

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  04/22/2025
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>46671</p> <p>Based on record review and staff interview, it has been determined that the facility failed to immediately inform the resident's representative of an accident involving the resident, which resulted in injury and the decision to transfer the resident to an acute care hospital for 1 of 1 resident reviewed, Resident ID #1.</p> <p>Findings are as follows:</p> <p>Record review of a community reported complaint submitted to the Rhode Island Department of Health, on 4/17/2025 alleged that the resident's representative was not informed of a fall with injury that required the resident to be transferred to an acute care hospital.</p> <p>Record review of a facility policy last revised on 7/1/2024 titled Change in Condition: Notification of . states in part, .A Center must immediately inform the patient, consult with the patient's physician, and notify, consistent with their authority, the patient's representative, where there is: An accident involving the patient which results in injury and has the potential for requiring physician intervention .A decision to transfer or discharge the patient from the Center .</p> <p>Record review revealed that the resident was admitted to the facility in April of 2025 with a diagnosis including, but not limited to, stroke.</p> <p>Record review of a document titled Change in Condition Evaluation dated 4/12/2025 at 8:09 AM revealed, the resident sustained a fall associated with a laceration above his/her left eye, requiring sutures. Additionally, Section C of the document titled, Resident Representation Notification, under the section titled, Name of family/resident representation notified was documented as unknown at this time, on 4/12/2025 at 9:00 AM.</p> <p>Record review revealed that the resident was transferred to an acute care hospital on the morning of 4/12/2025.</p> <p>Additional record review failed to reveal evidence that the resident's representative was informed immediately of his/her accident which resulted in injury requiring the resident to be transferred to an acute care hospital on the morning of 4/12/2025.</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a surveyor interview with the Assistant Director Nursing Services on 4/21/2025 at 1:48 PM, she was unable to provide evidence that the resident's representative was immediately notified of the resident's fall and transfer to an acute care hospital on the morning of 4/12/2025.</p>		

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<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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46671</p> <p>Based on record review and staff interview, it has been determined that the facility failed to meet professional standards of quality relative to evaluating a resident's neurological status after a fall for 2 of 2 residents reviewed, Resident ID #s 1 and 3.</p> <p>Findings are as follows:</p> <p>Record review of a community reported complaint submitted to the Rhode Island Department of Health on 4/17/2025 alleged that the facility did not complete neurological assessments (neuro check, a critical component of resident care, enabling nurses to evaluate and monitor the neurological system. This assessment helps in identifying changes in a resident's neurological status, which can be indicative of underlying conditions or responses to treatment. The assessment includes evaluating mental status, cranial nerves, motor function, sensory function, reflexes, and gait and balance) for Resident ID #1, after s/he sustained a fall with a head injury which required a transfer to an acute care hospital.</p> <p>Record review of a facility policy last revised on 3/15/2024 titled, Falls Management states in part, .Post-Fall Management .Any patient who sustains an injury to the head from a fall and/or has a fall unwitnessed by staff will be observed for neurological abnormalities by performing neurological check, per policy .</p> <p>1. Record review revealed Resident ID #1 was admitted to the facility in April of 2025 with a diagnosis including, but not limited to, stroke.</p> <p>Record review of a document titled Change in Condition Evaluation dated 4/12/2025 at 8:09 AM revealed, the resident sustained a fall associated with a laceration above his/her left eye, requiring sutures. Review of the section titled Provider Notification and Feedback revealed that the provider was notified on 4/12/2025 at 7:45 AM with recommendations to, .Initiate facilities neuro protocol when resident returns from ER [emergency room] .</p> <p>Further record review failed to reveal evidence that the facility's neuro protocol was initiated after the resident returned to the facility from theER on [DATE].</p> <p>During surveyor interviews with the Assistant Director of Nursing (ADNS) on 4/21/2025 at 12:35 PM and 1:48 PM, she indicated that neuro assessments are completed and documented on paper. Additionally, she was unable to provide evidence that the facility's neuro protocol was initiated for Resident ID #1 after s/he returned from the ER and per the facility's policy on 4/12/2025.</p> <p>2. Record review revealed Resident ID #3 was admitted to the facility in April of 2025 with a diagnosis including, but not limited to, dementia.</p> <p>Record review of a progress note dated 4/20/2025 at 9:30 PM, revealed that the resident had an unwitnessed fall at 3:00 PM.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of a facility document titled, NEUROLOGICAL EVALUATION FLOW SHEET for Resident ID #3 revealed that the initial evaluation was to be completed on 4/20/2025 at 3:15 PM and every 15 minutes for the first two hours after the initial evaluation.</p> <p>Further record review failed to reveal evidence that the evaluation was completed on 4/20/2025 at the following times: 3:15 PM, 3:30 PM, 3:45 PM, 4:00 PM, 4:15 PM, and 4:30 PM.</p> <p>During a surveyor interview with the ADNS on 4/21/2025 at 4:35 PM, she acknowledged that the NEUROLOGICAL EVALUATION FLOW SHEET was not completed on 4/20/2025 at the above-mentioned times. Additionally, she was unable to provide evidence that Resident ID #3's neuro evaluation was completed in its entirety and indicated she would expect staff to complete the evaluation and document appropriately, per the facility policy.</p>