

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415041	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/03/2025
NAME OF PROVIDER OR SUPPLIER Woonsocket Health Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 262 Poplar Street Woonsocket, RI 02895	

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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>46539</p> <p>Based on record review, surveyor observation, resident and staff interviews, it has been determined that the facility failed to ensure that residents with pressure ulcers receive the necessary treatment and services, consistent with professional standards of practice, to promote healing for 1 of 3 residents reviewed with pressure ulcers, Resident ID #34.</p> <p>Findings are as follows:</p> <p>Review of a facility policy titled, Low Air Loss System Policy and Procedure states in part, The purpose of the Low Air mattress is to provide therapeutic benefits to the resident at risk for or suffering from pressure ulcers while optimizing comfort .</p> <p>Record review revealed that the resident was readmitted to the facility in November of 2023 with diagnoses including, but not limited to, pressure ulcer of the sacral (the large, triangular bone at the base of the spine) region and pain.</p> <p>Review of a Wound Evaluation and Summary report dated 4/1/2025 revealed, the resident has a stage III pressure ulcer (full-thickness skin loss potentially extending into the subcutaneous tissue layer) to his/her coccyx (tailbone) measuring 0.3 centimeters (cm) by 0.2 cm by 0.4 cm.</p> <p>Record review revealed that the resident's most recent weight on 3/18/2025 was 98.5 pounds (lbs).</p> <p>During surveyor observations on the following dates and times, the resident was observed laying on an air mattress set to firm or 350 lbs and max inflate:</p> <ul style="list-style-type: none"> - 3/31/2025 at 9:32 AM - 4/1/2025 at 10:30 AM - 4/3/2025 at 8:20 AM <p>During a surveyor interview on 4/3/2025 at 8:25 AM with the resident, s/he revealed that the air mattress s/he was laying on was uncomfortable. Additionally, s/he revealed that the bed is hard and lumpy and that s/he has to constantly reposition him/herself because the wound on his/her back side is painful.</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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review failed to reveal evidence of a physician order or care plan in place for the air mattress.</p> <p>During a surveyor interview on 4/3/2025 at 8:45 AM, with Licensed Practical Nurse (LPN), Staff A, he acknowledged that the resident's air mattress was set to max inflate and not to his/her weight. Additionally, he acknowledged that there was no care plan or physician order in place for use of the air mattress.</p> <p>During a surveyor interview on 4/3/2025 at 9:03 AM, with the Director of Nursing Services (DNS) she acknowledged that the resident's air mattress was set to firm or 350 lbs. Additionally, the DNS acknowledged that the resident did not have a care plan or physician order for use of the air mattress, until after it was brought to the facility's attention by the surveyor.</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46241</p> <p>Based on record review and staff interview, it has been determined that the facility failed to ensure that residents who require dialysis (a treatment that removes excess fluid, waste, and toxins from the blood when the kidneys are no longer functioning properly) receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences for 1 of 1 resident reviewed for peritoneal dialysis (PD, a treatment for kidney failure that uses the lining of the abdomen to filter waste products from the blood), Resident ID #101 and for 2 of 3 residents reviewed for hemodialysis (a type of dialysis that filters blood to remove waste products and excess fluids), Resident ID #s 30 and 76.</p> <p>Findings are as follows:</p> <p>1. Record review revealed Resident ID #101 was admitted to the facility in August of 2024 with diagnoses including, but not limited to, end stage renal disease and dependence on renal dialysis.</p> <p>Record review revealed a care plan initiated on 8/27/2024 for PD. Interventions include, but are not limited to, administer dialysis solution based off vital signs, as ordered - see chart in room provided by dialysis nurse, monitor for post dialysis complications such as dizziness, fatigue, nausea, hypotension (low blood pressure), discomfort, distress, peritonitis (inflammation of the tissue that lines the inside of the abdominal cavity), monitor PD site for signs or symptoms of infection, tunneling, patency (blockage), leaks and or bleeding at the site, increased edema (swelling), complaints of abdominal pain or signs of dehydration, and to report any complications noted to the provider and dialysis care team.