

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  415063	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/23/2024
NAME OF PROVIDER OR SUPPLIER  Bayview Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  860 North Quiddnessett Road North Kingstown, RI 02852	

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 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow resident to participate in the development and implementation of his or her person-centered plan of care.</p> <p>39496</p> <p>Based on record review and staff interview it has been determined that the facility failed to provide a resident the right to participate in the development and implementation of his or her person-centered plan of care and facilitate the inclusion of the resident and/or resident representative for 1 of 3 residents reviewed for care planning meetings, Resident ID #1.</p> <p>Findings are as follows:</p> <p>Record review of a community reported complaint submitted to the Rhode Island Department of Health on 10/17/2024 alleges in part, I have several concerns on the care [Resident ID #1] is receiving .</p> <p>During a surveyor interview on 10/22/2024 at 1:32 PM with the complainant, a family member of the resident, s/he revealed that s/he is very concerned that the facility has not had a care plan meeting for the resident since admission. Additionally, s/he indicated that the concerns in the complaint could have been discussed if the resident and family members were provided the opportunity to have a care plan meeting.</p> <p>Record review of the facility's policy titled, Care Planning-Interdisciplinary Team revised in March of 2022, states in part, Comprehensive, person- centered care plans are based on resident assessments and developed by an interdisciplinary team (IDT) .The IDT includes but is not limited to .</p> <p>The resident's attending physician .a registered nurse .nursing assistant .a member of food and nutrition services .to the extent practicable, the resident and/or the resident's representative .other staff as appropriate or necessary to meet the needs of the resident .The resident, the resident's family and/or the resident's legal representative .are encouraged to participate in the development of and revisions to the resident's care plan .Care plan meetings are scheduled at the best time of the day for the resident and family when possible .</p> <p>Record review revealed the resident was admitted to the facility in May of 2024 with diagnoses including, but not limited to, Parkinson's Disease (a disorder that affects the nervous system), muscle wasting and atrophy (the loss of muscle mass).</p> <p>Record review of a facility document titled Care Plan Meeting Review revealed in part, .To be completed on Admission .Quarterly, Annually and with Significant change in Condition . It further revealed that one care planning meeting was completed on 5/31/2024.</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 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Further record review failed to reveal evidence that a quarterly care plan meeting took place.</p> <p>During a surveyor interview on 10/22/2024 at approximately 3:00 PM with Social Worker, Staff A, she acknowledged that a quarterly care planning meeting was not conducted for the resident.</p> <p>During a surveyor interview on 10/22/2024 at approximately 3:30 PM with the Director of Nursing Services, she revealed that she would expect care plan meetings to be conducted quarterly.</p>		