

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415031	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/31/2024
NAME OF PROVIDER OR SUPPLIER Silver Creek Rehab & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7 Creek Lane Bristol, RI 02809	

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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46539</p> <p>Based on record review and staff interview, it has been determined that the facility failed to provide necessary treatment and services, consistent with professional standards of practice, to promote wound healing and prevent new ulcers from developing for 1 of 1 resident reviewed with a deep tissue injury (DTI; a purple or maroon localized area of discolored intact skin or blood-filled blister due to damage of the underlying soft tissue from pressure), Resident ID #76.</p> <p>Findings are as follows:</p> <p>Review of a facility policy titled, Skin Care Protocol states in part, .With each dressing change or at least weekly, the following documentation must be present: location and staging .exudate [drainage] .pain .wound bed .description of wound edges .</p> <p>Record review revealed the resident was readmitted to the facility in March of 2024 with diagnoses including, but not limited to, muscle weakness and obesity.</p> <p>Record review of the care plan revealed the resident is at risk for impaired skin integrity with interventions including, but not limited to, evaluate the wound for size, depth, margins such as, peri-wound skin, undermining, exudate, edema (swelling), granulation (healing tissue), infection, necrosis (dying tissue), eschar (dead tissue often covering a wound bed), gangrene (death of tissue due to lack of blood supply), and document the progress of the wound healing on an ongoing basis.</p> <p>Record review of a skin assessment dated [DATE] revealed the resident has a DTI to his/her right heel measuring 2 centimeters (cm) X (by) 2 cm. Additionally, the skin assessment revealed s/he has a DTI to his/her left heel measuring 4 cm X 2 cm.</p> <p>Record review revealed a physician's order dated 10/3/2024 to apply skin prep to the DTIs on the right and left foot daily.</p> <p>Record review failed to reveal evidence of weekly documentation of the DTIs to the resident's left and right heels that included, measurements, staging, exudate, pain, wound bed, or a description of wound edges on 10/10, 10/17 and 10/24/2024.</p> <p>During a surveyor interview with Licensed Practical Nurse, Staff A, on 10/30/2024 at 9:10 AM she was unable to provide evidence of documentation in the medical record to include measurements, staging, exudate, pain, wound bed, or description of the wound edges for three consecutive weeks.</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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a surveyor interview on 10/30/2024 at 11:34 AM with the Director of Nursing Services, she was unable to provide evidence of documentation of the resident's wounds on 10/10, 10/17 and 10/24/2024. Additionally, she revealed that it is her expectation that the staff document weekly on wounds including, staging, exudate, pain, wound bed, and wound edges.</p>

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<p>F 0691</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate colostomy, urostomy, or ileostomy care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46539</p> <p>47279</p> <p>Based on record review and staff interview, it has been determined that the facility failed to provide care consistent with professional standards of practice for 3 of 3 residents reviewed with an ostomy (colostomy/ileostomy; are surgical procedures that reroute the bowel to an opening in the abdomen, called a stoma. A wafer, which is fitted or cut to the individual size of the stoma, and a pouch are attached externally around the stoma, to collect the stool from the intestines), Resident ID #s 24, 60, and 99.</p> <p>Findings are as follows:</p> <p>Review of a facility policy titled, Colostomy and Ileostomy Care last revised on 6/1/2021, states in part, . Applying or changing the pouch .Empty, remove, and discard the old pouch, if applicable .Wipe the stoma and peristomal skin gently with a washcloth or gauze .Carefully wash the peristomal skin with soap and water and dry by patting gently .Allow the skin to dry thoroughly .Inspect the color and skin integrity of the stoma and peristomal skin .Notify physician .of abnormal findings .Apply skin prep or liquid skin sealant around the peristomal area covering the skin surface which will be in contact with the pouching system .If needed, apply a ring of stoma paste or a molded barrier ring around the opening on the back of the skin barrier .Document .date and time pouching system changed or emptied, noting character of drainage including color, amount, type, and consistency .type and size of appliance used .Appearance of the stoma and peristomal skin .Notification of physician .patients response .