

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415009	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/21/2024
NAME OF PROVIDER OR SUPPLIER Kent Regency Center		STREET ADDRESS, CITY, STATE, ZIP CODE 660 Commonwealth Avenue 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)
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>21613</p> <p>Based on record review and staff interview, it has been determined that the facility failed to implement comprehensive person-centered care plans for each resident for 4 of 4 residents reviewed with indwelling urinary catheters (a flexible tube that collects urine from the bladder and leads to a drainage bag), Resident ID #s 2, 3, 56 and 95.</p> <p>Findings are as follows:</p> <p>1. Record review for Resident ID #2 revealed s/he was originally admitted to the facility in March of 2018 with a diagnosis including, but not limited to, stroke.</p> <p>Review of the resident's care plan revised on 6/18/2024, revealed the resident requires an indwelling urinary catheter due to neurogenic bladder (urinary bladder problems due to disease or injury of the central nervous system or peripheral nerves involved in the control of urination) with interventions to monitor urine for sediment, cloudiness, odor, or blood.</p> <p>Further record review failed to reveal evidence that the facility has been monitoring Resident ID #2's urine for sediment, cloudiness, odor, or blood.</p> <p>During a surveyor interview on 8/21/2024 at 12:52 PM with the Assistant Director of Nursing Services, she was unable to provide evidence that Resident ID #2's urine was being monitored for sediment, cloudiness, odor, or blood.</p> <p>2. Record review for Resident ID #3 revealed s/he was admitted to the facility in June of 2024 with a diagnosis including, but not limited to, chronic kidney disease.</p> <p>Record review of a physician's order dated 6/20/2024 revealed the resident has an indwelling urinary catheter for urinary retention (inability to completely empty the bladder).</p> <p>Review of the resident's care plan dated 6/20/2024 revealed the resident requires an indwelling urinary catheter with interventions to report to physician promptly if the urine contains any sediment, blood, cloudiness or is odorous.</p> <p>Further record review failed to reveal evidence that the facility was monitoring Resident ID #3's urine for sediment, cloudiness, odor or blood.</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a surveyor interview on 8/21/2024 at 11:49 AM with Registered Nurse (RN), Staff A, she was unable to provide evidence Resident ID #3's urine was being monitored for sediment, blood, cloudiness, or odor.</p> <p>3. Record review for Resident ID #56 revealed s/he was readmitted to the facility in September of 2023 with diagnoses including, but not limited to, kidney cancer and benign prostatic hyperplasia (enlarge prostate gland).</p> <p>Record review of a physician's order dated 4/5/2024 revealed the resident has an indwelling urinary catheter for a diagnosis of bladder cancer.</p> <p>Record review of a care plan revised on 7/30/2024, indicates the resident requires an indwelling urinary catheter due to urinary retention and obstructive uropathy (structural or functional hindrance of normal urine flow) with interventions to monitor urine for sediment, cloudiness, odor, and blood.</p> <p>Further record review failed to reveal evidence that the facility has been monitoring Resident ID #56's urine for sediment, cloudiness, odor, or blood.</p> <p>4. Record review for Resident ID #95 revealed s/he was readmitted to the facility in May of 2024 with diagnoses including, but not limited to, urinary tract infection and urinary retention.</p> <p>Record review of a care plan dated 4/3/2024 revealed the resident requires an indwelling urinary catheter due to a pressure ulcer to the coccyx with interventions to monitor for signs and symptoms of infection and report to the physician.</p> <p>Further record review failed to reveal evidence that the facility was monitoring Resident ID #95 for signs and symptoms of infection.</p> <p>During a surveyor interview on 8/21/2024 at 12:52 PM with RN, Staff B, she was unable to provide evidence that Residents ID #56's urine output was being monitored for sediment, cloudiness, odor, and blood or that Residents ID #95 was being monitored for signs and symptoms of infection.</p> <p>During a surveyor interview on 8/21/2024 at 4:37 PM with the Director of Nursing Services, she was unable to provide evidence that Resident ID #s 2, 3, 56 and 95's care plans were implemented.</p>

