

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  05/23/2024
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47279</b></p> <p>50004</p> <p>Based on surveyor observation, record review, and staff interview it has been determined that the facility failed to revise each resident's care plan, by the interdisciplinary team, after each assessment, including both the comprehensive and quarterly review assessments for 1 of 2 residents reviewed relative to falls, Resident ID #22, and 1 of 1 resident reviewed relative to oxygen therapy, Resident ID #31.</p> <p>Findings are as follows:</p> <p>1. Record review of a facility document titled, Policy and Procedure for Accidents and Incidents last revised 9/2019, states in part, .Fall occurring without injury .Care Plan and CNA [Certified Nurse Assistant] care card will be updated .</p> <p>Record review revealed Resident ID #22 was admitted to the facility in December of 2023 with diagnoses that include, but are not limited to, spinal stenosis (a condition where spinal column narrows and compresses the spinal cord) and difficulty walking.</p> <p>Record review of an Admission Minimum Data Set (MDS) Assessment completed on 1/8/2024, revealed the resident had a fall in the last month prior to admission and experienced a fall resulting in a fracture within the last 6 months prior to admission.</p> <p>Record review of a Quarterly MDS Assessment completed on 3/19/2024, revealed that the resident had 2 or more falls with no injury and one fall resulting in an injury since the prior assessment.</p> <p>Record review of the care plan dated 1/4/2024, states in part, .the resident was at risk for falls due to weakness, balance and activity tolerance . Interventions include but are not limited to, keep his/her walker within reach at all times with a start date of 1/4/2024 and to offer additional toileting at set times with a start date of 4/26/2024.</p> <p>Review of the resident's progress notes, dated 1/29/2024 through 4/24/2024, revealed that the resident had experienced 8 unwitnessed falls on the following dates:</p> <p>-1/29/2024</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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-2/6/2024</p> <p>-3/8/2024</p> <p>-3/21/2024</p> <p>-3/28/2024</p> <p>-4/16/2024</p> <p>-4/23/2024</p> <p>-4/24/2024</p> <p>Record review failed to reveal evidence that the resident's care plan was updated with interventions related to the 8 unwitnessed falls from 1/29/2024 through 4/24/2024.</p> <p>Record review failed to reveal evidence that the resident's care plan was revised by the interdisciplinary team after the March 2024 Quarterly MDS Assessment to include interventions for the unwitnessed falls.</p> <p>During a surveyor interview on 5/23/2024 at 8:41 AM with Registered Nurse, Staff A, she revealed that if a resident has a fall the staff would follow the facility policy which includes adding an intervention to prevent another fall. She further revealed that the intervention would be added to the care plan by the nurse, or an email would be sent to the MDS Coordinator to add it to the care plan.</p> <p>During a surveyor interview with the Director of Nursing Services on 5/23/2024 at approximately 8:55 AM, she acknowledged that the care plan had not been updated for Resident ID #22 after s/he had several unwitnessed falls. Additionally, at this time, she was unable to provide evidence that the care plan was updated with interventions after the resident experienced several unwitnessed falls from 1/29/2024-4/24/2024.</p> <p>2. Record review revealed Resident ID #31 was admitted to the facility in May of 2022 with diagnoses that include, but are not limited to, chronic respiratory failure with hypoxia (a below-normal level of oxygen in your blood) and chronic obstructive pulmonary disease.</p> <p>Record review revealed a Quarterly MDS assessment dated [DATE], which revealed the resident requires oxygen.</p> <p>Record review of a physician's order dated 4/1/2024 states Oxygen via nasal canula at 2-4 liters as needed for shortness of breath, POX [pulse oximetry, needle-free test that measures the amount of oxygen in your blood] less than 88%.</p> <p>Record review failed to reveal evidence that the resident's care plan was updated to include the oxygen therapy.</p> <p>During multiple surveyor observations on the following dates and times the resident was receiving 3 liters of oxygen via nasal canula:</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>5/20/2024 at 10:01 AM</p> <p>5/20/2024 at 12:00 PM</p> <p>5/21/2024 at 8:40 AM</p> <p>During a surveyor interview on 5/21/2024 at 12:04 PM with Registered Nurse, Staff B, she revealed that the resident requires oxygen continuously.