Date of hire 6/20/2021 -Staff N, Date of hire 7/12/2021 <p>During a surveyor interview on 6/13/2024 at approximately 10:15 AM with the Director of Nursing Services, she was unable to provide evidence of a completed performance evaluation within the last 12 months for the above-mentioned employees.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39496</p> <p>Based on surveyor observation, record review and staff interview, it has been determined that the facility failed to store and label drugs and biological's in accordance with currently accepted professional principles for 2 of 3 medication carts and 2 of 2 medication storage rooms observed.</p> <p>Findings are as follows:</p> <p>Review of a facility provided document titled, Medication Administration General Guidelines revealed in part, . Medications are to be administered at the time they are prepared .The nurse shall place a 'date opened' sticker on the medication if one is not provided by the dispensing pharmacy and enter the date opened . Certain products or package types such as multi-dose vials and ophthalmic drops have specified shortened end-of -use dating, once opened, to ensure medication purity and potency .Residents are identified before medication is administered using at least two resident identifiers .Note: the resident's room number or physical location is not used as an identifier .</p> <p>Review of a facility provided document titled, Storage of Medications revealed in part, .Outdated, contaminated, discontinued or deteriorated medications and those in containers that are cracked, soiled, or without secure closures are immediately removed from stock .</p> <p>1) During a surveyor observation on [DATE] at 8:41 AM in the presence of Certified Medication Technician (CMT), Staff O, of the medication cart on the Rehab Unit, revealed the following:</p> <ul style="list-style-type: none"> - 4 clear plastic 30 cubic centimeters (cc) medication cups, each containing multiple pills. The plastic cups were labeled with room numbers. - 1 bottle of Quality Choice multivitamin and minerals with an expiration date of ,d+[DATE]. - 1 bottle of Latanoprost eye drops (used to treat glaucoma), unopened and stored in the medication cart. Manufacturer's instructions on the box state to refrigerate until opened. <p>During a surveyor interview directly following the above-observation with Staff O, she acknowledged that she pre poured the medications. She further acknowledged that she was going to administer the pre poured medications to the residents. Additionally, she acknowledged that the multivitamin and minerals was expired and the Latanoprost should have been stored in the refrigerator.</p> <p>2) During a surveyor observation on [DATE] at 9:50 AM in the presence of CMT, Staff P, of the medication cart on the North unit, revealed the following:</p> <ul style="list-style-type: none"> - 2 clear plastic 30 cc medication cups, each containing multiple pills. The plastic cups were labeled with room numbers. <p>During a surveyor interview immediately following the above-observation with Staff P, she acknowledged that the pre poured the medications and labeled with them with residents' room numbers.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Hattie Ide Chaffee Home		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Wampanoag Trail East Providence, RI 02914	
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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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3) During a surveyor observation on [DATE] at 10:15 AM in the presence of Registered Nurse, Staff D, of the medication storage room on the North Unit revealed the following:</p> <ul style="list-style-type: none"> - 1 vial of Tuberculin protein derivative (used to aid in the diagnosis of tuberculosis) dated as opened on [DATE]. Manufacturer's instructions indicate to discard unused portion after 30 days. - A 30 milliliter (ml) bottle of Lorazepam (used for anxiety) 2 milligram/ ml (mg/ml) opened and not dated. Manufacturer's instructions on the box state to discard 90 days after opening. <p>During a surveyor interview directly following the above-observation with Staff D, she acknowledged that the Lorazepam was not dated when opened. She further revealed that the resident had passed away in May. Additionally, she acknowledged that the Tuberculin was expired and should have been discarded.</p> <p>4) During a surveyor observation on [DATE] at 11:55 AM in the presence of Registered Nurse, Staff H, of the medication storage room on the Rehabilitation unit revealed the following:</p> <ul style="list-style-type: none"> - 1 vial of Tuberculin protein derivative opened and not dated. Manufacturer's instructions indicate to discard unused portion after 30 days. <p>During a surveyor interview directly following the above-observation with Staff H, she acknowledged that the Tuberculin was opened and not dated.</p> <p>During a surveyor interview on [DATE] at approximately 12:25 PM with the Director of Nursing Services, she revealed that pre-pouring resident medications is not allowed. Additionally, she revealed that she would expect the above medications to be dated when opened and discarded when expired.</p> <p>46118</p>		

