

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 12/01/2025
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 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>Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, relative to the use of electronic monitoring for 1 of 1 resident reviewed, Resident ID #1. Findings are as follows:Review of a facility policy titled, Abuse Prohibition dated 10/31/2022 states in part, It is the policy of this facility to ensure that all residents are treated with respect and dignity.Review of a facility policy titled, Electronic Monitoring dated 1/30/2025 states in part, It is the policy of this facility to comply with the electronic monitoring in Nursing and Assisted Living facilities Act (the Act). We will honor the Resident's (or Representative's) choice when electronic monitoring is requested.The Act allows for installation and use of electronic monitoring devices, including any photo, video, and/or audio surveillance equipment with a fixed position, that broadcasts or records activities or sounds occurring in the facility resident's room or private living area.Review of a community reported complaint received by the Rhode Island Department of Health on 10/10/2025 alleges that Resident ID #1 is not getting care, that a Nursing Assistant told him/her that s/he smells bad, and covered his/her electronic monitoring device.a. Record review revealed that Resident ID #1 was admitted to the facility in December of 2024 with diagnoses including, but not limited to, altered mental status and seizures.During a surveyor observation on 10/15/2025 at approximately 8:00 AM, of the video surveillance footage provided by Resident ID #1's family, dated 10/8/2025 at 8:59 AM revealed that Nursing Assistant (NA), Staff A, is heard saying, [S/he] don't smell good at all, in front of the resident.During a surveyor interview on 10/15/2025 at 11:39 AM with Staff A, she acknowledged that she said the resident did not smell good while providing his/her care. Additionally, Staff A acknowledged that Resident ID #1 can understand what is being said and is able to answer yes/no questions when asked.During a surveyor interview on 10/15/2025 at approximately 1:00 PM with Director of Nursing Services (DNS) she acknowledged that Staff A, is heard commenting on Resident ID #1's smell in front of him/her. Additionally, she was unable to provide evidence that Resident ID #1 was treated with dignity and respect.b. Review of a consent form dated 1/27/2025 revealed the resident consented to the use of video surveillance monitoring.During a surveyor observation on 10/15/2025 at approximately 8:00 AM, of the video surveillance footage provided by Resident ID #1's family, dated 10/6/2025 at 9:19 AM revealed Staff A, covering the residents video surveillance camera with a pillow.During a surveyor observation on 10/15/2025 at 9:37 AM of the resident's room revealed signage posted on the door that states, Electronic monitoring in progress. Additionally, inside the room a camera is visible facing the resident's bed.During a surveyor interview on 10/15/2025 at 11:39 AM with Staff A, she acknowledged that on 10/6/2025 she covered the resident's video surveillance camera with a pillow.During a surveyor interview on 10/15/2025 at approximately 1:00 PM with the DNS she was unable to provide evidence that the resident was treated with respect and dignity relative to his/her right to use electronic monitoring equipment.</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on surveyor observation, record review and staff interview, it has been determined that the facility failed to maintain an infection prevention and control program designed to help prevent the development and transmission of communicable diseases and infections, relative to use of Enhanced Barrier Precautions (EBP, use of gown and gloves for high contact activities) for 1 of 1 resident reviewed, Resident ID #1. Findings are as follows: Review of a facility policy titled, Guidelines for Management of MDROs [Multi-drug resistant organism] dated 4/15/2024 states in part, Enhanced Barrier Precautions expand the use of PPE [personal protective equipment] beyond which exposure to blood and body fluids is anticipated and refers to gown and glove use during high contact resident care. for those with wounds or indwelling medical devices. examples of resident care activities requiring gown and glove use. dressing, bathing/showering. providing hygiene, changing linens, changing briefs. Record review revealed that Resident ID #1 was admitted to the facility in December of 2024 with diagnoses including, but not limited to, altered mental status, gastrostomy (an artificial opening used to provide nutrition) status, and seizures. During a surveyor observation on 10/15/2025 at 9:37 AM of Resident ID #1's room revealed signage indicating that the resident is on EBP and staff is to wear a gown and gloves while performing care. During a surveyor observation on 10/15/2025 at approximately 8:00 AM, of the video surveillance footage provided by Resident ID #1's family, dated 10/6/2025 at 9:19 AM revealed Nursing Assistant (NA), Staff A, and NA, Staff B, in Resident ID #1's room providing morning care. Additionally, Staff A and Staff B did not have gowns on, as required. During a surveyor observation on 10/15/2025 at approximately 8:00 AM, of the video surveillance footage provided by Resident ID #1's family, dated 10/8/2025 at 8:59 AM revealed Staff A in the resident's room providing care. Additionally, Staff A did not have a gown on, as required. During a surveyor interview on 10/15/2025 at 11:22 AM with the Infection Preventionist he acknowledged that Resident ID #1 has been on EBP due to his/her gastrostomy since his/her admission and all staff providing care should be wearing a gown and gloves. During a surveyor interview on 10/15/2025 at 11:39 AM with Staff A, she acknowledged that she was not wearing a gown while providing care to Resident ID #1 on 10/6 and 10/8/2025. During a surveyor interview on 10/15/2025 at 12:41 PM with Staff B, she acknowledged that she was not wearing a gown while providing care to Resident ID #1 on 10/8/2025. During a surveyor interview on 10/15/2025 at approximately 1:00 PM with the Director of Nursing Services, she was unable to provide evidence that the facility maintained an infection control program to prevent the spread of infection relative to use of EBP for Resident ID #1.</p>		