| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 415032 | A. Building<br>B. Wing | 09/20/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Cedar Crest Nursing Centre Inc | 125 Scituate Avenue<br>Cranston, RI 02920 |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Ensure services provided by the nursing facility meet professional standards of quality.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46118<br><br>Based on surveyor observation, 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 physician's orders for 1 of 1 resident reviewed for edema, Resident ID #95 and 1 of 1 resident reviewed for aspiration precautions, Resident ID #242.<br><br>Findings are as follows:<br><br>According to Mosby's 4th Edition, Fundamentals of Nursing page 314, which states in part, 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.<br><br>1. Review of the facility policy titled Medication Administration General Guidelines which states in part, If a dose of a regularly scheduled medication is .refused .An explanatory note is entered .If two consecutive doses of a vital medication are withheld or refused, the physician is notified .<br><br>Record review revealed Resident ID #95 was readmitted to the facility in March of 2024 with diagnoses including, but not limited to, acute on chronic congestive heart failure (a syndrome that results in fluid buildup in the lungs, abdomen, feet, and arms) and chronic kidney disease (mild to moderate damage to the kidneys with symptoms that may include fluid retention).<br><br>Record review revealed a physician's order dated 6/20/2024 for furosemide (a medication used to treat fluid retention) 40 mg (milligrams) twice a day.<br><br>Record review of the August and September 2024 Medication Administration Records revealed the above medication was refused on the following dates and times:<br><br>-8/1- PM dose<br><br>-8/3- PM dose<br><br>-8/4- PM dose<br><br>-8/5- PM dose<br><br>-8/6- PM dose<br><br>(continued on next page) |

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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| F 0658<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | -8/7- PM dose<br>-8/8- PM dose<br>-8/9- AM and PM dose<br>-8/10- PM dose<br>-8/12- PM dose<br>-8/13- PM dose<br>-8/14- PM dose<br>-8/16- PM dose<br>-8/17- PM dose<br>-8/18- PM dose<br>-8/19- PM dose<br>-8/20- PM dose<br>-8/21- PM dose<br>-8/22- AM dose<br>-8/23- AM dose<br>-8/24- AM and PM dose<br>-8/25- PM dose<br>-8/26- PM dose<br>-8/27- AM and PM dose<br>-8/28- PM dose<br>-8/29- PM dose<br>-8/30- AM and PM dose<br>-8/31- PM dose<br>-9/2- PM dose<br><br>(continued on next page) |

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| F 0658<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | -9/3- PM dose<br><br>-9/6- AM dose<br><br>-9/7- PM dose<br><br>-9/9- PM dose<br><br>-9/10- PM dose<br><br>-9/13- PM dose<br><br>-9/16- PM dose<br><br>-9/17- PM dose<br><br>-9/18- PM dose<br><br>Record review failed to reveal evidence that the physician was notified that the furosemide was refused on the above-mentioned dates.<br><br>During a surveyor interview on 9/19/2024 at 9:43 AM with Medication Aide, Staff A, she acknowledged that the resident frequently refuses the above-mentioned medication. She indicated that she typically writes the resident's refusal of the medication on a piece of paper and gives it to the nurse.<br><br>During a surveyor interview on 9/19/2024 at 9:46 AM with Registered Nurse (RN), Staff B, she indicated that she was unaware that the resident had refused the medication on the above-mentioned dates. Additionally, she was unable to provide evidence that the physician was notified of the medication refusals mentioned above.<br><br>During a surveyor interview on 9/19/2024 at 12:22 PM with the Director of Nursing Services (DNS), she indicated that she would expect the physician to be notified if a medication is refused more than a couple of times, per the facility policy.<br><br>2. Record review revealed Resident ID #242 was readmitted to the facility in September of 2024 with diagnoses including, but not limited to, pneumonitis due to inhalation of food (a lung infection that occurs when food or liquid is inhaled into the lungs instead of being swallowed) and dementia.<br><br>Record review of a physician's order dated 9/16/2024 states in part, Aspiration Precaution [a set of guidelines set to prevent food or liquid from entering the airway], NO STRAWS .<br><br>Record review of an admission Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status score of 8 out of 15, indicating moderate cognitive impairment.<br><br>During surveyor observations, on the following dates and times the resident was observed using a straw to drink water from a Styrofoam cup,<br><br>-9/18/2024 at 11:05 AM, 11:14 AM, and 11:29 AM<br><br>(continued on next page) |

