

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 07/11/2024
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43987</p> <p>Based on surveyor observations, record review, staff and resident interview, it has been determined that the facility failed to treat each resident with respect and dignity, and is cared for in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life relative to providing activities of daily living(ADL) for a resident whose primary language is not the dominant language of the facility, Resident ID #2.</p> <p>Findings are as follows:</p> <p>Record review revealed that Resident ID #281 was admitted to the facility on [DATE] with diagnoses including, but not limited to, malignant neoplasm (abnormal tissue growth characteristic of cancer), fracture of femur and right artificial hip joint.</p> <p>Review of a care plan dated 7/6/2024 revealed the resident is Spanish speaking with interventions that include, staff may assist with communication and pictures.</p> <p>Record review of the Minimum Data Set (MDS) completed on 7/10/2024 revealed a Brief Interview of Mental Status (BIMS) score of 15 indicating the resident's cognition is intact. It further revealed that the resident requires moderate assistance to rise from sitting to standing, and that toilet transfers are not attempted due to his/her medical conditions. Additionally, it revealed that the resident is dependent on staff for personal hygiene and requires a walker for mobility.</p> <p>During a surveyor interview on 7/9/2024 at 12:28 PM with the resident in the presence of his/her family member, the family member expressed concerns related to the resident not receiving rehabilitation services. Additionally, s/he reveals that staff do not speak his/her language (Spanish) and when s/he requests help by using the call light they do not come back because they do not understand what s/he is requesting. The family member indicates that they ask him/her to use the bathroom after s/he already went, and the resident does not understand that it is for therapy. In addition, they express that the social worker has not visited or addressed his/her individual needs.</p> <p>During a surveyor interview on 7/10/2024 at 10:02 AM with Nursing Assistant (NA), Staff B, she stated that she has a difficult time communicating with the resident because s/he does not speak English. Additionally, she revealed that she tries to utilize staff that speak Spanish and gestures to communicate with the resident.</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a surveyor interview on 7/10/2024 at 5:31 PM with Social Worker, Staff A, he revealed that he performs his assessment that includes the resident's background and individual needs within 48 hours of admission. He further revealed that the resident is Spanish speaking and requires the use of an interpreter. Additionally, he acknowledged he completed the assessment on 7/10/2024.</p> <p>During a surveyor observation on 7/11/2024 at 9:59 AM, the surveyor entered the resident's room, the call light was on, and the resident was holding his/her stomach. The resident stated in Spanish that staff came in but did not understand that s/he had pain and needed to go to the bathroom, so they walked away.</p> <p>Further surveyor observation revealed, Licensed Practical Nurse (LPN), Staff C, entered the room and spoke to the resident in English. The resident continued rocking from side to side while holding his/her abdomen, with a grimace on his/her face. Staff C was unable to understand the needs of the resident or make herself understood to the resident. No communication board, or any other assistive communication devices were noted in the resident's room.</p> <p>During surveyor interviews with Staff C, immediately following the above observation and at 3:28 PM, she acknowledged that there was a communication/language barrier when assessing the resident's needs. Additionally, she acknowledged she was unaware of how to access the translation line.</p> <p>During a surveyor interview on 7/11/2024 at 10:07 AM with the resident s/he revealed (in Spanish) that she feels sad and suffers in the facility because no one understands when s/he speaks.</p> <p>During a surveyor observation on 7/11/2024 at 10:11 AM revealed Staff C entering the resident's room with a cell phone. Additionally, it was revealed that the resident continued to show frustration and was not understanding the concept of the translator on the phone. At approximately 10:16 AM Staff C indicated to the surveyor that the resident has a stomachache and was experiencing diarrhea and left the resident's room. The surveyor stayed with the resident for an additional 5 minutes, and no other staff entered the room.