STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415057	A. Building B. Wing	09/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elderwood of Scallop Shell at Wakefield	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46539 46715 Based on record review and staff interview, it has been determined that the facility failed to ensure that residents receive treatment and care in accordance with professional standards of practice and the comprehensive care plan relative to 1 of 1 resident reviewed with a skin graft, Resident ID #24 and 2 of 4 residents reviewed with known skin impairments who lacked weekly skin assessments, Resident ID #s 9 and 257. Findings are as follows: 1. Record review revealed Resident ID #24 was admitted to the facility in June of 2023 with diagnoses including, but not limited to, heart failure and malignant neoplasm of the skin (skin cancer). Review of a Dermatology Professionals Visit Note dated 8/23/2024 revealed that Resident ID #24 has a new skin graft (a type of surgery where providers take healthy skin from one part of the body and move it. The healthy skin covers or replaces skin that is damaged or missing) to his/her left upper arm. Additionally, it revealed that the skin graft requires daily dressing changes. Record review failed to reveal evidence at the time of the skin graft on 8/23/2024 that the skin ulcer/wound (skin graft) was documented in the medical record to include the underlying condition contributing to the wound, wound edges, and the wound bed, location, shape and the condition of surrounding tissue per the regulation. During a surveyor interview on 9/5/2024 at 12:17 PM with the Director of Nursing Services (DNS), she acknowledged that there was no documentation regarding Resident ID #24's skin graft on 8/23/2024. Additionally, she revealed that she would expect weekly documentation including the type of wound, measurements, the type of tissue, symptoms of infection, presence of drainage, wound edges, and pain. 2. Review of a facility policy titled, Skin Care Program dated 5/8/2018 states in part, .Licensed Staff will complete a weekly skin examination and document in the medical record . a. Record review revealed that Resident ID #9 was admitted to the facility in November of 2019 with diagnoses including, but not limited to, type II diabetes mellitus and peripheral vascular disease (a condition in which narrowed arteries reduce blood flow to the arms or legs). (continued on next page)

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
	415057	A. Building B. Wing	09/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elderwood of Scallop Shell at Wakefield	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of a care plan dated 11/8/2023 revealed the resident is at risk for skin impairment with an intervention including, but not limited to, conduct systemic skin inspections weekly and as needed and to document findings. Record review of a skin assessment dated [DATE] revealed Resident ID #9 did not have any skin impairments. Record review failed to reveal evidence that weekly skin assessments were completed for the weeks of 7/29, 8/5, 8/12, 8/19, 8/26/2024. Review of a progress note dated 8/31/2024 revealed the resident had a large fluid filled blister to his/her left shin, which was brought to the provider's attention and a treatment was implemented. During a surveyor interview on 9/5/2024 at 12:33 PM with the DNS she acknowledged that weekly skin assessments were not completed for Resident ID #9 for 5 consecutive weeks. Additionally, she revealed that skin assessments should be completed weekly per the facility policy and the resident's plan of care. b. Record review revealed that Resident ID #257 was admitted to the facility in August of 2024 with diagnoses including, but not limited to, cellulitis (a serious bacterial infection of the skin) and peripheral vascular disease. Review of a care plan dated 8/16/2024 revealed Resident ID #257 is at risk of skin impairment with an intervention including, but not limited to, conduct systemic skin inspections weekly and as needed and to document findings. Review of a skin assessment dated [DATE] revealed the resident had blisters to his/her abdominal folds. Further record review failed to reveal evidence that weekly skin assessments were completed for the weeks of 8/23 and 8/30/2024. During a surveyor interview on 9/6/2024 at 11:35 AM with the DNS she acknowledged that skin assessments were not completed for 2 weeks following the newly identified skin concerns on the resident's skin assessment dated [DATE]. Additionally, she revealed that the facility did not follow their policy or the resident's care plan relative to skin assessments.