STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415051	A. Building B. Wing	11/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Scandinavian Home Inc	1811 Broad Street Cranston, RI 02905

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 0661 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure necessary information is communicated to the resident, and receiving health care provider at the time of a planned discharge. 47939 Based on record review and staff interview, it has been determined that the facility failed to reconcile all pre-discharge medications with the resident's post-discharge medications, for 1 of 1 discharged residents reviewed with physician orders for Cymbalta (a medication prescribed to treat depression), Resident ID #4. Findings are as follows: Record review of Resident ID #4 revealed s/he was admitted to the facility in December of 2023 with a diagnosis including, but not limited to, major depressive disorder. Record review of a pharmacy medication regimen review dated 8/1/2024 revealed a recommendation to decrease the resident's Cymbalta medication from 60 milligrams (MG) daily to 40 MG daily, after the current supply of medication is exhausted. Further review revealed that the provider approved the recommended dose reduction on 9/9/2024. Record review of a progress note dated 9/13/2024 revealed the new order of Cymbalta 40 MG daily should start on 11/5/2024, after the remaining supply is exhausted. Record review revealed a facility document titled Continuity of Care Discharge/Transfer of Patient Form was completed for the resident's discharge on 11/4/2024. Further review of post-discharge orders failed to reveal the order for Cymbalta 40 MG daily. During a surveyor interview with Director of Nursing Services, on 11/6/2024 at 3:58 PM, she revealed that she completed the discharge for the resident on 11/4/2024. She further acknowledged the Cymbalta 40 MG order was not included on the discharge transfer form. Additionally, the DNS called the receiving facility in the presence of the surveyor and it was revealed that the residents current physician's orders did not include Cymbalta 40 MG. 37158

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415051	A. Building B. Wing	11/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Scandinavian Home Inc	1811 Broad Street Cranston, RI 02905

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. 37158 Based on record review and staff interview, it has been determined that the facility failed to ensure that a resident receives treatment and care in accordance with professional standards of practice for 1 of 1 resident reviewed with recommendations from a gastrointestinal specialist (a medical practitioner that specializes in the diagnosis and treatment of disorders of the gastrointestinal tract also known as the passageway of the digestive system), Resident ID #5. Findings are as follows: Record review revealed the resident was readmitted to the facility in October of 2024 after s/he was hospitalized and diagnosed with a gastrointestinal bleed (bleeding from the gastrointestinal tract). Record review of a Continuity of Care Consultation and Referral Form dated 11/1/2024 revealed the resident was seen by the Gastroenterologist for a follow up visit. Further review of the document states, Below are the orders from today's visit: -Benefiber (a fiber supplement) one tablespoon daily for 1 month -high fiber diet -GERD diet (a low acidic diet, gastroesophageal reflux disease a chronic condition that occurs when the stomach contents leak back into the esophagus) -Laboratory bloodwork including: -Complete Blood Count with differential (a blood test that is used to monitor and treat conditions in the body) -Iron, total iron binding capacity and % saturation (blood tests that measures the iron levels in your body) -Ferritin (a blood test that measures how much iron the body stores) -Vitamin B 12 and Folate (blood test that measures potential vitamin deficiencies) -Stool for Occult blood three times (a test that detects hidden blood in the stool) Record review of the physician's orders failed to reveal evidence of a high fiber diet and GERD diet. Additionally, the record failed to reveal evidence of an order for Benefiber. Review of the resident laboratory results, failed to reveal evidence that the above-mentioned bloodwork was completed. Additionally, the record failed to reveal evidence of occult blood testing. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415051	A. Building B. Wing	11/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Scandinavian Home Inc	1811 Broad Street Cranston, RI 02905

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a surveyor interview on 11/6/2024 at 1:32 PM with Registered Nurse, Staff B, she acknowledged that the resident did not have an order for Benefiber, a high fiber diet or a GERD diet. Staff B was unable to provide evidence of the above-mentioned laboratory results. She further revealed that testing for occult blood in the stool is tested at the lab and not in-house. During a surveyor interview on 11/7/2024 at 9:44 AM with the Director of Nursing Services, she was unable to provide evidence of the above-mentioned laboratory results or that the high fiber and GERD diets were implemented. Additionally, she acknowledged that there was not an order for Benefiber. During a surveyor interview on 11/7/2024 at 11:50 AM with the resident's provider, Registered Nurse Practitioner, Staff A, he revealed that the above mentioned recommendations were reviewed with the facility nurse, approved, and should have been implemented as physician's orders.