

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  09/20/2024
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 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>39496</p> <p>Based on record review, and staff interview, it has been determined that the facility failed to meet professional standards of quality for 1 of 2 residents reviewed with medication refusals, Resident ID #73.</p> <p>Findings are as follows:</p> <p>Mosby's 4th Edition, Fundamentals of Nursing, page 314 which 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>Record review revealed Resident ID #73 was readmitted to the facility in August of 2022 with a diagnosis including, but not limited to, gastro-esophageal reflux disease (GERD, a condition in which stomach acid repeatedly flows back up into the esophagus, causing irritation and discomfort).</p> <p>Record review revealed a physician's order with a start date of 9/12/2022 for Famotidine (a medication prescribed to treat GERD) 8 milligram (mg)/milliliter (ml), give 2.5 ml once daily.</p> <p>Review of the Medication Administration Record revealed the medication was not administered due to the residents refusal on the following dates:</p> <ul style="list-style-type: none"> <li>- 9/1/2024</li> <li>- 9/10/2024</li> <li>- 9/11/2024</li> <li>- 9/15/2024</li> <li>- 9/17/2024</li> <li>- 9/19/2024</li> </ul> <p>Record review failed to reveal evidence the provider was notified of the residents refusals of the Famotidine.</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 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 9/19/2024 at 12:16 PM with Certified Medication Technician, Staff A, she revealed the resident refuses often because the medication is a liquid.</p> <p>During a surveyor interview on 9/19/2024 at 12:18 PM with Licensed Practical Nurse, Staff B, she acknowledged that the provider was not notified the resident was refusing the Famotidine. She further revealed that the resident will take pills, and that she will notify the provider that the resident is refusing the liquid form of the medication.</p> <p>During a surveyor interview on 9/19/2024 at 2:37 PM with the Director of Nursing Services, he revealed that if the patient is not taking a medication the physician should be notified. He was unable to provide evidence that the physician was notified of the Famotidine refusals.</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>21613</p> <p>Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to ensure a resident who is at risk for pressure ulcers receives the necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection, and prevent new ulcers from developing for 1 of 1 resident who was observed during a wound dressing change, Resident ID #102.</p> <p>Findings are as follows:</p> <p>Record review revealed Resident ID #102 was admitted to the facility in May of 2023 with diagnoses including, but not limited to, Peripheral Artery Disease (PAD, a condition in which narrowed arteries reduce blood flow to the arms or legs), Peripheral Vascular Disease (PVD, a condition in which narrowed vessels reduces blood flow to the arms, legs, or other body parts), and status post-surgery for left and right below knee amputations.</p> <p>Record review of the resident's care plan dated 5/5/2023 revealed, the resident is at risk for impaired skin integrity related to status post bilateral knee amputations, coccyx wound, wounds to right lateral knee and right lower shin.</p> <p>Record review of a wound measurement sheet dated 9/17/2024 revealed the resident has pressure ulcers to the following areas:</p> <ul style="list-style-type: none"> <li>- coccyx; 4.5 centimeter (cm) in length x 2.9 cm in width x 0.1 cm in depth</li> <li>- right lower shin; 3.5 cm in length x 1.6 cm in width x 0.1 cm in depth</li> <li>- right knee (lateral); 2.9 cm in length x 3.2 cm in width x 0.2 cm in depth</li> </ul> <p>Record review revealed the resident has the following physician orders:</p> <ul style="list-style-type: none"> <li>- 8/21/2024 to irrigate coccyx wound with wound cleanser then soak w [with] Vashe [wound cleanser that contains pure hypochlorous acid, a molecule produced by the human immune system to fight bacteria and infection] for 10 minutes, skin prep [a liquid that when applied to the skin forms a protective film or barrier] to peri wound [skin around the wound that has been affected by the wound] .</li> <li>- 9/3/2024 to cleanse right lower shin wound with Vashe, skin prep to peri-wound .</li> <li>- 9/3/2024 to cleanse right lateral leg wound with Vashe, skin prep to peri-wound .</li> </ul> <p>During a surveyor observation of the dressing changes to the resident's wounds on 9/19/2024 at 10:47 AM with License Practical Nurse, Staff C, revealed she soaked the coccyx wound with Vashe for only 2 minutes, not for the 10 minutes specified in the order. Additionally, Staff C failed to apply the skin prep to the peri-wounds of the coccyx, right lower shin, and right lateral knee, as ordered.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During surveyor interviews on 9/19/2024 at 11:45 AM and 12:32 PM, Staff C acknowledged she did not provide treatments to the above wounds as ordered and that she should have followed the physician orders.