</p> <p>1a. Review of a policy titled PERITONEAL DIALYSIS POLICY & PROCEDURE states in part, . For the resident receiving PD the Practitioner orders for each individualized prescription must include at least the number of exchanges or cycles to be done during each dialysis session, the volume of fluid for each exchange, duration of fluid in the peritoneal cavity, the concentration of glucose of other osmotic agent [a substance that causes fluid retention and fluid secretion into the lumen] to be used for fluid removal, and the use of an automated, manual or combined technique .</p> <p>Record review revealed the following physician orders with a start date of 8/7/2024:</p> <ul style="list-style-type: none"> - connect PD at hour of sleep - disconnect PD when completed <p>Record review failed to reveal evidence of an individualized physician order that includes at least the number of exchanges or cycles to be completed during each dialysis session, the volume of fluid for each exchange, duration of fluid in the peritoneal cavity, the concentration of glucose of other osmotic agent to be used for fluid removal, and the use of an automated, manual or combined technique, per the facility policy.</p> <p>(continued on next page)</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a surveyor interview on 4/1/2025 at 1:51 PM, with the Offsite Dialysis Nurse, she revealed that the resident's current PD prescription includes six cycles with an 1800 fill volume, a run time of 10.5 hours and last fill of 500 cubic centimeters. She further revealed that she will input the prescription into the PD machine remotely and if there are any changes, she will call and inform a nurse at the facility.</p> <p>During a surveyor interview on 4/2/2025 at 11:08 AM, with Registered Nurse (RN), Staff B, she acknowledged that there is not a physician order in the resident's record indicating what the dialysis prescription is and revealed that the PD prescription is monitored by the Offsite Dialysis Nurse.</p> <p>During a surveyor interview on 4/3/2025 at 9:42 AM, with Nurse Practitioner, Staff C, she revealed that the resident's dialysis prescription should be in the resident's medical record, as it is a physician order.</p> <p>1b. Further review of the policy titled PERITONEAL DIALYSIS POLICY & PROCEDURE states in part, . Before, during and after receiving the PD, the nursing staff must, based on the practitioners' orders and professional standards of practice, obtain VS [vital signs, which include blood pressure, pulse, temperature, heart rate, respiratory rate, and pain], weights, assess the resident's stability level of consciousness, comfort or distress. Monitor for post-dialysis complication and symptoms such as but not limited to dizziness, nausea, fatigue or hypotension. The staff must report identified or suspected complications immediately to the PCP/NP [Primary Care Physician/Nurse Practitioner] and the dialysis staff to enable timely interventions. The resident record must include documentation of ongoing evaluation of the peritoneal catheter, including assessment of catheter related infections and tunnel for condition, monitoring for patency, leaks, infection and bleeding at the site. In addition, staff should monitor for complications such as peritonitis .PROCEDURE . Record resident weight & BP [blood pressure] in appropriate binder located in the resident bedside stand, Review chart to see what solutions will be used .Conduct initial assessment of resident, Note any s/s [signs or symptoms] of increased edema or dehydration and monitor for complaints of abdominal pain or discomfort .</p> <p>Record review revealed the following physician orders:</p> <ul style="list-style-type: none"> - connect PD at hour of sleep, with instructions to obtain blood pressure, with a start date of 8/7/2024 - disconnect PD when completed, with instructions to obtain blood pressure, with a start date of 8/7/2024 - obtain daily weight at bedtime with a start date of 8/19/2024 <p>Record review failed to reveal evidence that a full set of vital signs were obtained before, during, and after the resident's PD treatment.</p> <p>Record review failed to reveal evidence of completed documentation relative to the resident's stability, level of consciousness, comfort or distress, increased edema, increased dehydration or any complaints of abdominal pain or discomfort prior to his/her PD treatment. Additionally, record review failed to reveal evidence of complete documentation that includes post dialysis complications or symptoms, such as, dizziness, nausea, fatigue or hypotension, per the facility policy.</p> <p>(continued on next page)</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Further record review failed to reveal documentation of an ongoing evaluation of the peritoneal catheter, including assessment of catheter related infections and tunnel for condition, monitoring for patency, leaks, infection, bleeding at the site, or other complications such as peritonitis, per the facility policy.