

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 12/05/2024
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 - 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46118</p> <p>Based on 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 1 resident reviewed with edema (swelling due to excess fluid trapped in the body's tissues), Resident ID #260.</p> <p>Findings are as follows:</p> <p>Review of the policy titled Change in a Resident's Condition or Status dated May 2023 states in part, .Our facility shall promptly notify .his or her Attending Physician .of changes in the resident's medical/mental condition and/or status .Except in medical emergencies, notifications will be made within twenty-four (24) hours of a change occurring in the resident's medical/mental condition or status .</p> <p>Record review revealed the resident was admitted to the facility in November of 2024 with diagnoses including, but not limited to, acute kidney failure, cardiac arrhythmias (abnormal heart rhythm), and the presence of a cardiac pacemaker.</p> <p>Review of a Minimum Data Set assessment dated [DATE] revealed a Brief Interview for Mental Status score of 15 out of 15, indicating the resident is cognitively intact. Further review revealed the resident requires supervision or hands on assistance by staff with transfers and walking.</p> <p>During a surveyor interview with the resident on the initial tour of the facility on 12/1/2024 at 12:33 PM, the resident indicated that s/he hasn't been getting out of bed as much because s/he has pain and swelling to his/her legs. S/he further indicated that the staff have been wrapping his/her legs with an ACE bandage due to the swelling.</p> <p>Review of the Clinical Admission assessment dated [DATE] revealed the resident had No Edema issues with a goal to return home. Further review revealed the resident did not indicate pain and had a steady gait.</p> <p>Review of a skin assessment dated [DATE] revealed edema was not noted at that time.</p> <p>Review of a physician's admission note dated 11/25/2024 revealed the resident had no edema of his/her extremities at that time.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a skin assessment dated [DATE] revealed the resident was noted to have swollen ankles.</p> <p>Record review revealed the following progress notes:</p> <p>-11/28/2024, .[complaint of] pain to both feet [related to] edema .</p> <p>-11/29/2024, Resident will be discharged to home as of 12/4/24 .</p> <p>-11/29/2024, .BLE [bilateral lower extremities] elevated and wrapped [with] ace bandages for non-pitting edema [the accumulation of excess fluid in soft tissues which is usually localized to certain body parts] .</p> <p>-12/3/2024, Resident will not be discharged on [DATE] due to [his/her] medical condition .</p> <p>During a surveyor interview on 12/4/2025 at 11:57 AM with Registered Nurse, Staff A, the surveyor questioned the resident's edema and she indicated that she would make the physician aware.</p> <p>Further review of the resident's record failed to reveal evidence that the physician was notified of the resident's lower extremity edema until 12/4/2024, after it was brought to the facility's attention by the surveyor, and 7 days after it was initially assessed by a nurse at the facility.</p> <p>Additional review of the progress notes revealed a note dated 12/4/2024, which revealed the resident's physician was notified of his/her BLE edema on his/her feet/ankles and a new order was obtained to resume hydrochlorothiazide (a medication prescribed to treat edema).</p> <p>Record review revealed a physician's order dated 11/23/2024 for acetaminophen (Tylenol) 325 milligram by mouth every 4 hours as needed for pain.</p> <p>Record review of the November and December 2024 Medication Administration Records (MARs) revealed the resident received acetaminophen for pain with the associated pain levels on the following dates:</p> <p>-11/26, pain level of 8</p> <p>-11/27, pain level of 6</p> <p>-11/28, pain level of 8</p> <p>-11/29, pain level of 2</p> <p>-12/2, pain level of 2</p> <p>-12/4, pain level of 5</p> <p>-12/5, pain level of 8</p> <p>Further review of the November and December 2024 MARs failed to reveal evidence that the resident's pain was addressed with acetaminophen on the following dates:</p> <p>(continued on next page)</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>During a surveyor interview on 12/5/2024 at 11:09 AM with Physical Therapist, Staff D, she indicated that the resident had complained of pain to his/her feet and refused to walk with the therapist.</p> <p>During a surveyor observation and interview on 12/5/2024 at approximately 12:00 PM, in the presence of the Director of Nursing Services (DNS) and the Assistant Director of Nursing Services, Staff E, the resident was observed to have 2 + pitting edema to his/her feet. Additionally, the resident complained of pain to his/her feet and indicated that s/he could not stand due to the pain.</p> <p>During a surveyor interview with the DNS immediately following the above observation, she acknowledged that the resident presented with 2 + pitting edema to both of his/her feet. Additionally, she could not provide evidence that the physician had been notified of the edema to the resident's bilateral lower extremities prior to it being brought to the attention of the facility by the surveyor.</p>

