

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/09/2025
NAME OF PROVIDER OR SUPPLIER West Shore Health Center Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 109 West Shore Road Warwick, RI 02889	

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 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function.</p> <p>Based on record review and staff interview, it has been determined that the facility failed to ensure that residents who are prescribed psychotropic medications (medications prescribed to affect behavior, mood, thoughts, or perception) receive a gradual dose reduction (GDR) unless clinically contraindicated, in an effort to discontinue these medications, for 1 of 2 residents reviewed with a recommendation for a GDR, Resident ID #97.</p> <p>Findings are as follows:</p> <p>Record review of a facility policy titled Reduction of Antipsychotic Medications, states in part, .The physician will order the medication reductions and or discontinuance .</p> <p>Record review of a facility policy titled, Monthly Drug Regimen Review, states in part, .It is the policy of this facility that the drug regimen of each resident is reviewed by pharmacy services on a monthly basis and that recommendations are acted upon in a timely manner .</p> <p>Record review revealed the following physician's orders:</p> <ul style="list-style-type: none"> - Trazodone (a psychotropic medication) 25 milligrams (mg) once a day to be administered between 5:00 AM and 7:00 AM, with a start date of 5/1/2025. - Trazodone 50 mg to be administered at bedtime with a start date of 5/12/2025. <p>Record review of the pharmacy review titled Monthly Medication Recommendation dated 5/18/2025 revealed a recommendation to reduce the Trazodone 50 mg to 37.5 mg at bedtime.</p> <p>Further review revealed this recommendation was signed by the provider on 5/20/2025.</p> <p>Record review failed to reveal evidence that the facility acted upon this GDR recommendation until it was brought to the facility's attention on 6/3/2025 by the surveyor. Therefore, the resident continued to receive Trazodone 50 mg at bedtime for 14 days after the recommendation had been signed by the provider.</p> <p>During a surveyor interview on 6/5/2025 at 9:31 AM with Licensed Practical Nurse, Staff A, she acknowledged that the GDR to reduce the Trazodone was signed on 5/20/2025 and should have been addressed prior to 6/3/2025.</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 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a surveyor interview on 6/5/2025 at 11:35 AM with the Director of Nursing Services, she indicated that the GDR for the resident had not been completed prior to 6/3/2025 because they were waiting for the resident's family member to get back to them for approval, as they could not reach him/her for three weeks.</p> <p>Record review of a nursing progress note dated 6/3/2025 revealed that the resident's family member agreed to the decrease of the Trazodone dose. Additionally, the progress note indicated that the family member had been unavailable due to having the flu for three weeks.</p> <p>During a surveyor interview on 6/6/2025 at 9:41 AM with the resident's family member, s/he revealed that s/he is on vacation and that they had received a call from the facility on 6/3/2025 regarding the GDR. Additionally, they denied receiving any other calls from the facility regarding the GDR prior to 6/3/2025.</p>

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to ensure that services provided by the facility meet professional standards of quality relative to following physician's orders for 1 of 2 residents reviewed with a discontinued wound dressing, Resident ID #117, and for 1 of 1 resident who has a history of pressure ulcers (localized damage to the skin and underlying tissue, typically occurring over bony prominences due to prolonged pressure, friction, or shear forces) with an order for an air mattress, Resident ID #125.</p> <p>Findings are as follows:</p> <p>According to Mosby's 4th Edition, Fundamentals of Nursing, page 314 states, The physician is responsible for directing medical treatment. Nurses are obligated to follow physician's orders unless they believe the orders are in error or would harm the clients.</p> <p>1. Record review revealed Resident ID #117 was readmitted to the facility in January of 2025 with a diagnosis including, but not limited to, severe protein-calorie malnutrition.</p> <p>During a surveyor observation on 6/3/2025 at 1:06 PM, a dressing was revealed on the resident's left hand.</p> <p>Record review revealed a physician's order dated 5/7/2025 to cleanse the skin tear to his/her left hand with normal saline followed by a foam dressing.</p> <p>Further record review revealed this order was discontinued on 5/17/2025.</p> <p>Record review failed to reveal evidence that any additional wound orders were in place after the above order was discontinued on 5/17/2025.</p> <p>During a surveyor interview on 6/3/2025 at 1:48 PM with Licensed Practical Nurse, Staff C, she acknowledged that the resident had a dressing on his/her left hand. Additionally, she acknowledged that the dressing order had been discontinued.</p> <p>During a surveyor interview on 6/4/2025 at 12:55 PM with the Director of Nursing Services (DNS), she acknowledged the physician's order had been discontinued since 5/17/2025 and the dressing should not have been in place.