STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415034	A. Building B. Wing	05/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Grand Islander Center	333 Green End Avenue Middletown, RI 02842

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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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on record review, staff and resident interview, it has been determined that the facility failed to ensure that a resident's comprehensive person-centered care plan was implemented relative to weekly skin assessments for 3 of 7 residents reviewed, Resident ID #s 29, 32 and 172. Findings are as follows: 1. Record review for Resident ID #29 revealed s/he was re-admitted to the facility in February of 2025 with a diagnosis including, but not limited to, stroke. Record review revealed a care plan dated 2/27/2024 to conduct a comprehensive skin inspection weekly. Record review of the resident's weekly skin inspection documentation failed to reveal evidence that a weekly skin inspection was completed since 5/2/2025, indicating that the skin assessment was not completed on 5/9/2025. During a surveyor interview on 5/14/2025 at 3:06 PM with the Assistant Director of Nursing (ADON), she was unable to provide evidence that the resident's skin assessment was completed weekly, per the plan of care. 2. Record review for Resident ID #32 revealed s/he was admitted to the facility in May of 2024 with a diagnosis including, but not limited to, stroke. Record review revealed a care plan dated 5/28/2024 to conduct a comprehensive skin inspection weekly. Record review of the resident's weekly skin inspection documentation failed to reveal evidence that a weekly skin assessment was completed since 4/17/2025, indicating that the skin assessments were not completed on 4/24, 5/1, and 5/8/2025. During a surveyor interview on 5/14/2025 at 1:52 PM with Registered Nurse, Staff A, she was unable to provide evidence that the resident's skin assessments were completed weekly, per the plan of care. 3. Record review for Resident ID #172 revealed s/he was admitted to the facility in May of 2025 with a diagnosis including, but not limited to, dementia. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record review revealed a care plan dated 5/5/2024 for weekly skin checks by a licensed nurse. Record review of the resident's weekly skin assessment documentation failed to reveal evidence that a weekly skin assessment was completed since 5/3/2025, indicating that the skin assessment was not completed on 5/10/2025. During a surveyor interview on 5/14/2025 at 2:00 PM with the ADON, she was unable to provide evidence that the resident's skin assessment was completed weekly, per the plan of care.

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	415034	A. Building B. Wing	05/14/2025

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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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide activities to meet all resident's needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on surveyor observation, staff and resident interview, it has been determined that the facility failed to provide, based on the comprehensive assessment, care plan and the residents' preferences's, an ongoing program to support the residents' choice of activities which reflect the residents' interests, for 3 of 3 residents reviewed that were unable to watch television in their room from 5/9/2025 through 5/13/2025, Resident ID #'s 2, 86, and 99. Findings are as follows: 1. Record review revealed Resident ID #2 was admitted to the facility with a diagnosis including, but not limited to, chronic obstructive pulmonary disease (a chronic lung disease that causes damage to the lungs). Record review of his/her Annual Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 15 out of 15, indicating intact cognition. Further review of the MDS, Section F, revealed that it is very important to the resident to keep up with the news. Record review of a care plan dated 11/21/2022 revealed a focused area for opportunity to engage in daily routines that are meaningful to his/her preferences with the following interventions in place: - I keep up with the news by reading the newspaper, and watching TV - I like to look out the window, lay down/rest, pray, read, think, watch TV, crossword search, adult coloring by myself - I enjoy watching/listening TV During a surveyor interview on 5/12/2025 at 12:57 PM with the resident, s/he indicated that the television in his/her room has not worked since Friday 5/9/2025. S/he indicated that s/he was unhappy over the weekend without a television to watch the news or any movies. 2. Record review revealed Resident ID #86 was admitted to the facility with a diagnosis including, but not limited to, wedge compression fracture of the first lumbar (type of fracture where the front part of the vertebra collapses causing a wedge shape). Record review of his/her admission MDS assessment dated [DATE], revealed a BIMS score of 15 out of 15, indicating intact cognition. Further review of the MDS, Section F, revealed that it is somewhat important to the resident to keep up with the news. Record review of his/her care plan dated 12/2/2024, revealed a focused area for the opportunity to engage in daily routines that are meaningful relative to the resident's preferences with the following interventions: - I keep up with the news by watching TV - I enjoy watching/listening TV (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- I like to watch TV/movies by myself in my bedroom During a surveyor interview on 5/12/2025 at 12:48 PM with the resident, s/he indicated that the television in his/her room has not worked for several days and s/he was left with nothing to do. 3. Record review revealed Resident ID #99 was admitted to the facility with a diagnosis including, but not limited to, metabolic encephalopathy (a brain disorder that results from a disturbance in metabolism, causing brain dysfunction). Record review of his/her Quarterly MDS assessment dated [DATE], revealed a BIMS score of 11 out of 15, indicating moderate cognitive impairment. Record review of his/her care plan dated 8/15/2024 revealed a focused area to engage in daily routines that are meaningful and preferred, with an intervention including, but not limited to, watching and listening to TV. During a surveyor interview on 5/12/2025 at 12:57 PM with the resident, s/he indicated that the television does not work due to an electrical issue with the plug for the television. S/he revealed that s/he was very upset especially over the weekend when there were no activities. During a surveyor interview on 5/13/2025 at 8:27 AM with the Maintenance Director, he revealed that he was aware of the power outage, effecting the above-mentioned residents outlets. During a surveyor interview on 5/14/2025 at 3:07 PM with the Clinical Market Advisor, he revealed it was his expectation that the residents effected by the power outage, should have been offered and provided a tablet to watch television or movies.

