

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 12/19/2024
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>47279</p> <p>Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to maintain professional standards of practice relative to a peripherally inserted central catheter (PICC - a type of vascular access device [VAD] used to deliver medications directly to the large central veins near the heart) to 1 of 1 resident observed for intravenous (IV) antibiotic administration via a PICC line, Resident ID #321, and 1 of 3 residents reviewed who receive medication in crushed form, Resident ID #77.</p> <p>Findings are as follows:</p> <p>1) Review of a facility policy titled, SETTING UP A PRIMARY INFUSION (HYDRATION or MEDICATION) dated 8/2021 states in part, .Attach flush syringe, aspirate for a blood return to determine patency and then flush resident's IV catheter with appropriate flush solution as ordered .Scrub needleless connector on resident's catheter with antiseptic wipe .Attach primed IV tubing to the needleless connector .</p> <p>Record review revealed Resident ID #321 was admitted to the facility in December of 2024 with a diagnosis including, but not limited to, bacteremia (bacteria in the blood).</p> <p>Review of a care plan that was initiated on 12/5/2024, revealed that the resident has a PICC line to his/her right arm and receives IV antibiotics for bacteremia.</p> <p>Record review revealed a physician's order dated 12/4/2024 for ampicillin (antibiotic) 2 grams to be given intravenously every 4 hours for a bacterial infection.</p> <p>During a surveyor observation on 12/17/2024 at 12:06 PM of Licensed Practical Nurse, Staff A, he failed to assess for blood return prior to administering the ampicillin intravenously.</p> <p>Additionally, Staff A disconnected the IV tubing due to the infusion pump alarming, and failed to scrub the needleless connector on the resident's catheter prior to reconnecting the IV tubing.</p> <p>During a surveyor interview immediately following the above observation with Staff A, he acknowledged that he failed to assess for blood return prior to administering the ampicillin to the resident, and failed to scrub the needleless connector prior to reconnecting the IV tubing.</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 12/19/2024
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>During a surveyor interview with the Director of Nursing Services on 12/17/2024 at 12:30 PM, she acknowledged that she would expect staff to assess the patency of the PICC line by flushing and assessing for blood return prior to infusing IV medication, and scrub the connector prior to connecting the IV tubing.</p> <p>2) Record review revealed Resident ID #77 was admitted to the facility in March of 2021 with a diagnosis including, but not limited to, dysphagia (difficulty swallowing).</p> <p>Record review of the face sheet and the care plan revealed special instructions to crush medications.</p> <p>Record review revealed a physician's order with a start date of 9/5/2024 for Seroquel (a medication used to treat mental health disorders) 50 milligrams (mg) tablet and a 25 mg tablet, to be given together, for a total dose of 75 mg twice daily.</p> <p>During a surveyor observation on 12/18/2024 at 11:39 AM of Certified Medication Technician, Staff B, she administered both tablets of Seroquel to the resident whole with cranberry juice, not in crushed form, as indicated in the special instructions.</p> <p>During a surveyor interview immediately following the above observation with Staff B, she acknowledged that she failed to crush the resident's Seroquel per the special instructions.</p> <p>During a surveyor interview with the Director of Nursing Services on 12/18/2024 at 2:13 PM, she revealed that she would expect the staff to have crushed the resident's Seroquel tablets prior to administering them.</p>

