STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415038	A. Building B. Wing	08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bannister Ctr for Rehabilitation and Health Care	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)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe and appropriate respiratory care for a resident when needed. 39496 Based on surveyor observation, record review, resident and staff interview, it has been determined that the facility failed to provide respiratory care consistent with professional standards of practice for 1 of 1 resident reviewed for tracheostomy (trach; an opening that surgeons make through the front of the neck and into the windpipe. A tube is placed into the opening for breathing) suctioning, Resident ID #114. Findings are as follows: Review of a facility policy titled, Tracheostomy Care revealed in part, .Tracheostomy care has identical goals: to ensure airway patency by keeping the tube free of mucus buildup, to maintain mucous membrane and skin integrity, to prevent infection .Check physician order . Record review revealed Resident ID #114 was readmitted to the facility in October of 2023 with diagnoses including, but not limited to, acute respiratory failure with hypoxia (low level of oxygen), history of malignant Neoplasm of the larynx (cancer of an organ in the neck that forms an air passage to the lungs). Further record review revealed the resident has a tracheostomy. Review of the physician's orders revealed the following: 10/13/2023- Suction trach using a single-use suction catheter and suction kit as needed for excessive secretions and airway maintenance. Record review failed to reveal evidence of when to change, clean, or replace the suction equipment. It further failed to reveal evidence of a current order for the resident to perform the suctioning themselves. Further record review failed to reveal evidence that the resident was assessed as being safe to self suction following readmission to the facility in October of 2023. During a surveyor observation and interview on 7/31/2024 at 10:51 AM with the resident in his/her room revealed a suction machine with the canister filled to 350 cc (cubic centimeter) of secretions with floating sediment. The canister and the attached tubing were undated. The resident stated that s/he suctions his/her own trach. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a surveyor interview with Registered Nurse, Staff A, on 7/31/2024 at 10:55 AM, she revealed that the resident does suction the trach him/herself. She acknowledged that there was no date on the suction machine tubing or canister. Additionally, she was unable to provide evidence of when the canister was emptied last or changed. During a surveyor interview with the Registered Nurse, Unit Manager, Staff B, on 7/31/2024 at 11:04 AM, she acknowledged that the tubing and canister on the suction machine should be dated and was unable to provide evidence of when the canister was last emptied or changed. Additionally, she could not provide a current order for the resident to self-suction his/her trach, although she revealed that the resident has been doing it for months. During a surveyor interview with the Director of Nursing Services, on 7/31/2024 at 11:32 AM, she was unable to provide evidence of a current physician order allowing the resident to self-suction, an assessment for safety following readmission, or an order of when to change, clean, or replace the suction equipment.

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident’s drug regimen must be free from unnecessary drugs. 46539 46241 Based on record review and staff interview, it has been determined that the facility failed to ensure that the resident's drug regimen is free from unnecessary drugs for 1 of 1 resident reviewed for blood pressure medications with parameters, Resident ID #80. Findings are as follows: According to Mosby's 4th Edition, Fundamentals of Nursing page 314, 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. Record review revealed the resident was readmitted to the facility in August of 2023 with a diagnosis including, but not limited to, pulmonary hypertension (a condition in which high blood pressure affects arteries of the lungs and the right side of the heart). Record review revealed a physician order with a start date of 8/6/2023, for Isosorbide Mononitrate (a medication that is used to treat high blood pressure), with instructions to administer 60 milligrams (mg) once daily and hold if the systolic blood pressure (SBP; pressure when the heart beats) is less than 110. Record review of the Medication Administration Record and the vital sign summary report for July 2024 failed to reveal evidence that the resident's blood pressure was obtained for 30 out of 30 opportunities, prior to administering the Isosorbide Mononitrate medication, per the physician order. Further review revealed a physician order, with a start date of 8/6/2023, for Hydralazine (a medication that is used to treat high blood pressure), with instructions to administer 25 mg, three times a day, and hold if the SBP is less than 110. Record review of the Medication Administration Record and the vital sign summary report for July 2024 failed to reveal evidence that the resident's blood pressure was obtained for 60 out of 90 opportunities, prior to administering the Hydralazine, per the physician order. During a surveyor interview on 7/31/2024 at 11:28 AM, with the Director of Nursing Services, she indicated that she would expect staff to obtain and document the residents blood pressure, prior to administering medication. Additionally, she was unable to provide evidence that the resident's blood pressure was monitored, and the medications were not administered to the resident unnecessarily.