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>37158</p> <p>Based on record review and staff interview, it has been determined that the facility failed to ensure that residents are free of any significant medication errors for 1 of 5 residents reviewed for medication administration, Resident ID #1.</p> <p>Findings are as follows:</p> <p>Record review revealed Resident ID #1 was initially admitted to the facility in June of 2021 and readmitted to the facility in October of 2024 with diagnoses including, but not limited to, hypercholesterolemia (high cholesterol) and hypertension (high blood pressure).</p> <p>Record review of a document titled, Consultant Pharmacist Recommendation to Prescriber, dated 6/27/2024 revealed the resident is currently receiving Lipitor (a medication prescribed to treat high cholesterol) 20 (mg) milligrams daily. Further review of the document revealed a recommendation to decrease his/her Lipitor to 10 mg daily, which was approved by the provider.</p> <p>Record review revealed that the physician approved the recommendation to decrease the Lipitor to 10 mg daily with a start date of 7/9/2024.</p> <p>Record review of the July 2024 Medication Administration Record (MAR) revealed that both the Lipitor 20 mg daily and the Lipitor 10 mg daily were signed off as administered on 7/9, 7/10, 7/12 and 7/13/2024, indicating that the resident received a total daily dose of Lipitor 30 mg, instead of the ordered 10 mg.</p> <p>During a surveyor interview on 12/5/2024 at approximately 12:30 PM with Licensed Practical Nurse (LPN), Staff E, she was unable to provide evidence the Lipitor 20 mg dose was discontinued, as ordered, when starting the Lipitor 10 mg dose daily.</p> <p>During a surveyor interview on 12/3/2024 at 3:42 PM with the Director of Nursing Services (DNS), after bringing the medication error to the DNS's attention, she acknowledged that the resident received Lipitor 30 mg daily in error on 7/9, 7/10, 7/12 and 7/13/2024. Additionally, she could not provide evidence the order for Lipitor 20 mg daily was not discontinued, when the new order for Lipitor 10 mg daily was implemented.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>46118</p> <p>39496</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, for 2 of 4 residents reviewed relative to the use of transmission-based precautions, Resident ID #s 13 and 260.</p> <p>Findings are as follows:</p> <p>Review of a facility policy titled, Isolation-Categories of Transmission-Based Precautions states in part, . Transmission-Based Precautions will be used whenever measures more stringent than Standard Precautions are needed to prevent or control the spread of infection .Contact Precautions for residents known or suspected to be infected with microorganisms that can be transmitted by direct contact with the resident or indirect contact with environmental surfaces or resident-care items in the resident's environment . Infections requiring Contact Precautions include but are not limited to .infections with multi-drug resistant organisms .wear gloves (clean not sterile) when entering the room .wear a disposable gown upon entering the Contact Precautions room .If use of common items is unavoidable, then adequately clean and disinfect them .Signs- The facility will implement a system to alert staff to the type of precaution resident requires .</p> <p>1) Record review revealed Resident ID #13 was readmitted to the facility in October of 2023 with a diagnoses including, but not limited to, type 2 diabetes mellitus and absence of left leg above the knee.</p> <p>Record review revealed an order dated 11/15/2024 to clean the right heel ulcer with normal saline followed by Medihoney (a wound gel with antibacterial properties) to the wound followed by calcium alginate (a highly absorbent wound dressing) then cover with an abdominal pad (a thick dressing used to help manage wound drainage) and a gauze wrap.</p> <p>Record review of a wound culture of the heel, reported on 11/24/2024, revealed that the wound was positive for Methicillin Resistant Staphylococci aureus (MRSA- a bacteria that is resistant to certain antibiotics).</p> <p>Record review of the November and December 2024 Medication Administration records revealed an order dated 11/27/2024 for Levaquin (an antibiotic) 750 milligrams (mg) daily for 10 days. The last scheduled dose of the antibiotic was due to be administered on 12/6/2024.