</p> <p>During a surveyor interview on 5/21/2024 at 12:47 PM with the MDS Coordinator she revealed that oxygen should be included on the care plan.</p> <p>During a surveyor interview on 5/21/2024 at 1:52 PM with the DNS she revealed that she would expect the care plan to be updated to include oxygen therapy.</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide activities to meet all resident's needs.</p> <p>46241</p> <p>Based on surveyor observation, record review and staff interview, it has been determined that the facility failed to provide an ongoing program to support a resident in their choice of activities designed to meet their interests and support the well-being of each resident, based on the comprehensive assessment, care plan and preferences for 6 of 12 residents reviewed for activities, Resident ID #s 14, 16, 17, 18, 22, and 30.</p> <p>Findings are as follows:</p> <p>Surveyor observations during the annual recertification survey conducted on 5/20/2024 through 5/23/2024, failed to reveal an activities calendar posted with activities to meet residents interests where each resident could see it. Although a Daily Activity Schedule was provided to the survey team, continued surveyor observation failed to reveal an activities at 9:00 AM, 10:00 AM, 11:00 AM, 1:30 PM, 2:30 PM and 3:00 PM each day.</p> <p>1. Record review revealed Resident ID #14 was admitted to the facility in July of 2023 with a diagnosis including, but not limited to, malignant neoplasm of the bladder (bladder cancer).</p> <p>Review of an Admission Minimum Data Set (MDS) Assessment, Section F, titled, Preferences for Customary Routine and Activities, dated 7/23/2023, revealed an interview for activity preference which indicated that while the resident is in the facility, it is very important for the resident to have books, newspaper, and magazines to read and to be around animals such as pets. It further revealed that it is somewhat important for the resident to do his/her favorite activities.</p> <p>Review of the resident's care plan failed to reveal evidence of an activities focus area, to include the resident's preferences, as identified in the above-mentioned MDS Assessment.</p> <p>2. Record review revealed Resident ID #16 was admitted to the facility in June of 2023 with a diagnosis including, but not limited to, spinal stenosis (a condition where the spinal column narrows and compresses the spinal cord).</p> <p>Review of an Admission MDS Assessment, Section F titled, Preferences for Customary Routine and Activities, dated 6/12/2023, revealed an interview for activity preference which indicated that while the resident is in the facility, it is somewhat important for the resident to have books, newspapers, and magazines to read, listen to music s/he likes, keep up with the news, do his/her favorite activity, go outside to get fresh air when the weather is good, and participate in religious services or practices.</p> <p>Review of the resident's care plan failed to reveal evidence of an activities focus area, to include the resident's preferences, as identified in the above-mentioned MDS Assessment.</p> <p>3. Record review revealed Resident ID #17 was admitted to the facility in March of 2024 with a diagnosis including, but not limited to, dementia.</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of an Admission MDS Assessment, Section F titled, Preferences for Customary Routine and Activities, dated 3/25/2024, revealed an interview for activity preference which indicated that while the resident is in the facility, it is very important for the resident to be around animals such as pets, keep up with the news, and participate in religious services or practices. It further revealed that it is somewhat important for the resident to listen to music s/he likes, do his/her favorite activity, and go outside to get fresh air when the weather is good.</p> <p>Review of the resident's care plan failed to reveal evidence of an activities focus area, to include the resident's preferences as identified in the above-mentioned MDS Assessment.</p> <p>4. Record review revealed Resident ID #18 was admitted to the facility in March of 2024 with a diagnosis including, but not limited to, Parkinsonism (a clinical syndrome characterized by tremors, slow movements, or stiffness or rigidity).