

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415062	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/09/2024
NAME OF PROVIDER OR SUPPLIER Morgan Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42907</p> <p>Based on record review, staff and resident interview, it has been determined that the facility failed to protect a resident's right to be free from abuse for 1 of 3 residents reviewed, Resident ID #1.</p> <p>Findings are as follows:</p> <p>Record review of facility reported incident submitted to the Rhode Island Department of Health on 8/28/2024 indicates that Resident ID #2 was witnessed by staff with his/her hand under the blanket of Resident ID #1 rubbing between his/her legs asking him/her do you like that? When staff approached to separate the residents, Resident ID #2 moved his/her hand away quickly.</p> <p>Record review revealed that Resident ID #1, the victim, was admitted to the facility in August of 2024 with diagnoses including but not limited to dementia, difficulty in walking, weakness, and lack of coordination.</p> <p>Further review revealed a Minimum Data Set (MDS) Assessment for Resident ID #1 dated 8/28/2024 revealed a Brief Interview for Mental Status (BIMS) score of 3 out of 15, indicating severely impaired cognition.</p> <p>A surveyor interview with Resident ID #1 was unable to be conducted as s/he had been discharged home prior to this survey.</p> <p>Record review revealed that Resident ID #2, the perpetrator, was admitted to the facility in July of 2024 with diagnoses including but not limited to muscle wasting, epilepsy, and difficulty in walking.</p> <p>Further review of Resident ID #2's medical record revealed a MDS dated [DATE] that revealed a BIMS score of 13 out of 15, indicating intact cognition.</p> <p>A surveyor interview with Resident ID #2 was unable to be conducted as, due to this incident, s/he had been discharged from the facility to an acute care hospital.</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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a surveyor interview with the Administrator and the Director of Nursing Services (DON) on 9/9/2024 at approximately 10:05 AM, the Administrator revealed that this incident was witnessed by staff. Additionally, he revealed that Resident ID #2 had a history of using inappropriate language towards others.</p> <p>Record review of a written statement authored by Activities Staff, Staff A, dated 8/31/2024 states in part, I saw [Resident ID #2's] hand under [Resident ID #1's] blanket. [Resident ID #2] was moving [his/her] hand saying 'do you like that' on [Resident ID #1's] private parts .</p> <p>During a surveyor interview with the MDS Coordinator, on 9/9/2024 at approximately 11:20 AM, she revealed that she was working at the time of the incident and that she was notified by another staff member of what had occurred between Resident ID #s 1 and 2. Additionally, she indicated that, because Resident ID #2 had a BIMS score of 13 out of 15, she believed s/he was well aware of what s/he was doing. She further revealed that because Resident ID #1 had a BIMS score of 3 out of 15, s/he would not have the cognitive ability to consent.</p> <p>During a surveyor interview on 9/9/2024 at approximately 2:00 PM with the Administrator and the DON, they acknowledged that Resident ID #2 was observed touching Resident ID #1 inappropriately.</p>		