</p> <p>During a surveyor interview on 4/1/2025 at 1:51 PM, with the Offsite Dialysis Nurse, she revealed that staff are obtaining and entering the resident's blood pressure and weight into the PD machine prior to his/her PD treatment and obtaining the resident's blood pressure following his/her PD treatment. She indicated that at times, staff have not obtained vitals, but revealed the machine will work without the vital sign information.</p> <p>During a surveyor interview on 4/1/2025 at 3:59 PM, with RN, Staff D, he revealed that he obtains the resident's blood pressure and weight prior to the resident's PD treatment, indicating he does not obtain a full set of vital signs.</p> <p>During a surveyor interview on 4/2/2025 at 11:08 AM, with Staff B, she revealed that nursing will input the resident's blood pressure and weight in the PD machine before each treatment but revealed that there is no resident binder located in his/her room to document the resident's vital signs, at his/her bedside, per the facility policy.</p> <p>1c. Further review of the policy titled, PERITONEAL DIALYSIS POLICY & PROCEDURE states in part, .END OF THERAPY .record initial drain volume in resident binder .record total UF [ultrafiltration, the amount of fluid drained] in resident binder .record average dwell time in resident binder .</p> <p>Record review failed to reveal evidence of documentation including the initial drain volume, total UF, or the average dwell time, per the facility policy.</p> <p>During a surveyor interview on 4/2/2025 at 11:08 AM, with RN, Staff B, she revealed that there is not a resident binder located in the resident's room to document the initial drain volume, total UF, or the average dwell time, per the facility policy.</p> <p>1d. Additional review of the policy titled, PERITONEAL DIALYSIS POLICY & PROCEDURE states in part, . Beginning the Therapy .Attach drain extension line. Remove pull tab from end of drain line, and attach to drain bag .</p> <p>During a surveyor interview on 4/1/2025 at 3:18 PM, with Resident ID #101 and his/her representative, they revealed that staff place a drainage tube into the toilet every night to drain the fluid from the PD machine and indicated that at times, the tubing has touched the fluid in the toilet.</p> <p>During a surveyor interview on 4/1/2025 at 3:59 PM, with RN, Staff D, he revealed that a tube is placed into the toilet, to drain the fluid from the PD machine. He further revealed that they only attach a drain bag when there are concerns, such as high white blood counts (indicates an infection).</p> <p>During a surveyor interview on 4/2/2025 at 8:46 AM, with Staff B, she revealed that the fluid is drained into a bag only if the Offsite Dialysis Nurse needs the fluid for a sample and indicated that it is usually drained directly into the toilet via tubing. She further revealed that once every two weeks the fluid is drained into a bag for collection.</p> <p>(continued on next page)</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a surveyor interview on 4/3/2025 at 10:29 AM, with the Director of Nursing Services (DNS), she revealed that she did not know what the resident's PD prescription was and indicated that she does not administer the treatment. She revealed that fluid is only drained into a collection bag when it is needed for a sample, although the policy states to drain it into a bag. Moreover, she was unable to provide evidence of an individualized physician order for the PD treatment, completed documentation relative to the resident's stability, level of consciousness, comfort or distress, increased edema, increased dehydration or any complaints of abdominal pain or discomfort prior to his/her PD treatment, a full set of vital signs were obtained before, during, and after the resident's PD treatment, completed documentation of any post dialysis complications or symptoms, such as, dizziness, nausea, fatigue or hypotension post dialysis treatment, evidence of documentation including ongoing evaluation of the peritoneal catheter, including assessment of catheter related infections and tunnel for condition, monitoring for patency, leaks, infection, bleeding at the site, or other complications such as peritonitis, or documentation including the initial drain volume, total UF, or the average dwell time, per the facility policy.</p> <p>2a. Record review revealed Resident ID #30 was readmitted to the facility in August of 2023 with diagnoses including, but not limited to, end stage renal disease and the dependence of renal dialysis.</p> <p>Record review revealed the resident receives hemodialysis three times a week.</p> <p>Review of the resident's care plan with a problem start date of 9/11/2024 revealed, the resident requires dialysis three times per week with an intervention including, but not limited to, administer medications as ordered.