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	05/22/2026

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on clinical record review and staff interview, the facility failed to ensure that a resident received treatment and care in accordance with professional standards of practice for 1 of 1 resident reviewed, who had nausea and vomiting for approximately 21 days and was later transferred and admitted to the hospital with renal failure (a condition in which the kidneys lose their ability to effectively filter waste products, excess fluids, and toxins from the blood. Common signs and symptoms of renal failure may include nausea, vomiting, abdominal pain and weight loss), Resident ID #1. Findings are as follows:Record review of a community reported complaint submitted to the Rhode Island Department of Health on 5/5/2026 alleged that the resident experienced nausea and vomiting for weeks prior to hospitalization. The complaint further, alleged the family requested a hospital transfer, but the facility staff stated the hospital would send [him/her] back without doing anything. The complaint indicated that the resident continued to suffer nausea, vomiting and mouth sores through 4/30/2026, despite consults ordered on 4/16/2026. The resident was readmitted to the facility in July of 2023 with diagnoses including, but not limited to, heart failure and gastro-esophageal reflux (involuntary backflow of stomach acid into the esophagus).Record review of a care plan initiated on 5/11/2023 revealed the resident has altered cardiovascular status related to heart failure with an intervention to monitor him/her for nausea and vomiting.Record review revealed the following:A physician's order dated 1/12/2026 for Ondansetron (a medication used to treat nausea and vomiting) oral tablet 4 milligrams (mg) every 6 hours, as needed. 4/10/2026- The Registered Dietician (RD), saw the resident and identified that s/he had a weight loss despite eating excellent. The resident reported to the RD that s/he was having nausea with vomiting over the past month and is being treated with Ondansetron (a medication prescribed to treat nausea).4/16/2026- The resident had lab work completed today which contained a Blood Urea Nitrogen level (BUN- helps assess how well the kidneys are filtering waste) of 70 Milligram per Deciliter (MG/DL). The normal range 8 - 23 MG/DL and a Creatinine level (used to assess kidney function) of 3.41 MG/DL. The normal range 0.8 - 1. 40 MG/DL. 4/16/2026- A nursing note authored by the Nurse Practitioner at 10:26 PM revealed that the resident was experiencing daily vomiting, has a canker sore in his/her mouth and has experienced weight loss with referrals to nephrology (a medical doctor who specializes in the diagnosis and treatment of kidney conditions and diseases) and gastrointestinal (a medical doctor who specializes in the digestive system). The note further indicates that the resident's family member wants him/her to be sent to the emergency room for an endoscopy (a medical procedure that examines the esophagus, stomach, and first part of the small intestine). The NP indicated in her note that this will be managed by outpatient GI and hospitalization is not needed at this time. 4/16/2026- A nursing note authored by Registered Nurse (RN), Staff B, at 11:02 PM, revealed that the nephrology and gastroenterology consults were faxed to the Veterans Hospital. 4/20/2026- A nursing note authored by the Nurse Practitioner at 3:09 PM, revealed that the resident was seen for ongoing nausea with occasional vomiting and left upper quadrant abdominal pain. The note further indicated that the resident experienced pain upon abdominal palpation by the Nurse Practitioner. Additionally, the resident reported not feeling well overall and agreed with the plan to obtain an abdominal ultrasound (an abdominal ultrasound is a non-invasive imaging test that uses sound waves to create pictures of (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	the organs in the abdomen. It is commonly used to evaluate structures such as the liver, gallbladder, pancreas, kidneys, and spleen, and to help identify causes of pain, nausea, or other abdominal symptoms) and laboratory testing for amylase and lipase (blood tests that help evaluate pancreas function). She also wrote a new order to increase his/her Pantoprazole Sodium Oral Tablet Delayed Release 20 milligrams (mg) twice daily. 4/21/2026- A nursing note authored by RN, Staff C, revealed that the Nurse Practitioner reviewed the abdominal ultrasound results with an order to please refer to Urology [a medical doctor is a medical doctor who specializes in conditions that affect the urinary and reproductive systems] and Nephrology. Record review of a document titled Radiology Result Report dated 4/21/2026 for the abdominal ultrasound revealed the resident has bilateral hydronephrosis (the swelling of both kidneys caused by a backup of urine) and left renal cysts (a fluid-filled pouch that develops on or inside the kidney). 4/27/2026- A progress note dated 4/27/2026 authored by the Transport Coordinator stated that multiple messages were left at the VA hospital for the nephrology consult and she is waiting for a call back. 4/30/2026- A nurses note authored by RN, Staff B at 5:31 PM which revealed that the nephrology and gastrointestinal consults had been faxed to the VA hospital as ordered by the provider two weeks prior. However, the facility is still waiting for a response. Record review failed to reveal evidence that the provider was notified that the nephrology and gastroenterology appointments were not arranged.4/30/2026 authored by Staff B revealed that the resident has a history of nausea and vomiting with recent abnormal BUN and creatinine levels. Additionally, the note stated that nephrology and gastrointestinal consults have been faxed to the VA hospital as ordered by the provider two weeks prior, however, the facility is still waiting for a response.During a surveyor interview on 5/21/2026 at 12:38 PM with the Transport Coordinator, she revealed that she faxed the gastrointestinal and the nephrology consult referrals to the VA hospital and was waiting for a call back for approximately 2 weeks. During a surveyor interview on 5/21/2026 at 1:19 PM with Staff B, he revealed that he faxed the GI and the nephrology consults referrals to the VA hospital on 4/16/2026 as ordered following the episodes of nausea, vomiting and abnormal laboratory results. Additionally, Staff B acknowledged that he did not follow up on the status of the referral as the resident continued to experience nausea and vomiting. During a surveyor interview on 5/21/2026 at 1:39 PM with the Nurse Practitioner, she revealed that the order to refer the resident to nephrology and gastroenterology was provided on 4/16/2026. She further revealed that she was unaware that an appointment had not been scheduled for Resident ID #1.