

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415067	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/21/2024
NAME OF PROVIDER OR SUPPLIER West View Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 239 Legris Avenue West Warwick, RI 02893	

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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46671</p> <p>Based on surveyor observation, record review, resident, and staff interview, it has been determined that the facility failed to promote and facilitate self-determination through support of a resident choice, relative to weekly showers for 1 of 1 resident reviewed, Resident ID #29.</p> <p>Findings are as follows:</p> <p>Record review revealed that Resident ID #29 was admitted to the facility in March of 2024 with diagnoses including, but not limited to, hemiplegia (complete or severe paralysis on one side of the body) and hemiparesis (one-sided muscle weakness) following a stroke affecting the right dominant side.</p> <p>Record review of the resident's Admission Minimum Data Set assessment dated [DATE] revealed a Brief Interview for Mental Status score of 14 out of 15, indicating the resident's cognition is intact. It further revealed that his/her preference to choose between a tub bath, shower, bed bath, or sponge bath as very important.</p> <p>During a surveyor interview with the resident on 11/20/2024 at 9:30 AM, the resident indicated that s/he has not had a shower in 3 weeks and that s/he prefers a shower.</p> <p>Review of the shower task in the resident's Electronic Medical Record (EMR), indicated that the resident is scheduled for a shower and shampoo every Tuesday and Friday.</p> <p>Review of the bathing task documentation from 11/7/2024 through 11/20/2024 revealed that out of 40 opportunities to provide a shower, that a bed bath was documented 25 times, 7 times it was documented as a no and 8 times it was documented as Not Applicable. Record review failed to reveal documentation that a shower was offered, received, or declined as per the resident's preference.</p> <p>Review of a Nursing Assistant (NA) assignment sheet, provided to the surveyor by the Assistant Director of Nursing Services (ADNS) revealed that Resident ID #29's scheduled shower days are Wednesdays during the 7:00 AM - 3:00 PM shift and on Saturdays during the 3:00 PM - 11:00 PM shift and not every Tuesday and Friday as indicated for the shower task in the EMR.</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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During surveyor interviews on 11/20/2024 at 10:10 AM and 10:47 AM with NA, Staff K, she revealed that she could not remember if she assisted Resident ID #29 with a shower on his/her scheduled Wednesday showers during the 7:00 AM - 3:00 PM shifts prior to 11/20/2024.</p> <p>During a surveyor observation and interview on 11/20/2024 at 10:17 AM in the presence of Registered Nurse, Staff E, she acknowledged that the resident had long toenails, long fingernails to his/her right contracted hand, and his/her skin was dry. Additionally, Staff E indicated that nail care is supposed to be completed when residents receive a shower.</p> <p>During a surveyor interview on 11/20/2024 at approximately 3:20 PM, with NA, Staff F, in the presence of the ADNS, she stated that she most likely did not assist Resident ID #29 with a shower on his/her shower day, Saturday 11/16/2024 during the 3:00 PM - 11:00 PM shift.</p> <p>During a surveyor interview on 11/21/2024 at approximately 11:09 AM with the Director of Nursing Services, she was unable to provide evidence that Resident ID #29 received a shower in the last 20 days as per his/her preference.</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>46539</p> <p>46715</p> <p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to ensure that residents with pressure ulcers receive the necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing for 2 of 4 residents reviewed for pressure ulcers, Resident ID #s 65 and 84.</p> <p>Findings are as follows:</p> <p>1. Review of a facility policy titled, Clean Dressing Technique dated January of 2018 states in part, .Check the physician order for current, correct treatment .</p> <p>Record review revealed that Resident ID #65 was readmitted to the facility in October of 2024 with diagnoses including, but not limited to, paraplegia (paralysis affecting the lower half of the body) and dependence on a ventilator (a life support machine that helps people breathe when they are unable to do so on their own).</p> <p>Review of an Integrated Wound Care follow up progress note dated 11/4/2024 revealed that the resident has a stage 4 pressure ulcer (most serious type of pressure ulcer that may impact muscle, tendons, ligaments, and bone) to his/her sacrum (base of the spine) measuring 3.5 centimeters (cm) by 8.5 cm by 0.1 cm. Further review revealed that s/he has a stage 4 pressure ulcer to his/her right ischium (a bone that forms the lower/back part of the hip) measuring 3.0 cm by 1.4 cm by 0.1 cm.</p> <p>Record review revealed physician's orders dated 11/18/2024 to cleanse both wounds with wound cleanser, pat dry, apply medihoney (a wound gel made from honey) to wound base, cover with calcium alginate AG (a wound treatment with silver; silver aides in preventing infection), and cover with a bordered foam dressing daily and as needed.</p> <p>During a surveyor observation on 11/20/2024 at approximately 12:15 PM of Resident ID #65's wound dressing changes, Registered Nurse (RN), Staff G, was observed applying calcium alginate to both wounds, instead of calcium alginate AG, which was ordered.</p> <p>During a surveyor interview on 11/20/2024 at 12:30 PM with Staff G, he acknowledged that he applied the incorrect dressing to the wounds.</p> <p>During a surveyor interview on 11/20/2024 at 1:20 PM with the Director of Nursing Services (DNS), she acknowledged that Staff G did not follow the physician's orders for calcium alginate AG for both of the wounds.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. Review of a facility policy titled, Skin Care Protocol dated 1/6/2011 states in part, .With each dressing or at least weekly, the following documentation must be present: Location and staging; size, depth, and the presence, location and extent if any undermining or tunneling/sinus tract; exudate [drainage], if present; type, color, odor, and approximate amount; pain if present .wound bed: color, type of tissue/character including evidence of healing .description of wound edges and surrounding tissue .</p> <p>Record review revealed that Resident ID #84 was readmitted to the facility in February of 2024 with diagnoses including, but not limited to, stroke and muscle weakness.</p> <p>During a surveyor observation on 11/17/2024 at 9:15 AM revealed the resident was in bed and had a dressing in place to his/her second toe of the right foot.</p> <p>Record review revealed that Resident ID #84 has a wound to his/her right foot second toe that requires a daily dressing since 11/12/2024.</p> <p>Review of a progress note dated 11/18/2024 authored by Nurse Practitioner (NP), Staff H, revealed that she was conducting a follow up visit for Resident ID #84's wound on his/her right second toe. Additionally, the note revealed that a small open area with bloody drainage on the resident's right second toe was identified on 11/11/2024 and s/he was treated for cellulitis (a potentially serious bacterial skin infection) of the area with antibiotics for 7 days.</p> <p>Record review failed to reveal evidence of documentation of Resident ID #84's right second toe wound including, staging of the wound, measurements, and presence of pain, until after it was brought to the facility's attention by the surveyor.</p> <p>During a surveyor interview on 11/20/2024 at 8:20 AM with RN, Staff I, she acknowledged that Resident ID #84 has a wound to his/her right second toe. Additionally, she revealed that the wound was identified on 11/11/2024 and acknowledged that there were no wound measurements, staging, or descriptions of the wound documented since it was first identified on 11/11/2024.</p> <p>Review of a progress note dated 11/20/2024 at 8:49 AM indicated that the wound was measured at 0.3 cm by 0.2 cm by <0.1 cm after it was brought to the facility's attention by the surveyor.</p> <p>During a surveyor interview on 11/20/2024 at 9:25 AM with the Wound Nurse, RN, Staff J, she revealed that the there were no wound measurements or descriptions of the wound until it was brought to the facility's attention by the surveyor 9 days after the wound was identified.</p> <p>During a surveyor interview on 11/20/2024 at 11:26 AM with the DNS, she was unable to provide evidence of wound measurements or descriptions of Resident ID #84's wound.</p>		