</p> <p>Record review revealed the following physician orders:</p> <ul style="list-style-type: none"> - cyclobenzaprine (muscle relaxant) 5 milligrams (mg), three times a day, with a start date of dated 2/10/2025 - acetaminophen (pain reliever) 500 mg, three times a day, with a start date of dated 2/10/2025 - sevelamer carbonate (a medication prescribed to lower blood phosphate levels) 2400 mg three time a day, with a start date of dated 2/10/2025 - albuterol sulfate inhaler (a medication prescribed to treat shortness of breath) every four hours, with a start date of dated 2/10/2025 - escitalopram oxalate (antidepressant medication) 10 mg one time a day, with a start date of dated 2/10/2025 - Eliquis (anticoagulant medication) 5 mg twice a day with a start date of 2/10/2025 - linzess (a medication prescribed to treat irritable bowel syndrome) 145 micrograms one time a day, with a start date of 3/13/2025 - Keppra XR (anticonvulsant medication) 500 mg one time a day, with a start date of 2/10/2025 <p>(continued on next page)</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> - MiraLAX (a medication prescribed to treat constipation) 17-gram one time a day, with a start date of 2/10/2025 - Nephro Vitamins (a medication prescribed to provide extra water-soluble vitamins needed for kidney health) 0.8 mg one time a day, with a start date of 3/14/2025 - probiotic 60 billion one time a day, with a start date of 2/10/2025 - senna plus (stool softener) 8.6-50 mg one time a day, with a start date of 3/14/2025 - simethicone (a medication prescribed to relive excess gas in the stomach) 80 mg one time a day, with a start date of 2/10/2025 - Symbicort inhaler (a medication prescribed to treat asthma) twice a day, with a start date of 2/10/2025 - Nepro (nutritional supplement), 120 milliliters, to be given to resident if s/he does not eat after coming back from dialysis on Monday, Wednesday, and Friday, with a start date of 2/10/2025 <p>Record review of the Medication Administration Records (MAR) for March of 2025 revealed on the following dates, the cyclobenzaprine, acetaminophen, sevelamer carbonate, and albuterol sulfate were not offered or administered due to the resident being at dialysis:</p> <ul style="list-style-type: none"> - 3/3/2025 - 3/7/2025 - 3/10/2025 - 3/12/2025 - 3/14/2025 - 3/17/2025 - 3/19/2025 - 3/21/2025 - 3/24/2025 - 3/26/2025 - 3/28/2025 - 3/31/2025 <p>(continued on next page)</p>

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of the MAR for March of 2025 revealed on the following dates, the Nepro was not offered or administered to the resident as ordered, due to the resident being at dialysis:</p> <ul style="list-style-type: none"> - 3/28/2025 - 3/31/2025 <p>Record review of the MAR for March of 2025 revealed on the following dates, the escitalopram oxalate, Eliquis, linzess, Keppra XR, MiraLAX, Nephro Vitamins, probiotic, senna plus, simethicone, and Symbicort inhaler were not offered or administered to the resident as ordered, due to the resident being at dialysis:</p> <ul style="list-style-type: none"> - 3/19/2025 - 3/28/2025 - 3/31/2025 <p>Record review failed to reveal evidence that the physician or dialysis center were notified regarding the above missed medications.</p> <p>During a surveyor interview on 4/2/2025 at 10:00 AM, with RN, Staff B, she acknowledged that Resident ID #30 missed the above-mentioned medications and that the providers were not notified of the missed medications.</p> <p>During a surveyor interview on 4/2/2025 at 2:56 PM, with NP, Staff C, she revealed that she was not made aware the resident was missing his/her medications on dialysis days. Additionally, she revealed that she would expect the staff to notify her of missed medications so she could adjust the timing of the medications.</p> <p>2b. Record review revealed Resident ID #76 was admitted to the facility in May of 2023 with a diagnosis including, but not limited to, end stage renal disease.</p> <p>Record review revealed the resident receives hemodialysis three times a week.</p> <p>Review of the resident's care plan with a problem start date of 5/1/2024 revealed the resident requires dialysis three times per week with an intervention including, but not limited to, administer medications as ordered.</p> <p>Record review revealed a physician order dated 3/3/2025 for velphoro (a medication prescribed to lower high blood phosphate levels) 500 mg, three times a day.</p> <p>Review of the March 2025 MAR revealed on 3/4/2025 at 7:00 AM and 11:30 AM, the resident was not offered or administered the velphoro as ordered, due to the resident being out at dialysis.</p> <p>Record review revealed a physician order dated 3/1/2025 for terranics probiotic capsule (a medication prescribed for digestive support), 60 billion, twice daily.</p> <p>(continued on next page)</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review failed to reveal evidence that the physician or dialysis center were notified regarding the above missed medications.