

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 02/20/2025
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>47939</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, relative to following a physician's order for nutritional supplements, for 2 of 2 residents reviewed, Resident ID #s 6 and 54, and for 1 of 1 resident reviewed for blood pressure monitoring who is prescribed furosemide, (a medication used to reduce fluid), Resident ID #54.</p> <p>Findings are as follows:</p> <p>According to Mosby's 4th Edition, Fundamentals of Nursing page 314, states in part, The physician is responsible for directing medical treatment. Nurses are obligated to follow physicians' orders unless they believe the orders are in error or would harm the clients.</p> <p>1a. Record review revealed Resident ID #6 was admitted to the facility with diagnoses including, but not limited to, dementia and diabetes.</p> <p>Record review revealed the following physician's orders:</p> <p>-7/6/2024 house supplement 4 ounces (oz.), three times per day for weight loss</p> <p>-7/26/2024 Pro-Stat AWC, (a concentrated liquid protein) 30 milliliters (ML), one time per day for wound care</p> <p>During a surveyor observation of the medication administration task on 2/19/2025 at approximately 9:20 AM with Registered Nurse (RN) Staff A, she was observed administering Resident ID #6 his/her morning medications. Additionally, Staff A was not observed to administer his/her supplements at the time of the observation.</p> <p>Record review of the February 2025 Medication Administration Record (MAR) revealed the above-mentioned supplements were documented as being administered on 2/19/2025 by RN, Staff A.</p> <p>1b. Record review revealed Resident ID #54 was admitted to the facility with diagnoses including, but not limited to, dementia, and hypertensive heart disease (a heart condition that is caused by high blood pressure) with heart failure.</p> <p>Record review revealed the following physician's orders:</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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-1/31/2024 furosemide, 20 milligrams (MG), give three tablets (60 mg) one time per day and monitor the resident's blood pressure.</p> <p>-5/7/2024 Pro-Stat AWC, 30 ML's one time per day.</p> <p>During a surveyor observation of the medication administration task on 2/19/2025 at approximately 9:30 AM with RN, Staff A, she was observed administering the resident's furosemide. Additionally, Staff A, was not observed to administer the supplement nor obtain the resident blood pressure when administering his/her furosemide at the time of the observation.</p> <p>Additionally, record review of the MAR revealed the furosemide was documented as administered with a blood pressure reading for the scheduled 10:00 AM dose.</p> <p>Record review of the February 2025 MAR revealed that the Pro Stat was documented as being administered on 2/19/2025 by RN, Staff A.</p> <p>During a surveyor interview on 2/19/2025 at 10:56 AM with Staff A, she acknowledged that she did not administer the supplements as ordered to Resident ID #s 6 and 54. Additionally, she revealed that she did not obtain Resident ID #54's blood pressure when she administered his/her furosemide. Further, she acknowledged that she documented that the supplements were given, and the blood pressure was obtained.</p> <p>During a surveyor interview on 2/19/2025 at 11:44 AM with the Director of Nursing Services, she revealed it would be her expectation that the nurse would follow the physician's orders.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>48928</p> <p>Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to ensure that food is stored and distributed, in accordance with professional standards for food service safety relative to the main kitchen, 3 of 3 kitchenettes and 4 of 4 [NAME] House kitchens observed.</p> <p>Findings are as follows:</p> <p>1. Record review of the Rhode Island Food Code 2018 edition, Section 3-602.11 Food Labels states, .Label information shall include: (1) The common name of the food .</p> <p>Review of the facility's policy, food brought to residents from the outside, states in part, .the food must be clearly labeled with the resident's name and room number, the date the food was brought to the resident, and also the use by date .Resident and family should be informed that if the food is not consumed within 72 hours, it will be discarded for food safety concern .</p> <p>Additionally the policy reveals that if the food is not eaten within 72 hours the resident or family will be notified and the foods will be discarded by the nursing staff.</p> <p>During the initial tour of the main kitchen, 3 of 3 kitchenettes, and 4 of 4 [NAME] House kitchens on 2/17/2025 at 8:20 AM, in the presence of the Director of Dining Services, the following was revealed:</p> <ul style="list-style-type: none"> - Walk in refrigerator in the main kitchen: 2 one-gallon zip lock style bags approximately half full, containing sliced lemon wedges with a discard date of 2/16/2025. - Walk in freezer in the main kitchen: 3 packages of 12 frozen waffles, 2 packages of 6 frozen bagels, 1 bag of frozen fish sticks not labeled or dated. - Hill Unit kitchenette: Resident food consisting of a paper plate in a zip lock style bag containing 3 cooked chicken legs, one small to-go style container containing cooked pasta in a red sauce, and a large to-go style container containing eggplant parmesan that did not indicate a discard or arrival date. - Cove Unit kitchenette: one gallon zip lock style bag, approximately half full containing cut lemon wedges, without a label or a discard date. - [NAME] House #19 kitchen: a Rubbermaid style container, approximately 1/2 quart in size containing diced tomatoes, two packages of 12 frozen waffles, a half-gallon container of ice cream 3/4 full with a substantial amount of freezer burn, without a label or a discard date. One unopened package of 12 english muffins with a sell by date of January 29th. - [NAME] House #21 kitchen: one opened package of 4 frozen chicken patties, without a label or a discard date. <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During a surveyor interview following the above observations with the Director of Dining Services, he acknowledged the above-mentioned findings. He further indicated that the above-mentioned items should have been labeled, dated, and discarded, as indicated in the facility food service policy and per the regulations.</p> <p>2. Review of The Rhode Island Food Code 2018 Edition 4.601.11 reads in part, .equipment food contact surfaces .shall be clean to sight .</p> <p>During the initial tour of the main kitchen, 3 of 3 kitchenettes, and 4 of 4 [NAME] House kitchens on 2/17/2025 at 9:54 AM, in the presence of the Director of Dining Services, the following was revealed:</p> <ul style="list-style-type: none"> - Bay Unit kitchenette: the microwave that is used for residents was observed with an accumulation of a dried light brown matter splattered on the inside of the glass door, along the inside wall, and on the glass turn plate. - [NAME] House #15: the freezer drawer below the refrigerator in the pantry, revealed an accumulation of food particles and debris including tortellini pasta on the bottom. - [NAME] House #17: the microwave that is used for the residents revealed an accumulation of brown matter, scattered on the inside of the glass door and on the ceiling. - [NAME] House #21: the microwave that is used for the residents revealed an accumulation of a greasy residue scattered on the inside of the glass door, on the ceiling, and on the glass turn plate. <p>During a surveyor on interview on 2/17/2025 at approximately 9:35 AM with the Director of Dining Services, he acknowledged the above-mentioned observations. He indicated that the Shahbaz staff (nursing assistants who work in the [NAME] Houses that provide comprehensive direct care to those residents) for each [NAME] House are responsible for cleaning the microwaves, and that there is a weekly cleaning schedule in place with a designated day of Tuesday. Additionally, he indicated it would be his expectation that the microwaves be cleaned according to the weekly cleaning schedule, and as needed.</p>		