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	415034	A. Building B. Wing	05/14/2025

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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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on surveyor observation, record review, and staff and resident interview, it has been determined that the facility failed to ensure that a resident receives care, consistent with professional standards of practice to prevent pressure ulcers (localized injury to the skin and/or underlying tissue, usually over a bony prominence, as a result of intense and/or prolonged pressure) for 1 of 2 residents reviewed, Resident ID #43. Findings are as follows: Record review revealed the resident was admitted to the facility in April of 2025 with diagnoses including, but not limited to, right femur fracture and osteoarthritis. During a surveyor interview with the resident on 5/12/2025 at 11:27 AM, s/he revealed that s/he has bed sores on his/her buttocks and the areas are red. Additionally, s/he revealed that they sometimes apply a cream to both his/her butts. Record review revealed a care plan dated 4/28/2025 indicating that the resident is at risk for skin breakdown, with interventions that include, but are not limited, to the following: - Provide preventative skin care as ordered - Weekly skin check by licensed nurse Record review of the admission Minimum Data Set assessment dated [DATE] revealed, the resident is non ambulatory and requires moderate assistance from staff for bed mobility, transferring, hygiene, and dressing. Record review of the point of care documentation, completed by the nursing assistants revealed an Intervention/Task for preventative skin care ie. creams/lotions every shift. Further review of the document revealed that staff failed to provide preventative skin care for 32 out of 36 opportunities for the month of May. Record review of the weekly skin assessments revealed a skin check was completed on 5/1/2025, indicating no skin impairment. Further review of the weekly skin checks failed to reveal evidence that a weekly skin check was completed after 5/1/2025. During a surveyor interview on 5/13/2025 at 12:25 PM with Registered Nurse (RN) Staff B, she acknowledged that the last skin assessment was completed on 5/1/2025 and that a skin assessment should have been completed on 5/8/2025. Staff B was unable to provide evidence that a skin check was completed after 5/1/2025. During a subsequent interview and simultaneous observation of the resident's skin with Staff B, on 5/13/2025 at 12:27 PM, the resident expressed that s/he has bed sores on his/her buttocks. Additional observation of the resident revealed the skin to his/her buttocks was pink, with a blanchable area noted on each buttock cheek, approximately the size of a quarter. Furthermore, Staff B acknowledged the above observations. (continued on next page)

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	415034	A. Building B. Wing	05/14/2025

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a surveyor interview on 5/14/2025 at 11:13 AM with the facility Wound Nurse, she revealed that typically residents needing preventative skin care are those that have intact blanchable redness, have had a previous pressure injury, and/or impaired mobility. During a surveyor interview with the Assistant Director of Nursing on 5/14/2025 at 5:08 PM, she was unable to provide evidence that a weekly skin assessment was completed for the resident after 5/1/2025. Additionally, she indicated that she would have expected that a skin assessment would be completed weekly.

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	415034	A. Building B. Wing	05/14/2025

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. Based on record review and staff interview, it has been determined that the facility failed to maintain acceptable parameters of nutritional status, such as usual body weight, for 1 of 5 residents reviewed, who experienced an actual weight loss and the facility failed to follow their own policy relative to weight monitoring, Resident ID #173. Findings are as follows: Review of a facility policy titled Weights and Heights states in part, .Obtaining and Documenting Weight: 1.1 A licensed nurse or designee will weigh the patient. 1.1.1 Admissions and re-admissions will be weighed within 24 hours of admission . 1.1.4 If the body weight is not expected, re-weigh the patient . 2.1 Significant weight changes will be reviewed by the licensed nurse for assessment . 2.2 The licensed nurse will: 2.2.1 Notify the physician .Dietitian of significant weight changes . Record review revealed the resident was admitted to the facility in April of 2025 with diagnoses including, but not limited to, sepsis due to Enterococcus (a bacteria that enters the bloodstream and may cause a widespread inflammatory response), and diabetes mellitus. Record review revealed the Registered Dietitian completed a nutritional admission assessment on 5/1/2025. Review of a care plan dated 5/1/2025 revealed the resident is at nutritional risk related to a therapeutic diet. Further review of the care plan revealed interventions to provide his/her diet as ordered, and offer him/her snacks. Record review revealed a physician's order with a start date of 5/2/2025 for weekly weights for 4 weeks. Record review revealed the following weights were obtained: - 4/29/2025 (admission weight): 224.8 pounds (lbs.) - 5/3/2025: 222.0 lbs. - 5/4/2025: 220.0 lbs. - 5/5/2025: 218.4 lbs. (continued on next page)