</p> <p>During a surveyor interview on 4/2/2025 at 10:00 AM, with Staff B, she acknowledged that Resident ID #76 missed the above-mentioned medications, as s/he was at dialysis and that the providers were not notified of the missed medications.</p> <p>During a surveyor interview on 4/3/2025 at 11:50 AM with Nurse Practitioner, Staff E, she revealed that she was not made aware that Resident ID #76 had missed the above-mentioned medications, while the resident was at dialysis. She further revealed that she would expect the facility to administer the resident's medication around his/her dialysis appointments.</p> <p>During a surveyor interview on 4/3/2025 at 1:09 PM with the DNS, she was unable to provide evidence that the facility effectively communicated with the dialysis center or the resident's provider that the above mentioned medications were not being administered to Resident ID #s 30 and 76, per the physician orders.</p> <p>Surveyor: [NAME], Moulikato</p> <p>46338</p>		

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NAME OF PROVIDER OR SUPPLIER Woonsocket Health Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 262 Poplar Street Woonsocket, RI 02895	

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>46338</p> <p>Based on record review and staff interview, it has been determined that the facility failed to ensure that medications and biologicals were ordered by the prescriber for 1 of 3 residents reviewed for Lorazepam (a medication prescribed for anxiety) administration, Resident ID #30.</p> <p>Findings are as follows:</p> <p>Record review revealed that the resident was admitted to the facility in February of 2025 with diagnoses including, but not limited to, dependence on renal dialysis (a treatment to remove extra fluid and waste when kidneys fail to function effectively), end stage renal disease, and anemia (lack of enough healthy red blood cells to carry oxygen to the body's tissues).</p> <p>Review of a physician order revealed Lorazepam 1 milligram (MG) once a day on Monday, Wednesday, and Friday, prior to dialysis.</p> <p>Review of the March 2025 Medication Administration Record failed to reveal evidence that the Lorazepam was administered, on the following dates:</p> <ul style="list-style-type: none"> - 3/7/2025 - 3/10/2025 - 3/12/2025 - 3/14/2025 <p>During a surveyor interview on 4/2/2025 at approximately 11:00 AM, with Registered Nurse, Staff B, she revealed that the Lorazepam was ordered due to the resident's increased anxiety related to dialysis. Additionally, Staff B acknowledged that the resident did not receive the medication on the above-mentioned dates before dialysis, as ordered.</p> <p>During a surveyor interview on 4/3/2025 at 10:02 AM, with the Pharmacy Manager, he indicated that the pharmacy was unable to deliver the Lorazepam because a new prescription was not received until 3/14/2025.</p> <p>During a surveyor interview on 4/3/2025 at 1:09 PM with the Director of Nursing Services, she revealed that the resident did not receive the Lorazepam as ordered because the Medication Aide, who administers it, failed to communicate the need for a new prescription to the charge nurse. Additionally, she revealed that she would expect the provider to be notified for a new prescription as soon as possible, and would expect better communication between staff.</p>

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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>47279</p> <p>Based on surveyor observation and staff interview, it has been determined that the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety, relative to the main kitchen.</p> <p>Findings are as follows:</p> <p>1. The Rhode Island Food Code 2018 Edition 2-402.11, states in part, .food employees shall wear .beard restraints .that are designed and worn to effectively keep their hair from contacting exposed food .</p> <p>During surveyor observations of the main kitchen on the following dates and times revealed Dietary Aide, Staff F, who has full facial hair, preparing food without a beard restraint:</p> <p>- 3/31/2025 at approximately 9:45 AM</p> <p>- 4/2/2025 at 10:12 AM</p> <p>During a surveyor interview immediately following the above observation on 4/2/2025 with the Food Service Director (FSD), he acknowledged that Staff F was not wearing a beard restraint and indicated that one is required.</p> <p>2. Review of the Rhode Island Food Code 2018 Edition 5-202.13 states in part, An air gap between the water supply inlet and the flood level rim of the PLUMBING FIXTURE .may not be less than 25mm [millimeter] (1 inch) .</p> <p>During a surveyor observation on 3/31/2025 at approximately 9:30 AM, of the main kitchen during the initial walk through in the presence of the FSD, the pipe from the ice machine was noted to be inserted into the plumbing fixture (drain) in the floor, and did not have, at a minimum, a one-inch air gap, as required.