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<p>F 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate foot care.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46671</p> <p>Based on surveyor observation, record review, resident, and staff interview, it has been determined that the facility failed to ensure that the residents receive proper foot care and treatment in accordance with professional standards of practice for 1 of 1 resident reviewed, Resident ID #29.</p> <p>Findings are as follows:</p> <p>Record review revealed that the resident was admitted to the facility in March of 2024 with a diagnosis including, but not limited to, diabetes.</p> <p>Record review of a Quarterly Minimum Data Set assessment dated [DATE] revealed a Brief Interview for Mental Status score of 14 out of 15, indicating intact cognition.</p> <p>During a surveyor interview on 11/17/2024 at 9:38 AM with the resident, s/he stated that s/he has not been offered or provided with podiatry services and would like to receive it.</p> <p>Record review revealed a physician's order dated 3/27/2024 for podiatry services as needed.</p> <p>Further record review failed to reveal evidence that podiatry services were offered or provided to the resident since his/her admission to the facility.</p> <p>During a surveyor observation of Resident ID #29's feet in the presence of Nursing Assistants (NA) Staff K and Staff L, on 11/20/2024 at 10:10 AM, revealed the skin of his/her feet had dry skin and long toenails. The great toenails extended approximately 1 inch above the toes and the remaining toenails were observed to be curved over touching the skin of the resident's toes. Staff K and L acknowledged the above observations.</p> <p>During a surveyor interview with Registered Nurse (RN) Staff E, on 11/20/2024 at 10:15 AM, she stated that the resident has not received podiatry services and was unable to say if s/he was offered it.</p> <p>During a surveyor observation of the resident's toes in the presence of RN, Staff E, on 11/20/2024 at 10:17 AM, she acknowledged that Resident ID # 29's feet had dry skin and long toenails.</p> <p>During a surveyor interview with the Administrator on 11/20/2024 at 2:41 PM, she was unable to provide evidence that Resident ID #29 was offered or provided with podiatry services since his/her admission to the facility.</p>