</p> <p>During a surveyor interview on 7/11/2024 at 10:28 AM with Occupational Therapy Assistant, Staff E, she acknowledged that she was speaking Portuguese to the resident on 7/10/2024, however the resident was not understanding her, and she could not understand the resident. Additionally, Staff E revealed that she relies on a Spanish speaking NA and the housekeeper to help her translate when they are working.</p> <p>During a surveyor interview on 7/11/2024 at 10:36 AM LPN, Staff D, he revealed that he relies on other staff members to communicate with the resident.</p> <p>During a surveyor interview on 7/11/2024 at 2:40 PM with Social Worker, Staff A, he revealed that his expectation is for staff to be aware of and be able to utilize the translation lines.</p> <p>During a surveyor interview on 7/11/2024 at 3:04 PM, with the Director of Nursing Services she revealed that she would expect for the nurse to tend to the resident within a reasonable amount of time, depending on the acuity. Additionally, she was unable to explain why staff were not using the translation line to communicate with Resident ID #281.</p>		

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<p>F 0623</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>39496</p> <p>Based on record review and staff interview, it has been determined that the facility failed to provide a written notice of transfer or discharge to the Office of the State Long-Term Care Ombudsman for 2 of 2 sample residents who were discharged from the facility, Resident ID #s 75 and 77.</p> <p>Findings are as follows:</p> <p>1. Record review revealed Resident ID #75 was admitted to the facility in May of 2024 with diagnoses including, but not limited to, hemiplegia (one sided paralysis) and hemiparesis (weakness on one side of the body) following cerebral infarction (stroke) affecting right dominant side, and hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side.</p> <p>Record review revealed that the resident was discharged to the hospital on 6/17/2024.</p> <p>2. Record review revealed Resident ID #77 was originally admitted to the facility in April of 2024 with diagnoses including, but not limited to, hyponatremia (low sodium level).</p> <p>Record review revealed that the resident was discharged to his/her home with services on 4/15/2024.</p> <p>Additional record review failed to reveal evidence that the Office of the State Long-Term Care Ombudsman was notified of the discharges for Resident ID #s 75 and 77.</p> <p>During surveyor interviews on 7/11/2024 at 2:00 PM and 2:30 PM, with Social Worker, Staff A, he was unable to provide evidence that the Office of the State Long-Term Care Ombudsman was notified of the above discharges.</p> <p>45855</p>

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>37158</p> <p>Based on surveyor observation, record review and staff interview, it has been determined that the facility failed to ensure that residents who required dialysis (a procedure to remove waste products and excess fluids from the blood when the kidney stops working properly) receive such services, consistent with professional standards of practice for 2 of 2 residents reviewed who receive dialysis treatments, Resident ID #s 40 and 9.</p> <p>Findings are as follows:</p> <p>According to the facility policy titled, Dialysis Patients; Care of states in part, .Care of the dialysis patient/resident will include .7. The thrill [vibration felt of blood flow] and bruit [audible vascular sound associated with turbulent blood flow], when applicable, will be checked every shift and/or per MD [medical doctor] order and recorded in the medical record .</p> <p>1. Record review revealed Resident ID #40 was admitted to the facility in June of 2024 with diagnoses including, but not limited to, end stage renal disease and dependence on renal dialysis.</p> <p>Further record review revealed the resident receives outpatient hemodialysis three times a week, on Tuesday, Thursday, and Saturday.</p> <p>Record review revealed the resident has an Arteriovenous Fistula (AVF-a connection between an artery and a vein for dialysis access) to his/her left upper extremity for dialysis.</p> <p>Record review failed to reveal evidence of a physician's order for the AVF dressing, including when the dressing should be removed post dialysis. Additionally, the record failed to reveal an order to assess the resident's thrill and bruit in the administration record where it could be signed off as completed by the nurses.</p> <p>Additional review of the progress notes revealed the resident's thrill and bruit were only assessed 7 out of 70 opportunities, since his/her admission in June. They were assessed on the following dates and times:</p> <p>-6/17 at 6:55 PM</p> <p>-6/18 at 7:05 PM</p> <p>-6/20 at 11:48 PM</p> <p>-6/23 at 9:46 PM</p> <p>-6/24 at 9:43 PM</p> <p>-7/3 at 7:27 PM</p> <p>-7/4 at 7:12 PM</p> <p>(continued on next page)</p>