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	415034	A. Building B. Wing	05/14/2025

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- 5/6/2025: 216.0 lbs. - 5/7/2025: 217.4 lbs. - 5/9/2025: 213.0 lbs. - 5/10/2025: 210.8 lbs. - 5/12/2025: 208.4 lbs. - 5/13/2025: 209.7 lbs. Record review revealed the resident experienced a 6.7% (15.1 lbs.) significant weight loss in less than one month, from 4/29/2025 to 5/13/2025. Record review failed to reveal evidence that a nutritional intervention was implemented. During a surveyor interview on 5/14/2025 at 3:30 PM with the RD, she revealed that she was unaware of the resident's significant weight loss. Additionally, she revealed that if she had been notified of the resident's significant weight loss she would have implemented an intervention of fortified foods. Lastly, she revealed she would assess the resident more often, as s/he has had a significant weight loss. During a surveyor interview on 5/14/2025 at 4:47 PM with the resident's physician, he revealed that he was not aware of the extent of the resident's weight loss. Additionally, he revealed that he saw the resident today and would review his/her record later that day. During a surveyor interview on 5/14/2025 at 2:25 PM with the Assistant Director of Nursing, she revealed that the computer system will trigger when a weight loss is identified at 5%, 7.5% and 10% and further revealed that when a weight loss percentage is triggered, a reweigh should be obtained that day or the next.

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	415034	A. Building B. Wing	05/14/2025

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F 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide for the safe, appropriate administration of IV fluids for a resident when needed. Based on record review and staff interview, it has been determined that the facility failed to meet professional standards of practice, in accordance with physician orders and the comprehensive person-centered care plan, for 1 of 1 resident reviewed who was receiving antibiotics via a peripherally inserted central catheter (PICC; a long flexible tube that is inserted into a vein in the arm and threaded through a larger vein leading to the heart, used to administer intravenous (IV) fluids and medications), Resident ID #173. Findings are as follows: Record review revealed the resident was admitted to the facility in April of 2025 with a diagnosis including, but not limited to, enterococcal bacteremia (a bacteria that enters the bloodstream and may cause a widespread inflammatory response). Record review revealed the resident was receiving the following antibiotics: -Ampicillin (an antibiotic prescribed to treat various infections) 2 grams intravenously, every 4 hours. -Ceftriaxone (an antibiotic prescribed to treat various infections) 2 grams intravenously, every 12 hours. Record review revealed a physician's order dated 5/6/2025 to change the PICC catheter site dressing weekly. Additional review revealed to indicate the external catheter length and the upper arm circumference (10 centimeters (cm) above the antecubital [the front of the elbow]) and to notify the practitioner if the external length of the catheter has changed since the last measurement. Record review of the hospital continuity of care document revealed the resident had a PICC line placed on 4/26/2025. Further review of the hospital paperwork failed to reveal measurements relative to the PICC line including, external catheter length or the upper arm circumference measurements. Record review of the May 2025 Medication Administration Record (MAR), revealed the PICC line dressing change was signed off as completed with the initials of Registered Nurse (RN) Staff C, on 5/6/2025 and 5/13/2025. Additionally, the MAR failed to reveal evidence of an external catheter length measurement or the upper arm circumference measurement. Further record review failed to reveal evidence of measurements for the PICC line's external catheter length or the right upper arm circumference for the dates of 5/6, 5/12 or 5/13/2025. Surveyor observations of the resident's PICC line dressing to his/her right upper arm on 5/12/2025 and on 5/14/2025 revealed the dressing that was dated 5/12 with the initials of a different nurse. During a surveyor interview with the Clinical Market Advisor on 5/14/2025 at 12:40 PM, he was unable to provide evidence of measurements for the resident's PICC line that included the external catheter length or the right upper arm circumference. (continued on next page)

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	415034	A. Building B. Wing	05/14/2025

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F 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a surveyor interview with the Assistant Director of Nursing Services (ADNS) on 5/14/2025 at 3:14 PM, she revealed that the PICC line dressing was changed on 5/12/2025 because the dressing was lifting. During a surveyor interview on 5/14/2025 at 3:45 PM with Staff C, she indicated that she signed off that she had completed the PICC line dressing changes in error on 5/6/2025 and again on 5/13/2025. Additionally, she revealed that she has never changed the resident's PICC line dressing. Cross reference F 726

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	415034	A. Building B. Wing	05/14/2025