</p> <p>Review of a Significant Change MDS Assessment, Section F titled, Preferences for Customary Routine and Activities, dated 11/22/2023, revealed an interview for activity preference which indicated that while the resident is in the facility, it is very important for the resident to keep up with the news, do his/her favorite activity, and participate in religious services or practices. It further revealed it is somewhat important for the resident to have books, newspapers, and magazines to read, listen to music s/he likes, do things with groups of people, and go outside to get fresh air when the weather is good.</p> <p>Review of the resident's care plan failed to reveal evidence of an activities focus area, to include the resident's preferences as identified in the above-mentioned MDS Assessment.</p> <p>5. Record review revealed Resident ID #22 was admitted to the facility in December of 2023 with a diagnosis including, but not limited to, spinal stenosis.</p> <p>Review of an Admission MDS Assessment, Section F titled, Preferences for Customary Routine and Activities, dated 12/19/2023, revealed an interview for activity preference which indicated that while the resident is in the facility, it is somewhat important for the resident to listen to music s/he likes, do his/her favorite activity, and participate in religious services or practices.</p> <p>Review of the resident's care plan failed to reveal evidence of an activities focus area, to include the resident's preferences as identified in the above-mentioned MDS Assessment.</p> <p>6. Record review revealed Resident ID #30 was admitted to the facility in March of 2024 with a diagnosis including, but not limited to, dementia.</p> <p>Review of an Admission MDS Assessment, Section F titled, Preferences for Customary Routine and Activities, dated 4/3/2024, revealed an interview for activity preference which indicated that while the resident is in the facility, it is very important for the resident to participate in religious services or practices. It further revealed it is somewhat important for the resident to have books, newspapers, and magazines to read, keep up with the news, to do things with groups of people, and to go outside to get fresh air when the weather is good.</p> <p>Review of the resident's care plan failed to reveal evidence of an activities focus area, to include the resident's preferences as identified in the above-mentioned MDS Assessment.</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a surveyor interview on 5/23/2024 at 10:51 AM, with the Activity Director, she revealed that she previously participated in the creation of activity related care plans, but indicated that she no longer does, as the MDS Coordinator completes them now. Additionally, she acknowledged that the residents should have an activity focus area in their care plans, that is individualized and identifies the resident's preferences that are reflected in the MDS Assessments.</p> <p>During a surveyor interview on 5/23/2024 at 12:12 PM, with the MDS Coordinator, she was unable to provide evidence that activity care plans were created for Resident ID #s 14, 16, 17, 18, 22, and 30.</p> <p>During a surveyor interview on 5/23/2024 at 1:30 PM, with the Administrator and Director of Nursing Services, they were unable to provide evidence that an activity program was developed based on the comprehensive assessment, care plan, and the preferences of each resident.</p> <p>Cross reference F 680</p> <p>46715</p> <p>47279</p> <p>50004</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50004</p> <p>Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to ensure that the resident's environment remains as free from accident hazards as possible for 1 of 1 resident reviewed related to supervision with meals, Resident ID #17.</p> <p>Findings are as follows:</p> <p>Record review revealed Resident ID #17 was admitted to the facility in March of 2024 with a diagnosis including, but not limited to, dysphagia (a condition with difficulty in swallowing food or liquid).</p> <p>Record review of the care plan last revised on 3/21/2024 states in part, .ACTIVITIES OF DAILY LIVING: Overall I require extensive assistance .and supervision with eating.</p> <p>Record review of a Minimum Data Set assessment dated [DATE], revealed the resident required supervision with meals.</p> <p>Record review of a facility document titled, Assignment 3, last updated 5/22/2024, states in part, .Diet: Regular as tolerated REPORT coughing @[at] meals .</p> <p>During a surveyor observation on 5/23/2024 at 11:42 AM until approximately 12:05 PM, the resident was observed sitting in his/her wheelchair, with the back in a reclined position, eating his/her meal unsupervised.