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46338</p> <p>46118</p> <p>Based on surveyor observation, record review, resident and staff interview, it has been determined that the facility failed to provide food prepared in a form designed to meet individual needs for 1 of 1 resident reviewed for a soft, bite sized diet, Resident ID #55 and 1 of 1 resident reviewed who require nectar thick liquids (thicker than water, falls slowly from a spoon), Resident ID #368.</p> <p>Findings are as follows:</p> <p>1. Record review revealed Resident ID #55 was admitted to the facility in January of 2024 with diagnoses including, but not limited to, dementia and muscle weakness.</p> <p>Review of a Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status score of 3 out of 15, indicating severe cognitive impairment. Further review revealed the resident has bilateral upper extremity (shoulder, elbow, wrist, hand) impairments. Additionally, record review revealed the resident required supervision or touching assistance with eating.</p> <p>Review of a care plan dated 4/22/2024 revealed the resident is at risk for weight loss related to sporadic intake.</p> <p>Record review revealed a physician's dietary order for soft, bite sized foods.</p> <p>During the following surveyor observations, the resident was not being supervised while eating nor was the food soft and bite sized as ordered:</p> <p>- 6/10/2024 at 9:53 AM during the breakfast meal the resident was served a 1/2 of a muffin and 1 whole sausage link and was unsupervised by staff.</p> <p>- 6/12/2024 at 1:06 PM during the lunch meal the resident was attempting to eat 3 whole clam cakes, thickly sliced zucchini and halved roasted potatoes. During this observation the resident was noted to have difficulty chewing the clam cakes and was observed to be coughing when the surveyor entered the room.</p> <p>During a surveyor interview on 6/12/2024 at 1:10 PM with Nursing Assistant (NA), Staff Q, she indicated that the resident should receive soft bite sized foods. She further acknowledged that the resident's food had not been cut into bite sized pieces, and that the resident was having difficulty eating the clam cakes as they were hard and crunchy.</p> <p>During a surveyor interview on 6/12/2024 at 1:16 PM with the Chef, Staff R, he indicated that the NA's are responsible for cutting the residents' food to the appropriate size as ordered.</p> <p>(continued on next page)</p>		

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an additional surveyor observation on 6/13/2024 at 9:08 AM, the resident was alone in bed with his/her breakfast tray on the table in front of him/her, the meal contained a whole sausage link, a piece of French toast, a cheese sandwich cut in half, and a hard piece of bacon.</p> <p>During a surveyor interview on 6/13/2024 at 9:11 AM with Certified Medication Technician, Staff A, she acknowledged that the resident's food had not been cut into bite sized pieces and that the hard bacon should not be served for resident on a soft diet.</p> <p>During a surveyor interview on 6/13/2024 at 9:13 AM with Registered Nurse, Staff S, she indicated that she was unaware of the resident's diet order as she doesn't usually work on that unit. She then reviewed the resident's tray ticket and acknowledged that the resident should have his/her food cut into bite sized pieces and should be served soft foods as ordered.</p> <p>During a surveyor interview on 6/13/2024 at 9:29 AM with the Director of Nursing Services (DNS) she indicated that the resident has a physician's diet order for soft, bite sized foods. Additionally, she could not provide evidence that the resident had been provided soft, bite sized foods as ordered.</p> <p>2. Record review revealed Resident ID #368 was admitted to the facility in June of 2024 with diagnoses including, but not limited to, dysphagia, Parkinson's disease, and pneumonitis due to the inhalation of food and vomit.</p> <p>Record review revealed a physician's order dated 6/5/2024 for a house diet, no salt packet, pureed consistency, and nectar thick liquids.</p> <p>Review of a document titled Occupational Therapy Certification, dated 6/5/2024, revealed the resident required a 1:1 supervision with meals, nectar thick liquids, and a pureed diet with aspiration precautions in place.