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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. 46539 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 for 1 of 3 residents reviewed relative to Multi-drug Resistant Organisms (MDRO), Resident ID #30 and 1 of 1 resident reviewed for an indwelling catheter (a flexible tube inserted into the bladder to drain urine), Resident ID #91. Findings are as follows: 1. Review of the Center for Disease Control and Prevention (CDC) policy titled Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug resistant Organisms (MDROs) last updated 7/12/2022 revealed in part, .Enhanced Barrier Precautions [EBP] expand the use of PPE and refer to the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing .MDROs may be indirectly transferred from resident-to-resident during these high-contact care activities .The use of gown and gloves for high-contact resident care activities is indicated, when Contact Precautions [gown and glove upon entering the room] do not otherwise apply, for nursing home residents with wounds and/or indwelling medical devices regardless of MDRO colonization [the bacteria is living on or in the body not causing symptoms but can the bacteria can be spread to others] as well as for residents with MDRO infection or colonization .Summary of Personal Protective Equipment (PPE) Use and Room Restriction When Caring for Residents in Nursing Homes . Enhanced Barrier Precautions .All residents with any of the following .Infection or colonization with an MDRO when Contact Precautions do not otherwise apply . Review of a facility policy titled Enhanced Barrier Precautions states in part, .for residents who do not have a chronic wound or indwelling medical device and are infected or colonized with an MDRO that is not currently targeted by CDC, the facility may consider placing residents with known MDRO colonization on EBP to control MDRO transmission, if Contact Precautions do not apply. Epidemiological important MDROs (that are not target by the CDC) may include, but are not limited to, .ESBL [Extended-spectrum beta-lactamase] . Record review revealed Resident ID #30 was admitted to the facility in March of 2024 with diagnoses including, but not limited to, dementia and type 2 diabetes mellitus. Record review revealed that the resident tested positive for ESBL on 3/5/2024 at the facility. Record review revealed a care plan dated 3/8/2024 last revised on 4/11/2024 revealed that the resident has a history of ESBL with an intervention that includes, but is not limited to, Contact Precautions. Surveyor observations on 7/29, 7/30, 7/31 and 8/1/2024 failed to reveal evidence that the resident was on Contact or Enhanced Barrier Precautions relative to the diagnosis of a MDRO, per the facility policy, care plan, and/or the CDC. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a surveyor interview on 8/1/2024 at 9:57 AM with the Director of Nursing Services (DNS) in the presence of the Administrator, she acknowledged that the resident was positive for ESBL in March of 2024 and that the resident was not on precautions at this time. She further revealed that the resident will now be placed on Enhanced Barrier Precautions. 2. Review of a policy titled, Catheter Guidelines states in part, .If breaks in aseptic (clean) technique, disconnection, or leakage occurs, replace the catheter and collecting system using aseptic technique and sterile equipment as ordered .Infection Control .Be sure the catheter tubing and drainage bag are kept off the floor . Record review revealed that Resident ID #91 was admitted to the facility in March of 2024 with diagnoses including, but not limited to, type 2 diabetes and dementia. Record review revealed that the resident has an indwelling catheter. Record review revealed a physicians order dated 3/2/2024 to change the residents urinary drainage bag if the bag is soiled, broken, or leaking. Record review revealed a care plan dated 5/15/2024 last revised on 7/23/2024 which revealed that the resident has an indwelling catheter with an intervention to keep the urinary collection bag off the floor. Surveyor observations on the following dates and times revealed that the urinary collection bag was on the floor: -7/29/2024 at 11:39 AM -7/31/2024 at 9:49 AM -7/31/2024 at 9:58 AM During a surveyor interview and subsequent observation with Registered Nurse, Unit Manager, Staff B on 7/31/2024 at 9:58 AM, she acknowledged that the urinary collection bag was on the floor leaking urine which formed a puddle. Staff B revealed that the collection bag should not be stored on the floor and it should not be not leaking. Review of the Medication Administration Record failed to reveal evidence that the urinary drainage bag was changed after being on the floor or leaking. During a surveyor interview with the DNS on 8/1/2024 at approximately 9:45 AM she revealed that the urinary drainage bag should be changed and should not be left on the floor per the facility policy and the care plan. Additionally, after this concern was identified and brought to the facility's attention, the urinary drainage bag was again noted to be on the floor on 8/1/2024 at 11:46 AM. 47939