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| F 0658<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | -9/19/2024 at 8:53 AM and at 9:05 AM<br><br>During a surveyor observation and interview on 9/19/2024 at 9:24 AM with Nursing Assistants, Staff C and Staff D, they acknowledged that they had provided the resident with the straw and were unaware of the above-mentioned order.<br><br>During a subsequent observation and interview on 9/19/2024 at 9:24 AM with Licensed Practical Nurse, Staff E, he acknowledged that the resident had a straw in his/her cup of water and has an order to not use a straw related to his/her diagnosis of aspiration pneumonia.<br><br>During a surveyor interview on 9/19/2024 at 9:53 AM with the DNS, she acknowledged that the resident should not have had a straw, as ordered, related to his/her recent aspiration pneumonia.<br><br>41729<br><br>47939 |

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| F 0755<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.<br><br>47939<br><br>Based on record review and staff interview, it has been determined that the facility failed to provide pharmaceutical services, including procedures that assure the administration of all drugs to meet the needs of each resident, relative to a diuretic (a medication used to treat fluid retention) medication for 1 of 1 resident reviewed, Resident ID #95.<br><br>Findings are as follows:<br><br>Record review revealed Resident ID #95 was readmitted to the facility in March of 2024 with diagnoses including, but not limited to, acute on chronic congestive heart failure (a syndrome that results in fluid buildup in the lungs, abdomen, feet, and arms) and chronic kidney disease (mild to moderate damage to the kidneys with symptoms that may include fluid retention).<br><br>Record review revealed a physician's order dated 6/20/2024 for furosemide (a diuretic medication) 40 milligram (mg) twice a day.<br><br>Record review of the August 2024 Medication Administration Record revealed the above-mentioned medication was refused on the following dates and times:<br><br>-8/1- PM dose<br><br>-8/3- PM dose<br><br>-8/4- PM dose<br><br>-8/5- PM dose<br><br>-8/6- PM dose<br><br>-8/7- PM dose<br><br>-8/8- PM dose<br><br>-8/9- AM and PM dose<br><br>-8/10- PM dose<br><br>-8/12- PM dose<br><br>-8/13- PM dose<br><br>-8/14- PM dose<br><br>-8/16- PM dose<br><br>(continued on next page) |

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|---|---|
| F 0755<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | -8/17- PM dose<br><br>-8/18- PM dose<br><br>-8/19- PM dose<br><br>-8/20- PM dose<br><br>-8/21- PM dose<br><br>-8/22- AM dose<br><br>-8/23- AM dose<br><br>-8/24- AM and PM dose<br><br>-8/25- PM dose<br><br>-8/26- PM dose<br><br>Record review of the MD [Medical Doctor] Recommendation form dated 8/27/2024 authored by the Pharmacy Consultant revealed a Medication Regimen Review was completed and failed to reveal evidence that the above-mentioned refusals were identified by the pharmacist.<br><br>During a surveyor interview on 9/19/2024 at approximately 2:45 PM with the Director of Nursing Services (DNS), she was unable to provide evidence the above-mentioned medication refusals were identified during the pharmacist medication review on 8/27/2024. |

