

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 04/11/2024
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 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>39496</p> <p>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 2 residents reviewed with medication parameters, Resident ID #6.</p> <p>Findings are as follows:</p> <p>Record review revealed a physician's order initiated on 3/27/2024 for Carvedilol 12.5 milligrams (mg) (medication to treat high blood pressure and heart failure) one tablet in the morning. The order also has parameters to hold the medication for heart rate < (below) 60 and systolic blood pressure < 100.</p> <p>Record review of the April 2024 Medication Administration Record (MAR) revealed the medication was administered from 4/1/2024 through 4/9/2024 with no evidence of checking the blood pressure or heart rate prior to the administration of the Carvedilol.</p> <p>Record review revealed a physician's order initiated on 6/28/2023 and discontinued on 3/26/2024 for Carvedilol 12.5 mg one tablet in the morning. The order also has parameters to hold the medication for heart rate < 60 and systolic blood pressure < 100.</p> <p>Record review of the March 2024 MAR revealed the medication was administered from 3/1/2024 through 3/31/2024 with no evidence of checking the blood pressure or heart rate prior to the administration of the Carvedilol.</p> <p>During a surveyor interview on 4/10/2024 with the Director of Nursing Services she could not provide evidence that the blood pressure or heart rate were being checked prior to the administration of the resident's Carvedilol.</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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>42399</p> <p>Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to store food in accordance with professional standards of food service safety relative to the main kitchen.</p> <p>Findings are as follows:</p> <p>Record review of the Rhode Island Food Code, 2018 Edition, Section 3-501.17 states in part, .READY -TO-EAT-TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and held in a FOOD ESTABLISHMENT for more than 24 hours shall be clearly marked to indicate the date or day by which the FOOD shall be consumed on the premises, sold, or discarded when held at a temperature of 5 degrees Celsius or 41 degrees Fahrenheit or less for a maximum of 7 days. The day of preparation shall be counted as Day 1 .</p> <p>Record review of the Food and Drug Administration Food Code, 2022 Edition, Section 3-602.11 Food Labels states in part, .(B) Label information shall include: (1) The common name of the FOOD, or absent a common name, an adequately descriptive identity statement .</p> <p>During the initial tour of the main kitchen on 4/8/2024 at 9:10 AM, the following was observed in the reach in refrigerator to the right of the stove:</p> <p>-A small square prep pan of red liquid covered in plastic wrap, dated 3/31, without an identifier and stored beyond 7 days</p> <p>-A small rectangular prep pan of a deli salad yellow in color covered in plastic wrap, without an identifier or date</p> <p>-A small rectangular prep pan of a deli salad yellow in color covered in plastic wrap, dated 4/4 without an identifier</p> <p>In the reach in freezer against the windows in the back room:</p> <p>-Frozen protein, wrapped in plastic, dated 4/3/24, without an identifier</p> <p>In the white, reach in freezer in the back room against the back wall:</p> <p>-3 bags of frozen, sliced orange vegetables in clear plastic bags without an identifier or date.</p> <p>During a surveyor interview with the Food Service Director on 4/8/2024 immediately following the above observations, she acknowledged the above-mentioned foods were not labeled with their identifiers, and some without dates. Additionally, she acknowledged that the tomato soup should have been discarded.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>39496</p> <p>50004</p> <p>Provide and implement an infection prevention and control program.</p> <p>Based on record review and staff interview, it has been determined that the facility failed to implement a water management program based upon industry standards and/or the Centers for Disease Control and Prevention (CDC) toolkit and failed to perform and document specified testing for the prevention of Legionella disease (a very serious type of pneumonia (lung infection) caused by the bacteria called Legionella.)</p> <p>Findings are as follows:</p> <p>Record review of the CDC, Developing a Water Management Program to Reduce Legionella Growth & Spread in Buildings, dated June 2021, version 1.1 states in part, .The key to preventing Legionnaires' disease is maintenance of the water systems in which Legionella may grow .Water stagnation: Encourages biofilm growth and reduces temperature and levels of disinfectant. Common issues that contribute to water stagnation include .reduced building occupancy .Stagnation can also occur when fixtures go unused, like a rarely used shower .</p> <p>Record review of the facility's water management binder failed to reveal evidence that flushing maintenance of unoccupied resident rooms were conducted.</p> <p>During a surveyor interview on 4/9/2024 at 10:15 AM with the Maintenance Director, he revealed that he checks the temperature of the water but does not flush the toilets or run the water. Additionally, he acknowledged that he has not been completing the facility's checklist regarding water flushing maintenance.</p> <p>During a surveyor interview on 4/10/2024 at 1:10 PM with the Maintenance Director in the presence of the Administrator and Senior Maintenance Manager, he was unable to provide evidence that the facility maintained or implemented a water management program based upon industry standards and the CDC toolkit for the prevention of Legionella.</p> <p>45855</p>		