</p> <p>Review of an untitled document, posted in the resident's room, states in part, .IMPORTANT INFO .1:1 feed on nectar [and] puree diet [with] aspiration precautions .</p> <p>During a surveyor observation on 6/12/2024 from 8:33 AM to 8:41 AM, the resident was noted to be drinking coffee which was not thickened as ordered. Further observation revealed there was an unopened carton of unthickened milk on his/her breakfast tray.</p> <p>During a surveyor interview on 6/12/2024 at 8:43 AM, with NAs Staff F and Staff G, they acknowledged that the resident was eating independently in his/her room and that the coffee s/he was drinking and the milk that was on the try were unthickened and not nectar thick as ordered.</p> <p>During a surveyor interview on 6/12/2024 at 3:20 PM, and on 6/13/2024 at approximately 2:00 PM, with Speech Therapist, Staff J, she revealed that the resident requires a puree diet and nectar thick liquids for all meals. She further indicated that due to his/her coughing with fluids, s/he will continue with nectar thick fluids for safety purposes. Additionally, she indicated that she would expect staff to thicken the resident's fluids to nectar thick as ordered.</p> <p>(continued on next page)</p>		

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F 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a surveyor interview on 6/12/2024 at 10:57 AM with the DNS, she indicated that she would expect the physician's diet order to be followed. Additionally, she could not provide evidence that the food was prepared in a form designed to meet the residents' individual needs. Cross Reference F 689		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>46118</p> <p>39496</p> <p>Based on surveyor observation and staff interview, it has been determined that the facility failed to ensure that food is stored and distributed in accordance with professional standards for food service safety, relative to the main kitchen and 1 of 3 kitchenettes observed.</p> <p>Findings are as follows:</p> <p>1. Record review of the Rhode Island Food Code, 2018 Edition, Section 3-501.17 states in part, .READY -TO-EAT-TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and held in a FOOD ESTABLISHMENT for more than 24 hours shall be clearly marked to indicate the date or day by which the FOOD shall be consumed on the premises, sold, or discarded when held at a temperature of 5 degrees Celsius or 41 degrees Fahrenheit or less for a maximum of 7 days. The day of preparation shall be counted as Day 1 .</p> <p>During the initial tour of the kitchen, on 6/10/2024 at approximately 9:00 AM the following was observed in the walk-in refrigerator:</p> <ul style="list-style-type: none"> - approximately 15 sour cream 1 ounce (oz) containers with a manufacturer's use by date of 6/3/2024 - one 32 oz container of vanilla yogurt, not labeled or dated - 6 slices of Swiss cheese wrapped in plastic wrap, with a use by date of 6/9/2024 - A one gallon container of French Dressing with a use by date of 3/17/2023 - one piece of salmon in a plastic bag, opened and not dated - Approximately 10 white fish fillets in a covered plastic container, not labeled or dated <p>During the initial tour of the kitchen on 6/10/2024 at approximately 9:00 AM the following was observed in the walk-in freezer:</p> <ul style="list-style-type: none"> - 6 frozen burgers with noted freezer burn, not labeled or dated. - cut sausage in a plastic container with ripped plastic wrap on top, and noted freezer burn, dated 5/16 - 28 pancakes wrapped in plastic wrap, not labeled or dated <p>During a surveyor observation of the facility's dry storage on 6/10/2024 revealed the following:</p> <ul style="list-style-type: none"> - A 12 oz container of honey, not dated when opened and discolored <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>- two 11 pound ready to serve frosting spreads opened and not dated</p> <p>During a surveyor observation on 6/10/2024 of the refrigerator in the North unit kitchenette, revealed the following:</p> <p>- An 8 oz Imperial Thickened Dairy drink, opened and not dated</p> <p>During a surveyor interview on 6/10/2024 at the time of the above observations with the Food Service Director (FSD), he acknowledged that the above-mentioned foods were not labeled, dated when opened, or discarded timely.</p> <p>2. Record review of the Rhode Island Food Code, 2018 Edition, Section 4-301.12 states in part, .Manual Warewashing, Sink compartment Requirements. (A) Except as specified in (C) of this section, a sink with at least 3 compartments shall be provided for manually washing, rinsing, and SANITIZING EQUIPMENT and UTENSILS .</p> <p>During a surveyor observation on 6/12/2024 at approximately 10:00 AM of the main kitchen, failed to reveal evidence of a 3-bay sink for washing, rinsing and sanitizing equipment.