

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415023	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/25/2025
NAME OF PROVIDER OR SUPPLIER Sunny View Nursing Home Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 83 Corona Street 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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>43987</p> <p>Based on record review, resident, and staff interview, it has been determined that the facility failed to accurately maintain the resident's medical record in accordance with accepted professional standards and practices for 1 of 1 resident reviewed with updated medication orders, Resident ID #1.</p> <p>Findings are as follows:</p> <p>Record review of a community reported complaint submitted to the Rhode Island Department of Health on 3/19/2025, alleged that Resident ID #'s 1 medical needs have not been met.</p> <p>Record review revealed that the resident was admitted to the facility in January of 2025 with diagnoses including, but not limited to, exocrine pancreatic insufficiency (a condition in which the pancreas does not produce enough digestive enzymes, leading to problems breaking down food), orthostatic hypotension (a condition when the blood pressure drops significantly when a person stands up from a sitting or lying position), and repeated falls.</p> <p>A. Record review of a progress note dated 3/24/2025 authored by Licensed Practical Nurse (LPN), Staff A, revealed in part, that the Nurse Practitioner (NP), Staff B, visited the resident and increased his/her dose of Spironolactone (a medication prescribed to reduce fluid in the body and to lower your blood pressure) to 37.5 milligrams (mg) daily from 25 mg.</p> <p>Record review of the physician's orders revealed the following:</p> <p>-Spironolactone tablet; 25 mg, with a start date of 3/14/2025</p> <p>-Spironolactone tablet; 37.5 mg; with a start date of 3/24/2025</p> <p>Record review of the May 2025 Medication Administration Record (MAR) revealed that the above-mentioned medications were both administered to the resident on 3/25/2025.</p> <p>During a surveyor interview on 3/25/2025 at 12:56 PM with Staff A, she acknowledged that both of the above mentioned orders for Spironolactone were documented as administered. Additionally she denied administering the Spironolactone 25 mg to the resident.</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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a surveyor interview on 3/25/2025 at approximately 3:15 PM with the Administrator, she indicated that she would expect staff to discontinue the medication and to initiate a new order with the correct medication dose. Additionally, she was unable to provide evidence that the medication administration was documented accurately.</p> <p>B. Record review of a progress note dated 3/24/2025 authored by Licensed Practical Nurse (LPN), Staff A, revealed that the Nurse Practitioner (NP), Staff B, visited the resident and prescribed new orders including in part, tucks pads (a medication used to relieve pain caused by hemorrhoids) after each bowel movement and to assess his/her blood pressures (BP) two times a day, for 7 days.</p> <p>Record review revealed failed to reveal evidence that a physician's order was in place for tucks pads and for the BP to be taken twice a day, as ordered.</p> <p>Record review of the BP reports and the progress notes failed to reveal evidence that the resident's BP was assessed after the provider initiated the order on 3/24/2025.</p> <p>During a surveyor interview on 3/25/2025 at approximately 10:30 AM with the resident, s/he revealed that s/he made the NP aware of the pain caused by the hemorrhoids. Additionally s/he stated that has not received any treatment for the pain caused by the hemorrhoids.</p> <p>During a surveyor interview on 3/25/2025 at 1:53 PM with Staff A, she acknowledged that the physician's order initiated on 3/24/2025 for the use of tucks pads after each bowel movement was not transcribed and completed, as ordered.</p> <p>During a surveyor interview on 3/25/2025 at 3:01 PM with Registered Nurse, Staff C she acknowledged that the physician's order initiated on 3/24/2025 for the assessment of BP twice a day for 7 days was not transcribed and completed, as ordered.</p> <p>During a surveyor interview on 3/25/2025 at approximately 3:15 PM with the Administrator, she was unable to provide evidence that the above mentioned orders were transcribed into the resident's record or initiated until the facility staff was made aware by the surveyor.</p>		