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Further record review of the remaining nursing progress notes indicated that only the thrill was being assessed.</p> <p>During a surveyor observation of the resident on 7/10/2024 at 12:14 PM, revealed a dressing was in place to his/her AVF site.</p> <p>2. Record review revealed Resident ID #9 was readmitted to the facility in June of 2024 with diagnoses including, but not limited to, end stage renal disease and dependence on renal dialysis.</p> <p>Further record review revealed the resident receives outpatient hemodialysis three times a week, on Monday, Wednesday, and Friday.</p> <p>Record review revealed the resident has an AVF to his/her right upper extremity for dialysis.</p> <p>Record review of the physician's orders failed to reveal evidence of an order for the AVF dressing, including when the dressing should be removed post dialysis.</p> <p>During a surveyor observation of the resident and simultaneous interview on 7/10/2024 at 11:44 AM, s/he was observed to have an AVF which was uncovered without a dressing. When the resident was asked about the care of his/her AVF dressing, s/he revealed s/he takes the dressing off him/herself by 12:00 PM on the same day that s/he receives his/her dialysis treatment.</p> <p>During a surveyor interview on 7/11/2024 at 3:04 PM with Registered Nurse, Staff F, she revealed the resident refuses to allow staff to remove the dressing from the AVF. Additionally, she acknowledged there is no AVF dressing order.</p> <p>During a surveyor interview on 7/11/2024 at approximately 1:45 PM and at the exit with the Regional Clinical Nurse, she acknowledged there were no orders pertaining to the AVF site dressings for both residents. She further revealed that orders were obtained after it was brought to the facility's attention by the surveyor. Additionally, she acknowledged that Resident ID #40's order to assess the thrill and bruit each shift was not transcribed to the administration record, so she could not provide evidence that it was completed each shift as ordered.</p>		

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<p>F 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>43987</p> <p>Based on record review and staff interview, it has been determined that the facility failed to complete an annual performance review for every nursing assistant (NA), at least once every 12 months, for 5 of 5 NA personnel records reviewed, Staff G, H, I, J, and K.</p> <p>Findings are as follows:</p> <p>Record review of the personnel files failed to reveal evidence that an annual performance evaluation was completed for the following NAs:</p> <ul style="list-style-type: none"> -Staff G, - Date of hire 2/12/2005 -Staff H, - Date of hire 1/16/2023 -Staff I, - Date of hire 3/21/2022 -Staff J, -Date of hire 9/5/2017 -Staff K, - Date of hire 8/22/2016 <p>During a surveyor interview with the Director of Nursing Services on 7/10/2024 at 2:09 PM she was unable to provide evidence of a completed performance evaluation within the last 12 months for the above-mentioned employees.</p>

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>37158</p> <p>Based on record review and staff interview, it has been determined that the facility failed to ensure that residents are free of any significant medication errors for 2 of 9 residents reviewed for medication administration, Resident ID #s 15 and 40.</p> <p>Findings are as follows:</p> <p>1. Record review revealed Resident ID #15 was admitted to the facility in May of 2023 with diagnoses including, but not limited to, type 2 diabetes mellitus.</p> <p>During a surveyor interview with the resident's family member on 7/9/2024 at 2:10 PM, s/he revealed the resident did not receive his/her Tresiba Insulin as ordered one day last week from one of the agency nurses, Licensed Practical Nurse, Staff L. Further, s/he revealed Staff L told them she was unable to locate the insulin.</p> <p>Record review revealed a physician's order dated 5/29/2024 for Tresiba FlexTouch 100 unit per milliliter, 12 units subcutaneous once a day.</p> <p>Record review of the July 2024 Medication Administration Record (MAR) indicated the Tresiba Insulin was not administered on 7/3/2024. According to Staff L's documentation the medication was not available.</p> <p>Record review of the nursing progress notes failed to reveal evidence of a note written by the nurse relative to not administering the medication or that she informed the provider that the medication was not administered.</p> <p>2. Record review revealed Resident ID #40 was admitted to the facility in June of 2024 with diagnoses including, but not limited to, end stage renal disease and dependence on renal dialysis.</p> <p>Record review revealed a physician's order dated 6/17/2024 for Sevelamer Carbonate (used to lower high blood phosphorus) 1600 milligrams three times a day.