</p> <p>During a surveyor interview on 9/20/2024 at 10:30 AM with the Director of Nursing Services, he was unable to provide evidence that Staff C administered the treatments to the wounds, as ordered.</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>48928</p> <p>Provide enough food/fluids to maintain a resident's health.</p> <p>Based on record review and staff interview, it has been determined the facility failed to ensure the residents maintained acceptable parameters of nutritional status, such as usual body weight or desirable body weight, relative to a weight gain for 1 of 2 residents reviewed, Resident ID #134.</p> <p>Findings are as follows:</p> <p>Review of a facility undated policy titled, Weight Policy which states in part, .Upon completion of weight, if a 3% discrepancy in one week or a 5% discrepancy in one month is noted, a reweight will be obtained in 48 hours .If a re-weight indicates a 3% discrepancy in one week or a 5% discrepancy in one month, the dietitian, physician, and resident and/or resident representative will be notified .</p> <p>Record review revealed Resident ID #134 was admitted to the facility in August of 2024 with diagnoses including, but not limited to, Crohn's disease (a type of inflammatory bowel disease), rectal abscess, pressure ulcer of sacral region and chronic osteomyelitis, multiple sites (an infection in the bone).</p> <p>Record review of the physician's orders revealed the following:</p> <ul style="list-style-type: none"> <li>- 8/11/2024; Fluid intake not to exceed 1500 milliliters (ml) per day 1200 ml dietary 300 ml nursing</li> <li>- 8/14/2024; weekly weights once a week on Wednesday</li> </ul> <p>Review of the resident's weight record revealed the following weights:</p> <ul style="list-style-type: none"> <li>- 8/10/2024 117.4 lbs. (pounds)</li> <li>- 8/14/2024 122.6 lbs.</li> <li>- 8/21/2024 127.2 lbs.</li> <li>- 8/28/2024 125.4 lbs.</li> <li>- 9/4/2024 128.6 lbs.</li> <li>- 9/11/2024 131.8 lbs.</li> <li>- 9/18/2024 133.6 lbs.</li> </ul> <p>Record review revealed the resident gained a total of 14.4 lbs., a weight gain of 12.27% in one month, indicating a significant weight gain.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review failed to reveal evidence that the physician was notified until 9/20/2024, after the surveyor brought the significant weight gain to the facility's attention.</p> <p>During a surveyor interview on 9/19/2024 at 9:39 AM with Registered Nurse, Staff D, he acknowledged the resident had a significant weight gain since his/her admission and that there was no evidence that reweights were obtained or that the physician was notified. Additionally, he acknowledged that the weight discrepancy would be alarming, as the resident was on a fluid restriction.</p> <p>During a surveyor interview on 9/20/2024 at 9:35 AM with the Dietitian, she revealed that she reviews the residents' weights weekly, but she was unaware of how much weight the resident had gained. Additionally, she was unable to provide evidence the residents weight gain had been reported to his/her physician, prior to being brought to the attention to the facility by the surveyor on 9/20/2024.</p> <p>During a surveyor interview with the Director of Nursing Services on 9/19/2024 at 9:52 AM, he revealed that he was unaware that Resident ID#134 had a significant weight gain until it was brought to his attention by a surveyor. Additionally, he was unable to provide evidence that the residents physician had been notified of the significant weight gain or that reweights had been obtained, per the facility policy.</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>39496</p> <p>Based on record review and staff interview, it has been determined that the pharmacist failed to report irregularities to the attending physician, the facility's Medical Director, and the Director of Nursing Services (DNS) for 1 of 2 residents reviewed for as needed antipsychotic medications, Resident ID #67.</p> <p>Findings are as follows:</p> <p>Record review of a facility policy titled Medication Regimen Review [MRR] and Reporting which states in part, .Medication Regimen Review is a thorough evaluation of the medication regimen of a resident, with the goal of promoting positive outcomes and minimizing adverse consequences and potential risks associated with medication .The consultant pharmacist reviews the medication regimen and medical chart of each resident at least monthly to appropriately monitor the medication regimen and ensure that the medications each resident receives are clinically indicated .In performing medication regimen review, the consultant pharmacist incorporates federally mandated standards of care .A record of the consultant pharmacist's observations and recommendations is made available in an easily retrievable format to nurses, physicians and the care planning team within 48 hours of the MRR completion .</p> <p>Record review revealed Resident ID #67 was admitted to the facility in August of 2024 with diagnoses including, but not limited to, major depressive disorder, anxiety disorder, post-traumatic stress disorder, and paranoid personality disorder.</p> <p>Record review revealed a physician's order with a start date of 8/22/2024 for Seroquel (an antipsychotic medication) 50 milligrams (mg) twice daily, as needed. This order had no stop date.