

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415066	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/30/2025
NAME OF PROVIDER OR SUPPLIER Cra-Mar Meadows		STREET ADDRESS, CITY, STATE, ZIP CODE 575 Seven Mile Road Cranston, RI 02920	

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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42907</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 1 of 1 resident reviewed for medication administration, Resident ID #1.</p> <p>Findings are as follows:</p> <p>Record review of a community reported complaint submitted to the Rhode Island Department on Health on 1/28/2025 alleged in part, that Resident ID #1 received Ativan (also known as Lorazepam; a medication prescribed to treat anxiety disorders) in the morning along with and as needed (prn) dose of Oxycodone (a medication prescribed to treat pain). Additionally the complaint alleges that the resident received Oxycodone after it had been discontinued.</p> <p>Record review revealed the resident was admitted to the facility in September of 2024 with diagnoses including, but not limited to, anxiety disorder and a right hip fracture.</p> <p>Record review of a Minimum Data Set assessment dated [DATE] revealed a Brief Interview of Mental Status score of 99 out of 15 indicating that the resident was unable to complete the assessment due to a diminished level of cognition.</p> <p>Record review revealed the following physician orders:</p> <ul style="list-style-type: none"> - Lorazepam, Give 0.5 milligrams (mg) at bed time with a start date of 1/10/2025. - Oxycodone, Give 2.5 mg every 8 hours as needed for pain with a start date of 1/24/2025. - Oxycodone, Give 5 mg every 8 hours as needed for pain with a start date of 1/11/2025 and a discontinue date of 1/14/2025. <p>Record review of the resident's progress notes revealed entries dated 1/13/2025 and 1/27/2025 which revealed the following:</p> <ul style="list-style-type: none"> - 1/13/2025 at 2:28 PM- Medication error on 11:00 PM to 7:00 AM shift, as resident was given 0.5 milligrams (mg) of Ativan at 6:45 AM instead of 5 mg of Oxycodone. The provider and family were notified. An assessment was completed with no adverse effect. The resident was medicated with PRN (as needed) Oxycodone at 8:00 AM with good effect. <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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- 1/27/2025 at 8:54 AM- Resident noted to have received Oxycodone 5 mg by mouth instead of Oxycodone 2.5 mg by mouth. A medication error report was completed. The provider, family and Director of Nursing Services was notified.</p> <p>During a surveyor interview with Registered Nurse, Staff A, on 1/30/2025 at approximately 9:50 AM, she acknowledged that she gave the resident 0.5 mg of Ativan on the morning of 1/13/2025 in error and not the 5 mg of Oxycodone per the physician's order. Additionally, she revealed that the error was discovered after completing the medication count and she received education. She further acknowledged that she made secondary medication error for this resident on 1/27/2025 when she gave the resident 5 mg of Oxycodone in error rather than the 2.5 mg that was ordered.</p> <p>During a surveyor interview with the Director of Nursing Services, on 1/29/2025 at 1:20 PM, she acknowledged that Staff A administered the above-mentioned medications to Resident ID #1 in error.</p>		