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. Based on record review and staff interview, it has been determined that the facility failed to ensure that a resident who requires dialysis (a treatment that filters blood when kidneys fail to adequately remove fluids and waste) receive such services consistent with professional standards of practice and the comprehensive person-centered care plan, for 1 of 1 resident reviewed receiving dialysis, Resident ID #83. Findings are as follows: Record review of a facility policy titled, Dialysis: Hemodialysis External Catheter Evaluation and Maintenance last revised 5/1/2025, states in part, .The licensed nurse will ensure that the dialysis access site (e.g. AV shunt or graft [a synthetic tube used to surgically connect the artery and vein, used for dialysis access]) is checked before and after dialysis treatment and every shift for patency [free from blockage or open] by auscultating for bruit [whooshing or swishing sound heard with a stethoscope] and palpating [feeling] for a thrill [a vibration felt with the fingertips when touching the AV shunt or graft] . Record review revealed the resident was admitted to the facility in April of 2023 with diagnoses including, but not limited to, end stage renal disease and dependence on renal dialysis. Record review of a care plan initiated on 4/5/2023, revealed the resident is at risk for complications related to hemodialysis with an intervention in place to monitor the dialysis access site for a positive bruit and a positive thrill, every shift and as needed. Record review failed to reveal evidence of a physician's order to monitor the dialysis access site for a positive bruit and a positive thrill every shift. Record review of the progress notes revealed 9/21/2024 was the last time the dialysis site was assessed for a positive bruit and a positive thrill. During a surveyor interview on 5/13/2025 at 3:57 PM with Registered Nurse, Staff D, she acknowledged that the resident did not have an order to monitor for a positive bruit and thrill, as indicated per the facility policy. Further review of the record revealed a physician's order was obtained on 5/13/2025 to check for a positive bruit and thrill to the left arm, after the concern was brought to the facility's attention by the surveyor. During a surveyor interview on 5/14/2025 at 3:07 PM with the Clinical Market Advisor, he indicated that he would have expected an order to be initiated to monitor the resident's dialysis access site for a positive bruit and thrill on every shift and as needed.

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	415034	A. Building B. Wing	05/14/2025

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. Based on record review and staff interview, it has been determined that the facility failed to ensure that nursing staff have the appropriate competencies and skills sets to provide nursing and related services to assure resident safety, to attain or maintain the highest practicable physical, mental, and psychosocial wellbeing of each resident, as determined by resident assessments, and considering the number, acuity, and diagnoses of the facility's resident population, in accordance with the facility assessment, for 4 of 4 nurses reviewed, Staff B, D, E and F. Additionally, the facility failed to have the appropriate competencies and skill sets relative to a peripherally inserted central catheter (PICC; a long flexible tube that is inserted into a vein in the arm and threaded through a larger vein leading to the heart, used to administer intravenous [IV] fluids and medications), for 3 of 3 nurses reviewed, Staff G, H, and I. Findings are as follows: Record review of the Facility Assessment dated 2/12/2025, states in part, .Center staff .receive initial training .staff training/competency/skill sets are sets that are necessary to provide the level and types of care needed for the patient/resident population .yearly .and as necessary .the following is a breakdown of departments and the area in which they receive competencies. Licensed Nurses .I.V. skills .PPE [personal protective equipment], infection control .catheters, G-tube [gastrostomy tube; a flexible tube inserted through the abdominal wall] . 1. Record review failed to reveal evidence that the following staff had completed annual nursing competencies since 2023: - Registered Nurse (RN) Staff E, hired in March of 2009 - RN Staff B, hired in March of 2023 - RN Staff F, hired in August of 2023 - RN Staff G, hired in May of 2016 2. Record review of the facility assessment revealed that the facility provides services for the resident population including, but are not limited to, IV therapy. Further review of the assessment requires staff to be competent in this skill set. Record review of the education/competency files for Staff H, I and J failed to reveal evidence that they had completed their yearly IV competency to manage and administer medications via a PICC line, per the facility assessment. - Licensed Practical Nurse (LPN) Staff H, hired in May of 2016 - LPN Staff I, hired in October of 2006 - RN Staff J, hired in December of 2020 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415034	A. Building B. Wing	05/14/2025

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a surveyor interview on 5/14/2025 at 5:07 PM with the Clinical Market Advisor, he was unable to provide evidence that any of the above-mentioned staff members had completed their yearly competencies according to the facility assessment, as required. Cross reference F 694

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	415034	A. Building B. Wing	05/14/2025

