| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 415039 | A. Building<br>B. Wing | 04/02/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Heritage Hills Nursing & Rehabilitation Center | 80 Douglas Pike<br>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) |
|---|---|
| F 0686<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide appropriate pressure ulcer care and prevent new ulcers from developing.<br><br>21613<br><br>Based on record review and staff interview, it has been determined that the facility failed to ensure residents with pressure ulcers/injury (localized damage to the skin and/or underlying soft tissue, usually over a bony prominence) receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing for 3 of 3 residents reviewed, Resident ID #s 1, 4 and 6.<br><br>Findings are as follows:<br><br>Record review of two community reported complaints dated 4/1/2025 and 4/2/2025 allege that Resident ID #4 arrived to the facility with a wound that worsened significantly, due to lack of adequate wound care while the resident was at the facility.<br><br>According to the State Operations Manual, Appendix PP Guidance to Surveyors for Long Term Care Facilities, revised 8/8/2024, states in part, A pressure ulcer/injury (PU/PI) can occur wherever pressure has impaired circulation to the tissue. A facility must .If a PU/PI is present, provide treatment and services to heal it and to prevent .It is important that each existing PU/PI be identified, whether present on admission or developed after admission .<br><br>When assessing the PU/PI itself, it is important that documentation addresses:<br><br>- The type of injury (pressure-related versus non-pressure-related) because interventions may vary depending on the specific type of injury;<br><br>- The PU/PI's stage;<br><br>- A description of the PU/PI's characteristics;<br><br>- The progress toward healing and identification of potential complications;<br><br>- If infection is present;<br><br>- The presence of pain, what was done to address it, and the effectiveness of the intervention; and<br><br>- A description of dressings and treatments .<br><br>(continued on next page) |

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: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 415039 | A. Building<br>B. Wing | 04/02/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Heritage Hills Nursing & Rehabilitation Center | 80 Douglas Pike<br>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) |
|---|---|
| F 0686<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | 1. Record review of Resident ID #4's admission progress note dated 3/8/2025 revealed the resident was admitted to the facility in the afternoon and has a pressure injury to his/her coccyx (tailbone).<br><br>Record review of the weekly skin check dated 3/8/2025 revealed the resident has a pressure injury to his/her coccyx, measuring 4 centimeters (cm) in width x 3.5 cm in length.<br><br>Record review failed to reveal documentation of the pressure injury stage, description or characteristics.<br><br>Further record review revealed a care plan initiated on 3/8/2025, indicating the resident has a pressure ulcer related to immobility. Interventions include, but are not limited to, administer treatments as ordered.<br><br>Record review failed to reveal evidence that a treatment order was implemented for the pressure injury, until 3/10/2025, indicating the resident's pressure injury was without a treatment for 2 days.<br><br>Record review of a wound evaluation and management summary report dated 3/13/2025, revealed the resident has an unstageable coccyx pressure injury (full thickness tissue loss where the depth of the ulcer is completely obscured by dead tissue), measuring 4.1 cm in length x 4.6 cm in width x 0.1 cm in depth, with a moderate amount of serous (clear and pale yellow in color) drainage and the wound bed included 100% thick necrosis tissue (dead tissue).<br><br>Furthermore, record review of the wound evaluation and management summary reports dated 3/13/2025, 3/20/2025 and 3/27/2025, revealed recommendations for the coccyx peri wound (skin around the wound) treatment to apply skin prep (a fast-drying sterile liquid that forms a skin-protectant film and a protective layer) once daily.<br><br>Record review failed to reveal evidence of an order for the skin prep or evidence that the skin prep was applied to the peri wound of the coccyx, after it was recommended by the wound physician.<br><br>During a surveyor interview on 4/1/2025 at 3:59 PM with the Director of Nursing Services (DNS), she was unable to provide documentation of the pressure injury stage, description or characteristics until 3/13/2025. Additionally, she acknowledged that the resident did not have a treatment order for his/her wound, until 3/10/2025.<br><br>During a surveyor interview in the presence of the DNS on 4/2/2025 at approximately 9:00 AM, with the wound nurse, Staff A, she revealed she conducted wound rounds with the wound physician on 3/13/2025, 3/20/2025 and 3/27/2025 and then communicated the recommendations to the resident's provider, Nurse Practitioner, Staff B.<br><br>During the above mentioned interview, Staff A revealed Staff B has always agreed with all the recommendations made by the wound physician. Additionally, Staff A revealed she failed to transcribe the treatment order to the medical record, resulting in the skin prep not being applied. Staff A revealed the skin prep should have been applied to the coccyx peri wound as ordered.<br><br>2. Record review revealed Resident ID #1 was admitted to the facility with multiple wounds including a deep tissue injury (damage that occurs beneath the skin's surface, affecting muscles, bones, or connective tissues) to his/her left heel.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 415039 | A. Building<br>B. Wing | 04/02/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Heritage Hills Nursing & Rehabilitation Center | 80 Douglas Pike<br>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) |