</p> <p>Record review of the progress notes revealed, the pharmacy had reviewed the resident's medications with new recommendations made on 8/23/2024 and 9/10/2024.</p> <p>During a surveyor interview with the Director of Nursing Services (DNS) on 9/19/2024 at 1:22 PM, he could not provide the pharmacy reports for the above-mentioned recommendations, because they had not received them from the pharmacy. He further revealed that he would call the pharmacy and have them sent.</p> <p>Record review of a pharmacy document titled New Admission/ Re-Admission Review dated 8/23/2024, revealed in part, .Seroquel 50 mg .PRN [as needed] .PRN antipsychotic orders need a 14 day stop date .</p> <p>Record review of the Medication Administration Record from 8/23/2024 through 9/10/2024 revealed that the resident received the above ordered Seroquel 50 mg on 8/31/2024 and 9/12/2024.</p> <p>Review of the Pharmacist Consultation Recommendation Report dated 9/11/2024, failed to reveal evidence of a stop date as recommended in the previous pharmacy review dated 8/23/2024.</p> <p>(continued on next page)</p>		

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F 0756  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	During a surveyor interview on 9/19/2024 at approximately 2:30 PM with the DNS, he was unable to provide evidence that the pharmacist's recommendations from 8/23/2024 and 9/10/2024 were available to the facility, or acted upon until it was brought to his attention by the surveyor on 9/19/2024.		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>46715</p> <p>Ensure medication error rates are not 5 percent or greater.</p> <p>Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to ensure each resident's medication regimen is free from a medication error rate of 5% or greater. Based on 32 opportunities for errors observed during the medication administration task there were 2 errors resulting in an error rate of 6.25%, involving Resident ID #62.</p> <p>Findings are as follows:</p> <p>Review of a facility policy titled, Administering Medications last revised December 2012 which states in part, . Medications shall be administered in a safe and timely manner, and as prescribed .</p> <p>Record review revealed that Resident ID #62 had the following physician's orders:</p> <ul style="list-style-type: none"> <li>- Depakote (divalproex) tablet, delayed release 500 milligrams (MG), twice daily</li> <li>- MiraLAX (polyethylene glycol 3350) powder, 17 gram dose, once daily</li> </ul> <p>During a surveyor observation on 9/19/2024 at 8:08 AM during the medication administration task with Certified Medication Technician, Staff E, she failed to administer the Miralax and then crushed the Depakote tablet.</p> <p>Review of the Depakote blister package revealed a directions label that indicated, Do not crush/chew.</p> <p>During a surveyor interview immediately following the above observation with Staff E, she acknowledged that she crushed the Depakote although the medication packaging indicated to not crush or chew.</p> <p>During a surveyor interview on 9/19/2024 at 11:24 AM with Registered Nurse, Staff D, he acknowledged that the Miralax was signed off, in the medical record, as administered during the medication pass. Staff D indicated that he would expect medication to only be signed off when administered, and was unable to explain why Staff E would sign off the medication if it was not administered. Additionally, he acknowledged the Depakote tablet should not be crushed.</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46715</p> <p>Based on surveyor observation and staff interview, it has been determined that the facility failed to store and label drugs and biologicals in accordance with currently accepted professional principles for 2 of 5 medication carts reviewed and 1 of 2 medication rooms.</p> <p>Findings are as follows:</p> <p>Review of a facility policy titled, Storage of Medications last revised [DATE] states in part, The facility shall store all drugs and biological's in a safe, secure, and orderly manner .</p> <p>1. During a surveyor observation of the 2 East Medication Cart on [DATE] at 8:25 AM, in the presence of Certified Medication Technician (CMT), Staff E, revealed the following:</p> <ul style="list-style-type: none"> <li>- 1 bottle of Latanoprost Solution (eye drops used to treat glaucoma) 0.005 % with an open date of [DATE]. Manufacturer's instructions indicate to discard the eye drops 6 weeks after opening, revealing the medication should have been discarded on [DATE].</li> <li>- 1 bottle of Timolol Maleate Gel Forming Solution 0.5 % (eye drops used to treat high pressure inside the eye) dated as opened [DATE]. Manufacturer's instructions indicate to discard the eye drops 4 weeks after opening, revealing the medication should have been discarded on [DATE].</li> <li>- 1 opened bottle of Artificial Tears Ophthalmic Solution (eye drops used to treat dry eyes) with a date of [DATE]. Manufacturer's instructions indicate to discard the eye drops 90 days after opening, revealing the medication should have been discarded on [DATE].