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. Based on record review and staff interview, it has been determined that the facility failed to ensure that the irregularities identified by the Clinical Consultant Pharmacist during the monthly pharmacist Medication Regimen Review (MRR) were acted upon for 3 of 6 residents reviewed, Resident ID #s 29, 76 and 96. Findings are as follows: 1. Record review for Resident ID #29 revealed a physician's order dated 2/21/2025 for Lantus insulin (a medication prescribed to lower blood sugar), 16 units daily at bedtime, and Sitagliptin (a medication prescribed to treat type 2 diabetes mellitus), 150 milligrams (mg) daily. Record review of the pharmacist's MRR, dated 4/15/2025, revealed the following recommendations: - to consider decreasing the resident's Lantus insulin 16 unit dose at bedtime, by 2 units - to evaluate the Sitagliptin 150 mg daily dose, as it exceeds the maximum recommended manufacturer's dosing of 100 mg daily 2. Record review for Resident ID #76 revealed a physician's order dated 2/6/2025 for lorazepam (a medication prescribed to treat anxiety disorders) 0.5 mg every 6 hours as needed (PRN). Record review of the pharmacist's MRR, dated 4/15/2025, revealed a recommendation to evaluate the resident's current diagnosis, behavior, usage pattern, and his/her continued need for the medication. Additional recommendations were made to discontinue the order or indicate the duration of the PRN order. 3. Record review for Resident ID #96 revealed the following physician's orders: - two duplicate orders of phenazopyridine (a medication prescribed to relieve pain or irritation of the urinary tract), 200 mg every 8 hours PRN - acetaminophen (a medication prescribed to relieve mild to moderate pain), 1000 mg every 8 hours PRN - aspirin-acetaminophen-caffeine (a medication prescribed to relieve a headache), 250mg-250mg-65mg PRN daily - Miralax (a medication prescribed to treat constipation) oral powder 17 grams, twice daily Record review of the pharmacist's MRR, dated 4/15/2025, revealed the following recommendations: - to consider discontinuing one of the duplicate PRN phenazopyridine orders - to write an order for clarification to include parameters not to exceed a maximum total dosage of 3 grams of the medications containing acetaminophen (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415034	A. Building B. Wing	05/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Grand Islander Center	333 Green End Avenue Middletown, RI 02842

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- to consider adding an order to mix the Miralax with 4 to 8 ounces of fluid per dose Record review for Resident ID #s 29, 76 and 96 failed to reveal evidence that the monthly MRRs, with noted irregularities, were reviewed and acted upon by the resident's provider. During a surveyor interview on 5/14/2025 at approximately 5:30 PM with the Clinical Market Advisor and the Assistant Director of Nurses, they were unable to provide evidence that the pharmacy consultation reports were reviewed by the provider and acted upon, as required.

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. Based on record review and staff interview, it has been determined that the facility failed to ensure that residents are free from any significant medication errors, for 1 of 1 resident reviewed for Warfarin/Coumadin therapy (an anticoagulant medication prescribed to reduce the blood's ability to clot, preventing or treating blood clots), Resident ID #21. Findings are as follows: Review of a document titled, A Guide to Taking Warfarin created by the American Heart Association, states in part, .It's important to monitor the INR [International Normalized Ratio, a standardized way to measure the prothrombin time [PT] of a blood sample. The INR is used to monitor the effectiveness of Warfarin] at least once a month and sometimes as often as twice weekly to make sure the level of Warfarin remains effective. If the INR is too low, blood clots will not be prevented, but if the INR is too high, there is an increased risk of bleeding . Record review revealed Resident ID #21 was admitted to the facility in February of 2025 with diagnoses including, but not limited to, unspecified atrial fibrillation (an irregular heartbeat), essential hypertension (high blood pressure with no identifiable underlying cause), and the presence of a cardiac pacemaker (a device used to control an irregular heart rhythm). Record review revealed the following physician's orders: - 5/5/2025, Warfarin Sodium Oral Tablet 3 milligrams (mg), give 1 tablet by mouth in the evening, every Monday and Wednesday for 2 administrations. Repeat PT/INR on 5/8/2025. Report results to MD/NP (Physician or Nurse Practitioner) - 5/2/2025 Warfarin Sodium Oral Tablet 2 mg, give 1 tablet by mouth in the evening, every Tuesday, Friday, Saturday, and Sunday for 4 administrations. Repeat PT/INR on 5/8/2025. Report results to MD/NP Record review of a document titled Lab Results Report dated 5/8/2025, revealed a PT/INR laboratory result of 2.0 (the therapeutic range for anticoagulant therapy 2.0-3.0). Record review of a progress note dated 5/8/2025, revealed the resident's PT/INR laboratory result of 2.0 was reported to the physician, who ordered to continue the previous Warfarin dosing orders and to have a PT/INR laboratory test on 5/15/2025. Record review of the physician's orders failed to reveal evidence that a Warfarin order was implemented on 5/8/2025. Record review of the May 2025 Medication Administration Record (MAR) failed to reveal evidence that the resident received his/her Warfarin Sodium on the following dates and times: - Thursday, 5/8/2025 at 5:00 PM - Friday, 5/9/2025 at 5:00 PM (continued on next page)

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	415034	A. Building B. Wing	05/14/2025

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review revealed a physician's order dated 5/10/2025 for a one-time dose of Warfarin sodium 2 mg. Record review of the May 2025 MAR revealed that the Warfarin 2 mg was signed off as administered by the nurse. Record review of a PT/INR laboratory result, dated 5/11/2025, revealed a result of 1.7, indicating a subtherapeutic (less than therapeutic) result. During a surveyor interview on 5/14/2025 at 4:41 PM with the Assistant Director of Nurses, she acknowledged that the resident missed his/her Warfarin doses on Thursday, 5/8 and Friday, 5/9/2025.

