

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  415050	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/28/2025
NAME OF PROVIDER OR SUPPLIER  The Dawn Hill Home for Rehab & Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE  1 Dawn Hill Bristol, RI 02809	

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>43987</p> <p>Based on record review and staff interview, it has been determined that the facility failed to provide care consistent with professional standards of practice for 1 of 2 residents reviewed with an ostomy (colostomy/ileostomy; a surgical procedure that creates an opening (stoma) in the abdomen to divert waste products from the body to an external pouch), Resident ID #1.</p> <p>Findings are as follows:</p> <p>Record review of a community reported complaint allegation submitted to the Rhode Island Department of Health on 1/26/2025 alleges that the facility did not have appropriate ostomy bag or staff trained to care for a resident in need of ostomy care.</p> <p>Review of a facility policy titled, Colostomy and Ileostomy Care last revised on 11/13/2024, states in part, . Applying or changing the pouch .Inspect the color and skin integrity of the stoma and peristomal skin .If applying a two-piece appliance with a separate skin barrier, peel off the paper backing of the prepared skin barrier, center the barrier over the stoma, and press gently to ensure adhesion .Document .type and size of appliance used .Appearance of the stoma and peristomal skin .Notification of physician .if applicable . patients response .</p> <p>Record review revealed that Resident ID #1 was admitted to the facility in January of 2025 with a diagnosis including, but not limited to, ileostomy status.</p> <p>Additional record review revealed that s/he has an ileostomy to his/her right lower abdomen. Furthermore, the record revealed a mid-abdominal wound and a group of surgical wounds to his/her left lower abdomen.</p> <p>Record review revealed a progress note dated 1/26/2025 at 11:18 AM that revealed the resident's family member was requesting the resident to be transferred to the hospital due to concerns that he/she was not receiving appropriate care for the ostomy and the wounds.</p> <p>Record review of a hospital document dated 1/26/2025 revealed that Resident ID #1 was transferred to the emergency room [ER] and was experiencing pain around the ostomy. Additionally, it revealed that the ostomy appliance(wafer) was not adhered to his/her skin and stool was leaking into a mid-abdominal incision (surgical wound). It further revealed that the facility did not have the correct ileostomy supplies.</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:  415050	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/28/2025
NAME OF PROVIDER OR SUPPLIER  The Dawn Hill Home for Rehab & Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE  1 Dawn Hill Bristol, RI 02809	
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>Further record review failed to reveal evidence of the size and type of ostomy supplies to be used for the resident.</p> <p>During a surveyor interview on 1/27/2025 at 12:50 PM with Licensed Practical Nurse (LPN), Staff A, she acknowledged that the wafer did not adhere to the resident's skin, and she needed to cut the wafer because the appliance that the facility had on hand was not the appropriate size. She also indicated that the peristomal skin appeared to have some redness from the leakage of stool as the appliance did not fit properly.</p> <p>During a surveyor interview on 1/27/2025 at 2:04 PM with Registered Nurse, Staff B, she revealed that she assessed the residents' abdominal wounds on 1/26/2025 and that there was redness to the peristomal area. Additionally, she revealed that the ostomy wafer did not adhere to the resident's abdomen.</p> <p>During a surveyor interview on 1/28/2025 at 11:08 AM, with the Wound Nurse, Staff C she revealed that she changed the resident's wafer (a device which is fitted or cut to the individual size of the stoma) on 1/24/2025 after being informed by a family member that it was leaking. The wound nurse acknowledged that the wafer did not adhere to his/her skin properly. She further revealed that she ordered a smaller size wafer that was to arrive the next day. She revealed that after she had changed the wafer on 1/24/2025 it held on for a few more hours and was then change again by another nurse because it was leaking.</p> <p>During a surveyor interview on 1/28/2025 at approximately 11:30 AM with the Director of Nursing Services, she acknowledged that the resident did not receive the appropriate size ostomy supplies to prevent fecal leakage into the abdominal wound.</p>		