</p> <p>During a surveyor interview on 5/23/2024 at approximately 12:05 PM with the Registered Nurse, Staff A, following the above observation, she acknowledged that the resident was eating unsupervised and was unaware if s/he required supervision with meals.</p> <p>During a surveyor interview with the Director of Therapy on 5/23/2024 at 12:35 PM, she revealed that the resident would normally eat in the dayroom for meals but due to a COVID outbreak in the facility resident's are now eating in their rooms. Additionally, she was unaware if s/he required supervision with meals and would need to review the Speech Therapy notes.</p> <p>During a surveyor interview on 5/23/2024 at 12:14 PM with Director of Nursing Services, she acknowledged that the resident's care plan indicates supervision with meals.</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>47279</p> <p>Based on record review and staff interview, it has been determined that the facility failed to provide appropriate treatment and services for 1 of 1 resident reviewed with a suprapubic catheter (SP tube - a device inserted through the abdomen into the bladder to drain urine), Resident ID #9.</p> <p>Findings are as follows:</p> <p>Record review revealed the resident was admitted to the facility in April of 2021 with diagnoses including, but not limited to, multiple sclerosis (MS - a chronic disease of the central nervous system that affects the brain and spinal cord) and neuromuscular dysfunction of the bladder.</p> <p>Review of a care plan focus area dated 11/3/2021 revealed the resident requires an SP tube with an intervention to follow up with the urologist as ordered.</p> <p>Review of document titled, Continuity of Care Consultation and Referral Form dated 5/9/2022 revealed that the resident was seen by his/her urologist with orders to follow up in 6 months.</p> <p>Review of a progress noted dated 5/9/2022 at 11:48 AM revealed the resident returned from his/her urology appointment and s/he was to follow up in 6 months.</p> <p>Record review failed to reveal evidence that the resident has had any urology appointments since his/her last appointment on 5/9/2022.</p> <p>During a surveyor interview on 5/22/2024 at 12:16 PM with Registered Nurse, Staff B, she revealed that she contacted the urology office and they indicated that the resident has not returned to the office since his/her last visit on 5/9/2022.</p> <p>During a surveyor interview on 5/22/2024 at 1:03 PM with the Director of Nursing Services, she revealed that the resident should have returned to his/her urologist in 6 months as ordered and was unable to explain why the follow up appointment was never scheduled.</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>47279</p> <p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>Based on record review and staff interview, it has been determined that the facility failed to ensure that residents who require dialysis receive such services consistent with professional standards of practice for 1 of 1 resident reviewed for dialysis (a blood purifying treatment given when kidney function is not optimum), Resident ID #27.</p> <p>Findings are as follows:</p> <p>Review of a facility policy titled, Dialysis Patients; Care Of states in part, .Care of the dialysis patient/resident will include .1. A physician order in the medical record indicating how [many] days of dialysis and location of dialysis center .</p> <p>a) Record review revealed the resident was admitted to the facility in September of 2021 with diagnoses including, but not limited to, stage 4 chronic kidney disease (when your kidneys can no longer support your body's needs) and dependence on renal dialysis.</p> <p>Review of a care plan problem area dated 1/5/2022 revealed the resident receives dialysis with an intervention that includes to have the resident ready for transportation to dialysis on assigned days.</p> <p>Review of a physician's order dated 1/13/2022 states, Order for Dialysis. Additionally, the order failed to include the location of the dialysis center, name, contact number, and the scheduled days the resident is to receive dialysis.</p> <p>During a surveyor interview on 5/21/2024 at 1:42 PM with the Director of Nursing Services (DNS), she was unable to explain why the dialysis order failed to include the above-mentioned information as indicated in the facility policy.</p> <p>b) Additional review of a facility policy titled, Dialysis Patients; Care Of states in part, .2. The administrative team shall ensure there is a contractual agreement in place for services at the dialysis center treating our resident(s) .</p> <p>Record review failed to reveal evidence of a contractual dialysis service agreement between the dialysis center and the facility.</p> <p>During a surveyor interview on 5/21/2024 at 1:42 PM with the DNS, she revealed that the facility does not have a dialysis service agreement and was unable to explain why the facility had never prepared one.</p> <p>Additionally, on 5/22/2024 the facility provided the survey team with a signed dialysis service agreement that was dated 5/21/2024 which was prepared after the concern was brought to the facility's attention.</p> <p>(continued on next page)</p>		