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415057	A. Building B. Wing	09/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elderwood of Scallop Shell at Wakefield	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)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46539 Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to ensure that a resident with pressure ulcers receive the necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing for 1 of 1 resident reviewed for Negative-Pressure Wound Therapy, (vacuum assisted closure, a therapeutic technique using a suction pump, tubing, and a dressing to remove excess drainage and promote healing in acute or chronic wounds), Resident ID #254. Findings are as follows: a. Review of a policy titled Wound Vac (Negative Pressure Wound Therapy) states in part, .Wound Vac therapy requires an order from the attending physician/nurse practitioner and will include the following: a) Exact location of placement and number of hours per day that the Wound vac should be activated. (Recommended 22 to 24 hours per day). And therapy setting (Continuous or intermittent) b) Type of dressing to be used, either black foam dressing or white soft foam dressing and size of dressing (small, medium, large, or extra large), and any adjunct dressing to be used . Record review revealed that the resident was readmitted to the facility in August of 2024 with diagnoses including, but not limited to, acute hematogenous osteomyelitis of the right tibia and fibula (an infection in the bone that typically spreads through the bloodstream), pressure ulcer of the right hip stage 3 (full-thickness skin loss, potentially exposing the subcutaneous tissue), and pressure ulcer of the sacral region stage 4 (the most severe type of pressure ulcers extending below the subcutaneous fat into deep tissues, including muscle, tendons, and ligaments). Record review revealed a physician's order for wound vac therapy with a start date of 8/24/2024, Wound Vac/Negative Pressure Wound Therapy: Apply to right lower extremity after cleansing with NS [normal saline]. Change three times per week. On 24hrs/day @ [at] 125 mmhg [millimeters of mercury] continuous. May disconnect for care and transport. Re-apply if dislodged. every day shift every Tue, Thu, Sat . Record review revealed that the resident had an appointment at the wound clinic on 8/30/2024 and returned to the facility with recommendations to cleanse the wound with normal saline, pat dry, cover the tendon with adaptic (petroleum based wound dressing) and apply foam over the wound bed, apply suction at 120-125 hhmg and to change the dressing three times a week. Record review of a progress note dated 8/30/2024, following the wound clinic appointment, revealed that the provider approved the recommendation to apply adaptic to the tendon. Additional record review failed to reveal evidence that the order for the wound vac therapy was updated after Resident ID #254's wound clinic appointment on 8/30/2024 to include the addition of adaptic to the tendon. Further review of the order for the wound vac therapy failed to reveal evidence of the type of foam to apply to the wound bed as indicated per the facility policy. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415057	A. Building B. Wing	09/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elderwood of Scallop Shell at Wakefield	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)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	b. Review of a policy titled Wound Vac (Negative Pressure Wound Therapy) states in part .apply gloves remove any dressing and remove any drainage .inspect the wound for any changes in condition, and measure the site as needed. Remove gloves .apply sterile gloves . Review of the Continuity of Care form dated 8/21/2024 from the hospital revealed that the resident tested positive for Methicillin Resistant Staphylococcus Aureus (MRSA; an organism that is resistant to antibiotics) on 8/9/2024 in the right ankle pressure wound. During a surveyor observation on 9/3/2024 at approximately 1:45 PM with Licensed Practical Nurse (LPN) Staff A and the Staff Educator/Infection Preventionist, revealed that the resident was on contact precautions and required the use of a gown and gloves upon entry to the room. After doning gloves, Staff A initiated wound care to the right ankle pressure wound. She removed the resident's wound vac soiled dressing and foam from the right lower extremity wound, and, without changing her soiled gloves, she then proceeded to cut the foam for the wound dressing with scissors, dressed the wound, touched the wound vac machine to turn it on and reached into her pocket to find a pen, never having removed her soiled gloves. During a surveyor interview immediately following the above observation with Staff A, she acknowledged that she did not change her gloves after removing the soiled dressing and proceeded to touch multiple clean surfaces and apply a clean dressing to the wound. c. Review of a policy titled Wound Vac (Negative Pressure Wound Therapy) states in part .apply gloves remove any dressing and remove any drainage .inspect the wound for any changes in condition, and measure the site as needed .wound