</p> <p>Record review of the June and July 2024 MARs revealed the medication was not administered on the following dates and times due to the resident being unavailable or at dialysis:</p> <p>-6/20/2024</p> <p>-6/22/2024</p> <p>-6/27/2024</p> <p>-7/6/2024</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During surveyor interviews on 7/11/2024 at 9:46 AM and at 2:08 PM with the Director of Nursing Services, she was unable to provide evidence that the Tresiba Insulin or the Sevelamer was administered as ordered. Furthermore, she revealed that if a medication is not available or not administered the provider must be notified.</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>37158</p> <p>Based on surveyor observation and staff interview, it has been determined that the facility failed to store drugs and biologicals in accordance with currently accepted professional principles for 3 of 4 medication carts observed.</p> <p>Findings are as follows:</p> <p>1. During a surveyor observation of the Upper Unit medication cart on 7/11/2024 at approximately 11:00 AM revealed the following:</p> <p>-Amuity Ellipta (used for wheezing or shortness of breath) 100 mcg (micrograms)/actuation inhaler, opened and not dated. Manufacturer instructions states in part, .expires 6 weeks after you have opened the lid of the tray .</p> <p>2. During a surveyor observation of the North Unit medication cart on 7/11/2024 at approximately 11:30 AM revealed the following:</p> <p>-Insulin Glargine Pen 100 Units/milliliters (ML), opened and not dated. Manufacturer instructions states in part, .Discard 28 days after opening .</p> <p>3. During a surveyor observation of the East Unit medication cart on 7/11/2024 at approximately 1:30 PM revealed the following:</p> <p>-Insulin Glargine 100 Units/ML vial, unopened. Manufacturer instructions states in part .must be stored in the fridge before opening .</p> <p>-Breo Ellipta (used to treat chronic obstructive pulmonary disease)100-25 mcg opened and not dated. Manufacturer instructions states in part, .Discard Breo Ellipta 6 weeks after opening .</p> <p>During a surveyor interview on 7/11/2024 at 1:59 PM with the Regional Clinical Nurse, she was unable to explain why the insulin was stored, unopened in the medication cart. Additionally, she revealed she would expect medications are dated, when opened.</p>		

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<p>F 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times.</p> <p>41542</p> <p>Based on record review, resident, and staff interview, it has been determined that the facility failed to ensure that nourishing snacks were offered to residents at bedtime, for 5 of 9 residents interviewed for bedtime snacks, Resident ID #s 2, 3, 5, 18, and 36.</p> <p>Findings are as follows:</p> <p>According to the State Operations Manual for Long Term Care regarding Frequency of Meals, it states in part, There must be no more than 14 hours between a substantial evening meal and breakfast the following day, except when a nourishing snack is served at bedtime .</p> <p>During the resident council meeting held on 7/10/2024 at 11:00 AM, 5 out of 9 resident council members who were in attendance indicated that bedtime snacks are not offered. Additionally, they indicated they would enjoy being offered bedtime snacks.</p> <p>During a surveyor interview on 7/11/2024 at 9:45 AM with the Administrator, he indicated that they start serving breakfast at 8:00 AM and supper starts at approximately 5:00 PM. Additionally, he acknowledged that there are more than 14 hours between the evening meal and the breakfast meal the following day. Lastly, the Administrator was unable to provide evidence that all residents were offered or received bedtime snacks every night.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39496</p> <p>Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to prepare, store, and distribute food according to professional standards of food service safety, relative to the main kitchen and 2 of 3 nourishment areas observed.</p> <p>Findings are as follows:</p> <p>1.Review of the Rhode Island Food Code, 2018 Edition, section ,d+[DATE].17 states in part, ,(B) . refrigerated, ready-to-eat time/temperature control for safety food .shall be clearly marked, at the time the original container is opened in a food establishment .and: (1) the day the original container is opened in the food establishment shall be counted as Day 1; and (2) The day or date marked by the food establishment may not exceed a manufacturer's use-by date .</p> <p>a)During a surveyor observation in the presence of the Food Service Director (FSD) on [DATE] at approximately 7:45 AM during the initial tour of the kitchen, of a large refrigerator located in the main cooking space, revealed the following:</p> <p>A pan of what appeared to be pasta salad covered in plastic wrap, not labeled, or dated.