

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  415033	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2024
NAME OF PROVIDER OR SUPPLIER  Heatherwood Rehabilitation & Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 398 Bellevue Avenue Newport, RI 02840	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 47939</p> <p>Based on record review and staff interview it has been determined that the facility failed to ensure that residents receive adequate supervision to prevent an accident for 1 of 3 residents reviewed for elopement, Resident ID #1.</p> <p>Findings are as follows:</p> <p>Record review of a facility policy titled elopement dated July 2015 states in part, .elopement is defined as the ability for a resident who is not capable of protecting himself or herself from harm to successfully leave the facility unsupervised .</p> <p>Record review of a facility reported incident submitted to the Rhode Island Department of Health on 6/11/2024 indicated, that Resident ID #1 was found outside of the facility on 6/10/2024.</p> <p>Record review revealed that the resident was readmitted to the facility in May of 2024 with diagnoses including, but not limited to, dementia, delusional disorder (psychotic disorder), and paranoid personality disorder.</p> <p>Review of the Minimum Data Set assessment dated [DATE] revealed a Brief Interview for Mental Status score of 7 out of 15, indicating s/he has severe cognitive impairment.</p> <p>Review of a care plan dated 4/18/2024 indicated the resident has impaired cognitive skills that is evidenced by poor decision making skills, poor short and long-term memory. Interventions include, but are not limited to, reporting unanticipated changes in cognitive status to the physician and to escort the resident to activities.</p> <p>Record review revealed the resident resides on a secured unit. On 6/10/2024 the resident attended an activity in a non-secured area of the facility and was able to elope from the facility without staff present.</p> <p>Review of video surveillance footage with the Administrator on 6/12/2024 at approximately 10:20 AM, revealed the resident was observed to exit the facility through the front door and was outside of the facility without staff supervision on 6/10/2024.</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:  415033	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2024
NAME OF PROVIDER OR SUPPLIER  Heatherwood Rehabilitation & Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 398 Bellevue Avenue Newport, RI 02840	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a subsequent interview with the Administrator on 6/12/2024 at 10:20 AM, he revealed the facility activities schedule on 6/10/2024 was music from 2:00 PM to 3:00 PM and bingo from 3:00 PM to 4:00 PM.</p> <p>Record review of a progress note dated 6/10/2024 at 5:01 PM indicated the resident was exit seeking around 3:00 PM stating, [spouse] was picking [him/her] up and wanted to go downtown. Further review revealed the resident was able to get out the front door unattended.</p> <p>Record review of a staff witness statement authored by the Dementia Coordinator, revealed in part, on 6/10/2024 at approximately 1:50 PM, she was bringing residents downstairs from the secure unit for a music performance on the first floor. The resident indicated s/he wanted to go outside and was walking toward the exit doors and the resident required redirection.</p> <p>Record review of staff witness statement authored by the Activity Director, revealed in part, on 6/10/2024 at approximately 3:00 PM, the resident stated something about wanting to leave and began exiting the dining room, walking toward the side porch door, and was again redirected from exit seeking.</p> <p>During a surveyor interview on 6/12/2024 at 2:06 PM with the Activities Assistant, she revealed that after bingo ended at approximately 4:00 PM, the resident was located outside the building unsupervised. She further revealed the resident stated, I was looking for the entrance, I haven't been here in years.</p> <p>During surveyor interviews on 6/12/2024 at 10:20 AM and 6/13/2024 at 12:01 PM with the Administrator, he acknowledged that the above-mentioned exit seeking behavior was a change in condition for this resident. Additionally, he revealed he would expect the activity staff to communicate the residents change in condition, when it occurred to the interdisciplinary team. Further, he could not provide evidence that the facility ensured that the resident received adequate supervision to prevent an elopement.</p>		