

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  415004	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/04/2025
NAME OF PROVIDER OR SUPPLIER  Royal of Westerly Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  79 Beach Street Westerly, RI 02891	

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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43987</b></p> <p>Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to ensure that residents receive treatment and care in accordance with professional standards of practice for 1 of 1 resident reviewed who was transferred to the hospital and found to have an ileus (a temporary lack of movement in the intestines that can lead to pain, nausea, bloating, and other symptoms) and a fecal impaction (when a large, hard mass of stool is stuck in your colon or rectum and you are unable to push it out), Resident ID #1.</p> <p>Findings are as follows:</p> <p>Record review of a community complaint submitted to the Rhode Island Department of Health (RIDOH) on 2/3/2025 alleged in part, that Resident ID #1 was neglected.</p> <p>Review of a facility policy titled, Bowel Protocol last reviewed in September of 2024 states in part, Purpose .</p> <p>1. To promote a standard for bowel care in the prevention of constipation .impaction and diarrhea, if resident's regular bowel regimen has proven ineffective</p> <p>2. To promote regularity of bowel movements.</p> <p>3. Requires MD [Medical Doctor] review and approval before initiating. Procedure</p> <p>1. Residents should be encouraged to consume 1500 ml [milliliters] of fluid daily, unless contraindicated.</p> <p>2. Accurate observation and documentation of bowel movement on BM [Bowel Movement] Record is to be done by each shift.</p> <p>3. BM record is to be reviewed daily at the beginning of 3-11 shift [second shift] by 3-11 Charge Nurse. If no BM recorded in the previous six (6) shifts, the following protocol is to be followed:</p> <p>a. 3-11: Administer 30 ML (Milliliters) M.O.M (Milk of Magnesium) after dinner unless contraindicated by specific MD order, resident medical status or by resident preference/refusal. If no results by 5:00 am:</p> <p>b. 11-7 [third shift]: Administer Bisacodyl suppository between 5:00 am and 6:00 am unless contraindicated as noted above. If no results by 8:00 am;</p> <p>c. 7-3 [first shift]: Administer Fleets enema unless contraindicated as noted above.</p> <p>4. If no BM by 7:00 am the following day, contact MD/NP (Nurse Practitioner) for additional orders .</p> <p>Record review of a facility document titled Laxative List dated 1/17/2025 states in part, .Bowel Protocol to be initiated after a resident has not had a bowel movement for 3 days (9 shifts). Protocol is as follows:</p> <p>1. 3-11 starts with Miralax (laxative) or MOM.</p> <p>2. If no result by end of shift, 11-7 is responsible for giving suppositories.</p> <p>3. If no result by end of shift, 7-3 give a Fleet enema .</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  415004	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/04/2025
NAME OF PROVIDER OR SUPPLIER  Royal of Westerly Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  79 Beach Street Westerly, RI 02891	
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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Record review revealed that Resident ID #1 was admitted to the facility in April of 2024 with diagnoses including, but not limited to, generalized muscle weakness, obstructive and reflux uropathy (urinary tract conditions that can cause urine to back up and damage the kidney), and chronic kidney disease, stage 4 (severe; a significant decline in kidney function). Additional review revealed that the resident is bedbound (someone who is unable to move around safely or comfortably. They may need to help to get to and from the toilet, to sit up in bed or to move from the bed to a chair, and help to change their position in bed).</p> <p>Record review of a progress note dated 1/23/2025 at 12:10 AM states in part, .While doing rounds at start of shift. Resident was observed being unable to wrap [his/her] lips around a straw to take a sip of water. Swabbed resident's mouth, [s/he] unable to speak to this nurse. B/P 80/40 [blood pressure; normal range is 120/80], [temperature] 99.8, 119 [pulse; normal range is 60 to 100 beats per minute], 92% [oxygen saturation; normal level is 95 to 100%] RA [room air] .Sent out by EMS [emergency medical services] @ [at] 12:02am .</p> <p>Record review failed to reveal evidence that the resident had a bowel movement on the following dates and shifts:</p> <p>1/13/2025, first 7:00 AM to 3:00 PM, second (3:00 PM to 11:00 PM), and third shift (11:00 PM to 7:00 AM)</p> <p>1/14/2025, first, second, and third shift</p> <p>1/15/2025, first, second, and third shift</p> <p>1/16/2025, first, second, and third shift</p> <p>1/17/2025, first and second shift</p> <p>From 1/13/2025 to 1/17/2025, the resident failed to have a bowel movement for a total of 14 shifts</p> <p>Record review of the resident's January 2025 Medication Administration Record (MAR) failed to reveal evidence that the facility implemented their bowel protocol when the resident did not have a bowel movement for 6 shifts, per the facility policy.</p> <p>Additionally, the MAR failed to reveal evidence that the facility implemented their Laxative List policy when the resident had gone 9 shifts without moving his/her bowels.</p> <p>Further record review failed to reveal evidence that the resident had a bowel movement on the following dates:</p> <p>1/18/2025, first, second and third shift</p> <p>1/19/2025, first, second and third shift</p> <p>1/20/2025, first, second and third shift</p> <p>1/21/2025, first, second and third shift</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  415004	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/04/2025
NAME OF PROVIDER OR SUPPLIER  Royal of Westerly Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  79 Beach Street Westerly, RI 02891	