</p> <p>2. Record review revealed Resident ID #125 was readmitted to the facility in March of 2025 with a diagnosis including, but not limited to, adult failure to thrive.</p> <p>Record review revealed a physician's order dated 5/5/2025 for an air mattress set at 100 and check function, every shift.</p> <p>During surveyor observations the air mattress was set to 150 on the following dates and times:</p> <p>-6/2/2025 at 10:25 AM</p> <p>-6/5/2025 at 9:17 AM and 10:58 AM</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a surveyor interview on 6/5/2025 at 10:48 AM with Nursing Assistant, Staff D, she acknowledged the air mattress setting was at 150.</p> <p>During a surveyor interview on 6/5/2025 at 10:50 AM with Registered Nurse, Staff E, she acknowledged that the air mattress setting was at 150. Additionally, when she reviewed the physician's order with the surveyor, she acknowledged that the air mattress was ordered to be set at 100.</p> <p>During a surveyor interview on 6/5/2025 at 11:35 AM with the DNS, she would not acknowledge that the physician's order was not followed but she indicated that her expectation would be that the order for the air mattress setting would also include for comfort.</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>Based on record review and staff interview, it has been determined that the facility failed to ensure that staff were competent to provide nursing and related services to assure resident safety to attain or maintain the highest practicable physical, mental, and psychosocial wellbeing of each resident, as facility staff were unable to differentiate between contact precautions and enhanced barrier precautions (EBP), despite having received competencies in infection control.</p> <p>Findings are as follows:</p> <p>Review of a facility policy titled, Isolation last reviewed on 2/20/2025 states in part, .Enhanced Barrier Precautions: This level of precaution expands the use of PPE [Personal Protective Equipment] beyond situations in which exposure to blood and body fluids is anticipated and refers to the use of gown and gloves during high contact resident care activities that provide opportunities for transfer of MDRO [multi-drug resistant organism] to employee hands and clothing .Contact precautions: in addition to Standard Precautions and Enhanced Barrier Precautions, use Contact Precautions for residents known or suspected to be infected with any microorganism that can be easily transmitted by direct or indirect contact such as handling environmental surfaces or resident-care items .includes organisms such as MRSA (Methicillin-resistant Staphylococcus aureus - a type of contagious bacteria that is resistant to antibiotics, spreads through contact, and may cause serious infections) and VRE (Vancomycin Resistant Enterococci - a type of bacteria that is resistant to the antibiotic Vancomycin and is spread through direct contact and indirect contact on contaminated surfaces) .require the use of appropriate PPE, including a gown and gloves upon entering the contact precaution room. Prior to leaving the contact precaution room the PPE is removed and hand hygiene performed .</p> <p>Record review of an annual education/competency document, provided to facility staff revealed a topic related to Infection Prevention Techniques revealed the following:</p> <ul style="list-style-type: none"> - Contact precaution is implemented when transmission of infectious organisms is expected through physical contact. Gown and gloves should be worn every time a staff member enters a resident room. - EBP is implemented with any resident who is in close proximity to a resident who does have a pan-resistant organism (bacteria that have developed resistance to all commercially available antimicrobial agents), colonized or active. The use of PPE (gown/gloves) is implemented during high contact resident care which includes dressing, transferring, and changing linens. <p>Record review revealed Resident ID #287 was readmitted to the facility in May of 2025 with diagnoses including but not limited to, MRSA in the nares (openings of the nose) and VRE in the rectum.</p> <p>During a surveyor interview on 6/3/2025 at 12:50 PM with Licensed Practical Nurse, Staff C, she indicated that Resident ID #287 was positive for MRSA in the nares and VRE in the rectum. Additionally, she indicated that the resident was on Contact Precautions.</p> <p>During surveyor observations from 6/2/2025 through 6/5/2025, a sign was affixed to the resident's doorway indicating that Contact Precautions was in place and .Everyone must: Clean their hands, including before entering and when leaving the room. Providers and Staff must also: Put on gloves [and] .gown before room entry .