

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 12/19/2024
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>46241</p> <p>48928</p> <p>Based on record review and staff interview, it has been determined that the facility failed to develop and implement individualized care plans that includes measurable objectives and timeframe's to meet a resident's medical, nursing, mental and psychosocial needs that were identified in the comprehensive assessment relative to Activities of Daily Living (ADL's, e.g. eating, oral hygiene, toileting hygiene, showering and bathing, personal hygiene, dressing, rolling to the left and right, all transfers and mobility) for 5 of 5 residents reviewed, Resident ID #s 1, 4, 5, 6, and 7.</p> <p>Findings are as follows:</p> <p>Review of a community reported complaint submitted to the Rhode Island Department of Health on 12/5/2024 alleged that Resident ID #1 had fallen out of his/her bed a couple months ago resulting in bruising and a hospital evaluation.</p> <p>1. Record review revealed Resident ID #1 was admitted to the facility in July of 2022 with diagnoses including, but not limited to, multiple sclerosis (chronic neurological disorder), spastic quadriplegia (a form of cerebral palsy that affects both arms and legs), and bilateral lower extremity contractures (a shortening of the muscles and tendons in both legs that limit ability of movement in joint).</p> <p>Review of a progress note dated 7/8/2024 at 12:03 PM revealed the resident had a witnessed fall. A Nursing Assistant (NA), was performing morning care, when the resident rolled off the bed and onto the floor. The resident was sent to the hospital for an evaluation.</p> <p>During a surveyor interview on 12/19/2024 at 9:08 AM with the resident, s/he indicated on the morning of 7/8/2024 a NA was getting him/her washed to get out of bed and s/he was laying on his/her bed, face down with his/her leg hanging off the bed. Additionally, the weight of his/her leg pulled him/her onto the floor. The resident revealed that s/he usually receives care with assistance from one staff person, sometimes two.</p> <p>Record review of the resident's Care Area Assessment (CAA's) dated 7/8/2024 indicates the resident is dependent for all ADL's and will proceed to plan of care (a written document that outlines the care required for an individual based on their individual health needs).</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
---	-------	-----------

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 12/19/2024
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of the resident's comprehensive care plan failed to reveal evidence of a focused CAA for ADL's, including a person specific approach with, descriptive of the individual resident needs, that included person centered interventions the facility would implement to assist the resident, including the level of assistance needed to provide care.</p> <p>Additionally, the resident's care plan was revised on 12/18/2024 to include a focused CAA for ADLs, after it was brought to the attention of the facility by a surveyor.</p> <p>2. Record review revealed Resident ID #4 was admitted to the facility in December of 2023 with diagnoses including, but not limited to, muscle weakness and dementia.</p> <p>Record review of a CAA dated 9/11/2024 revealed the resident required set up assistance for eating, substantial assistance for bathing, showering, and dressing, and was dependent for toileting hygiene, transfers and mobility and will proceed to plan of care.</p> <p>Record review of a comprehensive care plan last revised on 12/16/2024 revealed a focus area for ADL's indicating the resident has a decline in function and mobility, and a goal to maximize independence with ADL self-care tasks and mobility. Interventions in place include to use an assistive device, to provide assistance with ADL's, and provide physical and occupational therapy, as needed.</p> <p>Review of the comprehensive care plan for Resident ID #4 failed to provide evidence of a person specific approach that was descriptive of the individual resident needs, including the level of staff assistance required to provide care.</p> <p>3. Record review revealed Resident ID #5 was admitted to the facility in June of 2024 with diagnoses including, but not limited to, Post Traumatic Stress Disorder (PTSD is a mental and behavioral disorder that can develop after someone experiences or witnesses a traumatic event), Parkinson's disease (movement disorder of the nervous system that worsens over time), and a fracture of the lower end of the right tibia (break in the shinbone that may include the inability to walk or bear weight on the leg).</p> <p>Record review of a CAA dated 11/5/2024 revealed that the resident required set up assistance for eating, substantial assistance for upper body dressing, personal hygiene, rolling left to right and transfers, and s/he was dependent for lower body dressing and mobility and indicated to proceed to plan of care.</p> <p>Record review of a comprehensive care plan dated on 7/9/2024 with a focus area for ADL's indicating the resident has a decline in function and mobility, related a right tibial plateau fracture (a break in the upper part of the shin bone, that affects the knee's stability and movement) as well as debridement (a medical procedure that removes damaged, dead, or infected tissue from a wound to help it heal) of the right lower leg with a goal to maximize the residents independence with ADL self-care tasks and mobility. Interventions in place include to use an assistive device, to provide assistance with ADL's, and provide physical and occupational therapy, as needed.</p> <p>Review of the comprehensive care plan for Resident ID #5 failed to provide evidence of a person specific approach that was descriptive of the individual resident needs, including the level of staff assistance required to provide care. Additionally, the care plan failed to reveal evidence of a focused care area for PTSD that is culturally competent, and trauma informed.</p> <p>(continued on next page)</p>		