</p> <p>During a surveyor interview on 6/12/2024 at 12:23 PM with the FSD, he was aware of the requirement for the 3-bay sink. He further acknowledged that the facility did not have a 3-bay sink.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>45855</p> <p>39496</p> <p>43987</p> <p>46338</p> <p>Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to maintain an infection prevention and control program to help prevent the transmission of communicable diseases and infections as the facility failed to implement a water management program (WPM) based upon industry standards and/or the Centers for Disease Control and Prevention (CDC) and to perform and document specified testing for the prevention of Legionella disease (a very serious type of lung infection caused by the bacteria called Legionella which can be found in water). Additionally, the facility failed to implement proper hand hygiene for 1 of 1 resident reviewed for Clostridium difficile (C.diff-a bacteria that may cause an infection in the colon), Resident ID #168. Further, the facility failed to conduct appropriate infection control practices relative to the storage of soiled linen for 1 of 1 soiled linen bin observed.</p> <p>Findings are as follows:</p> <p>According to the CDC, C. diff: Facts for Clinicians, dated 3/2024, when caring for a residents who have a diagnosis of C.diff staff should wear gloves because hand sanitizer doesn't kill C. diff.</p> <p>Review of a document titled, Rhode Island Department of Health, Guidelines for the Management of Clostridium difficile in Rhode Island Long Term Care Facilities (2007) states in part, .Isolation and Contact Precautions: Use Contact Precautions for patients with known or suspected C. difficile- associated disease . Hand Hygiene soap and water should be used .Hand hygiene before leaving the resident's room is essential for limiting the spread of the bacteria/spores around the facility .</p> <p>1a. Record review of the CDC document titled, Toolkit for Controlling Legionella [a bacteria that may cause a very serious type of lung infection] in Common Sources of Exposure, dated January 13, 2023, version 1.1 states in part, .If Legionella growth does not appear well controlled in healthcare facilities or facilities with populations at increased risk for Legionnaires' Disease, consider implementing control measures to protect people from exposure to water aerosols while implementing the guidance .If > [greater than] 1 CFU/mL (colony-forming unit per milliliter) for potable water .conditions may allow for Legionella Growth. Implement Suggested Response Activities .</p> <ol style="list-style-type: none"> 1. Review sample collection, handling, and testing for potential errors. 2. Confirm that system equipment is in good working order and functioning as intended. 3. Review records to confirm that the WPM was implemented as designed (verification). 4. Review assumptions about operating conditions, such as physical and chemical characteristics of incoming water. <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>5. Re-evaluate fundamental aspects of the WMP, including analysis of hazardous conditions, cleaning, maintenance procedures, chemical treatment, and other aspects that could affect Legionella testing.</p> <p>6. Adjust WMP as necessary to address any deficiencies identified.</p> <p>7. Consider whether remedial treatment is needed only after completion of the above.</p> <p>8. If remedial treatment was performed, wait at least 48 hours after the system returns to normal operating conditions and retest a set of representative samples to confirm the effectiveness of the response .</p> <p>Record review of laboratory results related to Legionella testing in the facility's drinking water dated 2/21/2024, revealed results of >1 CFU/mL in the following water stations:</p> <ul style="list-style-type: none"> - Eye wash station in the skilled unit with 520 CFU/100mL (5.2 CFU/mL) - Hot water tank 2 with 102 CFU/100mL (1.02 CFU/mL) <p>During a surveyor interview with the Maintenance Director on 6/10/2024 at approximately 1:00 PM, he revealed that he did not implement any control measures as he was unaware that the above findings were conditions that may allow for Legionella growth.</p> <p>1b. Record review of the CDC document titled, Developing a Water Management Program to Reduce Legionella Growth & Spread in Buildings, dated June 2021, version 1.1 states in part, .The key to preventing Legionnaires' disease is maintenance of the water systems in which Legionella may grow .Water stagnation: Encourages biofilm growth and reduces temperature and levels of disinfectant. Common issues that contribute to water stagnation include .reduced building occupancy .Stagnation can also occur when fixtures go unused, like a rarely used shower .</p> <p>Record review of the facility's water management binder failed to reveal evidence that the water flow assessment identified areas where legionella could grow and spread.