

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415061	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/10/2024
NAME OF PROVIDER OR SUPPLIER Brentwood Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 4000 Post Road Warwick, RI 02886	

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 - Some</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>47939</p> <p>Based on record review and staff interview, it has been determined that the facility failed to meet professional standards of quality for 2 of 3 residents reviewed for physician's orders, Resident ID #s 1 and 2.</p> <p>Findings are as follows:</p> <p>Mosby's 4th Edition, Fundamentals of Nursing, page 314 states, 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 of a community reported complaint submitted to the Rhode Island Department of Health on 10/7/2024 alleges that the resident's calves were often banged up from bad transfers .</p> <p>1. Record review revealed Resident ID #1 was admitted to the facility in January of 2023 with diagnoses including, but are not limited to, malnutrition, left upper arm, left ribs, and left upper leg fractures.</p> <p>Record review revealed a physician's order dated 6/30/2024 to complete a weekly skin evaluation and document the findings under observations.</p> <p>Record review of the July, August and September 2024 Medication Administration Records revealed the weekly skin evaluations were signed off as completed on the following dates:</p> <p>-7/5/2024</p> <p>-7/12/2024</p> <p>-7/26/2024</p> <p>-8/2/2024</p> <p>-8/9/2024</p> <p>-8/16/2024</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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-9/6/2024</p> <p>-9/13/2024</p> <p>Record review of the Weekly Skin Evaluation Observations failed to reveal evidence that the weekly skin assessments were completed and documented for the on the above-mentioned dates, although they were signed off as being completed.</p> <p>2. Record review revealed Resident ID #2 was admitted to the facility in October of 2022 with diagnoses including, but is not limited to, dementia, difficulty in walking and syncope (fainting).</p> <p>Record review revealed a physician's order dated 6/30/2024, to complete a weekly skin evaluation and document the findings under observations.</p> <p>Record review of the September 2024 Medication Administration Record revealed the weekly skin evaluations were signed off as completed on 9/10/2024 and 9/17/2024.</p> <p>Record review of the Weekly Skin Evaluation Observations failed to reveal evidence that the weekly skin assessments were completed and documented on 9/10/2024 and 9/17/2024, although they were signed off as being completed.</p> <p>During a surveyor interview on 10/9/2024 at approximately 3:41 PM with the Director of Nursing Services, she was unable to provide evidence that weekly skin assessments were completed per the physician's order.</p>

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>47939</p> <p>Based on record review and staff interview, it has been determined that the facility failed to ensure that nursing staff have the appropriate competencies and skills sets to provide nursing and related services to assure resident safety to attain or maintain the highest practicable physical, mental, and psychosocial wellbeing of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment as required for 2 of 5 staff reviewed, Nursing Assistants (NA), Staff A and B.</p> <p>Findings are as follows:</p> <p>Record review of the facility assessment states staff training and education on mechanical lifts will be completed on orientation and annually.</p> <p>Record review failed to reveal evidence of competencies and skills sets for safe patient handling on orientation relative to transfers with a mechanical lift for the following staff:</p> <ul style="list-style-type: none"> - NA, Staff A with a hire date of 8/21/2024 - NA, Staff B with a hire date of 8/30/2024 <p>During a surveyor interview on 10/10/2024 at 1:20 PM with the Regional Nurse, she was unable to provide evidence that the mechanical lift competencies were completed with Staff A and B prior to providing care to the resident's.</p>