

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  415039	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/10/2025
NAME OF PROVIDER OR SUPPLIER  Heritage Hills Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  80 Douglas Pike Smithfield, RI 02917	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46118</p> <p>Based on record review, staff, and resident interview, it has been determined that the facility failed to ensure that a resident receives treatment and care in accordance with professional standards of practice for 1 of 1 resident reviewed who missed 2 of 3 appointments, Resident ID #1.</p> <p>Findings are as follows:</p> <p>Review of a community reported complaint submitted to the Rhode Island Department of Health on 1/8/2025, alleges a resident had missed appointments including, but not limited to, neurology and dental. The complaint further alleges that the family member called the facility to confirm a neurology appointment for 1/7/2025 and spoke with a nurse about the appointment.</p> <p>1a. Record review revealed Resident ID #1 was admitted to the facility in July of 2024 with a diagnosis including, but not limited to, Parkinson's disease (a neurodegenerative disease).</p> <p>Review of a Minimum Data Set assessment dated [DATE] revealed a Brief Interview for Mental Status score of 10 out of 15, indicating the resident's cognition was moderately impaired.</p> <p>During a surveyor interview with the resident on 1/9/2024 at 12:07 PM with the assistance of an interpreter, s/he indicated that s/he was unsure if s/he had missed any appointments however would like to be seen by a dentist.</p> <p>Record review of a nursing progress note dated 8/5/2024, revealed the resident had a neurology appointment at 11:00 AM and transportation would be provided. Additionally, the progress note failed to reveal evidence of a date for the neurology appointment.</p> <p>Record review failed to reveal evidence of a Continuity of Care document or any other follow-up documents from the neurology appointment.</p> <p>During a surveyor interview on 1/9/2025 at approximately 2:00 PM with the secretary of the neurology practice, she indicated that the resident had attended a neurology appointment on 8/6/2024 and a follow up was scheduled for 1/7/2025. She further indicated that the resident did not show up to the appointment on 1/7/2025, and that there had not been any communication from the facility regarding the missed appointment. Additionally, the surveyor requested the visit note regarding the resident's appointment on 8/6/2024.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of the visit note from 8/6/2024 obtained by the surveyor on 1/10/2025 revealed the neurologist wanted to follow-up with the resident in four months.</p> <p>1b. Record review of a Continuity of Care document dated 10/15/2024 revealed the resident had been seen by the dentist with a follow up appointment scheduled for 11/21/2024.</p> <p>Record review failed to reveal evidence that the resident attended the dental appointment on 11/21/2024.</p> <p>Record review of the electronic resident schedule for medical appointments revealed a dental appointment was scheduled for 12/16/2024.</p> <p>Record review failed to reveal evidence that the resident attended the dental appointment on 12/16/2024.</p> <p>During a surveyor interview on 1/9/2025 at approximately 11:30 AM with Registered Nurse, Staff A, she recalled Resident ID #1's family member calling the unit regarding an upcoming appointment, however she indicated that another nurse spoke with the family member, and she could not recall the date of the phone call nor the nurse who spoke with the family member. Additionally, she indicated that the facility was unaware of a neurology appointment scheduled for 1/7/2025 and that the resident had not been transported to the appointment. Furthermore, she acknowledged that the resident did not attend his/her scheduled dental appointment on 12/16/2024.</p> <p>During a surveyor interview on 1/9/2025 at 12:23 PM with the Assistant Director of Nursing Services (ADNS), she indicated that many employees of the facility schedule resident appointments including, but not limited to, the Administrator, the Director of Nursing Services, nursing staff, and herself. Additionally, she indicated that she was unaware if the facility kept a record of past scheduled appointments.</p> <p>During a surveyor interview on 1/9/2024 at 3:28 PM with the Regional Director of Clinical Services and the ADNS, they indicated that they would expect continuity of care documents regarding specialist appointments to be kept in each resident's medical record. They further acknowledged that Resident ID #1 did not attend his/her scheduled neurology or dental appointments.</p>		