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F 0698  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	During a subsequent surveyor interview on 5/22/2024 at 1:00 PM with the DNS, she revealed that she would expect the facility to follow their policy relative to the management and care of a dialysis resident.		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>46715</p> <p>50004</p> <p>Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to provide an infection prevention and control program designed to help prevent the development and transmission of communicable diseases and infections relative to staff utilizing appropriate personal protective equipment (PPE) for 2 of 2 nursing units.</p> <p>Findings are as follows:</p> <p>Review of the Centers for Disease Control and Prevention (CDC) Appendix A, Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings revealed precautions for COVID-19 should include standard, droplet and contact precautions throughout the duration of the illness. Additional review revealed droplet precautions to include use of a mask and eye protection and contact precautions to include use of a gown, gloves and mask.</p> <p>During a surveyor interview with the Director of Nursing Services (DNS) on 5/20/2024 at approximately 8:34 AM she revealed that the facility was experiencing a COVID-19 outbreak affecting a total of 5 residents, including Resident ID #s 10, 13 and 24.</p> <p>1. Record review revealed Resident ID #10 was admitted to the facility in May of 2022 with a diagnosis including, but not limited to, COVID-19.</p> <p>Record review of a nursing progress note dated 5/9/2024 states, Rapid Covid positive at this time and place on Quarantine. Will notify MD, family and obtain labs if ordered.</p> <p>During a surveyor observation on 5/20/2024 at 12:00 PM of the resident's room revealed a sign for droplet precautions. The sign states in part, Everyone must .Make sure their eyes, nose and mouth are fully covered before entering the room .</p> <p>During a surveyor observation immediately following the above observation on 5/20/2024 at 12:00 PM of Staff E, she was observed entering Resident ID# 10's room carrying the resident's meal tray wearing a gown, gloves, and a mask below her nose. She then proceeded to feed the resident without wearing eye protection.</p> <p>During a surveyor interview immediately following the above observation at approximately 12:14 PM with Staff E, she acknowledged that she was in the room feeding Resident ID# 10. She further revealed that she was unaware if the resident was on precautions. Additionally, she acknowledged she was not wearing eye protection according to the signage on the door.</p> <p>2. Record review revealed Resident ID #13 was admitted to the facility in April of 2023 with a diagnosis including, but not limited to, COVID-19.</p> <p>Record review of a progress note dated 5/18/2024 states in part, .Remains on quarantine for covid .</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a surveyor observation on 5/20/2024 at 11:58 AM of the resident's room revealed a sign for droplet precautions. The sign states in part, Everyone must .Make sure their eyes, nose and mouth are fully covered before entering the room .</p> <p>During a surveyor observation on 5/20/2024 at 11:58 AM revealed, Nursing Assistant, Staff F, entering Resident ID #13's room wearing a gown, gloves, and a mask, without wearing eye protection. Additionally, she was observed to be feeding the resident.</p> <p>During a surveyor interview immediately following the above observation at approximately 12:13 PM with Staff F, she acknowledged that she did not apply eye protection prior to entering a COVID-19 positive room.</p> <p>3. Record review revealed Resident ID #24 was admitted to the facility in October of 2022 with a diagnosis including, but not limited to, COVID-19.