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	415034	A. Building B. Wing	05/14/2025

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. Based on surveyor observation and staff interview, it has been determined that the facility failed to store and label drugs and biological's in accordance with currently accepted professional principles for 3 of 7 medication carts observed, and for 2 of 3 medication rooms. Findings are as follows: According to the facility policy titled, Disposal of Medication Waste dated 7/1/2024, states in part, .All medications will be disposed of in accordance with applicable federal, state and local regulations . Medications for disposal include: -Medications which are not taken with the patient upon discharge; -Discontinued, expired, or contaminated medications not returned to the pharmacy . 1a. A surveyor observation on 5/13/2025 at 4:45 PM of the Homestead Unit medication cart, revealed a medicine cup with one round white pill on top of the medication cart located in the hallway, unattended. Certified Medication Technician (CMT), Staff K, was observed exiting the restroom and walking towards the medication cart. During a surveyor interview immediately following the above observation with CMT, Staff K, she revealed that she dispensed 3 Tylenol tablets and placed one of the tablets in a cup and left the cup on the medication cart. Staff K acknowledged that she should have discarded the pill and should not have left it unattended on the medication cart. 1b. A surveyor observation on 5/14/2025 at approximately 8:30 AM of the Avenue Unit medication cart, in the presence of Registered Nurse (RN), Staff A, revealed the following: -1 Lantus insulin pen, opened without a date. Manufacturer's instructions state to discard 28 days after opening. -1 Lantus insulin pen, opened with a date of 2/11. Manufacturer's instructions state to discard 28 days after opening. -1 Breo Ellipta inhaler, opened without a date, manufacturer's instructions state to discard 6 weeks after opening. -1 Active Liquid Protein, (with the majority of the contents consumed) opened without a date. Manufacturer's instructions state to discard 3 months after opening. (continued on next page)

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	415034	A. Building B. Wing	05/14/2025

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a surveyor interview with Staff A immediately following the above observations, she acknowledged that the Lantus insulin pen had a date of 2/11 and that it was expired. Additionally, she acknowledged that the remaining above-mentioned medications were opened, without a date and should have been dated when opened. 2a. A surveyor observation on 5/14/2025 at approximately 8:30 AM of the Transitional Care Unit medication room, in the presence of Licensed Practical Nurse, Staff H, revealed the following: -2 Kayexalate bottles in the medication cabinet, prescribed for a resident that no longer resides on the unit. -1 box of Lovenox 30 milligram (mg) injections, 7 injections remaining, prescribed for a resident that no longer resides on the unit. During a surveyor interview with Staff H, she indicated that they should have been placed in the discarded medication bin. 2b. A surveyor observation on 5/14/2025 at 9:00 AM of the M Nurses Station medication room refrigerator, revealed the following: -1 Lispro insulin pen, opened without a date. Manufacturer's instructions state to discard 28 days after opening. During a surveyor interview immediately following the above observation with RN Staff L, she acknowledged that the Lispro insulin pen was open without a date and that it should have been dated when opened and was going to be discarded. 2c. A surveyor observation on 5/14/2025 at 9:50 AM of the Homestead medication room refrigerator revealed the following: -1 bottle of Lorazepam Intensol, with an expiration date of 5/6 written on the medication box. During a surveyor interview with RN, Staff M, she acknowledged that the Lorazepam medication was expired and should have been discarded. During a surveyor interview on 5/14/2025 at 2:19 PM with the Assistant Director of Nursing Services, she acknowledged the above-mentioned medications were not dated when opened, that the expired medications were still in use and the prescribed Kayexalate and Lovenox were located in the medication storage cabinet and should have been discarded.

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	415034	A. Building B. Wing	05/14/2025

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F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Dispose of garbage and refuse properly. Based on surveyor observation and staff interview, it has been determined that the facility failed to disposed of garbage and refuse properly relative to 1 of 1 outside dumpster and the surrounding area. Findings are as follows: Surveyor observation of the outside dumpster area, in the presence of the Food Service Director on 5/14/2025 at 8:51 AM revealed the following: - Various sizes of cardboard boxes, broken down, on the ground surrounding the dumpster - Scattered used surgical and N95 masks on the ground - A tall, thin cardboard box containing 2 white wood wall baseboard pieces and 2 additional baseboard pieces on the ground - Used bubble wrap located on the ground - A mattress - 5 pieces of wood located on the ground - A large metal bed frame During a surveyor interview with the Maintenance Director on 5/14/2025 at 9:11 AM, he acknowledged the above-mentioned items and indicated that the area surrounding the dumpster needed to be cleaned and the items needed to be discarded.

