STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415029	A. Building B. Wing	05/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Golden Crest Nursing Centre	100 Smithfield Road North Providence, RI 02904

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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. 45855 Based on 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 1 of 3 residents reviewed, Resident ID #1. Findings are as follows: Record review of a community reported complaint received by the Rhode Island Department of Health on 5/8/2024 alleges in part, .In the course of over a month, [Resident ID #1] has lost 20 pounds. 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. Record review revealed the resident was admitted to the facility in October of 2023 with diagnoses including, but not limited to, acquired absence of the right leg below the knee and type II diabetes mellitus. Record review of a progress note authored by the Licensed Dietitian/Nutritionist on 4/23/2024 at 4:05 PM states in part, .has experienced weight loss, supplement initiated to report. Record review revealed a physician order with a start date of 4/23/2024 for 60 milliliters of med pass (oral nutritional supplement) twice daily. Record review of the May 2024 medication administration record revealed the resident failed to receive the supplement for 5 of 16 opportunities. During a surveyor interview with the Director of Nursing Services on 5/9/2024 at 2:00 PM, he acknowledged that the resident did not receive the supplement per the physician's order because it was not available in the facility and it was on back order at the time.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45855 Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to ensure that the residents' environment remains as free from accident hazards as possible for 2 of 4 residents reviewed related to fall risk prevention, Resident ID #s 2 and 3. Findings are as follows: 1. Record review revealed Resident ID #3 was readmitted to the facility in December of 2023 with diagnoses including, but not limited to, dementia and history of falls. Record review of the document titled Risk of Falls Assessment completed on 4/2/2024 revealed that the resident was at a moderate risk for falls. Record review of the care plan last revised on 4/9/2024 revealed a problem related to a history of falling with an intervention to keep the call light within reach. During a surveyor observation on 5/9/2024 at 9:46 AM, the resident was observed sitting in his/her wheelchair attempting to get up and calling out for help. The call light was noted to be hanging on his/her bedside rail, which was approximately 8 feet away from him/her. During a surveyor interview with the Registered Nurse, Staff A, following the above observation, he acknowledged that Resident ID #3's call light was not within his/her reach. 2. Record review revealed Resident ID #2 was readmitted to the facility in March of 2024 with diagnoses including, but not limited to, urinary tract infection and bipolar disorder (a mental illness characterized by extreme mood swings). Record review of a Minimum Data Set assessment dated [DATE], revealed a Brief Interview for Mental Status score of 12 of 15, indicating moderately impaired cognition. Record review of the document titled Risk of Falls Assessment completed on 5/9/2024 revealed that the resident was at a moderate risk for falls. During a surveyor observation and simultaneous interview with the resident on 5/9/2024 at 9:15 AM, s/he was observed to be lying in bed. The resident revealed that s/he was experiencing pain and wanted to call the nurse to ask for a pain medication. When asked if s/he had pressed his/her call light, s/he stated that s/he did not know where it was and asked the surveyor to get the nurse. During a surveyor interview with Licensed Practical Nurse, Staff B, immediately following the above observation, she acknowledged that the resident's call light was hanging off of the resident's bedside rail which was out of the resident's reach. During a surveyor interview with the Director of Nursing Services on 5/9/2024 at 1:15 PM, he revealed that he would expect the residents to have their call light within reach.