</p> <p>Record review of a nursing progress dated 5/9/2024 states, All labs reported to [Providers Name] new orders for standard Paxlovid [ a medication used to treat COVID-19] PO [by mouth] .DOH [Department of Health] has been notified and resident is on Droplet and contact precautions.</p> <p>During a surveyor observation on 5/20/2024 at 11:49 AM of the resident's room revealed a sign for droplet precautions. The sign states in part, Everyone must .Make sure their eyes, nose and mouth are fully covered before entering the room .</p> <p>During a surveyor observation on 5/20/2024 at 11:49 AM of Nursing Assistant (NA) Staff E, she was observed entering Resident ID# 24's room carrying the resident's meal tray, wearing a gown, gloves and a mask below her nose, without any eye protection.</p> <p>During a surveyor interview with the Director of Nursing Services on 5/21/2024 at 10:35 AM, she revealed that she would expect staff to follow proper infection control practices. Additionally, she was unable to explain why Staff E and F did not don (put on) appropriate PPE when they entered COVID-19 positive resident rooms.</p>		

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  05/23/2024
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 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46715 47279</p> <p>Based on record review and staff interview, it has been determined that the facility failed to ensure the resident's medical record includes documentation that the resident either received the pneumococcal vaccination or did not receive the vaccination due to medical contraindications or refusal for 3 of 7 residents reviewed, Residents ID #s 2, 9, and 16.</p> <p>Findings are follows:</p> <p>According to the Centers for Disease Control and Prevention (CDC), pneumococcal vaccination for all adults 19 through [AGE] years old who have certain chronic medical conditions or [AGE] years or older who have only received PPSV23 [23 vaccination], the PCV15 [type of pneumococcal conjugate vaccine] or PCV20 [type of pneumococcal conjugate vaccine] dose should be administered at least one year after the most recent PPSV23 vaccination. For adults 19 through [AGE] years old who have certain chronic medical conditions who have only received PCV13 [type of pneumococcal conjugate vaccine], give 1 dose of the PCV20 at least 1 year after PCV13 or give 1 dose of PPSV23 at least 8 weeks after PCV13. For adults [AGE] years or older who have only received PCV13 [type of pneumococcal conjugate vaccine], give PPSV23 or PCV20 as previously recommended.</p> <p>1) Record review revealed Resident ID #2 was admitted to the facility in October of 2021 with a diagnosis including, but not limited to, dementia.</p> <p>Review of his/her immunization records revealed s/he received PCV13 in February of 2019. Additionally, the record failed to reveal evidence that the PPSV23 or the PCV20 vaccines were offered, received, or declined.</p> <p>2) Record review revealed Resident ID #9 was admitted to the facility in April of 2021 with a diagnosis including, but not limited to, multiple sclerosis (MS - a chronic disease of the central nervous system that affects the brain and spinal cord).</p> <p>Review of his/her immunization records revealed s/he previously received PCV13. Additionally, the record failed to reveal evidence that the PPSV23 or the PCV20 vaccines were offered, received, or declined.</p> <p>3) Record review revealed Resident ID #16 was admitted to the facility in June of 2023 with a diagnosis including, but not limited to, spinal stenosis (a condition where the spinal column narrows and compresses the spinal cord).</p> <p>Review of his/her immunization records failed to reveal evidence that any pneumococcal vaccines were offered, received, or declined.</p> <p>During a surveyor interview on 5/21/2024 at 11:32 AM with the Director of Nursing Services, she was unable to provide evidence that the appropriate vaccines for the above-mentioned residents had been offered, received, or declined.</p>		

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NAME OF PROVIDER OR SUPPLIER  Cra-Mar Meadows		STREET ADDRESS, CITY, STATE, ZIP CODE  575 Seven Mile Road Cranston, RI 02920	