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	415034	A. Building B. Wing	05/14/2025

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to maintain an infection prevention and control program to help prevent the transmission of communicable diseases and infections, relative to Enhanced Barrier Precautions (EBP; involves using a gown and gloves during high-contact resident care activities) for 2 of 2 residents reviewed with wounds, Resident ID #s 34 and 47, and for 1 of 1 resident reviewed with a urinary catheter, Resident ID #88. Findings are as follows: Review of a facility policy titled, .Enhanced Barrier Precautions (EBP) In addition to Standard Precautions, (EBP) will be used when Contact Precautions do not otherwise apply .It employs targeted personal protective equipment [PPE] use during high contact patient/resident .activities is .Implementation of EBP .Patient Status .a wound or indwelling medical device without secretions or excretions that are unable to be covered or contained . Record review of the facility procedure for EBP last revised on 5/1/2025 states in part, 1. Post the appropriate Enhanced Barrier Precautions sign on the patient's room door . 1.3 Print precaution signs in color .Follow the Centers for Disease Control and Prevention (CDC) guidance table below. 'Precautions .Enhance Barrier All patients with any of the following .Chronic wounds and /or indwelling medical devices (e.g, central line, urinary catheter, enteral feeding tube .PPE used for these situations .During high contact patient care activities: Dressing, Bathing/showering, Transferring, Providing hygiene, Changing linens, Changing briefs or assisting with toileting, Device care or use, central line, urinary catheter Wound care: any skin opening requiring a dressing .' A. Record review revealed Resident ID #34 has a diagnosis including, but not limited to, a blister on the right foot. Record review revealed a physician's order dated 5/1/2025 to cleanse the opened blister to the right heel, pat dry, apply skin prep around the wound and cover with a bordered gauze daily. B. Record review revealed Resident ID #47 has a diagnosis including, but not limited to, an open wound to the right lower leg. Record review revealed a physician's order dated 4/2/2025 for Fluocinonide External Cream 0.05 % (a topical medication prescribed to treat skin conditions that involve inflammation), apply to the right lower leg daily for bullous pemphigoid (an autoimmune skin disorder characterized by the formation of large, blisters that can rupture and leave open sores) for 8 Weeks. C. Record review revealed Resident ID #88 has diagnoses including, but not limited to, obstructive and reflux uropathy (a condition where the urine flow is blocked in the urinary tract), open wound of the scalp, a history of urinary tract infections, encounter for fitting and adjustment of urinary devices and need for assistance with personal care. (continued on next page)

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	415034	A. Building B. Wing	05/14/2025

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record review of the physician's orders revealed the following: - 5/8/2025, Cleanse scalp wound with NS (normal saline; a mixture of salt and water), pat dry and cover with a bordered gauze dressing daily - 7/21/2023, Empty the urinary catheter drainage bag at least once every eight hours when it becomes 1/2 to 2/3 full Surveyor observations of the Homestead Unit failed to reveal evidence that the above-mentioned residents had the appropriate EBP signage on the doors to their rooms, on the following dates and times: - 5/12/2025 at 10:14 AM, 10:20 AM, 12:00 PM, 12:30 PM, 2:18 PM, 2:28 PM, 3:05 PM and 3:26 PM - 5/13/2025 at 8:11 AM, 8:38 AM, 10:54 AM, 11:16 AM, 12:07 PM, 1:54 PM, 4:45 PM and 5:06 PM - 5/14/2025 at 9:11 AM, 9:31 AM, 11:16 AM, and 3:02 PM During a surveyor interview on 5/14/2025 at 9:11 AM with Nursing Assistant (NA), Staff N, he revealed that he has been taking care of the residents on this unit who have urinary catheters and wounds. Additionally, Staff N was unaware that the residents should have been on EBP and required PPE when he provided direct care to them. During a surveyor interview on 5/14/2025 at 1:58 PM with the Unit Manager, Registered Nurse, Staff M, she acknowledged that there are no signs indicating that the above-mentioned residents were on EBP. Furthermore, Staff M revealed that she would expect any resident with a urinary catheter and/or wounds would have been placed on EBP and signage should have been placed on their door. Additionally, she would expect that whenever staff provides direct care to residents with catheters or wounds they should wear the appropriate PPE. During a surveyor interview on 5/14/2025 at 2:06 PM with NA, Staff O, she revealed that she has not received training on EBP and was unaware that any of the residents on the Homestead Unit required EBP. During a surveyor interview on 5/14/2025 at 2:26 PM and at 2:35 PM with the Clinical Market Advisor, he revealed that he would expect resident's with wounds, gastrostomy tubes, and urinary catheters to be placed on EBP and that staff would utilize PPE when providing direct care.

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	415034	A. Building B. Wing	05/14/2025