</p> <p>(continued on next page)</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review revealed that the following staff members attended the annual education/competency for Infection Prevention Techniques, but they failed to implement proper infection prevention techniques for contact precautions based on the following observations:</p> <ul style="list-style-type: none"> - 6/2/2025 at approximately 10:22 AM - Nursing Assistant (NA) Staff F, was observed entering the room without PPE. - 6/3/2025 at 11:21 AM - NA, Staff B, entered the resident's room without a gown. - 6/3/2025 at 12:58 PM - Maintenance Assistant, Staff G, was observed in the resident's room without wearing a gown, left the room without removing his gloves or performing hand hygiene. Further observation revealed that he then re-entered the room without wearing a gown or gloves, removed the air mattress motor and exited the room without performing hand hygiene. - 6/4/2025 at 9:43 AM - Certified Medication Technician, Staff I, entered the resident's room to administer medications without a gown or gloves. - 6/5/2025 10:56 AM - Laundry Aid, Staff J, entered the resident's room to deliver clean laundry without wearing a gown or gloves and was putting clothes away. <p>During a surveyor interview on 6/3/2025 at 1:07 PM with the Director of Nursing Services, she acknowledged that the resident was on contact precautions. Additionally, she indicated that she would expect staff to put on PPE only when directly caring for the resident, and not prior to entering the room, which is the requirement for EBP and is contrary to the facility's policy, the competencies provided to the staff, and the contact precaution sign.</p> <p>During a surveyor interview on 6/3/2025 at 1:23 PM with the Infection Preventionist, she acknowledged that the resident is positive for MRSA and VRE and is on contact precautions. She further indicated that resident's roommate does not have an infectious disease, and PPE is not necessary when entering the room, unless the staff is providing care for the resident, which is the requirement for EBP and is contrary to the facility's policy, the competencies provided to the staff, and the contact precaution sign that was affixed to the resident's doorway.</p> <p>During a surveyor interview on 6/4/2025 at 11:37 AM with the Assistant Director of Nursing Services, she revealed that EBP and contact precautions are the same thing, which is contrary to the facility's policy, the competencies provided to the staff, and the contact precaution sign.</p> <p>These interviews are indicative of the staff's failure to implement the proper precaution required for a resident who is on contact precautions and has an active MDRO infection. Per the regulation, the facility's policy, the competencies provided to the staff, and the precaution signage, the facility staff in the above scenarios should have worn gown and gloves and washed their hands prior to entering the room for any reason, and removed the gown and gloves and washed their hands prior to exiting the room.</p> <p>Cross reference F - 880</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to store drugs and biologicals in accordance with currently accepted professional principles for 2 of 4 medication carts, and 2 of 2 medication storage rooms observed during the medication storage task.</p> <p>Findings are as follows:</p> <p>Record review of a facility policy titled Medication Storage states in part .medications and biologicals are stored properly, following manufacturer's or provider pharmacy recommendations .medication supply shall be accessible only to licensed nursing personnel, pharmacy personnel, or employees lawfully authorized to administer medications.</p> <p>1. During a surveyor observation on [DATE] at 9:50 AM of the 1st floor north medication cart in the presence of Registered Nurse (RN), Staff L, the following was observed:</p> <ul style="list-style-type: none"> - Trelegy Ellipta 100-62.5-25 mcg (micrograms) inhaler (a medication prescribed to treat long term chronic obstructive pulmonary disease) opened and undated. The manufacturer's instructions on the box indicate to discard 6 weeks after opening. - Breo Ellipta 200-25 mcg inhaler (a prescribed medication used long term to prevent and control symptoms of asthma) opened and undated. The manufacturer's instructions on the box indicate to discard 6 weeks after opening. <p>During a surveyor interview with Staff L immediately following the above observation, he acknowledged the inhalers were opened and undated.</p> <p>2. During a surveyor observation on [DATE] at approximately 9:00 AM of the second-floor medication room in the presence of Licensed Practical Nurse, Staff K, revealed the following:</p> <ul style="list-style-type: none"> - Three opened and undated 30 mL (milliliters) bottles of Lorazepam (a medication prescribed to treat anxiety). The manufacturer's instruction states to discard 90 days after opening. <p>During a surveyor interview at the time of the above observation, Staff K acknowledged that the above Lorazepam bottles were opened and undated.</p> <p>3. During a surveyor observation on [DATE] at 9:40 AM of the first-floor medication room in the presence of RN, Staff L, revealed the following:</p> <ul style="list-style-type: none"> - One 30 mL bottle of Lorazepam, dated as opened on [DATE] and should have been discarded on [DATE]. The manufacturer's instruction states to discard 90 days after opening. <p>During a surveyor interview with Staff L immediately following the above observation, he acknowledged the bottle of expired Lorazepam should have been discarded as indicated.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a surveyor interview on [DATE] at 1:04 PM with the Director of Nursing Services, she indicated that it is her expectation that the Lorazepam would have been dated when opened, and expired Lorazepam should be discarded.</p>