</li> <li>- 1 bottle of brimonidine-timolol drops; 0XXX,d+[DATE].5 % (eye drops used to treat high pressure inside the eye) dated as opened on [DATE]. Manufacturer's instructions indicate to discard the eye drops 4 weeks after opening, revealing the medication should have been discarded on [DATE].</li> </ul> <p>During a surveyor interview with Staff E, at the time of the above observation, she acknowledged that the above-mentioned medications were expired and should have been discarded.</p> <p>During a surveyor interview immediately following the above observation with Registered Nurse, Staff D, he revealed that the staff should be writing the date when the medication is opened and then discarding when expired.</p> <p>2. During a surveyor observation of the 2 [NAME] Medication Cart on [DATE] at approximately 9:00 AM, in the presence of CMT, Staff F, revealed the following:</p> <ul style="list-style-type: none"> <li>- 2 bottles of Cosopt (dorzolamide-timolol) drops (eye drops used to treat high pressure inside of the eye) opened and undated. Manufacturer's instructions indicate to discard the eye drops 15 days after opening.</li> </ul> <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>- 3 bottles of Artificial Tears Ophthalmic Solution opened and undated. Manufacturer's instructions indicate to discard the eye drops 90 days after opening.</p> <p>- 1 bottle of Systane Complete PF (propylene glycol) 0.6 % (eye drops prescribed to treat dry eyes) opened and undated. Manufacturer's instructions indicate to discard the eye drops 90 days after opening.</p> <p>- 1 bottle of brimonidine-timolol drops; 0XXX,d+[DATE].5 % opened and undated. Manufacturer's instructions indicate to discard the eye drops 4 weeks after opening.</p> <p>During a surveyor interview immediately following the above observation with Staff F, she acknowledged that all of the above-mentioned medications were opened and undated, and she was unsure when they expired.</p> <p>During a surveyor interview on [DATE] at 9:10 AM with Licensed Practical Nurse, Staff C, she revealed that the staff are supposed to date the eye drops once opened and discard when expired.</p> <p>3. During a surveyor observation on [DATE] at 9:20 AM of the 2 East Medication Room in the presence of RN, Staff D, revealed one multidose vial of Aplisol, opened and undated. Manufacturer's instructions on the Aplisol box state, once entered vial should be discarded after 30 days.</p> <p>During a surveyor interview immediately following the above observation with RN, Staff D, he acknowledged that the vial was opened and undated. Additionally, he was unable to provide evidence when the vial had been opened.</p> <p>During a surveyor interview on [DATE] at 11:30 AM with the Director of Nursing Services, he revealed that he would expect the staff to date medications when opened and discard appropriately.</p> <p>21613</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>48928</p> <p>50004</p> <p>Based on record review, staff and resident interviews, it has been determined that the facility failed to maintain an infection prevention and control program designed to provide a sanitary environment and to help prevent the development of infections for 1 of 1 resident reviewed relative to the use of a Bilevel positive airway pressure (BIPAP, a device that provides breathing support which is administered through a face mask or nasal mask) device, Resident ID #77.</p> <p>Findings are as follows:</p> <p>Review of the manufacturer's instructions titled RESVENT IBREESE Series user manual dated July 2017, states in part, .Clean the flexible tube and mask before first use and daily. Disconnect the flexible tube and mask from the device. Gently wash the tube and mask in a solution of warm water and a mild detergent. Rinse thoroughly. Air dry .</p> <p>Record review revealed that Resident ID #77 was readmitted to the facility in August of 2024 with diagnoses including, but not limited to, sleep apnea (a sleep disorder where breathing is interrupted repeatedly) and acute respiratory failure.</p> <p>Record review of a quarterly Minimum Data Set assessment completed on 8/22/2024, revealed a Brief Interview of Mental Status score of 15 out of 15, indicating intact cognition.</p> <p>During a surveyor interview on 9/17/2024 at approximately 11:30 AM with the resident, s/he revealed that the facility does not clean his/her BIPAP machine.</p> <p>Review of the Treatment Administration Record for August and September of 2024 revealed, the resident has an order to use a BIPAP machine every night at bedtime. Additional review revealed that the order was signed off as in use every night while s/he was in the facility. Further record review failed to reveal evidence of an order to clean the mask and tubing of the BIPAP machine.</p> <p>Record review failed to reveal evidence that the BIPAP machine tubing and mask were cleaned per the manufacturer's instructions in August or September of 2024.</p> <p>During a surveyor interview on 9/19/2024 at 12:31 PM with the Director of Nursing Services (DNS), he revealed that it is the facility's policy to follow the manufacturer's instructions for cleaning the BIPAP equipment. He further acknowledged, the above-mentioned resident does not have an order to clean their BIPAP equipment and was unable to provide evidence that the machine was cleaned, as required.</p>