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|---|---|
| F 0761<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | 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.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41729<br><br>Based on surveyor observation and staff interview, it has been determined that the facility failed to store drugs and biologicals in accordance with currently accepted professional principles relative to 1 of 1 resident observed with medications at the bedside, Resident ID #57.<br><br>Findings are as follows:<br><br>Review of the facility's policy titled Medication Storage dated January 2024 which states in part, .Procedures 3. In order to limit access to prescription medications, only licensed nurses, pharmacy staff, and those lawfully authorized to administer medications (such as medication aides) are allowed access to medication . medication supplies should remain locked when not in use or attended by persons with authorized access .<br><br>Record review revealed Resident ID #57 was admitted to the facility in March of 2023 with diagnoses including, but are not limited to, vascular dementia and recurrent depressive disorder.<br><br>Record review of a Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status score of 4 of 15, indicating severe cognitive impairment.<br><br>During a continuous surveyor observation on 9/17/2024 from 9:24 AM to 9:37 AM of Resident ID #57's bedside table, a plastic medication cup containing 4 tablets that were unattended and left on the resident's bedside table while the resident was asleep was revealed.<br><br>During a surveyor interview on 9/17/2024 at approximately 9:38 AM with Licensed Practical Nurse, Staff F, she acknowledged the medications were left unattended on the resident's bedside table and should not have been.<br><br>During a surveyor interview on 9/19/2024 at 9:56 AM with the Director of Nursing Services (DNS), she indicated that she would not expect medications to be left unattended at the resident's bedside. Additionally, the DNS indicated that staff administering medications are to remain with the resident until all medications are administered. |

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| F 0805<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37158<br><br>Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to provide and prepare food in a form designed to meet individual needs for 2 of 2 residents reviewed with a pureed diet, Resident ID #s 1 and 71.<br><br>Findings are as follows:<br><br>Record review revealed the facility is utilizing the [NAME], Diet and Nutrition Care Manual, Simplified Edition. Additional record review of the Diet and Nutrition Care Manual revealed .IDDSI [International Dysphagia Diet Standardization Initiative, a national guideline for texture modified diets] Level 4: Pureed Diet .All foods are pureed .eliminating the chewing phase. Further review of the manual states in part, Protein Foods (i.e .eggs . ) Pureed consistency foods only .Sample Daily Meal Plan .Level 4: Pureed Diet .Breakfast .1 serving Pureed Egg .<br><br>1. Record review revealed Resident ID #1 was admitted to the facility in March of 2021 with diagnoses including, but not limited to, severe vascular dementia and dysphagia, oropharyngeal phase (difficulty with passing food from the mouth to the esophagus during swallowing).<br><br>Record review revealed a physician's diet order dated 5/5/2023 for House .Pureed.<br><br>A surveyor observation of the breakfast meal on 9/18/2024 at 8:42 AM revealed s/he received his/her breakfast meal including scrambled eggs, which were not pureed.<br><br>Record review of his/her diet ticket on the tray stated in part, .House, Puree .scrambled eggs .<br><br>2. Record review revealed Resident ID #71 was readmitted to the facility in October of 2020 with a diagnosis including, but not limited to, Alzheimer's Disease.<br><br>Record review revealed a physician's diet order dated 5/29/2024 for House .Pureed.<br><br>During a surveyor observation of the breakfast meal on 9/18/2024 at 8:44 AM revealed the resident received his/her breakfast meal, including scrambled eggs, which were not pureed.<br><br>Record review of his/her diet ticket on the tray states in part .House, Puree .scrambled eggs .<br><br>During a surveyor interview immediately following the above observations with Registered Nurse, Staff G, she indicated that the facility considers scrambled eggs as a pureed food.<br><br>During a surveyor interview on 9/18/2024 at 9:20 AM with Nursing Assistant, Staff H, she revealed that both residents consumed 100% of their breakfast meal.<br><br>During a surveyor interview on 9/18/2024 at approximately 9:30 AM with the Food Service Director, she acknowledged that the facility does serve scrambled eggs for the residents with pureed diets.<br><br>(continued on next page) |

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| F 0805<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | During a surveyor interview on 9/18/2024 at approximately 2:30 PM with the Registered Dietitian, Staff I, she revealed the diet manual is used to create their menus and for a reference for mechanically altered diets relative to what a resident can or cannot be served. Staff I further revealed that it has been the facility's practice to serve scrambled eggs to residents with pureed diet orders. Additionally, she indicated that an addendum to the manual should have been created to include scrambled eggs for pureed diets though she was unable to provide evidence that an addendum was created. |