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>45855</p> <p>Based on record review and staff interview, it has been determined that the facility failed to maintain acceptable parameters of nutritional status, such as usual body weight for 2 of 8 residents reviewed, Resident ID #s 67 and 48.</p> <p>Findings are as follows:</p> <p>Review of the facility's policy revised on 2/1/2023 titled, PROCEDURE: WEIGHTS AND HEIGHTS states in part,</p> <p>.1. Obtaining and Documenting Weight:</p> <p>1.1 A licensed nurse or designee will weigh the patient .</p> <p>1.1.4 If the body weight is not expected, re-weigh the patient .</p> <p>1.2 The weight will be entered in the PointClickCare (PCC) Weights/Vital Signs module on that shift .</p> <p>2. Significant Weight Change Management:</p> <p>2.1 Significant weight changes will be reviewed by the licensed nurse for assessment.</p> <p>2.1.1 Significant weight change is defined as:</p> <p>2.1.1.1 5% in one month,</p> <p>2.1.1.2 10% in six months.</p> <p>2.2 The licensed nurse will:</p> <p>2.2.1 Notify the physician/APP [Advance Practice Provider] and Dietitian of significant weight changes;</p> <p>2.2.2 Document notification of physician/APP and Dietitian in the PCC Weight Change Progress Note .</p> <p>1. Record review revealed Resident ID #67 was admitted to the facility in May of 2024 with diagnoses including, but not limited to, Alzheimer's disease, dysphagia (difficulty swallowing) and abnormal weight loss.</p> <p>(continued on next page)</p>

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of the nutritional care plan initiated on 5/16/2024 revealed the resident is a nutritional risk, with potential for weight fluctuation related to appetite and weight loss. Interventions include, but are not limited to, weigh and alert dietitian and physician to any significant loss or gain and monitor for changes in nutritional status (changes in intake, ability to feed self, unplanned weight loss/gain, abnormal labs) and report to the dietitian and physician as indicated.</p> <p>Record review of the physician's orders revealed an order dated 5/9/2024 with a stop date of 5/29/2024 for weekly weights.</p> <p>Record review of the resident's admission weight obtained on 5/8/2024 revealed a weight of 173.8 lbs. (pounds) and a subsequent weight obtained on 5/15/2024 revealed a weight of 169.8 lbs., indicating the resident experienced a 4 lb. weight loss in one week.</p> <p>Record review of the physician's orders revealed an order dated 5/16/2024 for a house supplement two times a day due to poor intake and a weight loss of 4 lbs. in one week.</p> <p>Further review of the physician's orders revealed an order dated 7/12/2024 to increase the house supplement to three times a day for weight loss.</p> <p>Record review of the subsequent documented weights revealed the following:</p> <p>5/22/2024 176.6 lbs.</p> <p>5/30/2024 172.4 lbs.</p> <p>6/5/2024 174.4 lbs.</p> <p>6/6/2024 178.8 lbs.</p> <p>6/13/2024 180.8 lbs.</p> <p>6/20/2024 169.2 lbs.</p> <p>6/27/2024 170.4 lbs.</p> <p>7/1/2024 167.8 lbs.</p> <p>7/4/2024 169.0 lbs.</p> <p>7/12/2024 162.4 lbs.</p> <p>7/18/2024 156.6 lbs.</p> <p>7/18/2024 156.6 lbs.</p> <p>7/25/2024 162.0 lbs.</p> <p>7/25/2024 162.0 lbs.</p> <p>(continued on next page)</p>

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>7/29/2024 160.2 lbs.</p> <p>8/1/2024 160.2 lbs.</p> <p>8/8/2024 155.0 lbs.</p> <p>8/15/2024 153.8 lbs.</p> <p>Record review of the resident's weight record revealed the resident experienced a severe weight loss of 20 lbs. (11.5%) from his/her admission weight obtained on 5/8/2024 to his/her weight obtained on 8/15/2024.</p> <p>Further record review failed to reveal evidence that any additional interventions were implemented after 7/12/2024, when the resident experienced a further significant weight loss of 8.6 lbs. (5.3%).</p> <p>Additionally, the facility failed to obtain a re-weigh when the resident experienced a significant weight loss of 11.6 lbs. (6%) from 6/13/2024 to 6/20/2024.</p> <p>Record review of a nursing progress note dated 8/6/2024 authored by the Unit Manager, Staff B, states in part, .Weight loss alert reported to [Registered Nurse Practitioner]. No new orders obtained at this time . Dietician made aware.</p> <p>During a surveyor interview with the Registered Dietitian (RD), Staff C, on 8/20/2024 at 11:56 AM, she acknowledged that there should have been a re-weigh obtained on 6/20/2024 after the resident experienced a significant weight loss of 11.6 lbs. and she would have expected the weight to be obtained immediately. Additionally, Staff C acknowledged that there were no further interventions put in place since 7/12/2024 and that the resident should have been re-evaluated already for further interventions, such as fortified foods and increasing his/her caloric intake to mitigate any further weight loss.</p> <p>During a surveyor interview on 8/21/2024 at 2:51 PM with the Registered Nurse Practitioner, Staff D, she revealed that when the weight loss was reported to her, she referred the weight loss to the RD and that her expectation is that the RD would further assess the resident and implement appropriate interventions.</p> <p>During a surveyor interview with the Director of Nursing Services (DNS) on 8/20/2024 at 1:58 PM, she was unable to provide evidence that any new interventions were implemented after 7/12/024 to prevent the resident from experiencing further weight loss.