

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415057	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/13/2024
NAME OF PROVIDER OR SUPPLIER Elderwood of Scallop Shell at Wakefield		STREET ADDRESS, CITY, STATE, ZIP CODE 55 Scallop Shell Way South Kingstown, RI 02883	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46338</p> <p>Based on surveyor observation, record review and staff interview, it has been determined that the facility failed to meet professional standards of quality related to not following physician's orders for 1 of 2 residents reviewed for wound care, Resident ID #1.</p> <p>Findings are as follows:</p> <p>Record review of a community reported complaint submitted to the Rhode Island Department of Health, dated 9/12/2024 alleges the resident's wound dressings on his/her leg, hip and lower back are not being changed as ordered.</p> <p>According to Mosby's 4th Edition, Fundamentals of Nursing, page 314 states in part, .The physician is responsible for directing medical treatment, Nurses are obligated to follow physician's orders unless they believe the orders are in error or would harm the clients .</p> <p>Record review revealed the resident was admitted to the facility in August of 2024 with diagnoses including, but not limited to, pressure ulcer of left hip, pressure ulcer of sacral region and osteomyelitis (bone infection).</p> <p>Review of a Minimum Data Set assessment dated [DATE] revealed a Brief Interview for Mental Status score of 15 out of 15, indicating an intact cognition.</p> <p>Record review revealed the following physician's orders:</p> <ul style="list-style-type: none"> - 8/22/2024 - Wound care to the left hip pressure wound. Cleanse wound with normal saline, pat dry and apply Medihoney (a medical-grade wound care dressing made from honey), and cover with an Allevyn (a type of wound dressing) foam dressing daily. - 8/22/2024 - Wound care to the sacrum. Cleanse wound with normal saline, pat dry and apply Medihoney (and cover with an Allevyn foam dressing daily. - 8/23/2024- Wound care to left buttock. Cleanse with normal saline and pat dry, apply Biostep (a collagen dressing) and cover with a bordered foam dressing and change daily. <p>Record review of the Treatment Administration Record (TAR) for September of 2024 failed to reveal evidence that the resident's daily wound dressings were completed on the following dates:</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: 415057	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/13/2024
NAME OF PROVIDER OR SUPPLIER Elderwood of Scallop Shell at Wakefield		STREET ADDRESS, CITY, STATE, ZIP CODE 55 Scallop Shell Way South Kingstown, RI 02883	
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>- Left hip pressure wound- 9/9/2024, 9/11/2024 and 9/12/2024</p> <p>- Pressure wound on the sacrum- 9/9/2024, 9/11/2024 and 9/12/2024</p> <p>- Left buttock wound- 9/9/2024, 9/11/2024 and 9/12/2024</p> <p>During a surveyor interview on 9/13/2024 at 12:44 PM with the resident, s/he revealed that his/her dressings are supposed to be changed daily however s/he stated that they are not.</p> <p>During a surveyor interview on 9/13/2024 at approximately 1:00 PM with Licensed Practical Nurse, Staff A, she indicated that the resident does not have daily dressing changes. Additionally, after checking the medical record, she acknowledged that the resident does have physician's orders for daily dressing changes after it was brought to her attention by the surveyor.</p> <p>During a surveyor observation on 9/13/2024 at 1:32 PM of the resident's dressing changes in presence of Staff A, the dressings on the pressure wound on the sacrum, the left hip pressure wound and the left buttock were all dated 9/11/2024, indicating that they were not changed daily as ordered. Further observation revealed that the dressings on the sacrum and the left hip were observed to be visibly soiled with wound drainage.</p> <p>During a surveyor interview following the observation, Staff A acknowledged that the dressings were dated 9/11/2024. Additionally, she was unable to explain why they were not completed on 9/12/2024, as ordered.</p> <p>During a surveyor interview on 9/13/2024 at 2:26 PM with the Director of Nursing Services in presence of the Administrator, she was unable to explain why the resident's dressings were not completed on 9/12/2024 as ordered. Additionally, she was unable to provide evidence of documentation in the resident's record that s/he had refused any dressing changes on 9/11/2024.</p>		