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 12/19/2024
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>43987</p> <p>Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to provide appropriate treatment and services to 1 of 2 residents reviewed with a Suprapubic Catheter (SPC) (a flexible plastic tube inserted into your bladder via a surgical opening in the abdomen), Resident ID #67.</p> <p>Findings are as follows:</p> <p>Record review revealed that the resident was admitted to the facility with a diagnosis including, but not limited to, obstructive and reflux uropathy (condition in which urine flows backward from the bladder to one or both kidneys).</p> <p>Record review of the textbook, Lippincott Nursing Procedures, 9th Edition, pages 432-33 states in part, Catheter care .Keep the drainage bag below the level of the patient's bladder to prevent backflow of urine into the bladder, which increases the risk of CAUTI [A catheter-associated urinary tract infection caused by germs entering the urinary tract through a catheter].</p> <p>Record review revealed a physician's order dated 7/27/2024 for catheter care to be provided every shift and as needed relative to the SPC tube.</p> <p>Record review of a care plan dated 7/27/2024 revealed a focus of potential for infection related to SPC with an intervention to maintain the catheter bag below bladder level.</p> <p>During surveyor observations on 12/17/2024 at 8:43 AM and 9:37 AM, revealed the resident was lying in bed with the catheter bag lying flat on the mattress next to him/her.</p> <p>During a surveyor interview at 9:37 AM immediately following the above observation with the resident, s/he stated that s/he doesn't know who put the catheter bag on the mattress.</p> <p>Additional surveyor observations on 12/17/2024 at 9:57 AM and 10:12 AM revealed Nursing Assistants, Staff C and D, entering the resident's room and failing to move the catheter bag below bladder level per the resident's care plan.</p> <p>During a surveyor interview at 10:12 AM, immediately after the above observation, with Licensed Practical Nurse (LPN), Staff A, he acknowledged that the catheter bag should have been placed lower than the resident's bladder level.</p> <p>Further surveyor observations on 12/18/2024 at 8:45 AM and 8:52 AM, revealed the catheter bag was lying flat on top of the mattress, next to the resident.</p> <p>During a surveyor interview on 12/18/2024 at 8:52 AM, immediately following the above observation, the Assistant Director of Nursing Services, acknowledged that the catheter bag was lying on top of the mattress next to the resident. Additionally, she revealed that she would expect staff to maintain the catheter bag below the resident's bladder level, per his/her plan of care.</p>		

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 12/19/2024
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>47279</p> <p>Based on surveyor observation and staff interview, it has been determined that the facility failed to store and label drugs and biologicals in accordance with currently accepted professional standards for 2 of 3 medication storage rooms observed.</p> <p>Findings are as follows:</p> <p>Record review of a facility policy titled Medication Storage, last revised on 2/4/2022 states in part, . Medications and biologicals labeled in accordance with currently accepted professional principles, and include:</p> <ul style="list-style-type: none"> -Appropriate accessory and cautionary instructions . -Expiration date, when applicable . <p>Multi-dose vials which have been opened or accessed (e.g. needle punctured) should be dated and discarded within 28 days unless the manufacturer specifies a different (shorter or longer) date for that opened vial.</p> <p>During a surveyor observation of the North Medication Storage Room on 12/18/2024 at 10:30 AM, in the presence of Licensed Practical Nurse (LPN), Staff E, 1 vial of Tuberculin Purified Protein Derivative (tuberculin skin test solution) opened and not dated. Staff E acknowledged that the vial should have been dated when opened. Additionally, the manufacturer instructions indicated to discard the vial after 30 days of opening.</p> <p>During a surveyor observation of the East Medication Storage Room on 12/18/2024 at 11:24 AM, in the presence of LPN, Staff F, one bottle of Ativan Intensol (medication for anxiety) was observed opened and not dated. Staff F acknowledged the vial should have been dated when opened. Additionally, the instructions on the bottle indicated to discard after 90 days of opening.</p> <p>During a surveyor interview with the Director of Nursing Services on 12/18/2024 at 2:13 PM, she revealed that she would expect that the medication bottles be dated once opened, and that both the Ativan Intensol and Tuberculin should be discarded.</p>		

