

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415010	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/25/2024
NAME OF PROVIDER OR SUPPLIER Saint Elizabeth Home East Greenwich		STREET ADDRESS, CITY, STATE, ZIP CODE 1 Saint Elizabeth Way East Greenwich, RI 02818	

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 0805</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</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** 45263</p> <p>Based on record review, surveyor observation, and staff interview, it has been determined that the facility failed to ensure that residents receive and consume food in the appropriate form for 1 of 3 residents reviewed for a modified diet of pureed texture, Resident ID #1.</p> <p>Findings are as follows:</p> <p>Review of a facility reported incident received by the Rhode Island Department of Health on [DATE] revealed that Resident ID #1 experienced a choking incident at 6:00 PM, the Heimlich maneuver (first aid method use when a person is choking) was initiated and the Emergency Medical Services (EMS) was promptly contacted. Upon the arrival of the EMS team the resident was noted to be without a pulse or respirations (number of breaths per minute). The resident expired at 6:24 PM.</p> <p>Record review revealed that Resident ID #1 was admitted to the facility in October of 2019 with diagnoses including, but not limited to, dementia and aphasia (language disorder making speaking and the ability to be understood difficult) following a stroke.</p> <p>Review of a Minimum Data Set assessment dated [DATE] revealed a Brief Interview for Mental Status score of 3 out of 15, indicating that the resident has severe cognitive impairment. Additionally, the assessment revealed that the resident required a mechanically altered diet, which includes pureed texture.</p> <p>Record review of a physician's order dated [DATE] revealed a regular diet with a pureed texture.</p> <p>Review of a comprehensive care plan dated [DATE] revealed a focus area for dysphagia with increased difficulty swallowing. Interventions are to provide the diet as ordered which is puree. In addition, staff are to provide assistance at meals and between meals, if needed.</p> <p>Record review of the facility's diet manual titled, Indiana Diet Manual, 10th Edition, states in part, .Pureed, foods are totally pureed .desserts should be smooth, like custard or yogurt. No coarse or textured desserts .</p> <p>Record review of the dinner meal for [DATE] for puree textured diets revealed the following:</p> <p>-Puree Manhattan Clam Chowder</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 0805</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>-Puree Chicken Salad Sandwich</p> <p>-Puree Seasoned [NAME] Beans</p> <p>-Puree Sugar Cookie</p> <p>Record review of the progress notes revealed an entry dated [DATE] at 8:00 PM, authored by Registered Nurse, Staff A, that states in part, .While eating staff noted the resident did not appear right. I promptly went to assist and noted that [s/he] was choking. [His/her] face was red and [s/he] appeared to be choking. I initiated the Heimlich and 911 was called immediately. Unable to attempt to finger sweep [his/her] mouth due to the resident clenching [his/her] jaw. The Heimlich was continued until the EMS arrived. Multiple staff from other units came to assist the resident. Upon EMS's arrival, the resident was absent of all vitals or cardiac rhythm .</p> <p>An additional progress noted dated [DATE] at 11:00 PM authored by Licensed Practical Nurse, Staff B, stated in part, .writer alerted to assist with code blue. When writer entered the Heimlich was being performed by Staff A. The patient was blue in the face and was absent of respirations and pulse for greater than one minute. Approximate time of death was 6:24 PM and that the EMS notified the East [NAME] police department .</p> <p>During a surveyor interview on [DATE] at 11:50 AM with Nursing Assistant, Staff C, she revealed that the incident happened so fast. She further revealed she was assisting another resident in the dining room with the dinner meal when Resident ID #1 grabbed a visitor's arm in the dining room and the visitor called for [Staff A] because the resident was choking. Additionally, she revealed that the resident had an oatmeal chocolate chip cookie in his/her hand. She further revealed the cookie in the resident's hand was a regular textured cookie, it was not pureed.</p> <p>During a surveyor interview on [DATE] at approximately 12:00 PM with the Director of Culinary Services, he revealed that the 2:00 PM snack cart had oatmeal chocolate chip cookies on it.</p> <p>During a surveyor observation in the presence of the Director of Culinary Services, on [DATE] at 12:00 PM of the lunch meal in the memory care dining room, a binder was observed with a document titled, Diet Type Report. The document had a date of [DATE] with each resident's name, diet type, allergies, adaptive equipment and any other pertinent dining considerations. An additional Diet Type Report was reviewed with a date of [DATE]. Immediately following the observation, the Director of Culinary Services revealed the document is printed daily and placed in the binder.</p> <p>During a surveyor interview on [DATE] at approximately 12:45 PM with Staff A, she revealed the resident was in the dining room and she placed four oatmeal chocolate chip cookies on a plate and the resident ate three without any problems. She handed him/her the fourth cookie and went to assist another resident. Upon further interview with Staff A, the surveyor asked what the resident's diet was and she stated puree. The surveyor then asked if regular texture cookies were allowed on a puree diet and she stated, they are not allowed, it was an accident. Upon further interview, Staff A revealed she was aware of the binder with all the residents diets and other dining considerations.</p> <p>During a surveyor interview on [DATE] at 11:30 AM with the Director of Nursing Services, she acknowledged that the resident expired while eating a cookie that was not in pureed form.</p> <p>(continued on next page)</p>		

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<p>F 0805</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>The facility failed to ensure that Resident ID #1 received food in the appropriate form as s/he was given a cookie by Staff A that was not his/her ordered diet texture. This failure resulted in the resident choking on the cookie and expiring.</p>		