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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>1/22/2025, first and second shift</p> <p>From 1/18/2025 to 1/22/2025, the resident failed to have a bowel movement for an additional 14 shifts</p> <p>Additional review of the January 2025 MAR revealed that an order was obtained on 1/19/2025 to administer Miralax to the resident every 24 hours, as needed for constipation. Further review of the MAR revealed that the resident did not receive Miralax until 1/21/2025 at 2:54 PM, two days after the order was obtained, and after 10 shifts passed without the resident having a bowel movement.</p> <p>Further review of the resident's January 2025 MAR failed to reveal evidence that the facility implemented their bowel protocol when the resident did not have a bowel movement for 6 shifts, per the facility policy.</p> <p>Additionally, the MAR failed to reveal evidence that the facility implemented their Laxative List policy when the resident had gone 9 shifts without moving his/her bowels.</p> <p>Record review of a hospital document dated 1/25/2025 revealed that Resident ID #1 was transferred to the hospital on 1/23/2025 due to a decrease in appetite, low blood pressure, and burning in his/her mouth. In addition, the document revealed that the resident was admitted with multiple diagnoses including, fecal impaction and mouth sores.</p> <p>Further review of the hospital document revealed that the resident received a suppository and an enema while in the hospital for treatment. Additionally, it revealed diagnostic X-rays were completed and revealed evidence of an ileus. It further revealed that a bowel regimen was recommended for this resident.</p> <p>During a surveyor interview on 2/4/2025 at approximately 2:30 PM with the Director of Nursing Services, she acknowledged that the bowel protocol was not followed for the resident, as required per the facility policy. Additionally, she acknowledged Resident ID #1 was transferred to the hospital and found to have a fecal impaction on 1/23/2025.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  415004	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/04/2025
NAME OF PROVIDER OR SUPPLIER  Royal of Westerly Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  79 Beach Street Westerly, RI 02891	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>43987</p> <p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>Based on record review and staff interview, it has been determined that the facility failed to provide appropriate treatment and services for 1 of 1 resident reviewed with an indwelling catheter (a flexible tube that collects urine from the bladder and leads to a drainage bag), Resident ID # 1.</p> <p>According to Brunner &amp; Suddarth's Textbook of Medical-Surgical Nursing Volume 2, 10th Edition, page 1282 states, For patients with indwelling catheters, the nurse assesses the drainage system to ensure that it provides adequate urinary drainage. The color, odor, and volume of urine are also monitored. An accurate record of fluid intake and urine output provides essential information about the adequacy of renal function and urinary drainage.</p> <p>Record review of a community reported complaint submitted to the RIDOH on 2/3/2025 alleged that Resident ID #1 was hospitalized because s/he was dehydrated and malnourished.</p> <p>Record review of the hospital documents dated 1/25/2025 revealed that the resident was admitted to the hospital on 1/23/2025 with multiple diagnosis including, a urinary tract infection and an acute kidney injury (a condition where the kidneys suddenly lose their ability to function properly, leading to a decrease in urine output and an accumulation of waste products in the blood). It further revealed that Resident ID #1's indwelling catheter was improperly placed and the balloon was blown up into the prostate.</p> <p>Record review of a facility policy titled, Catheter Care, Urinary dated May 2023, states in part, .The purpose of this procedure is to prevent catheter-associated urinary tract infections .Changing Catheters . Documentation The following information should be recorded in the resident's medical record .1. The date and time the catheter care was given. 2. The name and title of the individual(s) giving catheter care. 3. All assessment data obtained when giving catheter care .8. The signature and title of the person recording the data .10. Report other information in accordance with facility policy and professional standards of practice .</p> <p>a. Record review revealed a physician's order dated 11/27/2024 for an indwelling catheter size 18 Fr (French size) with a 30 cc (cubic centimeter) balloon and to change as needed based on clinical indications such as an infection, obstruction, or if the closed system is compromised.</p> <p>Record review a progress note dated 1/22/2025 at 2:44 PM, revealed in part, Resident .ill appearing. replaced [indwelling catheter] on previous shift .</p> <p>Record review revealed a progress note dated 1/15/2025 at 7:48 AM, revealed in part, that the resident's indwelling catheter was replaced with a catheter size 16 Fr and a 10 cc balloon, not the ordered catheter size 18 Fr with a 30 cc balloon.</p> <p>Additional record review of a patient report sheet for Resident ID #1 for the evening shift of 1/21/2025 revealed that the resident's indwelling catheter was replaced with a catheter size 16 Fr, not the ordered catheter size 18 Fr with a 30 cc balloon.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  415004	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/04/2025
NAME OF PROVIDER OR SUPPLIER  Royal of Westerly Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  79 Beach Street Westerly, RI 02891	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Further review of the progress notes failed to reveal evidence of a physician's order to replace the resident's indwelling catheter with a 16 Fr 10 cc catheter on 1/15 and 1/21/2025.</p> <p>b. Additional review of the physician's orders revealed an order dated 4/17/2024 to monitor the resident's indwelling catheter output every shift.</p> <p>Review of the January 2025 Medication Administration Record (MAR) failed to reveal evidence that the resident's indwelling catheter output was monitored on every shift, as ordered, on the following dates and shifts:</p> <p>1/1/2025 - third shift</p> <p>1/4/2025 - second shift</p> <p>1/5/2025 - second and third shifts</p> <p>1/7/2025 - third shift</p> <p>1/8/2025 - third shift</p> <p>1/13/2025- second shift</p> <p>1/15/2025- first shift</p> <p>1/18/2025- third shift</p> <p>1/20/2025- first shift</p> <p>1/27/2025- second shift</p> <p>1/28/2025-first shift</p> <p>1/29/2025-first shift</p> <p>1/30/2025-first shift</p> <p>During a surveyor interview on 2/4/2025 at approximately 2:30 PM with the Director of Nursing Services (DNS), she acknowledged that the physicians' orders for the resident's indwelling catheter were not followed. Furthermore, the DNS was unable to provide evidence that staff had contacted the physician regarding the insertion of the different sized indwelling catheter. Lastly, she acknowledged that there was no output documented for resident's urinary output on the above-mentioned dates and shifts.</p>		