</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 - Few</p>	<p>During a surveyor observation of the wound treatment to the right heel on 12/5/2024 at 9:39 AM with Registered Nurse (RN), Staff A, the Contact Precautions sign was no longer on the resident's door, only a sign for Enhanced Barrier Precautions. Staff A entered the resident's room in a gown and gloves pushing a small black table that contained the supplies for the wound dressing change. During the dressing change Staff A placed the normal saline spray bottle, and the tube of Medihoney on the resident's bed near his/her foot, which is being treated for a MRSA infection. After the dressing was completed Staff A placed the normal saline spray bottle and the Medi honey tube back on the black table and without sanitizing, pushed the table out into the hallway outside the resident's room. She then closed the door and wearing the same gloves she had worn to put the resident's shoe on, Staff A assisted Nursing Assistant (NA), Staff F to bring the resident to the bathroom using a sit to stand mechanical lift. They then placed the mechanical sit to stand lift out into the hallway without sanitizing it.</p> <p>During a surveyor interview on 12/5/2024 at 10:15 AM with NA, Staff F, she acknowledged that they failed to clean the sit to stand lift after using the device to transfer the resident to the bathroom.</p> <p>During a surveyor interview on 12/5/2024 at 10:18 AM with RN, Staff A, she acknowledged that after she put the tube of Medihoney, which was a house stock medication (not specifically prescribed for one patient), on the resident's bed, she had returned it to the table and without sanitizing it, she pushed the table out of the room and into the hallway. Additionally, she acknowledged that after she used the sit to stand lift with the resident, she moved the lift into the hallway without sanitizing it.</p> <p>During a surveyor interview on 12/5/2024 at 11:47 AM with the Director of Nursing Services (DNS), she acknowledged that the resident should still be on contact precautions because s/he had not completed the antibiotics for his/her MRSA infection. Additionally, she acknowledged that the Medihoney should not have been placed on the resident's bed near his/her foot, and that the table and the lift should have been cleaned before placing them in the hallway.</p> <p>2) Review of an undated facility policy titled, Enhanced Barrier Precautions [EBP] states in part, .Enhanced Barrier Precautions are an infection control intervention designed to reduce transmission of multidrug-resistant organisms (MDROs) in nursing homes. Enhanced Barrier Precautions involve gown and glove use during high-contact resident care activities for residents known to be colonized or infected with a MDRO as well as those at increased risk of MDRO acquisition .As part of Standard Precautions, which apply to the care of all residents, the use of PPE [personal protective equipment] is based on the anticipated exposure to blood, body fluids, secretions, or excretions. Enhanced Barrier Precautions are recommended for residents .Known to be colonized or infected with a MDRO .Enhanced Barrier Precautions require the use of gown and gloves only for high-contact resident care activities .</p> <p>Record review revealed Resident ID #260 was admitted to the facility in November of 2024 with diagnoses including, but not limited to, urinary tract infection (UTI) and overactive bladder.</p> <p>Review of a hospital Continuity of Care form dated 11/23/2024, revealed the resident was on contact precautions in the hospital, due to a diagnosis of extended-spectrum beta-lactamase (ESBL; an MDRO). Further review revealed the resident completed his/her antibiotic treatment in the hospital.</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 - Few</p>	<p>Record review revealed a care plan dated 12/4/2024, which revealed the resident is incontinent of bladder.</p> <p>Record review failed to reveal evidence that the resident was on EBP for his/her diagnosis of ESBL.</p> <p>During multiple surveyor observations throughout the survey from 12/1 through 12/4/2024, failed to reveal evidence that the resident was placed on EBP for his/her diagnosis of ESBL.</p> <p>During a surveyor interview on 12/4/2024 at 11:16 AM with Nursing Assistant, Staff F, she revealed that the resident can be incontinent of urine and requires staff assistance for all activities of daily living (ADL). She further revealed that the resident has not been on any type of precautions since his/her admission to the facility.</p> <p>During a surveyor interview on 12/4/2024 at 11:29 AM with Registered Nurse, Staff As she revealed that the resident requires staff assistance with ADL care and acknowledged that the resident was not on precautions.</p> <p>During a surveyor interview on 12/4/2024 at 11:54 AM, with the DNS and the Infection Preventionist, Staff E, they revealed that the facility does not place residents with a history of ESBL on EBP, although the facility policy indicates EBP is required for residents who are known to be infected or colonized with an MDRO.</p> <p>During a surveyor observation on 12/5/2024 at 11:59 AM, revealed the resident had been placed on EBP after it was brought to the facility's attention by the surveyor.</p> <p>46241</p>