</p> <p>During a surveyor interview immediately following the above observation with the FSD, he acknowledged that the ice machine pipe was inserted into the floor drain and did not have the required minimum air gap clearance as outlined in the Rhode Island Food Code.</p> <p>3. Review of the Rhode Island Food Code 2018 Edition 3.202.15 states in part, Food packages shall be in good condition and protect the integrity of the contents so that the food is not exposed to .potential contaminants.</p> <p>During a surveyor observation on 3/31/2025 at approximately 9:30 AM, of the main kitchen during the initial walk through in the presence of the FSD, the walk-in freezer fan blades located within the freezer, was noted to have dripped and formed an accumulation of ice build-up approximately two inches high onto an unsealed box containing an opened package of cheddar cheese omelets, which was directly below the unit.</p> <p>(continued on next page)</p>

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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>During a surveyor interview immediately following the above observation with the FSD, he acknowledged the leaking fan unit and buildup of ice on the unsealed box of cheddar cheese omelets and revealed that the food should be discarded.</p>

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Implement a program that monitors antibiotic use.</p> <p>46539</p> <p>Based on record review and staff interview, it has been determined that the facility failed to establish an Infection Prevention and Control Program (IPCP) that must include, at a minimum, an antibiotic stewardship program which includes antibiotic use protocols and a system to monitor antibiotic use to ensure that residents who require an antibiotic, are prescribed the appropriate antibiotic for 4 of 4 residents reviewed for antibiotic orders, Resident ID #s 2, 101, 114, and 374.</p> <p>Findings are as follows:</p> <p>According to the Centers for Disease Control and Prevention (CDC) document titled, The Core Elements of Antibiotic Stewardship for Nursing Homes states in part, Standardize the practices which should be applied during the care of any resident suspected of an infection or started on an antibiotic. These practices include improving the evaluation and communication of clinical signs and symptoms when a resident is first suspected of having an infection, optimizing the use of diagnostic testing, and implementing an antibiotic review process, also known as an antibiotic time-out, for all antibiotics prescribed in your facility. Antibiotic reviews provide clinicians with an opportunity to reassess the ongoing need for and choice of an antibiotic when the clinical picture is clearer and more information is available .Track the amount of antibiotic used in your nursing home to review patterns of use and determine the impact of new stewardship interventions . Interventions designed to shorten the duration of antibiotic courses, or discontinue antibiotics based on post-prescription review (i.e., antibiotic time-out), may not necessarily change the rate of antibiotic starts, but would decrease the antibiotic DOT [days of therapy] .</p> <p>Review of a facility policy titled ANTIBIOTIC STEWARDSHIP PROGRAM states in part, .Antibiotic therapy should be reassessed in 2-3 days after treatment was initiated by a clinician and answer key questions: does the patient have an infection that will respond to the antibiotic, is it the right antibiotic, is it the right dose, the right route, can a more targeted antibiotic be used and how long should they be on the antibiotic .</p> <p>1. Record review revealed that Resident ID #2 was readmitted to the facility in August of 2023 with a diagnosis including, but not limited to, cellulitis (infection in the skin) of the left lower limb.</p> <p>Record review revealed a physician order for doxycycline (an antibiotic) tablet 100 milligrams (mg) give 1 tablet by mouth one time a day for cellulitis with a start date of 3/20/2025 and an end date of 4/3/2025.</p> <p>Record review failed to reveal evidence of an antibiotic review or an antibiotic time out.</p> <p>2. Record review revealed that Resident ID #101 was readmitted to the facility in March of 2025 with a diagnosis including, but not limited to, dependence on renal dialysis (a treatment that removes excess fluid, waste, and toxins from the blood when the kidneys are no longer functioning properly).</p> <p>(continued on next page)</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review revealed a physician order for amoxicillin-pot clavulanate (an antibiotic), give 250-125 mg by mouth two times a day for an infection of [site redacted] surgical wound with a start date of 3/3/2025 and an end date of 4/3/2025.</p> <p>Record review failed to reveal evidence of an antibiotic review or an antibiotic time out.</p> <p>3. Record review revealed that Resident ID #114 was admitted to the facility in March of 2025 with a diagnosis including, but not limited to, elevated white blood cell count.