</p> <p>b)During a surveyor observation in the presence of the FSD on [DATE] at approximately 7:45 AM during the initial tour of the kitchen, of a small refrigerator located in the main cooking space, revealed the following:</p> <p>A pan containing 2 hard-boiled eggs covered in plastic wrap, not labeled, or dated.</p> <p>During a surveyor interview at the time of the above observations, the FSD could not provide evidence that the above food items were clearly marked with the contents and the date.</p> <p>c)During a surveyor observation on [DATE] at approximately 1:30 PM of a kitchenette in the upstairs lounge, revealed the following:</p> <p>9 Dannon light and fit 4-ounce yogurt cups which expired on [DATE].</p> <p>During a surveyor interview with Registered Nurse, Staff F, she acknowledged the yogurt was expired and should be thrown away.</p> <p>d) During a surveyor observation on [DATE] at approximately 1:45 PM of a kitchenette in the downstairs lounge, revealed the following:</p> <p>13 Dannon light and fit 4-ounce yogurt cups which expired on [DATE].</p> <p>A clear 4-quart container with a green lid containing a granulated brown substance that wasn't labeled or dated. The container had a white plastic spoon inside resting directly on the contents of the container.</p> <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During a surveyor interview on [DATE] at 2:00 PM with the FSD, he acknowledged the yogurts were expired. He also acknowledged that the 4-quart container should have been labeled and dated, and that the spoon should have not been stored in the container.</p> <p>2. Record review of the Rhode Island Food Code 2018 edition, section ,d+[DATE].15 Package Integrity states in part, Food Packages shall be in good condition and protect the integrity of the contents so that the food is not exposed to adulteration or potential contaminants .</p> <p>During a surveyor observation in the presence of the FSD on [DATE] during the initial tour of the kitchen, of a freezer located in the room that you enter from the elevator, revealed the following:</p> <p>10 Chicken patties in a metal pan dated ,d+[DATE] which was only half covered in plastic.</p> <p>A large, opened box containing an internal plastic bag with a large quantity of beef patties inside. The bag was not sealed, wide open, and not dated when opened.</p> <p>During a surveyor observation in the presence of the FSD on [DATE] during the initial tour of the kitchen, of a freezer located in the storage room, revealed the following:</p> <p>A large, opened box containing an internal plastic bag with a large quantity of cookie dough balls. The bag was not sealed, wide open, and not dated when opened.</p> <p>During a surveyor interview at the time of the above observations, the FSD was unable to provide evidence that the food packages were in good condition to protect the integrity of the contents.</p> <p>3. Record review of the Rhode Island Food Code, 2018 Edition, section ,d+[DATE].11 states in part, .(B) Hot water mechanical operations by being cycled through EQUIPMENT that is set up as specified under XXX, d+[DATE].15. ,d+[DATE].112, and ,d+[DATE].113 and achieving a UTENSIL surface temperature of 71 C (160 F) as measured by an irreversible registering temperature indicator .</p> <p>During a surveyor observation on [DATE] at 9:30 AM of the stationary rack high temperature dishwasher, in the presence of the FSD, the surveyor requested the use of a temperature sensitive label in the dishwasher to determine whether the required temperatures for sanitation have been reached. The FSD used a temperature sensitive label called ECOLAB. While running the load of dishes, the temperature gauge on the front of the dishwasher read ,d+[DATE] Fahrenheit (F) degrees during the wash cycle and 190 degrees during the rinse cycle. The temperature sensitive label, which was placed on a plate, did not react, and turn black(a square on the label is supposed to turn black when the temperature has been achieved.) The fact that it didn't turn black indicated that the proper temperature had not been achieved for sanitization.</p> <p>During an interview with the FSD immediately following the above observation the surveyor expressed concern regarding the label not reacting and therefore not reaching the proper temperature to sanitizing dishes. He acknowledged that the temperature sensitive strip did not react and turn black. He said the gauge on the dishwasher is fine but sometimes the dishwasher needs a break and that we should retry in 10 minutes. He said that he tests the dishwasher with the temperature sensitive labels once per week, but could not provide evidence, stating that he throws them away and doesn't document the results.</p> <p>(continued on next page)</p>		

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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.			