observation necessary to monitor progress and document appropriately . Record review of a skin assessment completed on 8/21/2024 indicated the resident had 3 pressure ulcers. Record review revealed a care plan dated 8/22/2024 indicating that the resident had 3 pressure ulcers with interventions to include, but are not limited to, assess and document on the status of the pressure ulcers weekly and as needed. Record review failed to reveal measurements or documentation of the status of the pressure ulcers for two weeks following the skin assessment dated [DATE], to include, but is not limited to, shape, edges, wound bed, condition of surrounding tissues, signs of infection or possible complications, pain, and drainage as required per the regulation. Additional record review failed to reveal evidence that the care plan was followed relative to assessing and documenting the status of the pressure ulcers weekly. d. Review of a policy titled Wound Vac (Negative Pressure Wound Therapy) states in part .Assure proper treatment according to physician order. If procedure cannot be completed document reasons in appropriate records . Record review revealed the following physician orders: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415057	A. Building B. Wing	09/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elderwood of Scallop Shell at Wakefield	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)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- Wound Vac; apply to right lower extremity after cleaning with normal saline, change three times a per week at 125 mmhg continuous. change every Tuesday, Thursday, and Saturday. - Clean left buttocks wound with normal saline pat dry apply Biostep (a collagen wound treatment) to wound bed and cover with a foam dressing with a start dated of 8/23/2024. - Clean left hip pressure wound with normal saline apply medihoney (wound gel) to the wound and cover with a foam dressing with a start date of 8/22/2024. - Cleanse pressure ulcer on sacrum with normal saline pat dry, apply Medihoney, and cover with an Allevyn foam dressing daily with a start date of 8/22/2024. Review of the August 2024 Treatment Administration Record (TAR) revealed the following dates that the treatments were not documented as completed and were left blank on the TAR: - Sacrum 8/23, 8/26, and 8/31/2024 - Left hip 8/23, 8/26 and 8/31/2024 - Left buttock 8/23, 8/26 and 8/31/2024 - Wound Vac 8/31/2024 Review of the September 2024 TAR revealed the following dates that the treatments were not documented as completed and were left blank on the TAR: - Sacrum 9/1/2024 - Left hip 9/1/2024 - Left buttock 9/1/2024 Record review failed to reveal evidence that the wound treatments were completed or refused by the resident on the above dates in August and September 2024. During surveyor interviews on 9/4/2024 at 12:13 PM, 9/5/2024 at 11:57 AM and 9/6/2024 at 11:08 AM with the Director of Nursing Services she acknowledged that the above mentioned wound treatments were not documented as being completed or refused on 8/23, 8/26, 8/31/2024, and 9/1/2024. Additionally, she revealed that she would have expected the staff to change their gloves after removing a soiled dressing. Furthermore, she revealed that she would expect the nurse to update the treatment orders as ordered by the provider. Lastly, she revealed that she would expect weekly documentation for pressure wounds to include measurements and the characteristics of the wound and she acknowledged that there was no evidence in the records of description of the wounds.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415057	A. Building B. Wing	09/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elderwood of Scallop Shell at Wakefield	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)
F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that residents are free from significant medication errors. 46539 Based on record review and staff interview it has been determined that the facility failed to ensure that all residents are free from significant medication errors for 1 of 1 resident reviewed relative to heparin (anticoagulant), Resident ID #48. Findings are as follows: Record review revealed that the resident was admitted to the facility in July of 2024 with diagnoses including, but not limited to, fracture of the right clavicle, fracture of the right ulna, fracture of the left femur and long-term use of anticoagulants (medications that prevent blood clots). Review of a hospital discharge summary dated 7/8/2024 revealed an order for heparin 5000 units per milliliter (ml), administer 1.5 ml to equal 7500 units total daily. Further review revealed a check mark next to the order indicating the order had been verified by the on-call Nurse Practitioner. Review of the physician orders revealed the order was inaccurately transcribed on 7/8/2024 as heparin 5000 units per ml, administer 1 ml to equal 5000 units total daily. After this error was identified by the surveyor and brought to the facility's attention the order was corrected on 9/4/2024 to administer 7500 units of heparin daily. During a surveyor interview on 9/5/2024 at 8:24 AM with the Director of Nursing Services (DNS) she acknowledged that the order was inaccurately transcribed as 5000 units versus the 7500 units ordered and the resident received received the wrong dose of heparin from 7/8/2024 until 9/4/2024.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415057	A. Building B. Wing	09/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elderwood of Scallop Shell at Wakefield	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)
