

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 11/22/2024
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39496</p> <p>Based on record review and staff interview, it has been determined that the facility failed to ensure that residents maintain acceptable parameters of nutritional status, such as usual body weight for 1 of 2 residents reviewed for significant weight loss and/or gain, Resident ID #1.</p> <p>Findings are as follows:</p> <p>Record review of a facility's policy titled, Procedure: Weights and Heights states in part, .Admissions and re-admissions will be weighed within 24 hours of admission .If the body weight is not as expected, reweigh the patient .Significant weight change is defined as .5% in one month .10% in 6 months .notify the physician .Dietitian of significant weight changes .</p> <p>Record review of a facility policy titled, Nutrition/Hydration Care and Services states in part, .Staff will provide nutritional and hydration care and services to each patient .Observe and document oral intake of meals, supplements and snacks .</p> <p>1. Record review revealed the resident was readmitted to the facility in October of 2024, with diagnoses including, but not limited to, malignant neoplasm of the brain (brain cancer), acute subdural hemorrhage (bleeding near the brain), epilepsy (seizures), and dysphagia (difficulty swallowing).</p> <p>Review of a care plan dated 10/3/2024 revealed, the resident is a nutritional risk due to being prescribed a therapeutic diet. Staff interventions include, providing fortified foods, providing the resident his/her diet as ordered, and offering snacks.</p> <p>Record review of a nutritional assessment completed by the Dietitian on 11/1/2024 revealed that the most recent weight was 177.7 pounds (lbs.) obtained on 10/31/2024. It further reveals that this readmission weight represented a 9.2% loss from the resident's previous weight of 196.2 lbs. that was obtained prior to his/her hospitalization on [DATE]. The assessment further reveals that this weight loss was significant and unintentional.</p> <p>Record review revealed the resident weighed 193.2 lbs. on 11/8/2024 which is a significant weight gain of 8.72% from his/her previous weight of 177.7 lbs on 10/31/2024.</p> <p>Additional Record review revealed the resident weighed 180.8 lbs. on 11/15/2024 which is a significant weight loss of 6.42% from his/her 11/8/2024 weight of 193.2 lbs.</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 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 the resident was re-weighed on the above-mentioned dates when s/he had a documented significant weight loss or weight gain.</p> <p>During a surveyor interview on 11/20/2024 at 11:49 AM with Registered Nurse, Staff C, she acknowledged that the resident should have been re-weighed after the weight discrepancies on 10/31, 11/8, and 11/15/2024.</p> <p>2. Record review revealed incomplete documentation of intakes for meals and snacks from 11/1/2024 through 11/16/2024 as follows:</p> <p>-11/1/2024- 1 meal documented with 100% eaten.</p> <p>-11/2/2024- 1 meal documented with 50% eaten, 2 snacks documented with 0% and 100% eaten.</p> <p>-11/3/2024- no documentation of meals, 2 snacks documented with 0% eaten.</p> <p>-11/4/2024- 2 meals documented with 75% and 100% eaten, 3 snacks documented with 100%, 75% and 0% eaten.</p> <p>-11/5/2024- no meals documented, 2 snacks documented with 100% and 0% eaten.</p> <p>-11/6/2024- no meals documented, 1 snack documented with 100% eaten.</p> <p>-11/7/2024- 2 meals documented with 100% and 75% eaten, 2 snacks documented with 100% and 75% eaten.</p> <p>-11/8/2024- no meals documented; no snacks documented.</p> <p>-11/9/2024- no meals documented, 2 snacks documented with 100% and 100% eaten.</p> <p>-11/10/2024- 3 meals documented with 100%, 75% and 75% eaten, 2 snacks documented with 75% and 75% eaten.</p> <p>-11/11/2024- no meals documented, 2 snacks documented with 0% eaten and 75% eaten.</p> <p>-11/12/2024- no meals documented, 2 snacks documented with 100% and 100% eaten.</p> <p>-11/13/2024- 2 meals documented with 100% and 100% eaten, 2 snacks with 100% and 100% eaten.</p> <p>-11/14/2024- no meals documented; no snacks documented.</p> <p>-11/15/2024- no meals documented, 2 snacks documented with 75% and 0% eaten.</p> <p>-11/16/2024- no meals documented, 2 snack documented with 0% and refused.</p> <p>The resident was unable to be interviewed because s/he was in the hospital at the time of the survey.</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>During a surveyor interview on 11/20/2024 at approximately 11:30 AM with Speech Therapist, Staff A, she revealed that when she works with the resident related to his/her swallowing she reports the resident's intake to the Nursing Assistant (NA) and the NA documents it in the resident's record.</p> <p>During a surveyor interview on 11/20/2024 at approximately 11:40 AM with NA, Staff B, she revealed that NAs document the residents' meal and snack intakes in the electronic record.</p> <p>During a surveyor interview on 11/20/2024 at 1:15 PM with the Dietitian, she acknowledged the weights documented, if accurate, were indicative of significant weight loss and weight gain. She revealed that she would have expected that the resident would have been re-weighed to ensure the accuracy of the weight. Further, she revealed that as part of her assessment process she does review the documented meal intakes and would expect meals to be documented. Additionally, she revealed that she had not been notified of the significant weight loss documented on 11/15/2024, but if she had, her usual step would have been to initiate a nutritional supplement.</p> <p>During a surveyor interview on 11/20/2024 at 2:06 PM with the Director of Nursing Services (DNS) she revealed that she would have expected the staff to re-weigh the resident after his/her weights were obtained on 10/31, 11/8 and 11/15/2024. Additionally, the DNS could not provide evidence of complete meal documentation, or that the Dietitian was notified of the resident's significant weight losses or gains, as indicated in the facility's policy.</p>		