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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During a surveyor observation approximately 10 minutes later, the FSD used two types of temperature sensitive labels (an Ecolab and a 3-temp Thermolabel) placed them on plates and again they did not react and turn black indicating the proper temperature had not been achieved for sanitation.</p> <p>The surveyor questioned whether the temperature gauge on the outside of the dishwasher is broken, because the labels are not reacting indicating that the proper temperature had not been achieved for sanitation. He revealed that he felt that the plates were too heavy, and that might be why the labels were not reacting. He stated that he was going to try thin metal plate covers that they use to transport food plates.</p> <p>During a surveyor observation the FSD placed the metal plate covers into the dishwasher with the temperature sensitive labels attached, they reacted with the square turning black at 160 Fahrenheit on the ECOLAB and 160 F and 170 F on the 3 temp thermolabel. At that point the Food Service Director said that the labels are working.</p> <p>During a surveyor observation on [DATE] at 10:06 AM the FSD placed a large plastic tray into the dishwasher, the temperature sensitive labels again did not react indicating that the proper temperature had not been achieved for sanitation.</p> <p>During a surveyor interview after the above observation, the surveyor asked the FSD what he plans to do, he revealed that they will get someone to look at the machine and use paper products for lunch.</p> <p>During a surveyor interview on [DATE] at 2:21 PM with the repairman from [company name redacted] he revealed that the dishwasher's thermostat was faulty, and that the thermostat connector was blocked so the machine would think the water reached the required temperature and shut the electrical off, preventing the wash tank to heat to the required temperature for sanitation.</p> <p>4. Review of the Rhode Island Food Code, 2018 Edition, section ,d+[DATE].11 states in part, .Food employees shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed food, clean equipment, utensils, and linens .</p> <p>During a surveyor observation on [DATE] at 12:14 PM until 12:30 PM of the FSD, in the first-floor lounge, serving food onto plates from the steam table. He was not wearing a beard restraint.</p> <p>During a surveyor interview on [DATE] at 12:44 PM with the FSD, he acknowledged that he should have been wearing a beard covering while serving food onto plates from the steam table.</p> <p>5.Record review of the Rhode Island Food Code, 2018 Edition, section ,d+[DATE].11 states in part, .the permit holder shall be the PERSON IN CHARGE or shall Designate a Person in charge and shall ensure that a PERSON IN CHARGE is present at the FOOD ESTABLISHMENT during all hours of operation .</p> <p>Record review of the Certified Food Safety Managers license for Dietary Cook, Staff M, with a date of hire of [DATE], revealed that his license expired on [DATE].</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Record review of the dietary staffing schedule for [DATE], through [DATE], revealed that Staff M was the only cook, and there failed to be a staff member who had an active Certified Food Safety Managers license in the kitchen during all hours of operation on the following dates and times:</p> <p>[DATE], from 9:00 AM until 11:00 AM</p> <p>[DATE], from 4:00 PM until 7:00 PM</p> <p>[DATE], from 4:00 PM until 7:00 PM</p> <p>[DATE], from 1:30 PM until 7:00 PM</p> <p>[DATE], from 4:00 PM until 7:00 PM</p> <p>[DATE], from 4:00 PM until 7:00 PM</p> <p>[DATE], from 2:00 PM until 7:00 PM</p> <p>[DATE], from 4:00PM until 7:00 PM</p> <p>[DATE], from 1:30 PM until 7:00 PM</p> <p>[DATE], from 5:30 AM until 11:00 AM</p> <p>During a surveyor interview on [DATE] at 4:36 PM with the facility Administrator he could not provide evidence that there was a staff member who had an active Certified Food Safety Managers license in the kitchen during all hours of operation on the above dates and times.</p> <p>43987</p>

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<p>F 0865</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>39496</p> <p>Have a plan that describes the process for conducting QAPI and QAA activities.</p> <p>Based on record review and staff interview, it has been determined that the facility failed to implement and maintain an effective, comprehensive, data-driven, Quality Assurance and Performance Improvement (QAPI) program that focuses on indicators of the outcomes of care and quality of life.</p> <p>Findings are as follows:</p> <p>Review of the QAPI binders on 7/11/2024 at 10:00 AM in the presence of the facility Administrator revealed the following:</p> <p>Review of the August 2023, December 2023, and March 2024 QAPI meeting revealed evidence of QAPI plans created for areas identified as concerns. However, there was no evidence of implementation or maintenance of the plan, including tracking and measuring performance, and establishing goals and thresholds for performance measurement.</p> <p>Review of the June 2024 QAPI meeting revealed evidence of identifying concerns which would aid in the establishment of QAPI plans. However, it failed to reveal completed QAPI plans related to the identified concerns, or evidence of implementation or maintenance of the plan, including tracking, measuring performance, and establishing goals and thresholds for performance measurement.