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement a program that monitors antibiotic use. Based on record review and staff interview, it has been determined that the facility failed to establish an Infection Prevention and Control Program (IPCP) that must include an antibiotic stewardship program for antibiotic use protocols for 2 of 3 residents, Resident ID #s 100 and 172. Findings are as follows: According to the Centers for Disease Control and Prevention (CDC) document titled, The Core Elements of Antibiotic Stewardship for Nursing Homes states in part, Standardize the practices which should be applied during the care of any resident suspected of an infection or started on an antibiotic. These practices include improving the evaluation and communication of clinical signs and symptoms when a resident is first suspected of having an infection, optimizing the use of diagnostic testing, and implementing an antibiotic review process, also known as an antibiotic time-out, for all antibiotics prescribed in your facility. Antibiotic reviews provide clinicians with an opportunity to reassess the ongoing need for and choice of an antibiotic when the clinical picture is clearer and more information is available .Track the amount of antibiotic used in your nursing home to review patterns of use and determine the impact of new stewardship interventions . Interventions designed to shorten the duration of antibiotic courses, or discontinue antibiotics based on post-prescription review (i.e., antibiotic time-out), may not necessarily change the rate of antibiotic starts, but would decrease the antibiotic DOT [days of therapy] . Review of a facility policy titled, Antibiotic Stewardship Program dated 12/18/2019, states in part, .Discuss with providers if the patient meets criteria for antibiotic use or if alternative measures for treatment are warranted (careful observation, increased hydration) . During a surveyor interview on 5/14/2025 at 9:20 AM with the Clinical Market Advisor and the Assistant Director of Nursing, they revealed that the facility utilizes the Mcgeers Criteria (a set of standardized definitions for identifying infections) for their Antibiotic Stewardship Program. Record review of the Mcgeers criteria provided by the facility revealed the following: For residents with an indwelling catheter both criteria 1 and 2 must be present: 1. At least 1 of the following sign or symptom subcriteria a. Fever, rigors (shivering), or new-onset hypotension (low blood pressure), with no alternate site of infection b. Either acute change in mental status or acute functional decline, with no alternate diagnosis and leukocytosis (elevated white count) c. New-onset suprapubic (above the pubic bone) pain or costovertebral (joints connecting the ribs to vertebral column) angle pain or tenderness d. Purulent (pus) discharge from around the catheter or acute pain, swelling, or tenderness of the testes, epididymis (a tube attached to each testicle), or prostate (a gland below the bladder) (continued on next page)

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	415034	A. Building B. Wing	05/14/2025

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. Urinary catheter specimen culture with at least 105 cfu/mL (colony-forming units per milliliter) of any organism(s). A. Record review for Resident ID #100 revealed s/he was admitted to the facility in September of 2024 with a diagnosis including, but not limited to, nontraumatic intracerebral hemorrhage (brain bleed). Record review revealed a physician's order with a start date of 12/4/2024 to provide indwelling catheter care (a thin, flexible tube inserted in to the bladder to treat urinary retention) twice daily. Record review of a nursing progress note dated 4/26/2025 at 12:45 PM revealed that the resident's urinary catheter was not draining. The catheter was changed and immediately drained 300 mLs of purulent amber urine. A nurse practitioner was notified and a new order for a STAT (immediate) urinalysis (a laboratory test that detects the presence of microscopic properties), culture (a laboratory test to check for microorganisms; a positive result indicates the presence of bacteria or yeast) and sensitivity (a laboratory test that determines which antibiotics are effective in stopping the growth of a microorganism found in a urine sample) was ordered. Record review revealed a physician's order for Bactrim DS (an antibiotic prescribed to treat infections) 800-100 mg (milligrams) twice daily for a possible UTI [urinary tract infection] for 5 days from 4/27/2025 through 5/2/2025. Record review failed to reveal evidence that the antibiotic was reviewed or that an antibiotic time out was completed following the Bactrim DS being initiated on 4/27/2025. B. Record review for Resident ID #172 revealed s/he was admitted to the facility in May of 2025 with a diagnosis including, but not limited to, atrial fibrillation (irregular heartbeat). Record review revealed the following physician's orders: - 5/4/2025, Perform indwelling catheter care twice daily - 5/4/2025, Re-start Eliquis (a medication prescribed to treat and prevent blood clots) in 24 hours if urine is free from hematuria (blood in the urine) Record review of the document titled Skilled Evaluation dated 5/10/2025 at 10:44 PM, revealed that the resident had an episode of hematuria (blood in urine). Record review of a progress note dated 5/11/2025 at 9:27 AM revealed, the resident continued experiencing hematuria and that his/her Eliquis was still on hold. Orders to obtain a urinalysis, culture, and sensitivity, start ceftriaxone 1 gram daily until the urinalysis results are obtained, replace the urinary catheter, and obtain STAT laboratory tests, CBC (complete blood count - a test that measures the heath of a person's immune system) and a CMP (comprehensive metabolic panel - a test that provides a snapshot of how a person's liver and kidneys are working with blood sugar level, electrolyte, and fluid balance). (continued on next page)

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review revealed a physician's order for Ceftriaxone (an antibiotic to treat an infection) 1 gram once a day for urinary tract infection until urinalysis results; adjust order and antibiotic for 5 days with a start date of 5/11/2025. Record review failed to reveal evidence that the resident met the Mcgeers criteria prior to starting the Ceftriaxone on 5/11/2025. Additionally, the resident's urine culture and sensitivity obtained on 5/11/2025 failed to reveal evidence of any bacterial growth on 5/13/2025 at 8:48 AM. During a surveyor interview on 5/14/2025 at 9:53 AM with the Assistant Director of Nursing and the Clinical Market Advisor, they acknowledged that the facility failed to complete an antibiotic time-out for Resident ID #100. Additionally, they were unable to provide evidence that the facility's antibiotic stewardship program was followed based on the Mcgeers criteria for Resident ID #172, per the facility policy.