

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 10/24/2024
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 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>46118</p> <p>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 relative to physician's orders for 1 of 1 resident reviewed who was a new admission, Resident ID #1.</p> <p>Findings are as follows:</p> <p>According to Mosby's 4th Edition, Fundamentals of Nursing page 314, which 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 October of 2024 with diagnoses including, but not limited to, urinary tract infection (UTI) and dementia.</p> <p>Review of the hospital Continuity of Care- Post-Acute Facility document dated 10/9/2024, revealed an order for cephalexin (Keflex-an antibiotic) 500 milligrams (mg) twice a day for 2 days with instructions to contact the provider to ask if this medication should be continued.</p> <p>Review of a nursing admission note dated 10/9/2024 revealed the orders were reviewed with the on-call provider and a new order was obtained for Keflex 500 mg by mouth twice a day for 2 days.</p> <p>Review of the on-call provider's physician's orders dated 10/9/2024 revealed an order for Keflex 500 mg by mouth twice a day for 2 days.</p> <p>Review of the October 2024 Medication Administration Record failed to reveal the Keflex was transcribed or administered to the resident as ordered.</p> <p>During a surveyor interview on 10/23/2024 at approximately 1:00 PM with Licensed Practical Nurse, Staff A, she acknowledged that the resident did not received the antibiotic as ordered.</p> <p>During a surveyor interview on 10/23/2024 at 2:27 PM with Nurse Practitioner, Staff B, she indicated that if an on-call provider gives an order, she would expect that the order would be completed.</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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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a surveyor interview on 10/23/2024 at 2:42 PM and at approximately 3:20 PM with the Director of Nursing Services, she acknowledged that the physician's order for Keflex had not been transcribed or administered as ordered. Additionally, she indicated that she would expect physician's orders to be followed.		