

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  415029	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/04/2024
NAME OF PROVIDER OR SUPPLIER  Golden Crest Nursing Centre		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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>46338</p> <p>Based on surveyor observation, record review and staff interview, it has been determined that the facility failed to store medications in accordance with currently accepted professional principles for 1 of 1 resident reviewed relative to storing lidocaine patches in his/her room without an assessment for self-application, Resident ID #2.</p> <p>Findings are as follows:</p> <p>Record review revealed the resident was admitted to the facility in November of 2022 with diagnoses including, but not limited to, arthritis and muscle weakness.</p> <p>Review of a physician's order dated 10/1/2024 revealed Lidocaine adhesive patch 4% (a medication prescribed for pain), apply 1 patch to the right shoulder every morning and to be removed at bedtime.</p> <p>Record review failed to reveal evidence of an assessment for the self administration of the medication, which indicated the resident is safe to store and administer his/her medications.</p> <p>During a surveyor observation on 11/4/2024 at approximately 12:00 PM, there was a total of 5 unopened lidocaine patches in the opened manufacturer's box observed in the resident's room.</p> <p>During a surveyor interview on 11/4/2024 at approximately 1:15 PM with Licensed Practical Nurse (LPN), Staff A, she acknowledged that the resident had the lidocaine patches in his/her room and s/he should not have.</p> <p>During a surveyor interview on 11/4/2024 at 3:10 PM with the Assistant Director of Nursing Services, she indicated the lidocaine patches should not be left in the resident's room by the nurses. Additionally, she stated she would have expected the lidocaine patches to be stored in the medication cart and not in the resident's room.</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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