</p> <p>During a surveyor observation and interview on 6/11/2024 at 9:30 AM with the Maintenance Director, he acknowledged that the faucet located inside a storage room between the staff breakroom and the Minimum Data Set Coordinator Room, is still functioning but rarely used. Additionally, he was unable to provide evidence that the sink had been flushed regularly to maintain the water quality.</p> <p>Further record review failed to reveal evidence that the facility was monitoring and flushing infrequently used fixtures, including the unused sick mentioned above.</p> <p>During a subsequent surveyor interview with the Maintenance Director and the Administrator on 6/11/2024 at 3:00 PM, they were unable to provide evidence that the facility implemented any of the suggested control measures when Legionella laboratory results are not indicative of well-controlled growth per the performance indicator. Additionally, they failed to provide evidence of a water flow assessment that identified areas where Legionella could grow and that the sink in the storage room mentioned above was flushed regularly to prevent the growth of Legionella.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>2. Record review revealed that Resident ID #168 was admitted to the facility in May of 2024 with a diagnosis including, but not limited to Enterocolitis [inflammation of the intestines] due to C.diff.</p> <p>Review of a hospital continuity of care form dated 6/6/2024 revealed the resident has C. diff with an onset date of 6/1/2024.</p> <p>Record review revealed a physician's order dated 6/6/2024, to maintain Contact Precautions for C. diff every shift.</p> <p>During a surveyor observation on 6/11/2024 at 8:42 AM, Certified Medication Technician (CMT), Staff P, entered Resident #168's room to administer medications and exited without washing her hands with soap and water.</p> <p>During a surveyor interview immediately following the above observation on 6/11/2024 at 8:45 AM with Staff P, she acknowledged that the resident has an active C. diff infection and that she used hand sanitizer after exiting the room, instead of washing her hands with soap and water.</p> <p>During a surveyor observation on 6/11/2024 at 8:48 AM, Speech Therapist, Staff J, was observed next to resident's bed completing an assessment. After completing the assessment, Staff J exited the room and used hand sanitizer.</p> <p>During a surveyor interview immediately following the above observation with Staff J, she revealed that she was unaware that the resident was positive for C. diff.</p> <p>During a surveyor interview on 6/12/2024 at 12:32 PM with Registered Nurse (RN), Staff H, she indicated that she would expect that staff to wash their hands with soap and water after leaving Resident ID #168's room due to his/her C. diff infection.</p> <p>During a surveyor interview on 6/12/2024 at 1:05 PM with the Director of Nursing Services (DNS), she revealed that she would expect staff to be aware of the required precautions.</p> <p>3. Review of the CDC document titled, Guidelines for Environmental Infection Control in Health-Care Facilities last updated July 2019, states in part, .Collecting, Transporting, and Sorting Contaminated Textiles and Fabrics .Handling contaminated laundry with a minimum of agitation can help prevent the generation of potentially contaminated lint aerosols in patient-care areas .Contaminated textiles and fabrics are placed into bags or other appropriate containment in this location; these bags are then securely tied or otherwise closed to prevent leakage .</p> <p>During a surveyor observation on 6/11/2024 at 11:19 AM, NA, Staff T, was observed in the hallway coming out of a resident's room holding unbagged, soiled towels in her right gloved hand. Additionally, she was observed pressing the soiled towels into an overfilled linen bin. The cart cover was unable to be closed and the soiled linens overflowed the bin.</p> <p>During a surveyor interview on 6/11/2024 at 12:02 PM with Staff T, she acknowledged bringing the unbagged, soiled towels from the resident's room and placing the soiled towels in an over flowing linen bin. Additionally, she acknowledged leaving the bin overflowing with the lid open.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During a surveyor interview on 6/11/2024 at 11:28 AM with Licensed Practical Nurse, Staff U, she acknowledged that the soiled linen bin was left open and overflowing.</p> <p>During a surveyor interview on 6/13/2024 at 12:12 PM with the DNS, she indicated that she would expect staff to bag soiled linen in the resident's room prior to bringing it into the hallway. Additionally, she acknowledged that unbagged and overflowing soiled linen bins are an infection control concern.</p>		