

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  01/23/2025
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>39496</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 a physician's order for obtaining a urology consult for 1 of 1 resident reviewed, Resident ID #1.</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>Review of a community reported complaint submitted to the Rhode Island Department of Health on 1/21/2025 alleged in part, "[Resident ID #1] was taken to [hospital name] last night as [s/he] had a fever and an infection .they found [his/her] catheter extremely dirty, which in all probability, caused [him/her] to have a UTI .</p> <p>Record review revealed the resident was admitted to the facility in November of 2024 with a diagnosis including, but not limited to, retention of urine.</p> <p>Record review revealed the following physician's orders:</p> <p>12/9/2024 - Obtain a urologist consult if a trial void (measures the ability of the bladder to empty) failed every shift.</p> <p>12/21/2024 - Obtain a urologist consult if a trial void failed as needed.</p> <p>During a surveyor interview on 1/22/2025 at approximately 3:15 PM with the Administrator, she revealed that a nurse changed the urology consult order to an as needed order on 12/21/2024, therefore it wouldn't show up on the Treatment Administration Record for staff to sign off on daily.</p> <p>Record review of the progress notes revealed the following:</p> <p>-12/9/2024 at 10:21 PM - Nurse practitioner (NP) ordered to discontinue indwelling catheter and start a trial void. If the resident doesn't void in 8-10 hours, straight catheterize. If there is less than 250 cubic centimeters (CC) reinsert foley and obtain a urologist consult.</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
---	-------	-----------

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  01/23/2025
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-12/10/2024 at 5:50 AM - Resident attempted to void 2 times without results. Urine was obtained by straight catheterization.</p> <p>-12/10/2024 at 4:30 PM - Resident was straight catheterized and 400 cc of urine was obtained. Per the NP leave the foley catheter in and have the resident seen for a urology consult.</p> <p>Further record review failed to reveal evidence that a urology consult was scheduled by the facility, as ordered.</p> <p>A surveyor interview was unable to be conducted with Resident ID #1 during the survey as s/he had been discharged to the hospital.</p> <p>During a surveyor interview on 1/22/2025 at 1:57 PM with Nurse Practitioner, Staff A, she revealed that she did order a urology consult for the resident if s/he failed a trial void. She further revealed that the resident did fail the trial void, so she wants the resident to have the urology consult.</p> <p>During a surveyor interview on 1/22/2025 at approximately 3:15 PM with the Administrator, she acknowledged that the urology consult appointment failed to be scheduled.</p>