| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 415009 | A. Building<br>B. Wing | 07/24/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Kent Regency Center | 660 Commonwealth Avenue<br>Warwick, RI 02886 |

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 0661<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure necessary information is communicated to the resident, and receiving health care provider at the time of a planned discharge.<br><br>46539<br><br>Based on record review and staff interview, it has been determined that the facility failed to reconcile all pre-discharge medications with the resident's post-discharge medications, for 1 of 2 discharged residents reviewed for Levothyroxine (a medication used to replace or provide more thyroid hormone), Resident ID #1.<br><br>Findings are as follows:<br><br>Record review of the discharge policy titled Discharge and Transfer states in part, .the registered nurse is ultimately responsible to ensure there is a safe and coordinated discharge .<br><br>Record review of a community complaint reported to the Rhode Island Department of Health on 7/23/2024, alleges Resident ID #1 was discharged home with another resident's (Resident ID #2's) medications.<br><br>Record review of Resident ID #1 revealed s/he was admitted to the facility in July of 2024 with diagnoses including, but not limited to, hypothyroidism (low thyroid hormone) and anxiety disorder.<br><br>Record review revealed Resident ID #1 was prescribed Levothyroxine 88 MCG at the time of his/her discharge.<br><br>Record review reveals Resident ID #2 was admitted to the facility in July of 2024 with diagnoses including, but not limited to, hypothyroidism and anxiety disorder.<br><br>Record review reveals that Resident ID #2 was prescribed Levothyroxine 25 Micrograms (MCG) at the time of Resident ID #1's discharge.<br><br>Review of a facility document titled Discharge RX Sending Medications Home for Resident ID #1 revealed Levothyroxine 88 MCG was printed on the form. The document further revealed the 88 MCG was crossed off and 25 was handwritten in place with 15 tablets sent home with Resident ID #1. Further review of this document and the discharge summary failed to reveal when the last dose of medication was administered to Resident ID #1 or when the next dose was due to be administered.<br><br>(continued on next page) |

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: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 415009 | A. Building<br>B. Wing | 07/24/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Kent Regency Center | 660 Commonwealth Avenue<br>Warwick, RI 02886 |

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 0661<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | During a surveyor interview with LPN Staff A, on 7/24/2024 at 9:42 AM, she acknowledged that she completed the discharge for Resident ID #1. She further revealed that, during the discharge, she identified that the pack of Levothyroxine that was sent home with the resident was for 25 MCG and not the 88 MCG that was listed on the Discharge RX Sending Medication Home form. Furthermore, she revealed that she altered the document to reflect the Levothyroxine 25 MCG and that she did not verify that the medication was changed or that the medication was prescribed to Resident ID #1. She revealed that she discharged Resident ID #2 the following day and that his/her Levothyroxine 25 MCG was unavailable but that she did not put the two together until 7/23/2024 when she was notified that she sent Resident ID #1 home with Resident ID #2's Levothyroxine.<br><br>During a surveyor interview with the Director of Nursing Services (DNS) on 7/24/2024 at 11:27 AM, she acknowledged that Resident ID #1 was discharged with Resident ID #2's medication as listed above and that the Continuity of Care Discharge/Transfer of Patient Form was not completed in its entirety to include when the last dose of medication was administered and when to administer the next dose. Additionally, she was unable to provide evidence that all pre-discharge medications were reconciled with the resident's post-discharge medications prior to Resident ID #1 being discharged home from the facility. |