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| F 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45263<br><br>Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to ensure that food is stored, distributed, and served in accordance with professional standards for food safety, relative to the main kitchen and 1 of 1 unit kitchenettes reviewed.<br><br>Findings are as follows:<br><br>1. The Rhode Island Food Code 2018 Edition 2-402.11 states in part, .food employees shall wear hair restraints, beard restraints that are designed and worn to effectively keep their hair from contacting exposed food .<br><br>During a surveyor observation on 9/16/2024 from 8:50 AM through 9:30 AM and at 11:20 AM of the main kitchen revealed the following:<br><br>-Dietary Cook, Staff K and Dietary Aide, Staff L, with facial hair and not wearing a hair/beard restraint.<br><br>-Dietary Cook, Staff K preparing a meat mixture for stuffed peppers not wearing a hair/beard restraint<br><br>-Dietary Aide, Staff M with facial hair and not wearing a beard/hair restraint<br><br>-Dietary Staff, Staff N with facial hair and not wearing a hair/beard restraint<br><br>During a surveyor observation of the lunch meal on 9/16/2024 at approximately 12:00 PM in the rotunda dining room, Staff M and Staff N were serving in the lunch meal service without wearing a beard/hair restraint.<br><br>During a surveyor observation on 9/16/2024 at approximately 2:20 PM revealed Dietary Aide, Staff O, in the dish room with facial hair and not wearing a beard/hair restraint.<br><br>2. The Rhode Island Food Code 2018 Edition 4-601.11 states in part, .Non food contact surfaces shall be kept free of an accumulation of dirt, dust, food residue and other debris .<br><br>During a surveyor observation of the main kitchen on 9/16/2024 between 8:50 AM and 9:30 AM revealed the following:<br><br>-corners of the convection oven with a significant amount of grease and grime buildup<br><br>-a 3 tiered utility cart, that holds dirty dishes with a significant amount of black substance on the top shelf and sides with significant amounts of brown colored staining<br><br>-1 floor fan adjacent to the dish machine, with a significant amount of dust accumulation on the grate and blades<br><br>(continued on next page) |

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| F 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | -North 1 unit kitchenette refrigerator with a purple colored sticky substance on the shelf of the door and brown spills on the back of refrigerator<br><br>-North 1 unit kitchenette freezer with a heavy accumulation of ice<br><br>3. The [NAME] Food Code 2018 Edition 4-501.12 states in part, .Surfaces that are subject to scratching and scoring shall be .discarded if they can no longer be effectively cleaned and sanitized .<br><br>During a surveyor observation on 9/16/2024 between 8:50 AM and 9:30 AM, five cutting boards, that were stored under a worktable had significant scoring and scratches.<br><br>During a surveyor interview on 9/16/2024 at approximately 3:00 PM with the Food Service Director, she was unable to provide evidence the dietary staff were beard/hair restraints and that the convection oven, floor fan, kitchenette refrigerator/freezer, and utility cart had been cleaned. Additionally, she was unable to provide evidence of cutting boards without scoring and scratching. |