</p> <p>1) Record review revealed that Resident ID #99 was readmitted to the facility in March of 2024 with a diagnosis including, but not limited to, necrotizing fasciitis (a serious bacterial infection that results in the death of the body's soft tissue).</p> <p>Review of a Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 15 out of 15, indicating intact cognition.</p> <p>Record review revealed that Resident ID #99 has a colostomy to his/her left lower abdomen.</p> <p>Record review revealed the following progress notes relative to his/her colostomy:</p> <p>- 9/16/2024: Resident ID #99 reported concerns with his/her ostomy site. S/he revealed that s/he is experiencing pain around the edges of the skin/stoma and that both areas are bleeding</p> <p>- 9/17/2024: The stoma site has mild peristomal skin (the skin that the ostomy wafer adheres to) breakdown, largely in part to aperture [stoma appliance and collection device for waste products] cut too large and . irrigation fluids not being drained entirely from [colostomy] bag .</p> <p>- 10/19/2024: The ostomy appliance was changed because it was leaking and the peristomal skin was noted to be irritated</p> <p>(continued on next page)</p>		

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<p>F 0691</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>- 10/27/2024: The ostomy appliance was changed because it was leaking and the peristomal skin remains irritated</p> <p>Record review failed to reveal evidence that the physician was contacted, and a treatment was implemented for the breakdown of the peristomal skin.</p> <p>Further record review failed to reveal evidence indicating when the ostomy appliances are to be changed or the type and size of appliances that are to be used for the resident.</p> <p>During a surveyor interview on 10/30/2024 at 9:43 AM with Nursing Assistant (NA), Staff B, she revealed that Resident ID #99 has ostomy supplies in his/her room. Staff B revealed that she does not provide ostomy care for the resident although s/he is on her assignment.</p> <p>During a surveyor interview on 10/30/2024 at 12:19 PM with the Director of Nursing Services (DNS), she was unable to explain why a treatment was not in place for Resident ID #99's peristomal skin breakdown and would expect a treatment to be in place. Additionally, she was unable to provide evidence of documentation that would indicate to the facility's staff as to when the ostomy appliances are to be changed or the type and size of appliances that are to be used. She further revealed that she would expect there to be orders to be in place indicating when to change the ostomy appliance, and the type and size of the ostomy appliances to be used.</p> <p>During a surveyor interview on 10/31/2024 at 9:20 AM with the resident, in the presence of the DNS, s/he revealed that the site around his/her stoma is red and sore and indicated that it burns and bleeds at times. Further, the resident revealed that staff only change his/her ostomy when it is leaking stool. At this time, the DNS indicated to Resident ID #99 that a treatment will be put into place moving forward to help with his/her peristomal skin breakdown and burning.</p> <p>2) Record review revealed that Resident ID #60 was admitted to the facility in December of 2023 with a diagnosis including, but not limited to, ileostomy status.</p> <p>Review of a MDS assessment dated [DATE] revealed a BIMS score of 9 out of 15, indicating moderately impaired cognition.</p> <p>Additional record review failed to reveal evidence indicating when the ostomy appliance is to be changed or the type and size of appliance that is to be used for the resident.</p> <p>During a surveyor interview on 10/30/2024 at 11:09 AM with NA, Staff D, she revealed that sometimes she changes Resident ID #60's ostomy appliance and sometimes the nurse will do it. She further revealed that she does not measure the size of the stoma. Further, she picked up Resident ID #60's clean ostomy appliance and indicated she cuts it to 55 millimeters (mm).</p> <p>During a surveyor interview on 10/30/2024 at 12:00 PM with Licensed Practical Nurse, Staff A, she revealed that nurses change the ostomy appliances, and NAs only empty the collection bag. She further revealed there are no specific orders to change the ostomy appliance and she only changes the appliance when it comes loose. Furthermore, she picked up Resident ID #60's clean ostomy appliance and indicated that she cuts it to 32-38 mm. Additionally, she acknowledged that there are no current orders in place indicating when to change the ostomy appliance including the type and size of the appliance to be used.</p> <p>(continued on next page)</p>		