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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. 46539 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, at a minimum, an antibiotic stewardship program which includes antibiotic use protocols and a system to monitor antibiotic use to ensure that residents who require an antibiotic, are prescribed the appropriate antibiotic for 2 of 2 residents reviewed for antibiotic use, Resident ID #s 17 and 54. 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 the facility's Quality Assurance and Performance Improvement (QAPI) plan revealed the data collection for infection control and antibiotic stewardship information is collected on a weekly basis. 1. Record review revealed that Resident ID #17 was readmitted to the facility in January of 2020 with diagnoses including, but not limited to, Chronic Obstructive Pulmonary Disease (a chronic inflammatory lung disease that causes obstructed airflow from the lungs) and bipolar disorder. Record review revealed a physician's order for Amoxicillin (an antibiotic) 500 milligram (mg) capsule every eight hours for a tooth extraction for 21 days with a start date of 7/11/2024 and an end date of 8/1/2024. Record review failed to reveal evidence that the facility implemented an antibiotic review process to determine if the antibiotic is still indicated or adjustments should be made. Review of the facility provided infection control and antibiotic stewardship program tracking tool failed to reveal evidence of tracking antibiotic use for the month of July 2024 including, but not limited to, Resident ID #17. 2. Record review revealed that Resident ID #54 was admitted to the facility in June of 2024 with diagnoses including, but not limited to, hematuria (blood in urine) and anxiety disorder. (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 Cipro oral tablet 250 mg by mouth two times a day for a urinary tract infection for 5 Days with a start date of 7/29/2024. Record review failed to reveal evidence that the facility implemented an antibiotic review process, to determine if the antibiotic is still indicated or adjustments should be made. Review of the facility provided infection control and antibiotic stewardship program tracking tool failed to reveal evidence of tracking antibiotic use for the month of July 2024 including, but not limited to, Resident Id #54. During a surveyor interview on 7/31/2024 at 11:20 AM with the Director of Nursing Services (DNS), she revealed that the facility utilizes an infection control and antibiotic stewardship program tracking tool to review antibiotics. During this interview and subsequent record review, revealed that the month of July's antibiotic tracker was empty. The DNS further revealed that the tracker is filled out at the end of the month. Additionally, she was unable to provide evidence of antibiotic reviews for the month of July or that tracking and trending were being completed. During a surveyor interview with the DNS and the Administrator on 8/1/2024 at 9:29 AM, they revealed that they completed the tracker for the month of July after it was brought to their attention by the surveyor. Additionally, they were unable to provide evidence that the antibiotic stewardship tracking system was completed to its entirety, per regulation.

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46539 Based on record review and staff interview, it has been determined that the facility failed to ensure the resident's medical record includes documentation that the resident either received the pneumococcal vaccination or did not receive the vaccination due to medical contraindications or refusal, for 4 of 7 residents reviewed, Residents ID #s 17, 63, 73, and 106. Findings are follows: According to the Centers for Disease Control and Prevention (CDC), pneumococcal vaccination for all adults 19 through [AGE] years old who have certain chronic medical conditions or [AGE] years or older who have only received PPSV23 [type of pneumococcal conjugate vaccination], the PVC15 [type of pneumococcal conjugate vaccine] or PVC20 [type of pneumococcal conjugate vaccine] dose should be administered at least one year after the most recent PPSV23 vaccination. For adults 19 through [AGE] years old who have certain chronic medical indications who have only received PVC13 [type of pneumococcal conjugate vaccine], give 1 dose of the PCV20 at least 1 year after PCV13 or give 1 dose of PPSV23 at least 8 weeks after PCV13. For adults [AGE] years or older who have only received PVC13, give PPSV23 or PCV20 as previously recommended. 1. Record review for Resident ID #17 revealed the resident was readmitted to the facility in January of 2020. Record review of the resident's immunization records failed to reveal evidence that the PVC15, PVC13, or PCV20 was offered, received, or declined. 2. Record review for Resident ID #63 revealed the resident was readmitted to the facility in December of 2022. Record review of the resident's immunization records failed to reveal evidence that the PVC15, PVC13, or PCV20 was offered, received, or declined. 3. Record review for Resident ID #73 revealed the resident was readmitted to the facility in January of 2024. Record review of the resident's immunization records failed to reveal evidence that the PVC13, PCV15, PPSV23, or PCV20 was offered, received, or declined. 4. Record review for Resident ID #106 revealed the resident was readmitted to the facility in May of 2023. Record review of the resident's immunization records failed to reveal evidence that the PVC13, PCV15, PPSV23 or PCV20 was offered, received, or declined. During an interview on 8/1/2024 at 10:57 AM , with the Director of Nursing Services, she was unable to provide evidence that Residents ID #s 17, 63, 73 and 106 medical records included documentation that indicates, at a minimum, if the residents either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal, until brought to the attention of the facility by the surveyor.