

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  415059	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/02/2024
NAME OF PROVIDER OR SUPPLIER  Orchard View Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  135 Tripps Lane East Providence, RI 02915	

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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>37158</p> <p>Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to provide necessary treatment and services, consistent with professional standards of practice, to promote wound healing and prevent new ulcers from developing for 1 of 1 resident reviewed, who has an actual pressure injury (localized damage to the skin and/or underlying soft tissue usually over a bony prominence), Resident ID #1.</p> <p>Findings are as follows:</p> <p>Record review of a community reported complaint received by the Rhode Island Department of Health on 6/27/2024 alleges that Resident ID #1 was found to have concerns with the status of his/her left lateral lower leg wound while being evaluated in the Emergency Department of an acute care hospital.</p> <p>Record review revealed the resident was readmitted to the facility in June of 2024 with diagnoses including, but not limited to, sepsis, pressure injuries to the left lateral lower leg, left buttocks, right great toe, osteomyelitis (bone infection) and muscle wasting.</p> <p>Record review of the facility's contracted Wound Physician's progress note dated 6/11/2024 revealed a recommendation for a daily treatment for the resident's left lateral lower leg unstageable (full-thickness skin and tissue loss that is either partially or fully covered by slough-nonviable tissue with varying color that may adhere to the wound bed or dead tissue adhered to the wound bed) pressure wound.</p> <p>Record review of the physician's orders failed to reveal evidence that the wound physician's recommendations were acted upon from 6/12/2024 until it was brought to the facility's attention on 7/1/2024 by the surveyor, indicating the resident's left lower leg pressure wound did not have a treatment in place for 19 days.</p> <p>Record review of the facility's contracted Wound Physician's progress note dated 6/18/2024 revealed two new deep tissue injuries (purple or maroon area of discolored intact skin due to damage of underlying soft tissue) were identified to the resident's right great toe and left buttocks. Further review of the progress note revealed treatment recommendations to apply skin prep to both areas.</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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of the physician's orders failed to reveal evidence that a treatment order was implemented to the resident's right great toe or to the left buttock pressure wounds from 6/19/2024 until it was brought to the facility's attention on 7/1/2024 by the surveyor, indicating the resident's right great toe and left buttock wounds did not have a treatment order in place for 12 days.</p> <p>During a surveyor interview on 7/2/2024 at 10:08 AM with the resident's physician, he revealed that any wound recommendations made by the facility's contracted Wound Physician are followed for the residents' wound treatments.</p> <p>During a surveyor interview on 7/1/2024 at 2:44 PM with the Wound Nurse, she revealed that she completes wound assessments weekly with the Wound Physician and the recommendations that the Wound Physician makes, she enters them into the system as orders. Additionally, she was unable to explain why the wound treatments recommended on 6/11/2024 and 6/18/2024 were not implemented.</p> <p>During a surveyor interview on 7/1/2024 at 9:25 AM and at 2:15 PM with the Director of Nursing Services, she acknowledged there were no treatment orders for the resident's left lateral lower leg, right great toe, and left buttocks wounds until they were brought to the facility's attention by the surveyor.</p>