

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415054	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/20/2024
NAME OF PROVIDER OR SUPPLIER South Kingstown Nursing and Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 2115 South County Trail West Kingston, RI 02892	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42907</p> <p>Based on record review, staff, and resident interview, it has been determined that the facility failed to protect a resident's right to be free from abuse for 2 of 2 residents reviewed, Resident ID #s 1 and 2.</p> <p>Findings are as follows:</p> <p>Record review of facility reported incident submitted to the Rhode Island Department of Health on 9/30/2024 indicates that Resident ID #2 was witnessed by staff slapping Resident ID #1 on the back of his/her head at which time, Resident ID #1 then slapped the hand of Resident ID #2.</p> <p>Record review revealed that Resident ID #1 was admitted to the facility in November of 2021 with diagnoses including, but not limited to, Alzheimer's disease, dementia with agitation, cognitive communication deficit, adjustment disorder, anxiety disorder and major depressive disorder.</p> <p>Record review for Resident ID #1 revealed a Minimum Data Set (MDS) assessment dated [DATE] that revealed a Brief Interview for Mental Status (BIMS) score of 8 out of 15, indicating moderately impaired cognition.</p> <p>A surveyor interview with Resident ID #1 was unable to be conducted due to the resident's cognition.</p> <p>Record review revealed that Resident ID #2 was admitted to the facility in December of 2023 with diagnoses including but not limited to vascular dementia with agitation, mechanical complication of a ventricular intracranial shunt, cerebrovascular disease, depression, muscle weakness, adjustment disorder, and convulsions.</p> <p>Record review for Resident ID #2 revealed an MDS assessment dated [DATE] that revealed a BIMS score of 99, indicating that s/he was unable to complete the assessment due to his/her cognition.</p> <p>Record review revealed that Resident ID #2 has a history of behaviors including physical and verbal abuse towards others.</p> <p>A surveyor interview with Resident ID #2 was unable to be conducted due to the resident's cognition.</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
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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a surveyor interview with Registered Nurse, Staff A, on 9/20/2024 at 12:57 PM, she revealed that on 7/30/2024 she witnessed Resident ID #2 slap Resident ID #1 on the back of the head followed by Resident ID #1 slapping the hand of Resident ID #2.</p> <p>During a surveyor interview with the Administrator and the Director of Nursing Services on 9/20/2024 at approximately 1:45 PM, the Administrator acknowledged that this incident did happen as it was witnessed by staff and Resident ID #2 did sustain an abrasion on the back of his/her hand as a result of this incident.</p>		