

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415053	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/10/2024
NAME OF PROVIDER OR SUPPLIER Cherry Hill Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 2 Cherry Hill Road Johnston, RI 02919	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>46539</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 to help prevent the transmission of communicable diseases and infections, relative to Enhanced Barrier Precautions (EBP; involves using gown and gloves during high-contact resident care activities) for 1 of 1 resident observed for high-contact resident care activities, Resident ID #1.</p> <p>Findings are as follows:</p> <p>Review of a community reported complaint submitted to the Rhode Island Department of Health on 12/3/2024, alleged concerns with proper hygiene care and proper sanitization before seeing a resident.</p> <p>Review of a facility policy titled Enhanced Barrier Precautions states in part, The facility should use Enhanced Barrier Precautions (EBP) as an additional MDRO [multidrug resistant organism] mitigation strategy for residents that meet the following criteria, during high-contact resident care activities .EBP are indicated for residents with .Wounds .Wounds generally include chronic wounds, not shorter lasting wounds, such as skin breaks or skin tears covered with an adhesive bandage (e.g., Band-Aid) or similar dressing . Examples of resident care activities requiring gown and glove use for Enhanced Barrier Precautions include: Dressing .Transferring .Wound Care: any skin opening requiring a dressing .</p> <p>Record review revealed Resident ID #1 was admitted to the facility in July of 2024 with a diagnosis that includes, but is not limited to, assistance with personal care.</p> <p>Record review of the October 2024 Treatment Administration Record (TAR) revealed the resident required the following wound treatments:</p> <ul style="list-style-type: none"> - Cleanse wound with normal saline followed by Prisma (collagen) and a foam dressing to the coccyx, every 3 days, with a start date of 10/29/2024 and an end date of 11/12/2024. <p>Record review of the November 2024 TAR revealed the resident required the following wound treatments:</p> <ul style="list-style-type: none"> - Cleanse wound with normal saline followed by Prisma and a foam dressing to the coccyx every 3 days with a start date of 10/29/2024 and an end date of 11/12/2024. <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
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- Cleanse wound with normal saline followed by honey (a treatment with antibacterial properties that provides autolytic debridement and a moist wound healing environment) and maxorb (a dressing that needs to be cut to size that is made of calcium alginate with superior absorption of fluid, ideal for moderate to heavy draining wounds and aids in autolytic debridement) and a foam dressing to the coccyx, every day with a start date of 11/12/2024 and an end date of 12/02/2024.</p> <p>Record review of the December 2024 TAR revealed the resident required the following wound treatments:</p> <p>- Cleanse wound with Daskins (broad-spectrum antimicrobial cleanser that is effective against some multidrug resistant organisms and bacteria, viruses, molds, fungi, and yeast. Also used for odor control), 1/4 strength wash, followed by Santyl (prescription medicine that removes dead tissue from wounds so they can start to heal) and maxorb and a foam dressing to the coccyx ,every day with a start date of 12/3/2024 and an end date of 12/10/2024.</p> <p>- Cleanse wound with Daskins 1/2 strength wash followed by Santyl and maxorb and a foam dressing to the coccyx every day with a start date of 12/10/2024.</p> <p>A surveyor observation on 12/10/2024 at 11:05 AM, of Resident ID # 1's room revealed signage posted at the resident's door which indicated that staff are to wear a gown during high contact care activities, such as dressing and transferring a resident. Additional observation revealed Nursing Assistants (NA), Staff A and B were in the resident's room, pulling up his/her pants over his/her brief and wound dressing, which is located on his/her coccyx, in preparation to transfer the resident via Hoyer Lift. Further observation revealed Staff A and B were not wearing a gown, as required for a resident who has a wound that requires a dressing.</p> <p>Further observation on 12/10/2024 at 11:09 AM, revealed Licensed Practical Nurse (LPN), Staff C entered the resident's room and assisted Staff A with transferring the resident from his/her bed, without wearing a gown or gloves.</p> <p>During a surveyor interview on 12/10/2024 at 11:16 AM, with Staff A, she acknowledged the signage posted at the resident's door and revealed that the signage was new. She further acknowledged that she should have been wearing a gown when providing care to and transferring the resident.</p> <p>During a surveyor interview on 12/10/2024 at 11:19 AM, with LPNs, Staff C and D, they revealed that they would expect staff to wear both gloves and gowns for high contact care activities such as helping someone get dressed. When questioned if they should wear gowns and gloves during a transfer, they revealed that didn't believe so but would have to check with the Director of Nursing [DNS].</p> <p>During a subsequent interview on 12/10/2024 at 11:21 AM with Staff C, she revealed that yes, gowns and gloves should have been worn during the transfer with Resident ID #1, per the signage posted at the door.</p> <p>Additional record review failed to reveal evidence that the resident was placed on EBP prior to 12/10/2024, although they developed a skin opening that required a dressing on 10/29/2024.</p> <p>(continued on next page)</p>		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>During a surveyor interview on 12/10/2024 at 12:08 PM, with the Infection Preventionist, she revealed that she would expect staff to follow the EBP signage, and wear a gown and gloves during high contact care activities for a resident on EBP.</p> <p>During a surveyor interview with the DNS, the Assistant Director of Nursing, and the Infection Preventionist on 12/10/2024 at 12:40 PM, they were unable to provide evidence that the facility followed EBP per the facility policy and the posted signage found outside of Resident ID #1's room.</p>		