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<p>F 0941</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Develop, implement, and/or maintain an effective training program that includes effective communications for direct care staff members.</p> <p>46241</p> <p>Based on record review and staff interview, it has been determined that the facility failed to ensure that all direct care staff completed mandatory effective communication training, for 3 of 3 staff reviewed, who have been employed by the facility greater than a year, Staff B, G, and H.</p> <p>Findings are as follows:</p> <p>Record review failed to reveal evidence that the following staff completed the mandatory effective communication training or education for 2023:</p> <ul style="list-style-type: none"> <li>- Registered Nurse, Staff B, hired on 5/28/2019</li> <li>- Nursing Assistant, Staff G, hired on 5/25/2022</li> <li>- Certified Medication Technician, Staff H, hired on 10/6/2021</li> </ul> <p>During a surveyor interview on 5/22/2024 at 12:01 PM, with the Director of Nursing Services, she was unable to provide evidence that the effective communication was completed for the above-mentioned staff.</p>		

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NAME OF PROVIDER OR SUPPLIER  Cra-Mar Meadows		STREET ADDRESS, CITY, STATE, ZIP CODE  575 Seven Mile Road Cranston, RI 02920	
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<p>F 0944</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Conduct mandatory training, for all staff, on the facility's Quality Assurance and Performance Improvement Program.</p> <p>46241</p> <p>Based on record review and staff interview, it has been determined that the facility failed to provide mandatory training to all their staff, that outlines and informs staff of the elements and goals of the facility's QAPI (Quality Assurance and Performance Improvement) program, for 3 of 3 staff reviewed, who have been employed by the facility greater than a year, Staff B, G, H.</p> <p>Findings are as follows:</p> <p>Record review failed to reveal evidence that the following staff completed QAPI training or education for 2023:</p> <ul style="list-style-type: none"> <li>- Registered Nurse, Staff B, hired on 5/28/2019</li> <li>- Nursing Assistant, Staff G, hired on 5/25/2022</li> <li>- Certified Medication Technician, Staff H, hired on 10/6/2021</li> </ul> <p>During a surveyor interview on 5/22/2024 at 12:01 PM, with the Director of Nursing Services, she was unable to provide evidence that the QAPI training was completed for the above-mentioned staff.</p>		

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NAME OF PROVIDER OR SUPPLIER  Cra-Mar Meadows		STREET ADDRESS, CITY, STATE, ZIP CODE  575 Seven Mile Road Cranston, RI 02920	

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<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>46241</p> <p>Based on record review and staff interview, it has been determined that the facility failed to provide a minimum of 12 hours per year of in-service training to ensure the continuing competence of nurse aides for 2 of 2 Nurse Aides (NA) reviewed, who have been employed at the facility greater than a year, Staff G and H.</p> <p>Findings are as follows:</p> <p>Review of Staff G's personnel record revealed she was hired on 5/25/2022.</p> <p>Review of Staff H's personnel record revealed she was hired on 10/6/2021.</p> <p>Record review failed to reveal evidence that Staff G and H had a minimum of 12 hours per year of in-service training.</p> <p>During a surveyor interview on 5/22/2024 at 12:01 PM with the Director of Nursing Services, during the staffing task, she indicated that the facility records attendance not hours and was unable to provide evidence that Staff G and H received the minimum of 12 hours per year of in-service training.</p>

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NAME OF PROVIDER OR SUPPLIER  Cra-Mar Meadows		STREET ADDRESS, CITY, STATE, ZIP CODE  575 Seven Mile Road Cranston, RI 02920	
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<p>F 0949</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide behavior health training consistent with the requirements and as determined by a facility assessment.</p> <p>46241</p> <p>Based on record review and staff interview, it has been determined that the facility failed to provide all staff with behavioral health training, for 3 of 3 staff reviewed, who have been employed by the facility greater than a year, Staff, B, G, and H.</p> <p>Findings are as follows:</p> <p>Record review failed to reveal evidence that the following staff completed the mandatory behavioral health training or education for 2023:</p> <ul style="list-style-type: none"> <li>- Registered Nurse, Staff B, hired on 5/28/2019</li> <li>- Nursing Assistant, Staff G, hired on 5/25/2022</li> <li>- Certified Medication Technician, Staff H, hired on 10/6/2021</li> </ul> <p>During a surveyor interview on 5/22/2024 at 12:01 PM, with the Director of Nursing Services, she was unable to provide evidence that the behavioral health training was completed for the above-mentioned staff.</p>		