</p> <p>2. Record review revealed Resident ID #48 was originally admitted to the facility in May of 2024 and readmitted in July of 2024 with diagnoses including, but not limited to, cerebral infarction (stroke), hemiplegia and hemiparesis (paralysis of one side of the body) following a stroke, diabetes mellitus, and chronic kidney disease.</p> <p>Review of the care plan dated 7/9/2024 states in part, Resident is at nutritional risk r/t [related to] chewing/swallowing difficulty, with a goal that s/he will not have significant weight changes, with an intervention including, but not limited to, .weigh and alert the dietitian and physician to any significant loss or gain .</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of the resident's weights revealed the following:</p> <p>5/27/2024 174.8 lbs.</p> <p>7/3/2024 174 lbs.</p> <p>7/17/2024 173.2 lbs.</p> <p>7/24/2024 164 lbs.</p> <p>8/5/2024 160.2 lbs.</p> <p>8/14/2024 161.8 lbs.</p> <p>Review of the documented weights revealed on 7/17/2024, the resident weighed 173.2 lbs. and on 7/24/2024, the resident weighed 164 lbs., indicating a severe weight loss of 9.2 lbs. (5.31 %) in one week.</p> <p>Record review of the resident's progress notes failed to reveal evidence that the dietitian or the providers were notified of the weight loss, or that an intervention was implemented.</p> <p>Further review of the documented weights revealed on 7/3/2024, the resident weighed 174 lbs. and on 8/14/2024, the resident weighed 161.8 lbs., indicating a significant weight loss of 12.2 lbs. (7.01 %) in six weeks.</p> <p>Record review of the resident's progress notes failed to reveal evidence that the dietitian or the providers were notified of the weight loss, or that an intervention was implemented.</p> <p>During a surveyor interview on 8/21/2024 at 2:04 PM with the Assistant DNS, in the presence of the DNS, they were unable to provide evidence that any new interventions were implemented to prevent Resident ID #48 from further weight loss.</p> <p>37158</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>43987</p> <p>Based on record review and staff interview, it has been determined that the facility failed to complete an annual performance review for every nurse aide (NA), at least once every 12 months, for 5 of 5 NA personnel records reviewed, Staff E, F, G, H, and I.</p> <p>Findings are as follows:</p> <p>Record review of the personnel files failed to reveal evidence that an annual performance evaluation was completed for the following NA's:</p> <ul style="list-style-type: none"> -Staff E, hired in July 2014 -Staff F, hired in May 2015 -Staff G, hired in March 2018 -Staff H, hired in April 2019 -Staff I, hired in January 2023 <p>During a surveyor interview with the Director of Nursing Services on 8/21/2024 at 2:20 PM, she was unable to provide evidence that performance evaluations were completed within the last 12 months for the above-mentioned NA's.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>41542</p> <p>Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to store food in accordance with professional standards of food service safety relative to the main kitchen.</p> <p>Findings are as follows:</p> <p>Record review of the Rhode Island Food Code, 2018 Edition, states:</p> <p>Section 3-501.17 Ready-to Eat, Time/Temperature Control for Safety, Date Marking .(A) refrigerated, 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 Celsius (41 F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1.</p> <p>Section 3-602.11 Food Labels states, .(B) Label information shall include: (1) The common name of the food .</p> <p>During the initial tour of the main kitchen on 8/19/2024 at 8:30 AM revealed the following observations in the walk-in refrigerator:</p> <ul style="list-style-type: none"> - An opened, plastic bag of whipped topping not dated. - A large rectangular tray with 19 cups of orange jello, 6 cups of an unidentifiable pudding-like substance, and 1 cup of applesauce. The tray was loosely covered by a piece of parchment paper. Additionally, the items did not have a date of preparation or a date by which the food must be consumed by. - A second large rectangular tray contained 6 cups of canned peaches, 8 cups of an unidentifiable pureed substance, 2 cups of canned pears, and 1 cup of canned pineapple. The tray was loosely covered by a piece of parchment paper. Additionally, the items did not have a date of preparation or a date by which the food must be consumed by. <p>During a surveyor interview immediately following the above observations, with the Food Safety Manager, Staff J, she was unable to provide evidence of when the above-mentioned items were prepared. Additionally, she acknowledged that the above items were not covered, labeled, dated, or that the items were kept free from contamination.</p>		