

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  08/14/2024
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>45855</p> <p>Based on record review and staff interview, it has been determined that the facility failed to keep a resident free from physical abuse for 1 of 6 residents reviewed, Resident ID #1.</p> <p>Findings are as follows:</p> <p>Review of a facility policy titled, Abuse Prohibition last revised on 10/31/2022 states in part, It is the policy of this facility to ensure that all residents are treated with respect and dignity and that all residents are free from abuse, mistreatment, neglect .Abuse: willful infliction of injury, unreasonable confinement, intimidation, or punishment resulting in physical harm, pain or mental anguish .</p> <p>Review of a facility reported incident received by the Rhode Island Department of Health on 8/3/2024 states in part,</p> <p>.:15 PM [Resident ID #2] ambulating throughout the hallway entered [Resident ID #1]'s room via a closed door, [Resident ID #1] ordered [Resident ID #2] to get out and [Resident ID #2] went forward and grabbed [Resident ID #1] by the neck. [Resident ID #2] was instantly removed and [Resident ID #1] attended to.</p> <p>No apparent injuries on either party on [Resident ID #2], and [Resident ID #1] would not allow a body assessment as per [his/her] usual behavior .</p> <p>Record review revealed that Resident ID #1 (the victim) was readmitted to the facility in January of 2022 with diagnoses including, but not limited to, Alzheimer's disease, adjustment disorder, and anxiety disorder.</p> <p>Review of a Minimum Data Set (MDS) Assessment for Resident ID #1 dated 6/20/2024 revealed a Brief Interview for Mental Status (BIMS) Score of 0 out of 15, indicating severe cognitive impairment.</p> <p>Record review revealed that Resident ID #2 (the perpetrator) was admitted to the facility in February of 2024 with diagnoses including, but not limited to, dementia with psychotic disturbance, anxiety disorder, and adjustment disorder.</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
---	-------	-----------

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  08/14/2024
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of an MDS Assessment for Resident ID #2 dated 6/14/2024 revealed a BIMS score of 2 out of 15, indicating severe cognitive impairment.</p> <p>Record review of the statement authored by Housekeeper, Staff A, dated 8/3/2024, states in part, .Saw [Resident ID #2] go into [Resident ID#1]'s room. [Resident ID #1] told [Resident ID #2] to get out twice, then [Resident ID #2] proceeded to go after [Resident ID #1's] neck and grabbed [him/her] then I went to help [Resident ID #1] getting [Resident ID #2] away. [Nursing Assistant, Staff B] came to help as well.</p> <p>Record review of the statement authored by Staff B, dated 8/3/2024, states in part, .I heard yelling down the hallway, stop, stop, stop [Resident ID #2's name]. I went to see what was happening and the housekeeper was trying to tell me to help, [Resident ID #2] just put [his/her] hands around [Resident ID #1]'s neck .</p> <p>During a surveyor interview on 8/14/2024 at 10:40 AM with the nurse who responded to the incident, Licensed Practical Nurse, Staff C, she revealed that Staff A yelled for help and reported to her that Resident ID #1 and #2 were fighting so she separated both residents. She added that Staff A reported to her that Resident ID #2 had his/her hands around Resident ID #1's neck.</p> <p>During a surveyor interview on 8/14/2024 at 11:10 AM with the Director of Nursing Services, she acknowledged that the incident between Resident ID #s 1 and 2 had occurred.</p>		