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 12/19/2024
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47939</p> <p>Based on record review and staff interview, it has been determined that the facility failed to maintain medical records that are complete and accurately documented on each resident, in accordance with accepted professional standards and practices, for 1 of 4 residents reviewed related to urinary catheter (a flexible tube inserted into the bladder to drain urine), and for 1 of 3 residents reviewed related to advance directives, Resident ID #105.</p> <p>Findings are as follows:</p> <p>Record review revealed the resident was admitted to the facility in December of 2023 with a diagnosis including, but not limited to, urinary retention.</p> <p>1. Record review of the resident's physician order list revealed the following conflicting orders related to the size of catheter being utilized for the resident:</p> <ul style="list-style-type: none"> - Change the resident's foley catheter monthly and as needed with 16 Fr (French sizing system - measurement of the urinary catheter based on its outer diameter) with 10 mL (milliliter) balloon as needed with a start date of [DATE]. - Change the resident's foley catheter monthly and as needed with 16 Fr, 10 mL balloon every day shift every 30 days for catheter care with a start date of [DATE]. - Change the resident's foley catheter monthly and as needed with 18 Fr, 5 mL balloon for urinary retention every day shift every 30 days with a start date of [DATE]. - Change the resident's foley catheter monthly and as needed with 18 Fr, 5 mL balloon with a start date of [DATE]. <p>During a surveyor interview on [DATE] at 10:28 AM with Licensed Practical Nurse (LPN), Staff G, in the presence of the Regional Director of Sales and Marketing, LPN Staff H, she revealed that the resident's current catheter size is 18 Fr.</p> <p>Further surveyor interview on [DATE] at 11:20 AM with Staff H, he revealed that the resident's physician order for 16 Fr should have been discontinued, and his/her most recent physician order is for an 18 Fr.</p> <p>2. Record review of the resident's advanced directives revealed that s/he is a Do Not Resuscitate (a medical order that instructs health care providers not to perform cardiopulmonary resuscitation (CPR) if a patient's heart stops or breathing stops) and No Artificial Nutrition (a medical order to stop or not start providing artificial nutrition and hydration (ANH) to a patient).</p> <p>(continued on next page)</p>		

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 12/19/2024
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's record revealed that another resident's advance directives were uploaded on his/her miscellaneous documents on [DATE] which indicates a Full Code Status (the healthcare team will perform all possible resuscitation procedures to try and save their life, including CPR, defibrillation, and other life-saving measures) and to Administer Artificial Nutrition Via Feeding Tube.</p> <p>During a surveyor interview on [DATE] at 10:28 AM with Staff H, he asked Staff G to delete the other resident's advance directive uploaded in Resident ID #105's record.</p> <p>During a surveyor interview on [DATE] at 12:17 PM with the Director of Nursing Services, she acknowledged there were multiple orders for the resident's foley catheter size that did not match. Additionally, she was unable to provide evidence that the resident's medical record was maintained accurately related to his/her advance directives.</p> <p>45855</p>

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 12/19/2024
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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45855</p> <p>Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to be adequately equipped to allow residents to call for staff assistance through a communication system which relays the call directly to a staff member or to a centralized staff work area for 1 of 3 residents reviewed related to calling for assistance for pain, Resident ID #75.</p> <p>Findings are as follows:</p> <p>Record review of the policy titled Call Bell Policy revealed that the staff should ensure the resident is safe and the call bell is within reach.</p> <p>Record review of the Minimum Data Set assessment dated [DATE] revealed a Brief interview for Mental Status score of 15 of 15, indicating intact cognition.</p> <p>During a surveyor observation on 12/17/2024 from 12:28 PM through 12:50 PM, the resident was noted to be yelling out for help asking for assistance related to his/her pain for the past half hour.</p> <p>During a surveyor interview on 12/17/2024 at 12:55 PM with Nursing Assistant, Staff C, she acknowledged that the resident's call bell was on the ground and failed to be within reach of the resident.</p> <p>During a surveyor interview on 12/17/2024 at 1:01 PM with the resident, s/he revealed that his/her call bell fell on the floor and has been yelling for help.</p> <p>During a surveyor interview on 12/17/2024 at 1:38 PM with the Director of Nursing Services, she revealed that she would expect the resident's call bell to be placed within the resident's reach.</p>