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<p>F 0773</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or obtain laboratory tests/services when ordered and promptly tell the ordering practitioner of the results.</p> <p>Based on record review and staff interview, it has been determined that the facility failed to promptly notify the ordering physician, physician assistant, nurse practitioner, or clinical nurse specialist of laboratory results that fall outside of the clinical reference ranges for 1 of 1 resident reviewed, Resident ID #110.</p> <p>Findings are as follows:</p> <p>Record review revealed that the resident was admitted to the facility in May of 2025 with a diagnosis including, but not limited to, hypothyroidism (under-active thyroid).</p> <p>Record review of a pharmacy document titled, Note to Attending Physician/Prescriber, dated 5/14/2025, revealed the resident's most recent thyroid stimulating hormone (TSH - a lab test that measures the amount of TSH in the blood and conveys how well the thyroid gland is functioning. A normal result would be between 0.400 - 4.100) was 24.0, which may indicate the need to adjust the dose. TSH should be monitored every 6-8 weeks until normalized; 8-12 weeks after dosage changes; every 6-12 months throughout therapy. Further review of the document revealed a recommendation that a full thyroid panel be completed. The prescriber signed the document on 5/20/2025 to be completed in the morning.</p> <p>Record review of the physician's orders revealed an order dated 5/21/2025 for lab work including a complete blood count, metabolic panel, and TSH.</p> <p>Record review of the lab results in the resident's Electronic Medical Record, with collection date of 5/21/2025 and a print date of 5/21/2025, revealed that the TSH was still pending, but all other lab results were present on the lab report. It further revealed that on the bottom of the lab report it stated no new order (NNO) and was initialed.</p> <p>Further review of the resident's record on 6/4/2025 at approximately 12:30 PM failed to reveal evidence that the facility had obtained the results for the TSH that was drawn on 5/21/2025.</p> <p>During a surveyor interview on 6/4/2025 at 1:04 PM with the Director of Nursing Services (DNS) regarding the pending TSH results, she revealed that she was going to get back to the surveyor after she researched the issue.</p> <p>During a surveyor interview on 6/4/2025 at 3:08 PM with the DNS in the presence of 2 additional surveyors, she provided a copy of the resident's lab results from 5/21/2025 which indicated that the resident's TSH was high at 21.80. This document had a print date of 6/4/2025 which was the date of this interview. On the side of the document there was a notation that there were no new orders pending endocrinology. This notation had failed to indicate who the author was.</p> <p>During an additional surveyor interview on 6/4/2025 at 3:20 PM with the DNS in the presence of 2 surveyors, she revealed that Registered Nurse, Staff M, had contacted the nurse practitioner about the laboratory results on 6/4/2025 after she had received the results. She could not provide evidence that the TSH results were obtained from the lab or reported to the provider prior to this surveyor bringing it to her attention on 6/4/2025.</p> <p>(continued on next page)</p>		

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<p>F 0773</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of a progress note dated 6/4/2025 at 3:27 PM written by Staff M revealed that the nurse practitioner (NP) is aware of the TSH result from 5/21/2025 and no new orders were provided because the resident had an endocrinology appointment. The residents appointment with endocrinology was completed on 5/28/2025, prior to the NP being notified of the results.</p> <p>Record review of the progress note dated 5/21/2025 at 3:57 PM revealed the lab results were reported to the Nurse Practitioner with no new orders.</p> <p>During a surveyor interview on 6/5/2025 at 1:04 PM with Staff M in the presence of an additional surveyor, she acknowledged that she printed the lab work containing the TSH results on 6/4/2025 and then called the nurse practitioner. She further revealed that there was a progress note dated 5/21/2025 which indicated that the lab work was reported with no new orders, however, she acknowledged the TSH lab was pending, and the progress not did not reflect this.</p> <p>During a surveyor interview on 6/5/2025 at 1:15 PM with a staff member of the laboratory, she revealed that the resident's TSH result was still pending until the results became available at 4:18 PM on 5/21/2025 and therefore could not have been provided to the Nurse Practitioner on 5/21/2025 at 3:57 PM.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to maintain an infection prevention and control program to help prevent the transmission of communicable diseases and infections relative to contact precautions (an infection control intervention designed to reduce the transmission of diseases and infections that are transmitted by direct and indirect physical contact. It involves putting on a gown and gloves prior to entering a room) for 1 of 1 resident reviewed, Resident ID #287.</p> <p>Findings are as follows:</p> <p>Review of a facility policy titled, Isolation last reviewed on 2/20/2025 states in part, .Contact precautions require the use of appropriate PPE [Personal Protective Equipment], including a gown and gloves upon entering the contact precaution room. Prior to leaving the contact precaution room, the PPE is removed and hand hygiene performed .