

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 03/25/2025
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>39496</p> <p>Based on record review and staff interview, it has been determined that the facility failed to meet professional standards of quality, relative to not following physician's orders for 1 of 3 residents reviewed regarding obtaining weights, Resident ID #1.</p> <p>Findings are as follows:</p> <p>Record review of two community reported complaints submitted to the Rhode Island Department of Health on 3/21/2025, revealed allegations that Resident ID #1 had not been eating and s/he had lost approximately 20 pounds since being admitted to the facility.</p> <p>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 or would harm the clients .</p> <p>Record review revealed that the resident was readmitted to the facility in March of 2025 with diagnoses including, but not limited to, congestive heart failure (a condition where the heart can't pump blood as efficiently as it should), chronic obstructive pulmonary disease (a lung disease causing restricted airflow), and acute kidney failure.</p> <p>Review revealed a physician's order dated 3/3/2025 for weekly weights to start on 3/8/2025.</p> <p>Record review of the weights in the resident's electronic medical record and progress notes failed to reveal evidence that the resident's weight was obtained on 3/8/2025 or 3/15/2025, as ordered.</p> <p>During a surveyor interview on 3/24/2025 at 1:53 PM with the Director of Nursing Services, she acknowledged that the resident's weights were not completed as ordered on 3/8/2025 and 3/15/2025.</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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