STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415049	A. Building B. Wing	12/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hebert Nursing Home	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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. 41729 Based on surveyor observation, record review and staff interview, it has been determined that the facility failed to ensure that residents receive treatment and care in accordance with professional standards of practice, relative to following physician's orders for administering nutrition via a gastrostomy tube (G-tube, a tube that is inserted through the wall of the abdomen into the stomach to deliver nutrition, fluids, and medication) for 1 of 2 residents reviewed, Resident ID #1. Findings are as follows: According to Mosby's 4th Edition, Fundamentals of Nursing page 314, states in part, The physician is responsible for directing medical treatment. Nurses are obligated to follow physician's orders unless they believe the orders are in error of would harm the clients. Review of a community reported complaint submitted to the Rhode Island Department of Health on 12/26/2024 alleges that the resident is not receiving his/her G-tube nutrition, as ordered. Record review revealed the resident was admitted to the facility in December of 2024 with diagnoses including, but not limited to, protein-calorie malnutrition, dysphagia (difficulty swallowing), and gastrostomy tube. Record review revealed a physician's order dated 12/20/2024 for Isosource (a nutritional formula) 1.5 Cal 400 milliliter (ML) four times a day with a discontinue date of 12/23/2024. Record review of nursing progress notes revealed the resident received Isosource 1.5 Cal without a physician order on the following dates and times: - 12/27/2024 at 6:50 PM - 12/27/2024 at 8:13 PM - 12/28/2024 at 12:03 PM - 12/28/2024 at 11:31 PM - 12/29/2024 at 9:27 AM (continued on next page)

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 12/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hebert Nursing Home	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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- 12/29/2024 at 8:00 PM Record review failed to reveal evidence that the resident had a current physician's order for Isosource 1.5 Cal that had been documented as being administered on the above-mentioned dates and times. During a surveyor observation on 12/31/2024 at 12:44 PM in the presence of Licensed Practical Nurse, Staff A, the resident was observed being administered Isosource 1.5 Cal at 60 ml/hour. During a surveyor interview immediately following this observation with Staff A, he acknowledged the resident was receiving Isosource 1.5 Cal at 60 Ml/hour. Staff A further indicated that the resident had been receiving the Isosource 1.5 Cal since s/he was admitted . Additionally, Staff A was unable to provide evidence that the resident had a physician's order for Isosource that was being administered. During a surveyor interview on 12/31/2024 at 1:01 PM with the Director of Nursing Services (DNS), she acknowledged that the resident did not have a physician's order for Isosource 1.5 Cal. Additionally, she was unable to provide evidence why the Isosource 1.5 Cal was discontinued on 12/23/2024.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415049	A. Building B. Wing	12/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hebert Nursing Home	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)

F 0842

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Few

Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.

41729

Based on surveyor observation, record review and staff interview, it has been determined that the facility failed to maintain medical records on each resident that are complete and accurately documented in accordance with accepted professional standards and practice for 1 of 2 residents reviewed receiving nutrition via a gastrostomy tube (G-tube, a tube that is inserted through the wall of the abdomen into the stomach to deliver nutrition, fluids, and medication), Resident ID #1.

Findings are as follows:

Review of a community reported complaint submitted to the Rhode Island Department of Health on 12/26/2024 alleges that the resident is not receiving his/her G-tube nutrition as ordered.

Record review revealed the resident was admitted to the facility in December of 2024 with diagnoses including, but not limited to, protein-calorie malnutrition, dysphagia (difficulty swallowing), and gastrostomy tube.

Record review revealed the following physician's orders:

- 12/23/2024 for Nutren 2.0 (a tube feeding formula used to provide complete or supplemental nutrition) 300 millimeters (ml) four times a day via the G-tube.

- 12/20/2024 for Two Cal HN 2.0 (a calorie and protein dense nutritional tube feeding formula) 300 ml via the G-tube four times a day.

Record review of the Medication Administration Record (MAR) for December 2024 revealed the Nutren 2.0 formula was signed off as administered to the resident on the following dates and times:

- 12/23/2024 at 8:00 PM

- 12/24/2024 through 12/30/2024 at 8:00 AM, 12:00 PM, 4:00 PM, and 8:00 PM

- 12/31/2024 at 8:00 AM

Record review of the MAR for December 2024 revealed the Two Cal HN 2.0 formula was signed off as administered to the resident on the following dates and times:

- 12/21/2024 through 12/26/2024 at 8:00 AM, 12:00 PM, 8:00 PM, and 8:00 PM

- 12/27/2024 at 8:00 AM and 12:00 PM

- 12/28/2024 at 8:00 PM

- 12/30/2024 at 8:00 AM, 12:00 PM, 4:00 PM and 8:00 PM

(continued on next page)

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 12/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hebert Nursing Home	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)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- 12/31/2024 at 8:00 AM During a surveyor observation on 12/31/2024 at 12:44 PM in the presence of Licensed Practical Nurse, Staff A, the resident was observed being administered Isosource 1.5 Cal (a nutritional formula) at 60 ML/hour instead of the above-mentioned formulas that were being signed off by the staff. During a surveyor interview immediately following this observation, Staff A acknowledged the above-mentioned observation. Staff A further indicated that the Nutren and Two Cal HN 2.0 were not available in the facility and that the resident had been receiving Isosource 1.5 Cal instead since his/her admission. During a surveyor interview on 12/31/2024 at 12:48 PM with the Administrator, she acknowledged that the facility did not have either the Nutren 2.0 or Two Cal HN formula at the facility prior to this observation. Additionally, she acknowledged that the Nutren 2.0 formula was ordered on 12/23/2024 and was delivered on 12/31/2024. During a surveyor interview on 12/31/2024 at 1:01 PM with the Director of Nursing Services (DNS), she indicated that when the resident was admitted to the facility, there was an order for Two Cal HN 2.0 formula four times a day. She indicated that the order was changed by the physician to Nutren 2.0 formula because the facility did not carry this brand. She acknowledged that the orders for the Nutren 2.0 and Two Cal HN formula were signed off inaccurately as being administered when both formulas were not not available.