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 12/19/2024
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>4. Record review revealed Resident ID #6 was admitted to the facility in January of 2024 with diagnoses including, but not limited to, dementia and abnormal gait.</p> <p>Record review of a CAA dated 1/2/2024 indicated that s/he triggered by the MDS for ADL's due to impaired mobility and weakness and indicated to proceed to plan of care.</p> <p>Record review of a comprehensive care plan dated 1/3/2024 revealed a focus area for ADL's indicating the resident has a decline in function and mobility, and a goal to maximize independence with ADL self-care tasks and mobility. Interventions in place include to use an assistive device, to provide assistance with ADL's, and provide physical and occupational therapy, as needed.</p> <p>Review of the comprehensive care plan for Resident ID #6 failed to reveal evidence of a person specific approach that was descriptive of the individual resident needs, including the level of staff assistance required to provide care.</p> <p>5. Record review revealed Resident ID #7 was admitted to the facility in November of 2024 with diagnoses including, but not limited to, fracture of upper right humerus (a break at the top of the right upper arm bone, near the shoulder joint), and generalized muscle weakness.</p> <p>Record review of a CAA dated 11/19/2024 revealed the resident requires set up assistance for eating, and moderate assistance for oral and personal hygiene. Additionally, s/he is dependent for showering, bathing, dressing, mobility, and transfers and indicated to proceed to plan of care.</p> <p>Record review of a comprehensive care plan dated 11/26/2024 for ADL's revealed the resident had a deficit in function and mobility with a goal in place to maximize independence with ADL self-care and mobility. Interventions in place include to use an assistive device, to provide assistance with ADL's, and provide physical and occupational therapy, as needed.</p> <p>Review of the comprehensive care plan for Resident ID #7 failed to provide evidence of a person specific approach that was descriptive of the individual resident needs, including the level of staff assistance required to provide care.</p> <p>During a surveyor interview on 12/19/2024 at 8:56 AM with Licensed Practical Nurse, Staff A, she revealed that to learn the level of assistance needed to care for a resident she relies on verbal communication from the resident and the NA's that care for them. She further indicated that she could refer to the residents MDS Assessment, section GG of their electronic medical records. She further indicated that she was aware of the resident's care plans, however does not rely on them to direct resident care.</p> <p>Additionally, Staff A indicated that she was unaware of a binder used to communicate residents' individual functional status to the NA's providing care.</p> <p>During a surveyor interview on 12/19/2024 at 11:54 AM with NA Staff B, she revealed that NA's receive verbal reports from nursing staff on how much assistance is needed to provide care to the residents.</p> <p>(continued on next page)</p>		

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 12/19/2024
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a surveyor interview on 12/19/2024 at 11:26 AM with Registered Nurse (RN) Staff C, she revealed that she refers to a binder kept on each unit which contain documents titled Nursing Aid Care Plans to learn a resident's level of dependency. Additionally, she acknowledged that the above-mentioned care documents for the residents on the unit were all undated, several residents on the unit lacked care information, and there were forms that contained only a resident's name.</p> <p>During a surveyor interview on 12/19/2024 at 12:15 PM with RN Staff D, he revealed that the level of care required for each resident can be found in the care plan binders located on the units. He indicated the information in the binders are to be updated for new admissions, when residents have a hospitalization , or there is a change in status.</p> <p>During a surveyor interview on 12/19/2024 at 12:55 PM with the Director of Nursing Services, he acknowledged that the resident's comprehensive care plan failed to contain a focused care area for ADL's to encompass specific approaches, the resident's individual needs, and specific interventions for each resident that s/he required pertaining to his/her level of dependency required when providing him/her with personal care.</p>		