</p> <p>During a surveyor interview on 7/11/2024 at 11:30 AM, with the facility Administrator he was unable to provide evidence that the facility implemented and maintained an effective, comprehensive, data driven QAPI program that focuses on indicators of the outcomes of care and quality of life.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>41542</p> <p>37158</p> <p>39496</p> <p>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 due to utilizing Personal Protective Equipment (PPE) according to professional standards and properly disinfecting hands to prevent the transmission of potential pathogens (bacteria, virus or microorganisms that may cause disease) prior to providing care for 1 of 1 resident observed for Activities of Daily Living, Resident ID #281. Additionally, the facility failed to utilize appropriate precautions to reduce the transmission of multidrug-resistant organisms [MDROs-bacteria that are resistant to two or more classes of antibiotics] for 2 of 4 residents reviewed, Resident ID #s 32 and 48. Furthermore, the facility failed to handle, store, and transport linens appropriately, utilizing standard precautions.</p> <p>Findings are as follows:</p> <p>The Centers for Disease Control and Prevention (CDC) publication titled Guideline for Hand Hygiene in Health-Care Settings states in part, The Guideline for Hand Hygiene in Health-Care Settings provides health-care workers (HCWs) with a review of data regarding handwashing and hand antisepsis in health-care settings. In addition, it provides specific recommendations to promote improved hand-hygiene practices and reduce transmission of pathogenic microorganisms to patients and personnel in health-care setting . Recommendations .These recommendations are designed to improve hand hygiene practices of HCWs and to reduce transmission of pathogenic microorganisms to patients and personnel in health care settings . Decontaminate hands before having direct contact with patients .Decontaminate hands after contact with body fluids or excretions .Decontaminate hands after contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient .</p> <p>1. During a surveyor observation on 7/10/2024 at 10:22 AM revealed Nursing Assistant (NA), Staff B entering Resident ID #281's room with towels in preparation to perform personal care. Additionally, Staff B was observed removing the basin from the commode and entering the bathroom without wearing gloves. Immediately after, Staff B was observed exiting the restroom with the basin and placing it inside the commode, failing to perform hand hygiene. Staff B began to prepare clean towels to wash the resident with, until the surveyor intervened.</p> <p>During a surveyor interview on 7/10/2024 at 10:25 AM with Staff B, she acknowledged that she was not wearing gloves while transferring the basin containing urine. Additionally, she stated she should have performed hand hygiene prior to continuing to provide personal care to Resident ID #281.</p> <p>During a surveyor interview on 7/10/2024 at 3:28 PM with the Director of Nursing Services, she revealed that she would have expected for Staff B to follow basic infection control practices by using gloves and performing hand hygiene.</p> <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>2. Review of the CDC guidance titled Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug resistant Organisms (MDROs) last updated 7/12/2022 revealed in part, .Enhanced Barrier Precautions expand the use of PPE and refer to the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing .MDROs may be indirectly transferred from resident-to-resident during these high-contact care activities .The use of gown and gloves for high-contact resident care activities is indicated, when Contact Precautions [gown and glove upon entering the room] do not otherwise apply, for nursing home residents with wounds and/or indwelling medical devices regardless of MDRO colonization [the bacteria is living on or in the body not causing symptoms but the bacteria can be spread to others] as well as for residents with MDRO infection or colonization .Summary of Personal Protective Equipment (PPE) Use and Room Restriction When Caring for Residents in Nursing Homes .Enhanced Barrier Precautions .All residents with any of the following .Infection or colonization with an MDRO when Contact Precautions do not otherwise apply .</p> <p>Review of the CDC guidance titled, Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs) updated on 7/12/2022 reveals in part, . Enhanced Barrier Precautions All residents with any of the following .Wounds .During high-contact resident care activities .Dressing, Bathing .Transferring .Providing hygiene .Changing briefs or assisting with toileting .Gloves and gown prior to the high-contact care activity .