STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415062	A. Building B. Wing	07/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Morgan Health Center	80 Morgan Avenue Johnston, RI 02919

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)
F 0773 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or obtain laboratory tests/services when ordered and promptly tell the ordering practitioner of the results. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47279 Based on record review and staff interview, it has been determined that the facility failed to promptly notify the ordering physician or a provider of laboratory results that fall outside of clinical reference ranges for 1 of 3 residents reviewed, Resident ID #1. Findings are as follows: Review of a community reported complaint submitted to the Rhode Island Department of Health on [DATE] alleges in part, .I was called by the nurse at [facility] .told that [resident] was having a hard time breathing and there was some blood in [his/her] stool so they were going to call an ambulance and have [him/her] transported to the hospital .the attending and a surgeon informed us that [resident] had a ruptured intestine and had sepsis [a life threatening complication of an infection] .[s/he] died shortly after . Record review revealed the resident was admitted to the facility in January of 2022 with a diagnosis including, but not limited to, alcoholic cirrhosis of liver without ascites (abnormal build up of fluid in the abdomen). Record review revealed a physician's order with a start date of [DATE] for a basic metabolic panel (common blood test that measures kidney function, blood sugar, and electrolyte balance) and a complete blood count (common blood test that screens for disorders affecting your blood cell counts) every 6 months on the 23rd of each month for labs. Review of a document titled, Lab Results Report dated [DATE] revealed the following abnormal lab results including, but not limited to: - [NAME] Blood Cells (WBC, part of your immune system that protects your body from infection): 13.0 K/uL (thousands per cubic milliliter). Normal range is 4.0 - 10.0 K/uL. An elevated WBC count may be indicative of an infection. - Monocytes (a type of WBC that fight infections): 1.35 K/uL. Normal range is 0.2 - 1.0 K/uL. An elevated monocyte count may be indicative of an infection, inflammation, and other health issues. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0773 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- Hemoglobin (a protein found in red blood cells that carries oxygen to your tissues): 11.1 g/dL (grams per deciliter). Normal range is 14.0 - 18.0 g/dL. A low hemoglobin level may occur from blood loss. Record review failed to reveal evidence that a provider was notified of the lab results from [DATE]. Record review of a progress note dated [DATE] at 10:03 AM revealed that the resident was noted to have trouble breathing, a bloated abdomen, and rectal bleeding, and was subsequently transferred to the hospital via rescue. During a surveyor interview on [DATE] at 9:33 AM with the Unit Manager, Registered Nurse, Staff A, she revealed that when they recieve lab results, staff will report them to the provider and document in the progress notes that the labs were reported and if there are any new orders or not. During a surveyor interview on [DATE] at 10:39 AM with the Nurse Practitioner, Staff B, she revealed that she was away during that time, therefore she was unaware of the lab results. She further revealed that the labs should have been reported to another provider in her absence. She would have expected the labs to have been reported that same day to a provider. Additionally, she indicated that she would have ordered follow up lab work based on the lab results including, encouraging fluid intake, a chest X-Ray, possibly a urine culture, and to repeat the same labs in ,d+[DATE] days and include a procalcitonin (a blood test to help diagnose or rule out a bacterial infection or sepsis). During a surveyor interview on [DATE] at 11:56 AM with the Director of Nursing Services, she revealed that she would expect staff to have reported the labs and document in a progress note. She was unable to provide evidence that a provider reviewed or acted upon the resident's labs.