

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415049	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/22/2024
NAME OF PROVIDER OR SUPPLIER Hebert Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 180 Log Road 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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46338</p> <p>Based on surveyor observations, record review, staff and resident interview, it has been determined that the facility failed to provide an environment that promotes maintenance or enhancement of his or her quality of life relative to providing activities of daily living (ADL) for resident's whose primary language is not the dominant language of the employee that was providing care for 2 of 4 residents reviewed, Resident ID #s 1 and 2.</p> <p>Findings are as follows:</p> <p>Record review of a community reported complaint sent to the Rhode Island Department of Health on 7/18/2024 alleges that Resident ID #s 1 and 2 have a Nursing Assistant (NA) on the 3:00 PM to 11:00 PM shift who does not not speak English. Therefore, they are unable to communicate their needs.</p> <p>1. Record review revealed that Resident ID #1 was readmitted to the facility in June of 2023 with diagnoses including, but not limited to, dysphagia, contractor of the right and left feet, anarthria (a speech disorder that makes speaking difficult due to central nervous system damage).</p> <p>Record review of the resident's Quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview of Mental Status (BIMS) score of 15 out of 15 indicating the resident's cognition is intact. It further revealed that the resident is totally dependent on staff for transfers and requires extensive assistance for bathing, hygiene, dressing and eating.</p> <p>During a surveyor interview on 7/22/2024 at 10:48 AM, Resident ID #1 revealed that s/he has a NA (Staff A) who does not speak English on the second shift. Additionally, s/he indicated that s/he had tried to do his/her best to communicate with Staff A, however, it is difficult as Staff A does not speak English.</p> <p>2. Record review revealed that Resident ID #2 was readmitted to the facility in February of 2024 with diagnoses including, but not limited to, muscle weakness, anxiety disorder and major depressive disorder.</p> <p>Record review of the Quarterly MDS assessment dated on 6/7/2024 revealed a BIMS score of 13 out of 15 indicating the resident's cognition is intact. It further revealed that the resident requires extensive assistance for ADLs.</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a surveyor interview on 7/22/2024 at 12:45 PM, with Resident ID #2, s/he revealed that s/he has a NA (Staff A) who does not speak English. Additionally, s/he revealed that Staff A is assigned to his/her room regularly and most of the times s/he attempts to communicate with signs and gestures which is not effective.</p> <p>During a surveyor interview on 7/22/2024 at 2:54 PM with Staff A, she was unable to answer the surveyor's questions that were asked of her in the English language. The same questions were asked to Staff A in French. Staff A was able to answer the surveyor's questions when asked in French. Staff A revealed to the surveyor that she works on the second shift on the North A unit. She revealed that she does not understand English, especially when the residents speak fast.</p> <p>Surveyor observation of the North A Unit on 7/22/2024 at approximately 3:10 PM, revealed that Staff A arrived to work the 3:00 PM-11:00 PM shift.</p> <p>During a surveyor interview on 7/22/2024 at 1:07 PM and again at approximately 3:00 PM with the Administrator, she indicated that Staff A is full time at the facility and works on the North A unit. She acknowledged that she does not speak English.</p>

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<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46338</p> <p>Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to promote and facilitate self-determination through support of resident choice relative to weekly showers for 2 of 4 residents reviewed, Residents #1 and 3.</p> <p>Findings are as follows:</p> <p>1. Record review revealed that Resident ID #1 was readmitted to the facility in June of 2023 with diagnoses including, but not limited to, dysphagia, contractures of the right and left feet, anarthria (a speech disorder that make speaking difficult due to the central nervous system damage).</p> <p>Record review of the resident's Quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview of Mental Status (BIMS) score of 15 out of 15 indicating the resident's cognition is intact. It further revealed that the resident is totally dependent on staff for transfers and requires extensive assistance for bathing, hygiene, dressing and eating.</p> <p>Review of the resident's care plan dated 1/7/2019 revealed the resident has an ADL deficit related to a disease process.</p> <p>During a surveyor observation and interview on 7/22/2024 at 10:48 AM, Resident ID #1 was observed in bed and appeared untidy. S/he revealed that s/he has not received morning care and s/he should be out of bed by 10:00 AM. S/he revealed that it happens every day and s/he has not received a shower in quite some time.</p> <p>Review of the resident's admission MDS assessment dated [DATE] indicates that his/her preference for a shower is very important.</p> <p>Review of the provided weekly shower list for the North A unit revealed that Resident ID #1's shower days are Tuesday, Thursday, and Saturday on the evening shift.</p> <p>Record review of the document titled Adls-Bathing failed to reveal evidence that Resident ID #1 had received a shower in the last 30 days.</p> <p>2. Record review revealed that Resident ID #3 was readmitted to the facility in September of 2020 with diagnoses including, but not limited to, muscle weakness, unsteadiness on feet and major depressive disorder.</p> <p>Record review of the Quarterly MDS assessment dated [DATE] revealed a BIMS score of 6 out of 15 indicating the resident's cognition is severely impaired. It further revealed that the resident requires extensive assistance for bathing, hygiene, dressing and eating.</p> <p>Although the resident's BIMS score was low, he/she was interviewable. During a surveyor interview on 7/22/2024 at approximately 11:30 AM, with Resident #3, s/he revealed that s/he had only 2 showers in the last 6 months.</p> <p>(continued on next page)</p>

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<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the provided weekly shower list for the North A unit revealed that Resident ID #3's shower days are Monday, Wednesday, and Friday on the day shift.</p> <p>Record review of the document titled Adls-Bathing failed to reveal evidence that Resident ID #3 had received a shower in the last 30 days.</p> <p>During a surveyor interview on 7/22/2024 at approximately 3:00 PM with the Administrator she was unable to provide evidence that Resident ID #s 1 and 3 received showers in the last 30 days as is their preference.</p>		