F 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services. 46241 Based on record review and staff interview, it has been determined that the facility failed to ensure that hospice services meet professional standards of principles that apply to individuals providing services in the facility for 2 of 2 residents reviewed who are receiving hospice services, Resident ID #s 23 and 28. Findings are as follows: 1) Record review revealed that Resident ID #23 was admitted to the facility in December of 2023 with a diagnosis including, but not limited to, Alzheimer's disease. Record review revealed the resident started with hospice services in 12/2023. Review of the electronic and paper medical records failed to reveal evidence of the following hospice information, per regulation: - The most recent hospice plan of care - Hospice election form - Physician certification and recertification of the terminal illness - Names and contact information for hospice personnel involved in hospice care - Instructions on how to access the hospice's 24-hour on-call system - Hospice medication information - Hospice physician and attending physician orders 2) Record review revealed that Resident ID #28 was admitted to the facility in April of 2022 with a diagnosis including, but not limited to, diverticulosis of the intestine (a condition of having small pouches or pockets in the inside walls of your intestines). Record review revealed the resident started with hospice services in 4/2024. Review of the electronic and paper medical records failed to reveal evidence of the following hospice information, per regulation: - The most recent hospice plan of care - Hospice election form - Physician certification and recertification of the terminal illness (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415057	A. Building B. Wing	09/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elderwood of Scallop Shell at Wakefield	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)
F 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- Names and contact information for hospice personnel involved in hospice care - Instructions on how to access the hospice's 24-hour on-call system - Hospice medication information - Hospice physician and attending physician orders During a surveyor interview on 9/5/2024 at 11:13 AM, with the Administrator, she revealed that the facility does not have individual hospice binders for each resident receiving hospice services and indicated that all hospice documents should be scanned into the electronic medical records. During surveyor interviews on 9/5/2024 at 11:31 AM and 12:40 PM, with the Director of Nursing Services (DNS), she acknowledged that the facility does not have individual hospice binders for each resident receiving hospice services. She revealed that all hospice information, including the hospice plan of care, should be in the hospice section of each resident's chart. The DNS was unable to provide evidence of the above-mentioned hospice documents for Resident ID #s 23 and 28. During a surveyor interview on 9/6/2024 at 1:06 PM, with the Administrator and DNS, they revealed that all the hospice documents mentioned above were obtained from the hospice providers and were now put into the resident's chart, after the concern was brought to the facility's attention by the surveyor. 46715

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415057	A. Building B. Wing	09/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elderwood of Scallop Shell at Wakefield	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. 46241 46539 46715 47279 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 for failing to place residents on enhanced barrier precautions (EBP; involves using gown and gloves during high-contact resident care activities) for residents that require such for 3 of 5 residents reviewed with wounds, Resident ID #s 24, 28, and 267, and 1 of 2 residents reviewed for a Multi-Drug Resistant Organism (MDRO) infection, Extended Spectrum Beta Lactamase (ESBL), Resident ID #258. Findings are as follows: Review of a facility policy titled, Transmission Based Precaution Levels (Type of Infectious Condition, Techniques and Documentation) SNF [Skilled Nursing Facility] last modified on 6/6/2024, states in part, . Enhanced Barrier Precautions involve gown and glove use during high-contact resident care activities for residents known to be colonized or infected with an MDRO as well as those at increased risk of MDRO acquisition (e.g., residents with wounds .