</p> <p>Review of the facility policy titled, Guidelines for management of MDROs revealed in part, Contact Precautions- In addition to standard precautions, contact precautions or the equivalent used with specific persons known or suspected to be infected or colonized with epidemiologically important micro-organisms that can be transmitted by direct contact with the person or indirect contact with environmental surfaces or equipment. Contact precautions include proper patient placement, proper use of PPE, and proper environmental measures as recommended in .CDC Isolation Guidelines .Enhanced Barrier It has been determined by the CDC that focusing on residents with active infection fails to address the continued risk of transmission from residents with MDRO colonization, which can persist for long periods of time .and result in the silent spread of MDROs. Enhanced barrier precautions fall between Standard and Contact Precautions and requires gown and gloves for all residents with infection or colonization with an MDRO when contact precautions do not apply and for those with wounds or indwelling medical devices, regardless of MDRO colonization status during specific high contact care activities that have been found to increase the risk for MDRO transmission .</p> <p>a) During a surveyor observation on 7/9/2024 at 12:12 PM revealed the Housekeeper, Staff N, in Resident ID #48's room, who was on Contact Precautions, sweeping the resident's floor without wearing any gloves or additional PPE. Staff N assisted Resident ID #128, who was the roommate of Resident ID #48 with his/her telephone, dialing, putting the telephone to her ear, touching the resident's napkins, walker, and bedside table without any PPE. Staff N was then observed exiting the resident's room, without performing hand hygiene, and walked down the hallway to the housekeeping closet, retrieved a dustpan and brush, returned to the resident's room to sweep the debris from the floor. Staff N exited the room without performing hand hygiene, and then entered the resident lounge area and stood in the doorway.</p> <p>During a surveyor interview immediately following the above observation, Staff N acknowledged she touched all the items mentioned above, she was unable to explain why she did not wear gloves or additional PPE while she was in a contact precaution room. After the surveyor asked her if she wanted to wash her hands, Staff N entered another resident's room where she washed her hands in their sink.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>b) Record review revealed Resident ID #56 was admitted to the facility in March of 2022 and has diagnoses including but not limited to, unspecified open wound of right toe.</p> <p>Record review revealed a progress note dated 7/2/2024 at 1:47 PM which states in part, Assessed and treated by wound NP [Nurse Practitioner] Right toe trauma .raised 100% eschar [dead tissue] .excoriation [abrasion] between toes .Betadine [topical antiseptic] daily to site. Web calcium Alginate [a type of dressing] in between toes, no cover dressing .</p> <p>During a surveyor observation on 7/11/2024 at 11:57 AM, revealed Registered Nurse, Staff O, performing a dressing change on Resident ID # 56. He utilized the bed side table of Resident ID #32 (the roommate) to set up the items needed for the dressing change. During the dressing change, Staff O was noted to touch Resident ID #56's foot and wound with his gloved hands and then touch the bedside table with the same soiled gloves. When the dressing was completed Staff O returned Resident ID #32's bedside table to his/her bedside without cleaning it.</p> <p>Record review revealed Resident ID #32 was admitted to the facility in July of 2017 and has diagnoses including but not limited to, displaced fracture of greater trochanter of left femur and open wound of left elbow.</p> <p>Record review of a care plan dated 3/29/2024 revealed s/he was on Enhanced Barrier Precautions related to a surgical site.</p> <p>During an interview immediately following the above observation, Staff O acknowledged that Resident ID #32 was on Enhanced Barrier Precautions. He further acknowledged that he did not clean Resident ID #32's bedside table after utilizing it to change the wound dressing for Resident ID #56.</p> <p>3. During a surveyor observation of the laundry room on 7/11/2024 at 12:30 PM, in the presence of the Director of Nursing, revealed the drying area with two large gas dryers and approximately three to four feet directly across from the dryers, a dumbwaiter [a passageway between floors used to move soiled laundry from upper floors to the laundry room].</p> <p>During an interview with the laundry staff, Staff P, s/he revealed all the facility's soiled laundry is received from the dumbwaiter in bags and either carried manually or placed in a laundry bin and rolled through the drying/folding room to the soiled laundry room approximately 5-6 feet away. Additionally, s/he revealed that s/he doesn't wear a gown when carrying or sorting the laundry unless it appears visibly soiled.</p> <p>Review of the dryer lint removal schedule revealed the lint filters are emptied four times daily. The documentation revealed the following:</p> <p>-The June 2024 documentation revealed the lint trap was not signed off as emptied on 6/1, 6/3, 6/7, 6/9, 6/10, 6/15, 6/16, 6/17, 6/21, 6/23, 6/24, 6/25, 6/29, and 6/30.</p> <p>The July 2024 lint removal schedule revealed the lint filters were not signed off as emptied on 7/1, 7/4, 7/5, 7/7, and 7/8.</p> <p>During an interview with the Maintenance Director on 7/11/2024 at approximately 1:00 PM, he was unable to provide evidence that the lint filters were checked or emptied on the above days.</p> <p>(continued on next page)</p>		

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