</p> <p>Record review revealed a physician order for doxycycline tablet 100 mg give 1 tablet by mouth one time a day for cellulitis with a start date of 3/11/2025 and an end date of 3/21/2025.</p> <p>Record review failed to reveal evidence of an antibiotic review or an antibiotic time out.</p> <p>4. Record review revealed that Resident ID #374 was admitted to the facility in March of 2025 with a diagnosis including, but not limited to, acute and subacute endocarditis (an inflammation of the inner lining of the heart chambers and valves, usually caused by a bacterial infection).</p> <p>Record review revealed a physician order for ampicillin sodium (an antibiotic) 2 grams intravenous every 4 hours for acute and subacute endocarditis with a start date of 3/26/2025 and an end date of 5/14/2025.</p> <p>Record review failed to reveal evidence of an antibiotic review or an antibiotic time out.</p> <p>During surveyor interviews with the Infection Preventionist on 4/2/2025 at 10:40 AM and 1:41 PM, she revealed that she does not complete antibiotic time outs. Additionally, she was unable to provide evidence of antibiotic time outs being completed for the above-mentioned residents.</p> <p>During a surveyor interview on 4/2/2025 at approximately 1:59 PM with the Director of Nursing Services, she was unable to provide evidence that antibiotic time outs had been completed for the above-mentioned residents receiving antibiotics.</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46539</p> <p>Based on record review and staff interview, it has been determined that the facility failed to ensure the resident's medical record includes documentation that the resident either received the pneumococcal vaccination or did not receive the vaccination due to medical contraindications or refusal, for 4 of 5 residents reviewed, Residents ID #s 3, 4, 39, and 101.</p> <p>Findings are follows:</p> <p>According to the Centers for Disease Control and Prevention (CDC), pneumococcal vaccination for all adults 19 through [AGE] years old who have certain chronic medical conditions or [AGE] years or older who have only received PPSV23 [type of pneumococcal conjugate vaccination], the PCV15 [type of pneumococcal conjugate vaccine] or PCV20 [type of pneumococcal conjugate vaccine] dose should be administered at least one year after the most recent PPSV23 vaccination. For adults 19 through [AGE] years old who have certain chronic medical indications who have only received PCV13 [type of pneumococcal conjugate vaccine], give 1 dose of the PCV20 at least 1 year after PCV13 or give 1 dose of PPSV23 at least 8 weeks after PCV13. For adults [AGE] years or older who have only received PCV13, give PPSV23 or PCV20 as previously recommended.</p> <p>1. Record review revealed that Resident ID #3 was admitted to the facility in July of 2024.</p> <p>Record review of the resident's immunization records failed to reveal evidence that the PCV15, PCV13, PPSV23, or PCV20 was offered, received, or declined.</p> <p>2. Record review revealed that Resident ID #4 was admitted to the facility in July of 2024.</p> <p>Record review of the resident's immunization records failed to reveal evidence that the PCV15, PCV13, PPSV23, or PCV20 was offered, received, or declined.</p> <p>3. Record review revealed that Resident ID #39 was readmitted to the facility in October of 2023.</p> <p>Record review of the resident's immunization records failed to reveal evidence that the PCV15, PCV13, or PCV20 was offered, received, or declined.</p> <p>4. Record review revealed that Resident ID #101 was admitted to the facility in August of 2024.</p> <p>Record review of the resident's immunization records failed to reveal evidence that the PCV13, PCV15, or PCV20 was offered, received, or declined.</p> <p>During a surveyor interview with the Infection Preventionist (IP) on 4/2/2025 at 10:47 AM, she revealed that she usually gives the pneumococcal vaccination as soon as possible or within a few weeks of gaining consent. She indicated that consent is received at time of the admission. Additionally, the IP was unable to provide evidence that Resident ID #s 3, 4, 39, and 101, received the pneumococcal immunization or documentation that they did not receive the pneumococcal immunization due to a medical contraindication or refusal.</p> <p>(continued on next page)</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a surveyor interview on 4/2/2025 at 1:59 PM, with the Director of Nursing Services, she was unable to provide evidence that Resident ID #s 3, 4, 39, and 101's medical records included documentation that indicates, at a minimum, the residents either received the pneumococcal immunization or did not receive the pneumococcal immunization due to a medical contraindication or refusal, until brought to the attention of the facility by the surveyor.</p>		