|---|---|
| F 0686<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Record review revealed a care plan initiated on 1/21/2025 and revised on 2/6/2025, indicated that the left and right heel wounds are currently a stage III (full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle is not exposed. Slough (dead tissue) may be present but does not obscure the depth of tissue loss) pressure injury. The care plan interventions include, but are not limited to, administer treatments as ordered.<br><br>Record review of a wound evaluation and management summary report dated 3/13/2025, revealed the resident has the following wounds:<br><br>-Left heel stage III, measuring 1.3 cm in width x 1.6 cm in length x 0.1 cm in depth, with no drainage, 50% slough, 40% other viable tissue and 10% granulation tissue (new tissue, part of wound healing).<br><br>-Right heel stage III, measuring 0.8 cm in width x 0.5 cm in length x 0.1 cm in depth, with no drainage, 10 % slough, 60% other viable tissue and 30% granulation tissue.<br><br>-Right lateral foot non-pressure wound, measuring 1.3 cm in width x 1.6 cm in length x not measurable depth, scabbed with no drainage.<br><br>-Left anterior great toe non-pressure wound, measuring 0.8 cm in width x 0.8 cm in length x 0.2 cm in depth, with no drainage, 50% granulation tissue and 50% other viable tissue.<br><br>Further record review of the wound evaluation and management summary reports dated 3/13/2025, 3/20/2025, and 3/27/2025 revealed recommendations including, but not limited to, apply skin prep once daily to the peri wounds for the following wounds:<br><br>-left heel<br><br>-right heel<br><br>-right lateral foot<br><br>-left anterior, great toe<br><br>Record review failed to reveal evidence of an order for the skin prep or evidence that the skin prep was applied to the above-mentioned wounds.<br><br>During a surveyor interview on 4/2/2025 at 9:45 AM with Staff A, she revealed that she conducted wound rounds with the wound physician on 3/13/2025, 3/20/2025 and 3/27/2025 and then communicated the recommendations to resident's provider, Staff B. Staff A revealed she failed to transcribe the treatment order to the medical record, resulting in the skin prep not being applied. Staff A revealed the skin prep should have been applied to the above-mentioned wounds as ordered.<br><br>3. Record review revealed Resident ID #6 has a care plan initiated on 11/13/2024, indicating that the resident has a stage IV pressure ulcer (deep wound that may impact muscle, tendons, ligaments, and bone) of the right lateral ankle. Interventions include, but are not limited to, administer treatments as ordered.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 415039 | A. Building<br>B. Wing | 04/02/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Heritage Hills Nursing & Rehabilitation Center | 80 Douglas Pike<br>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) |
|---|---|
| F 0686<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Record review of a wound evaluation and management summary report dated 3/13/2025 revealed the resident has a wound to his/her right knee, measuring 1.9 cm in width x 1.5 in cm length x 2.6 cm in depth.<br><br>Record review of the wound evaluation and management summary reports dated 3/13/2025, 3/20/2025, and 3/27/2025 revealed recommendations including, but not limited to, apply skin prep once daily to the right knee peri wound.<br><br>Record review failed to reveal evidence of an order for the skin prep or evidence that the skin prep was applied to the above-mentioned wounds.<br><br>During a surveyor interview with Staff A in the presence of the DNS on 4/2/2025 at approximately 11:00 AM, she revealed that she conducted rounds with the wound doctor for the resident on the above mentioned dates. Staff A revealed that after the wound rounds, she communicated the recommendations to the resident's provider, Staff B. Staff A also revealed she failed to transcribe the treatment order to the medical record, resulting in the skin prep not being applied. Staff A revealed the skin prep should have been applied to the the right knee peri wound as ordered.<br><br>During a surveyor interview on 4/2/2025 at 12:19 PM with Staff B, she revealed that she is the provider for Resident ID #s 1, 4 and 6. Staff B revealed that she approves all recommendations provided by the wound physician. Additionally, she revealed that she was unaware that the residents did not receive the skin prep as ordered.<br><br>During a surveyor interview on 4/2/2025 at approximately 1:00 PM, with Staff A, the DNS and the Regional Director of Clinical Services, they were unable to provide evidence that Resident ID #s 1, 4 and 6 received the wound treatments as ordered. |