</p> <p>Record review revealed Resident ID #287 was readmitted to the facility In May of 2025 with diagnoses including but not limited to, Methicillin-resistant Staphylococcus Aureus (MRSA - an MDRO [multi-drug resistant organism], a type of contagious bacteria that is resistant to antibiotics, spreads through contact, and may cause serious infections) in the nares (nose), and Vancomycin Resistant Enterococci (VRE - a type of bacteria that is resistant to the antibiotic Vancomycin and is spread through direct contact and indirect contact on contaminated surfaces) in the rectum.</p> <p>Review of the Minimum Data Set Assessment (MDS) dated [DATE] revealed a Brief Interview for Mental Status score of 3 out of 15, indicating severely impaired cognition. Further review revealed the resident is able to ambulate around his/her room with supervision and a walker. Additional review revealed the resident is incontinent of stool.</p> <p>Review of the bowel record revealed the resident was recently having loose stools.</p> <p>Record review revealed a physician's order with a start date of 5/29/2025 and an end date of 6/7/2025 for Mupirocin ointment (a medication prescribed to treat MRSA) to the nares.</p> <p>During surveyor observations from 6/2/2025 through 6/5/2025, signage was affixed to the resident's doorway and a bin containing PPE was outside of the resident's room. The signage indicated that Contact Precautions were in place and .Everyone must: Clean their hands, including before entering and when leaving the room. Providers and Staff must also: Put on gloves [and] .gown before room entry .</p> <p>During surveyor observations of the resident's room, the staff members listed below failed failed to implement proper infection prevention techniques for contact precautions:</p> <ul style="list-style-type: none"> - 6/2/2025 at approximately 10:22 AM - Nursing Assistant (NA) Staff F, was observed entering the room without PPE and touching the privacy curtain (a curtain that separates the A and B bed). - 6/3/2025 at 11:21 AM - NA, Staff B, entered the resident's room without a gown to assist the resident's roommate. Further observations at this time reveled Staff B touched the privacy curtain between the resident's beds. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/09/2025
NAME OF PROVIDER OR SUPPLIER West Shore Health Center Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 109 West Shore Road Warwick, RI 02889	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- 6/3/2025 at 12:58 PM - Maintenance Assistant, Staff G, was observed in the resident's room without wearing a gown and touching the resident's bed. The resident and his/her spouse were in the room at the time of this observation. Staff G was then observed leaving the resident's room without removing his gloves or performing hand hygiene and brought the resident's mattress into another resident room. Furthermore, Staff G failed to perform hand hygiene after removing his gloves. Staff G then re-entered the room without wearing a gown or gloves, removed the air mattress motor and exited the room without performing hand hygiene.</p> <p>- 6/3/2025 at 1:32 PM - Housekeeper, Staff H, was observed in the resident's room without a gown, wearing only gloves. At this time, she indicated that she was getting ready to deep clean the room.</p> <p>- 6/4/2025 at 9:43 AM - Certified Medication Technician, Staff I, entered the resident's room to administer medications without a gown or gloves.</p> <p>- 6/5/2025 10:56 AM - Laundry Aid, Staff J, entered the resident's room to deliver clean laundry without wearing a gown or gloves and was putting clothes away.</p> <p>During a surveyor interview on 6/3/2025 at 12:50 PM with Licensed Practical Nurse, Staff C, she indicated that Resident ID #287 was positive for MRSA in the nares and VRE in the rectum. Additionally, she indicated that the resident was on contact precautions.</p> <p>During a surveyor interview on 6/3/2025 at 1:07 PM with the Director of Nursing Services, she acknowledged that the resident was on contact precautions. Additionally, she indicated that she would expect staff to put on PPE only when directly caring for the resident, and not prior to entering the room, which is the requirement for EBP and is contrary to the facility's policy, the competencies provided to the staff, and the contact precaution sign that was affixed to the resident's doorway.</p> <p>During a surveyor interview on 6/3/2025 at 1:23 PM with the Infection Preventionist, she acknowledged that the resident is positive for MRSA and VRE and is on contact precautions. She further indicated that Resident ID #287's roommate does not have an infectious disease, and precautions are not needed when entering the room, only for direct care with Resident ID #287.</p> <p>These interviews are indicative of the facility's failures to implement the proper precaution requirements for a resident who is on contact precautions and has an active MDRO infection. Per the regulation, facility policy and precaution signage, the facility staff in the above scenario should have wore a gown and gloves and washed their hands prior to entering the room for any reason, and then removed the gown and gloves, and washed their hands prior to exiting the room.</p> <p>Cross reference F 726</p>		