

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 04/18/2025
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46338</p> <p>Based on record review and staff interview, it has been determined that the facility failed to implement a comprehensive person-centered care plan for 4 of 4 residents reviewed relative to pain medication administration, Resident ID #s 1, 2, 3, and 4.</p> <p>Findings are as follows:</p> <p>Review of a community reported complaint submitted to the Rhode Island Department of Health on 4/14/2025 alleged that Resident ID #1 was not receiving his/her pain medications from staff even though s/he complained of an 8 out 10 pain level.</p> <p>1. Record review revealed Resident ID #1 was admitted to the facility in December of 2021 with diagnoses including, but are not limited to, left lower limb cellulitis (a bacterial skin infection), acute respiratory failure and emphysema (a chronic lung disease that damage the lungs' air sacs making the breathing difficult).</p> <p>Record review of the resident's significant change status Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 14 out of 15, indicating an intact cognition.</p> <p>Review of the resident's care plan revised on 2/18/2025 revealed the resident has chronic pain with interventions to administer pain medications, monitor and record its effectiveness, document the pain's location, frequency, intensity, alleviating and aggravating factors. Further record review of the care plan dated 2/19/2025 revealed s/he is receiving Hospice care with interventions to monitor and assess for pain and ensure a comfortable end of life.</p> <p>Review of the Resident ID #1's medical record failed to reveal evidence that the above-mentioned interventions related to his/her pain were being implemented.</p> <p>2. Record review revealed Resident ID #2 was readmitted to the facility in December of 2022 with diagnoses including, but not limited to, stage 2 pressure ulcer (injury to the skin resulting from prolonged pressure on the skin) of right and left heels and chronic pain syndrome (a condition characterized by persistent pain that lasts longer than expected with change in skin temperature, color and sweating).</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 415061	If continuation sheet Page 1 of 5

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of the Quarterly MDS assessment dated [DATE] revealed a BIMS score of 3 out of 15, indicating severe cognitive impairment.</p> <p>Review of the resident's care plan revised on 2/19/2024 revealed the resident complains of chronic pain with interventions to administer the pain medications, evaluate, monitor, record and report the effectiveness and any adverse side effects. Additional review revealed an intervention to monitor and record any complaints of pain, its location, frequency, intensity, its effect on function, the alleviating and aggravating factors.</p> <p>Review of the Resident ID #2's medical record failed to reveal evidence that the above-mentioned interventions related to his/her pain were being implemented.</p> <p>3. Record review revealed Resident ID #3 was admitted to the facility in April of 2024 with a diagnosis including, but not limited to, adult failure to thrive (a condition characterized by a significant decline in physical and emotional well-being, leading to an inability to maintain a healthy and functional life).</p> <p>Record review of the Quarterly MDS assessment dated [DATE] revealed a BIMS score of 0 out of 15 indicating, severe cognition impairment.</p> <p>Review of the care plan dated 2/19/2025 revealed the resident receives Hospice care related to adult failure to thrive with interventions to monitor and assess for pain.</p> <p>Review of Resident ID #3's medical record failed to reveal evidence that the above-mentioned interventions related to his/her pain were being implemented.</p> <p>4. Record review revealed Resident ID #4 was admitted to the facility in November of 2020 with a diagnosis including, but not limited to, depression.</p> <p>Record review of the resident's MDS assessment dated [DATE] revealed a BIMS score of 6 out of 15, indicating severe impaired cognition.</p> <p>Review of the care plan dated 4/22/2024 revealed the resident has chronic pain related to neuropathy with interventions to anticipate the resident's need for pain relief and to identify, record, and treat the resident's condition.</p> <p>Review of Resident ID #4's medical record failed to reveal evidence that the above-mentioned interventions related to his/her pain were being implemented.</p> <p>During a surveyor interview on 4/15/2025 at approximately 1:00 PM, with Registered Nurse, Staff B, she acknowledged that they do not document the residents' pain even though it is outlined in the care plan. Additionally, Staff B indicated they only ask the resident about their pain.</p> <p>During a surveyor interview on 4/15/2025 at 1:04 PM with the Assistant Director of Nursing (ADNS), she indicated that she would expect the staff to follow the care plans.</p> <p>Cross reference F 658</p>		

