

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415034	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2024
NAME OF PROVIDER OR SUPPLIER Grand Islander Center		STREET ADDRESS, CITY, STATE, ZIP CODE 333 Green End Avenue Middletown, RI 02842	

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>37158</p> <p>Based on record review and staff interview, it has been determined that the facility failed to ensure that services being provided meet professional standards of practice for 1 of 2 residents reviewed relative to wound care, Resident ID #1.</p> <p>Findings are as follows:</p> <p>According to Mosby's Fundamentals of Nursing Concepts, Process and Practice, 4th Edition, page 809, states in part, "a Registered Nurse checks all transcribed orders against the original order for accuracy and thoroughness .</p> <p>Record review revealed the resident was admitted to the facility in June of 2024 with diagnoses including, but not limited to, bacteremia (an infection in the bloodstream), methicillin susceptible staphylococcus infection (a bacterial infection) and a wound to the left ischium (the lower and back part of the hip bone).</p> <p>Record review of a hospital document provided to the surveyor, titled, Wound Care Note dated 6/24/2024, indicated the resident has a Stage IV (full thickness loss of skin and tissue exposing muscle, tendon, bone) pressure injury (localized injury to the skin and underlying tissue) to his/her left ischium. Further review of the wound note states to continue the current wound treatment to the pressure injury, "Dakins [sodium hypochlorite] 0.125%, packing with a wet to dry dressing, BID [twice daily] and PRN [as needed] .</p> <p>Record review revealed a physician's order dated 6/28/2024 for Sodium Hypochlorite Solution 0.125% apply to affected area topically two times a day for wound care. Further review of the order failed to reveal instructions for the wound packing or the location of the wound.</p> <p>Record review of the June and July 2024 Treatment Administration Records revealed the treatment was signed off as administered.</p> <p>During a surveyor interview on 7/31/2024 at 12:49 PM with the Director of Nursing Services, she acknowledged that the wound treatment order was incomplete, as it did not include instructions for the wound packing or the area to apply the treatment. Additionally, she would expect a complete order to be transcribed for a treatment.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>37158</p> <p>Based on record review and staff interview, it has been determined that the facility failed to ensure a resident's drug regimen is free from unnecessary drugs for 1 of 1 resident reviewed receiving intravenous (medication administered via the vein) antibiotics, Resident ID #1.</p> <p>Findings are as follows:</p> <p>Record review revealed the resident was admitted to the facility in June of 2024 with diagnoses including, but not limited to, bacteremia (an infection in the bloodstream), methicillin susceptible staphylococcus infection (a bacterial infection) and osteomyelitis (an infection of the bone).</p> <p>Record review of the physician's orders revealed the following:</p> <p>-6/28/2024 for Meropenem Intravenous Solution, use 1 gram intravenously every 8 hours for osteomyelitis for 49 doses.</p> <p>Record review of the July 2024 Medication Administration Record revealed the Meropenem was administered beyond the ordered 49 doses, indicating the resident received 4 additional doses on the following dates and times:</p> <p>-7/15/2024 at 10:00 PM</p> <p>-7/16/2024 at 6:00 AM</p> <p>-7/16/2024 at 2:00 PM</p> <p>-7/16/2024 at 10:00 PM</p> <p>During an interview on 7/31/2024 at approximately 4:00 PM with the Director of Nursing Services, she acknowledged that the resident received an additional four doses of the antibiotic Meropenem. Additionally, she revealed the resident had missed two doses of the antibiotics on 7/2/2024 and 7/5/2024, and the nurse who transcribed the missed doses to be added to the order, must have entered the end date incorrectly.</p>		