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F 0691 Level of Harm - Actual harm Residents Affected - Some	<p>During a surveyor interview on 10/30/2024 at 2:42 PM with Resident ID #60, s/he revealed that s/he is unsure who changes her ostomy appliances or how often staff changes them.</p> <p>3) Record review revealed that Resident ID #24 was admitted to the facility in August of 2023 with diagnoses including, but not limited to, overactive bladder and the need for assistance with personal care.</p> <p>Record review revealed that Resident ID #24 has a colostomy on his/her left lower abdomen.</p> <p>Additional record review failed to reveal evidence indicating when the ostomy appliance is to be changed or the type and size of appliance that is to be used for the resident.</p> <p>During a surveyor observation and simultaneous interview on 10/30/2024 at 9:45 AM of Resident ID #24's ostomy site with NA, Staff C, Resident ID #24's stoma was noted to be prolapsed. Staff C revealed that Resident ID #24's stoma has been prolapsed.</p> <p>Record review of an order dated 4/17/2024 revealed to apply a small amount of granulated sugar directly to the resident's stoma due to a prolapsed stoma (a complication of ostomy surgery where a piece of the intestine pushes out through the stoma) every 12 hours as needed. Additionally, the order indicated that the sugar should come back out on its own, and to notify the surgeon and in-house physician if it does not.</p> <p>Review of the October 2024 Treatment Administration Record failed reveal evidence that the above-mentioned order was documented as administered.</p> <p>Staff C further revealed on 10/30/2024 at 9:45 AM, that she utilizes the ostomy appliance in Resident ID #24's room for ostomy care and indicated that she cuts the ostomy appliance and applies them to the resident's stoma. Additionally, Staff C was unable to provide specific days or times when Resident ID #24's ostomy appliance should be changed.</p> <p>During a surveyor interview on 10/30/2024 at 12:19 PM with the DNS, she was unable to provide evidence of documentation that would indicate to the facility's staff as to when the ostomy appliances are to be changed or the type and size of appliances that are to be used. Additionally, she revealed that she would expect orders to be in place indicating when to change the ostomy appliance, and the type and size of the ostomy appliances to be used. Furthermore, she revealed that she was unsure of the order to apply granulated sugar to Resident ID #24's prolapsed stoma and would need to reach out to the surgeon.</p> <p>During a surveyor interview on 10/30/2024 at 12:49 PM with the physician, he revealed that he was unaware that the resident had a prolapsed stoma and was unable to explain why sugar should be applied to it. Additionally, he revealed that he was unsure of how much sugar should be applied or how often the sugar should be applied to the prolapsed stoma.</p> <p>A call was placed to Resident ID #24's surgeon by the surveyor on 10/30/2024 at 12:54 PM, a return call has not been received.</p> <p>(continued on next page)</p>		

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F 0691 Level of Harm - Actual harm Residents Affected - Some	<p>During a surveyor interview on 10/30/2024 at 1:09 PM with the Regional Clinical Director, she acknowledged that there is not an order in place to change Resident ID #24's ostomy appliances but indicated that staff have been changing the bag. Additionally, she acknowledged that the facility needs to contact the surgeon in order to clarify the granulated sugar. Lastly, she acknowledged that Resident ID #24 does have a prolapsed stoma.</p> <p>During a surveyor interview on 10/31/2024 at 12:33 PM with the DNS, she revealed that after receiving clarification from the surgeon, the sugar is to be applied to the entire stoma if the stoma is greater than 6 centimeters (cm).</p> <p>Review of the revised prolapsed stoma order dated 10/31/2024 states in part, For prolapsed stoma of 6 cm or more: Apply granulated sugar to cover entire area of stoma, allow sugar to sit on stoma, stoma should begin to retract. If stoma is unable to retract to less than 6 cm of prolapse contact general surgeon .</p> <p>Additionally, record review revealed an order dated 10/31/2024 to measure the stoma twice daily, after the concerns were brought to the facility's attention by the surveyor.</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>46241</p> <p>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 Enhanced Barrier Precautions (EBP; involves using gown and gloves during high-contact resident care activities) for 1 of 1 resident observed for transfers, Resident ID #76, and relative to COVID-19 for 1 of 1 resident reviewed for COVID-19 precautions, Resident ID #78.