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<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 record review and staff interview, it has been determined that the facility failed to meet professional standards of quality related to following physician's orders for 1 of 4 residents reviewed for pain and anxiety medication administration, and for 1 of 3 residents reviewed for the use of an air mattress, Resident ID #1.</p> <p>Findings are as follows:</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>Review of a facility policy titled Medication Administration Safety Program states in part, .It is the policy of this facility that residents shall receive medications in a safe and timely manner and in accordance with established regulations and guidelines .</p> <p>1. Review of a community reported complaint submitted to the Rhode Island Department of Health on 4/14/2025 alleged that Resident ID #1 was not receiving his/her pain medications from staff even though s/he complained of an 8 out of 10 pain level.</p> <p>Record review revealed Resident ID #1 was admitted to the facility in December of 2021 with diagnoses including, but not limited to, cellulitis (a bacterial skin infection) of left lower limb, acute respiratory failure and emphysema (a chronic lung disease that damage the lungs' air sacs making the breathing difficult).</p> <p>Record review of his/her significant change status Minimum Data Set assessment dated [DATE] revealed a Brief Interview for Mental Status score of 14 out of 15, indicating intact cognition.</p> <p>Review of the resident's care plan dated 2/19/2025, revealed s/he is receiving Hospice care with interventions to administer pain medications, monitor and record its effectiveness, document, assess for pain and ensure a comfortable end of life. Additional record review of the care plan dated 2/19/2025 revealed s/he is receiving psychotropic drugs related to anxiety and panic, with fear and distressing delusions.</p> <p>Record review of the physician's orders revealed the following medications:</p> <ul style="list-style-type: none"> - MS Contin/ morphine (a medication prescribed to treat severe pain) 15 Milligram (MG) three time a day. - Morphine concentrate 0.75 Milliliters (ML) every 3 hours as needed (PRN) for pain. <p>Record review of the nursing progress notes dated 4/11/2025 revealed the following:</p> <ul style="list-style-type: none"> - 2:47 PM- the resident requested pain medication every hour on the 7:00 AM to 3:00 PM shift. <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- 6:03 PM- Resident with complaints of uncontrolled pain. In addition to scheduled medication the resident requests as needed medications, approximately every hour.</p> <p>- 6:47 PM- the resident was sent to the hospital at 4:05 PM for an evaluation of his/her pain. The note also indicated that the resident had stated to the facility nurses and hospice nurses that s/he did not receive his/her PRN medications.</p> <p>Record review of the April 2025 Medication Administration Record (MAR) failed to reveal evidence that the resident received any PRN pain medication after 9:54 AM, when the record reveals that s/he was complaining of pain approximately every hour.</p> <p>During a surveyor interview on 3/14/2025 at approximately 11:00 AM with Licensed Practical Nurse (LPN), Staff A, she revealed that the resident was transferred to the hospital on 4/11/2025 at 4:00 PM because the facility was unable to manage his/her pain. Additionally, Staff A indicated that the resident was administered his/her PRN Morphine concentrate at approximately 10:00 AM. Staff A indicated she did not administer any additional PRN pain medication during her shift.</p> <p>During a surveyor interview on 4/14/2025 at 11:18 AM with Registered Nurse, Staff B, she acknowledged the physician's PRN order for Morphine concentrate. When asked why the PRN Morphine concentrate was not administered to the resident after 1:00 PM or prior to the resident being transported to an acute care hospital she stated, we couldn't manage [his/her] pain.</p> <p>During a surveyor interview on 4/14/2025 at 2:17 PM with the Nurse Practitioner, she revealed that she was not aware that the PRN Morphine concentrate was not administered to the resident before his/her transfer to the hospital.</p> <p>During a surveyor interview on 4/14/2025 at 2:22 PM with the Assistant Director of Nursing, she indicated that the resident was doing well in the morning, but s/he started to become agitated around 1:30 to 2:00 PM because s/he believed his/her medications were not being administered to him/her. Additionally, she was unable to provide evidence that the PRN Morphine concentrate was administered before the resident's transfer to an acute care hospital.</p> <p>2. Review of an additional community reported complaint submitted to the Rhode Island Department of Health on 4/17/2025 alleged multiple concerns which included the above-mentioned issues but also that the resident was having issues with his/her air mattress (a medical-grade support surface that uses alternating air pressure or low air loss technology to reduce the risk of pressure injuries).</p> <p>Record review of the physician's orders failed to reveal evidence of an order for the use of an air mattress, including the settings and specifications that the mattress should be set to.</p> <p>Record review of a nursing progress note dated 4/8/2025 authored by LPN, Staff C, indicated that the Hospice team was contacted to request a new air mattress due to the intermittent beeping from the bed.</p> <p>During a surveyor observation on 4/18/2025 at 10:40 AM in presence of the ADNS, there was an air mattress in the resident's room.</p> <p>(continued on next page)</p>		

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a surveyor interview following the above observation on 4/18/2025 at approximately 11:00 AM with the ADNS, she acknowledged that the resident had an air mattress before his/her transfer to the hospital. Additionally, she acknowledged that there was no evidence of a physician's order with settings or specifications for the air mattress.		