[EBP] can be applied .to residents with any of the following: Wounds .regardless of MDRO colonization status .Would generally include chronic wounds .Example of chronic wounds (pressure sores, diabetic foot ulcers, unhealed surgical wounds, and venous stasis ulcers) .[EBP] . Gloves & Hand Washing Hand Sanitizer .Required .Gown .high contact resident care activities include dressing, bathing/showering, transferring, providing hygiene, changing briefs or assisting with toileting, device care or use, and wound care . 1a) Record review revealed that Resident ID #24 was admitted to the facility in June of 2023 with a diagnosis including, but not limited to, heart failure. Record review revealed the resident has a left upper arm skin graft (a type of surgery where providers take healthy skin from one part of the body and move it. The healthy skin covers or replaces skin that is damaged or missing) and receives a dressing change for wound care every other day. During multiple surveyor observations throughout the survey process from 9/3 through 9/5/2024 failed to reveal evidence of a isolation cart or signage posted outside of his/her room to indicate that s/he requires EBP due to his/her wound. During a surveyor interview on 9/5/2024 at 12:17 PM with the Director of Nursing Services (DNS), she acknowledged the resident was not on EBP. During a surveyor observation on 9/6/2024 at 11:47 AM, the resident was still not observed to be on EBP and did not have an isolation cart nor signage posted outside of his/her room despite being brought to the attention of the DNS by the surveyor on previous day. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415057	A. Building B. Wing	09/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elderwood of Scallop Shell at Wakefield	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	1b) Record review revealed that Resident ID #28 was admitted to the facility in March of 2021 with diagnoses including, but not limited to, pressure ulcer of right buttock, stage 2 (an open wound that affects both top and bottom layers of the skin), and pressure induced deep tissue damage to the left ankle, left heel, and an unspecified site. Review of a wound consultation document dated 9/5/2024 revealed that the resident has wounds to his/her bilateral buttocks, left heel, left 5th toe, peri-area, and left lateral foot. Additionally, the resident is actively being treated for each wound. During multiple surveyor observations throughout the survey process from 9/3 through 9/5/2024 failed to reveal evidence of a isolation cart or signage posted outside of his/her room to indicate that s/he requires EBP due to his/her wounds. 1c) Record review revealed that Resident ID #267 was admitted to the facility in June of 2024 with a diagnosis including, but not limited to, diabetes mellitus with a foot ulcer. Record review revealed that the resident has a wound to his/her left heel that requires a daily dressing change and is actively being treated. During multiple surveyor observations throughout the survey process failed to reveal evidence of a isolation cart or signage posted outside of his/her room to indicate that s/he requires EBP due to his/her left heel wound. During a surveyor interview on 9/4/2024 at 11:35 AM with Licensed Practical Nurse, Staff B, she acknowledged that the resident has a wound to his/her left heel. During a surveyor interview on 9/5/2024 at 10:34 AM with the DNS in presence of the Infection Preventionist, she revealed that she would expect that residents with open wounds to be on EBP. She was unable to explain why the Resident ID #s 24, 28 and 267 were not on EBP. 2) Record review revealed that Resident ID #258 was readmitted to the facility in August of 2024 with diagnoses including, but not limited to, urinary tract infection and ESBL resistance. Review of the hospital discharge summary dated 8/23/2024 revealed that the resident was admitted for management of a urinary tract infection. Additionally, it indicated that the urine cultures were positive for ESBL. During multiple surveyor observations throughout the survey process from 9/3 through 9/4/2024 failed to reveal evidence of a isolation cart or signage posted outside of his/her room to indicate that s/he requires EBP due to his/her history of ESBL in his/her urine. During a surveyor interview on 9/4/2024 at 12:10 PM with the DNS, she acknowledged that the resident was not on EBP. During a follow up surveyor interview on 9/5/2024 at 12:10 PM with the DNS, she revealed that the resident was now placed on EBP. Additionally, she was unable to explain why Resident ID #258 was not placed on EBP due to his/her history of ESBL in his/her urine prior to being brought to the facility's attention by the surveyor.