</p> <p>Findings are as follows:</p> <p>1) Review of a facility policy titled, Guidelines for Management of MDROs [multi-drug resistant organism] states in part, .Caring for a resident with a MDRO .Enhanced Barrier Precautions expand the use of PPE [personal protective equipment] beyond situations in which exposure to blood and body fluids is anticipated and refers to gown and glove use during high-contact resident care activities for residents with infection or colonization with a targeted MDRO .High risk resident care activities provide opportunities for the transfer of MDROs to staff hands and clothing. Examples of resident care activities requiring gown and glove use for Enhanced Barrier Precautions include: Dressing .Transferring .Providing hygiene .</p> <p>Record review revealed Resident ID #76 was readmitted to the facility in March of 2024 with a diagnosis including, but not limited to, assistance with personal care.</p> <p>Review of a document titled, Lab Results Report dated 9/26/2024 revealed Resident ID #76 was positive for Extended Spectrum Beta Lactamase (ESBL; an MDRO).</p> <p>Record review revealed a physician's order dated 10/25/2024 to maintain EBP as appropriate.</p> <p>During a surveyor observation on 10/28/2024 at 12:16 PM, Nursing Assistant (NA), Staff F, was observed providing morning care to Resident ID #76 in his/her room, without wearing a gown. Further observation revealed signage posted at the resident's door which indicated to wear a gown and gloves during high contact care activities.</p> <p>Additional observation on 10/28/2024 at 12:22 PM, NA, Staff G, was observed transferring Resident ID #76 with Staff F, without wearing a gown.</p> <p>During a surveyor interview on 10/28/2024 at 12:29 PM, with Staff F and G, they acknowledged the signage posted at Resident ID #76's door and revealed that they were unsure about the use of EBP and were unaware if the resident required EBP during care.</p> <p>During a surveyor observation on 10/29/2024 at 11:12 AM, NA, Staff H, was observed fixing Resident ID #76's clothing by pulling up his/her pants and was preparing to transfer him/her, without wearing a gown.</p> <p>Additional observation on 10/29/2024 at 11:16 AM, revealed NA, Staff I, entered Resident ID #76's room and assisted Staff H with transferring the resident, without wearing a gown.</p> <p>(continued on next page)</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>During a surveyor interview on 10/29/2024 at 11:23 AM, with Staff H and I, they acknowledged the signage posted at Resident ID #76's door and revealed that they thought the EBP was for the resident's roommate. Further, they acknowledged that they should have been wearing a gown when providing care and transferring him/her.</p> <p>During a surveyor interview on 10/30/2024 at 11:31 AM, with Licensed Practical Nurse (LPN), Staff A, she revealed that she would expect staff to wear both gloves and a gown for any physical contact, including providing personal care and transferring a resident who is on EBP.</p> <p>During a surveyor interview on 10/30/2024 at 12:03 PM, with the Director of Nursing Services (DNS), she revealed that she would expect staff to follow the EBP signage and wear the appropriate PPE, during high contact care activities for residents on EBP.</p> <p>2) Review of facility signage titled, DROPLET CONTACT PRECAUTIONS EVERYONE MUST for COVID-19, providers and staff must wear a mask at all times, wear gloves, a gown, and a face shield prior to entering a resident's room.</p> <p>Record review revealed Resident ID #78 was admitted to the facility in October of 2024 with a diagnosis including, but not limited to, dementia.</p> <p>Record review revealed the resident tested positive for COVID-19 on 10/28/2024 and was placed on droplet contact precautions.</p> <p>During a surveyor observation on 10/30/2024 at 8:08 AM, NA, Staff J, was observed entering Resident ID #78's room without eye protection.</p> <p>During a surveyor interview on 10/30/2024 at 8:20 AM, with Staff J, she acknowledged that she did not wear eye protection, as required, when entering a COVID-19 positive resident room.</p> <p>During a surveyor interview on 10/30/2024 at 8:48 AM, with LPN, Staff K, she revealed that prior to entering a COVID-19 positive room, all staff should be wearing full PPE, which includes a gown, gloves, N95 mask, and eye protection.</p> <p>During a surveyor interview on 10/30/2024 at 12:50 PM, with the DNS, she revealed that she would expect staff to wear full PPE, including a gown, gloves, N95 mask, and eye protection, when entering a COVID-19 positive resident room.</p> <p>46539</p>		