

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  415038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/22/2025
NAME OF PROVIDER OR SUPPLIER  Bannister Ctr for Rehabilitation and Health Care		STREET ADDRESS, CITY, STATE, ZIP CODE 135 Dodge Street Providence, RI 02907	

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>47939</p> <p>Based on record review and staff interview, it has been determined that the facility failed to ensure that residents receive treatment and care in accordance with professional standards of practice, relative to following physician's orders for 1 of 1 resident reviewed with parameters for weights, Resident ID #2.</p> <p>Findings are as follows:</p> <p>According to Mosby's 4th Edition, Fundamentals of Nursing page 314, states in part, The physician is responsible for directing medical treatment. Nurses are obligated to follow physician's orders unless they believe the orders are in error or would harm the clients.</p> <p>Record review revealed Resident ID #2 was readmitted to the facility in July of 2024 with a diagnosis including, but not limited to, congestive heart failure (a condition where the heart is unable to pump blood effectively).</p> <p>Record review revealed a physician's order dated 12/12/2024 to notify the provider for a weight greater than 200 pounds.</p> <p>Record review of the January 2025 vital signs report revealed that the resident's weight was greater than 200 pounds on the following dates:</p> <ul style="list-style-type: none"> <li>- 1/8/2025</li> <li>- 1/19/2025</li> </ul> <p>Additional record review failed to reveal evidence that the provider was notified that the resident's weights were greater than 200 pounds, as ordered, on 1/8/2025 and 1/19/2025.</p> <p>During a surveyor interview on 1/22/2025 at 2:46 PM, with the Nurse Practitioner, she revealed that she was not made aware of the resident's weights on 1/8/2025 and 1/19/2025.</p> <p>During a surveyor interview on 1/22/2025 at approximately 3:00 PM, with the Director of Nursing Services, she was unable to provide evidence that the physician's order was followed.</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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>47939</p> <p>Based on record review and staff interview, it has been determined that the facility failed to accurately document in the resident's medical record for 3 of 4 residents reviewed for weekly skin checks, Resident ID #s 2, 3 and 4.</p> <p>Findings are as follows:</p> <p>Review of a facility policy titled Risk and Skin Assessments states in part, Prevention of pressure ulcers requires early identification of at-risk residents and implementation of prevention strategies .weekly skin checks [skin assessment] should be done by a licensed nurse weekly .</p> <p>1. Record review revealed Resident ID #2 was readmitted to the facility in July of 2024 with a diagnosis including, but not limited to, chronic obstructive pulmonary disease (COPD- a lung disease characterized by airflow limitation).</p> <p>Record review revealed a physician's order dated 11/18/2024, indicating a weekly skin assessment should be completed using a user-defined assessment (UDA, a monitoring tool the facility uses for skin assessments).</p> <p>Record review of the November, December 2024 and January 2025 Medication Administration Records (MAR) revealed that the skin evaluation and UDA was documented as completed on the following dates:</p> <ul style="list-style-type: none"> <li>- 11/15/2024</li> <li>- 12/2/2024</li> <li>- 12/9/2024</li> <li>- 12/16/2024</li> <li>- 12/23/2024</li> <li>- 12/30/2024</li> <li>- 1/6/2025</li> <li>- 1/13/2025</li> <li>- 1/20/2025</li> </ul> <p>Additional record review failed to reveal evidence that the UDAs were completed on the dates listed above.</p> <p>(continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. Record review revealed Resident ID #3 was admitted to the facility in January of 2025, with a diagnosis including, but not limited to, obesity.</p> <p>Record review revealed a physician's order dated 11/14/2024, indicating a weekly skin evaluation should be completed using a UDA.</p> <p>Record review of the January 2025 MAR revealed that the skin assessment and UDA were documented as completed on 1/21/2025.</p> <p>Additional record review failed to reveal evidence that the UDA was completed on 1/21/2025.</p> <p>3. Record review revealed Resident ID #4 was admitted to the facility in October of 2024, with a diagnosis including, but not limited to, diabetes.</p> <p>Record review revealed a physician's order with a start date of 7/3/2024, indicating a weekly skin assessment should be completed using a UDA.</p> <p>Record review of the January 2025 MAR revealed that the skin assessment and UDA were documented as completed on 1/10/2025.</p> <p>Additional record review failed to reveal evidence that the UDA was completed on 1/10/2025.</p> <p>During a surveyor interview on 1/22/2025 at approximately 10:00 AM with the Director of Nursing Services she was unable to provide evidence that the above-mentioned residents' UDAs were accurately documented in the medical records.</p>		