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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 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide and implement an infection prevention and control program.<br><br>41729<br><br>Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to maintain Enhanced Barrier Precautions (EBP; an infection control intervention designed to reduce transmission of multidrug-resistant organisms in nursing homes) for 1 of 2 residents reviewed with EBP related to Extended-Spectrum Beta-Lactamase (ESBL, an enzyme produced by some bacteria that can make them resistant to certain antibiotics) in the urine, Resident ID #19. Additionally, the facility failed to maintain an infection prevention and control program to help prevent the transmission of communicable diseases and infections relative to 1 of 1 resident reviewed for wound care, Resident ID #27.<br><br>1. Review of the Center for Disease Control and Prevention document titled Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-Resistant Organisms (MDROs) Last Reviewed: August 1, 2023, states in part, Enhanced Barrier Precautions expand the use of PPE and refer to the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing .MDROs may be indirectly transferred from resident-to-resident during these high-contact care activities .The use of gown and gloves for high-contact resident care activities is indicated, when Contact Precautions do not otherwise apply, for nursing home residents .with MDRO infection or colonization. Examples of high-contact resident care activities requiring gown and glove use for Enhanced Barrier Precautions include .Transferring .<br><br>Record review revealed Resident ID #19 was admitted to the facility in October of 2022 with a diagnosis including, but not limited to, urinary tract infection.<br><br>Record review of a physician's order dated 9/15/2024 revealed an order for EBP relative to ESBL in the urine.<br><br>Surveyor observation of signage posted on the resident's door on 9/18/2024 at approximately 9:38 AM revealed in part, Enhanced Barrier Precautions .Providers and Staff Must Also: Wear gloves and a gown for the following High-Contact Resident Care Activities .Transferring .<br><br>During a surveyor observation on 9/18/2024 at 9:40 AM, Nursing Assistant (NA), Staff J, was observed in the resident's room transferring the resident to a scale to obtain his/her weight without wearing a gown.<br><br>During a surveyor interview on 9/18/2024 at 9:50 AM with Staff J, she acknowledged that she failed to wear a gown while assisting the resident with a transfer to the scale to obtain his/her weight.<br><br>During a surveyor interview on 9/18/2024 at 1:03 PM with the Assistant Director of Nursing and Infection Preventionist, she acknowledged the resident is on EBP and would expect the staff to wear a gown when transferring the resident, as required.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 415032 | A. Building<br>B. Wing | 09/20/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Cedar Crest Nursing Centre Inc | 125 Scituate Avenue<br>Cranston, RI 02920 |

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 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | 2. According to Infection Control Assessment and Response (ICAR) Tool for General Infection Prevention and Control (IPC) Across Settings .Wound Care Facilitator Guide from the Centers for Disease Control and Prevention last revised on 1/27/2023, states in part, .Maintain separation between clean and soiled equipment to prevent cross contamination .Any unused disposable supplies that enter the patient/resident's care area should remain dedicated to that patient/resident or be discarded. They should not be returned to the clean supply area. If supplies are dedicated to an individual patient/resident, they should be properly labeled and stored in a manner to prevent cross-contamination or use on another patient/resident (e.g., in a designated cabinet in the patient/resident's room) .Containers entering patient/resident care areas should be dedicated for single-patient /resident use or discarded after use .<br><br>Record review revealed that Resident ID #27 was readmitted to the facility in August of 2024 with diagnoses including, but not limited to, acquired partial absence of right hand second digit and history of gangrene (death of body tissue due to lack of blood flow or a serious bacterial infection) of the right hand, second digit.<br><br>Record review revealed a physician's order dated 7/10/2024 to cleanse the lateral right lower extremity and right shin stasis ulcer (open wound around the ankle or leg) with normal saline followed by Santyl (topical enzyme medication to remove dead tissue), calcium alginate (highly absorbent wound dressing), cover with absorbent dressing, rolled gauze, and elastic tubular bandage.<br><br>During a surveyor observation of the resident's wound care on 9/18/2024 at 10:25 AM revealed, Registered Nurse, Staff B, was observed to cut the resident's soiled dressing from his/her stasis ulcer wound with bandage scissors and failed to clean the scissors, prior to cutting the calcium alginate. She then placed the remaining portion of the calcium alginate back into the opened packaging. Additionally, she was observed measuring the wound with a paper wound measurement strip which was directly in contact with the wound. At the completion of the wound care, Staff B placed the used wound measurement strip onto the treatment cart and placed the package of calcium alginate into the treatment cart for multi-resident use.<br><br>During a surveyor interview on 9/18/2024 immediately following the above surveyor observation and on 9/19/2024 at 9:04 AM, Staff B acknowledged the above-mentioned observations.<br><br>During a surveyor interview on 9/19/2024 at approximately 10:00 AM, with the Director of Nursing Services, she revealed that she would have expected Staff B to clean the scissors after cutting a soiled dressing, designate the calcium alginate to Resident ID #27 and not return it to the multiuse section of the treatment cart. Additionally, she would have expected the wound measurement strips to have been discarded after use.<br><br>47939 |