

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415040	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/07/2024
NAME OF PROVIDER OR SUPPLIER Royal Middletown Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 193 Forest Avenue Middletown, RI 02842	

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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47279</p> <p>Based on surveyor observation, record review, and resident and staff interview, it has been determined that the facility failed to provide respiratory care consistent with professional standards of practice for 2 of 3 residents reviewed for oxygen (O2) use, Resident ID #s 1 and 4.</p> <p>Findings are as follows:</p> <p>Review of a facility policy titled, Oxygen Administration via nasal Cannula [(NC), a device that is used to deliver oxygen through a tube in your nose] . states in part, .Verify that there is a physician's order for this procedure. Review the physician's orders or facility protocol for oxygen administration .</p> <p>1. Record review revealed Resident ID #1 was admitted to the facility in June of 2024 with diagnoses including, but not limited to, chronic obstructive pulmonary disease (COPD; lung disease) and dependence on supplemental O2.</p> <p>Review of a Minimum Data Set assessment dated [DATE] revealed a Brief Interview for Mental Status Score of 15 out of 15, indicating intact cognition.</p> <p>Review of the care plan revealed a focus area dated 6/6/2024 indicating Resident ID #1 is O2 dependent due to COPD with an intervention to administer O2 via NC as ordered.</p> <p>Review of a physician's order dated 8/21/2024 revealed to administer O2 at 1.5 liters (L) via NC every shift for COPD.</p> <p>Record review revealed Resident ID #1 was documented as receiving O2 via NC at 3L on 10/25/2024.</p> <p>Surveyor observations of Resident ID #1 revealed the following:</p> <ul style="list-style-type: none"> - 11/6/2024 at 11:17 AM s/he was receiving O2 via NC between 3.5 and 4L - 11/6/2024 at 12:42 PM s/he was receiving O2 via NC between 3.5 and 4L <p>During a surveyor interview on 11/6/2024 at 11:17 AM with Resident ID #1, s/he revealed that s/he utilizes O2 and s/he does not adjust the O2 flow rate, only the nursing staff does.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a surveyor observation and simultaneous interview on 11/6/2024 at 12:42 PM with Registered Nurse, Staff A, she acknowledged that Resident ID #1 was receiving O2 via NC at approximately 4L. Staff A immediately adjusted the O2 flow rate to 1.5L and indicated that Resident ID #1's O2 flow rate order is for 1.5L.</p> <p>During a surveyor interview on 11/6/2024 at 1:20 PM with the Interim Director of Nursing Services (DNS), she revealed that she would expect Resident ID #1 to be receiving O2 at 1.5L as ordered.</p> <p>2. Record review revealed Resident ID #4 was readmitted to the facility in November of 2024 with diagnoses including, but not limited to, stroke and anxiety.</p> <p>Record review failed to reveal evidence of an O2 order including the frequency, flow rate, and method of delivery.</p> <p>Record review revealed Resident ID #4 was documented as receiving O2 via NC on 11/4/2024.</p> <p>Surveyor observations of Resident ID #4 revealed the following:</p> <ul style="list-style-type: none"> - 11/6/2024 at 11:18 AM s/he was receiving O2 via NC at 2L - 11/6/2024 at 2:34 PM s/he was receiving O2 via NC at 2L <p>During a surveyor observation and simultaneous interview on 11/6/2024 at 2:34 PM with Staff A, she acknowledged that Resident ID #4 was receiving O2 via NC at 2L. She revealed that Resident ID #4 has been receiving O2 via NC at 2L continuously since his/her readmission. Additionally, she acknowledged that Resident ID #4 does not have an order to receive O2 that includes the frequency, flow rate, and method of delivery.</p> <p>During a surveyor interview on 11/6/2024 at 2:47 PM with the Interim DNS, she revealed that she would expect an O2 order to be in place that includes the frequency, flow rate, and method of delivery.</p> <p>During a surveyor interview on 11/7/2024 at 9:22 AM with Resident ID #1 and 4's physician, he revealed that he would expect an order to be in place to administer continuous oxygen for Resident ID #4 that includes the frequency, flow rate, and method of administration. Additionally, he revealed that he would expect Resident ID #1 to be receiving O2 at 1.5L as ordered due to his/her COPD.</p>		