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<p>F 0690</p> <p>Level of Harm - 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>41729</p> <p>Based on surveyor observation, record review, resident and staff interview, it has been determined that the facility failed to provide appropriate treatment and services for 1 of 2 residents reviewed with a suprapubic catheter (SP catheter- a device inserted through the abdomen into the bladder to drain urine), Resident ID #16.</p> <p>Findings are as follows:</p> <p>1a) Review of the facility's policy titled, Foley Catheters dated 1/16/2024 states in part, .3. The catheter is to be changed per MD [Medical Doctor] order .</p> <p>Record review revealed Resident ID #16 was admitted to the facility in August of 2023 with a diagnosis including, but not limited to, obstructive and reflux uropathy (a condition in which the flow of urine is blocked).</p> <p>Record review of a care plan dated 7/5/2024 revealed the resident has a SP catheter due to obstructive uropathy and staff interventions include, but are not limited to, change the resident's catheter per the facility's policy.</p> <p>Record review failed to reveal evidence that an order was obtained from the provider for the SP catheter to be changed while at the facility.</p> <p>Record review failed to reveal evidence that the SP catheter was changed from 5/13/2024 until 10/19/2024, a total of 20 weeks, missing 3 of 3 opportunities.</p> <p>Record review revealed the following progress notes related to the resident's catheter:</p> <ul style="list-style-type: none"> - On 10/11/2024 at 3:00 PM: .resident pant was wet during care, minimal blood noted in catheter bag . findings reported to incoming nurse . - On 10/12/2024 at 1:38 AM: .Suprapubic Catheter Issue .Patient began to feel extreme pain unable to withdraw amount .pt.[patient] states painful .hematuria [blood in urine] complaint of 9/10 pain .condition is worsening . - On 10/12/2024 at 3:28 AM: Pt having trouble urinating, flushed with pink return called third eye [telehealth provider] .patient complaining of a lot of pain was instructed to send out via ambulance . - On 10/12/2024 at 3:30 AM: Pt. sent to [local hospital] due to suprapubic tube to be replaced .Pt complaining of an increase pain . - On 10/13/2024 at 9:42 AM: Resident transported back to the facility .offers c/o [complain of] suprapubic pain, foley [SP catheter] flushed, hematuria noted in urinary bag. Resident needs f/u [follow up] with urology for foley replacement, message left with unit secretary . <p>(continued on next page)</p>

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<p>F 0690</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>- On 10/17/2024 at 7:01 AM: .patient returned from [acute care hospital] .patient started on ABX [antibiotic] for 7 days .suspected UTI [urinary tract infection] .</p> <p>- On 10/17/2024 at 2:55 PM: Resident noted to be very restless today .Resident noted to have hematuria, SPT [suprapubic tube] was also noted to be leaking .attempted to change SPT however resistance was noted .resident sent to ER [emergency room] .</p> <p>- On 10/19/2024 at 2:42 PM: .Resident's SPT was noted leaking a large amount of urine on the floor .SPT was removed and replaced .continue on treatment for UTI .</p> <p>During a surveyor interview on 11/20/2024 at 8:29 AM with the resident, s/he indicated that his/her catheter was last changed sometime in May and could not recall a specific date. Additionally, the resident indicated that s/he has had discomfort and pain with the catheter.</p> <p>During a surveyor interview on 11/20/2024 at 8:32 AM, with a Licensed Practical Nurse, Staff M, she indicated that the resident had been sent to the hospital due to his/her catheter malfunctioning. Staff M further acknowledged that the resident did not have an order to change his/her catheter.</p> <p>During a surveyor interview on 11/20/2024 at 8:54 AM with the Medical Director (MD) who is also the resident's primary care physician, he indicated that he was not aware that an SP catheter could be changed at the facility until it was brought to his attention by the Assistant Director of Nursing a few weeks ago. The MD indicated that he would have expected the staff to have obtained an order to change the resident's catheter from the resident's urologist. Additionally, the MD indicated that he would expect the staff to notify the urologist whenever the resident is experiencing complications from his/her catheter.</p> <p>Record review revealed an order was written on 11/20/2024 at 9:56 AM to change the resident's SP catheter every 6 weeks. This order was obtained after it was brought to the facility's attention by the surveyor on 11/20/2024 at approximately 8:30 AM.</p> <p>1b) Review of the facility's policy titled, Foley Catheters dated 1/16/2024 states in part, .8. If the resident is being followed by a urologist, ensure appointments are kept and followed .</p> <p>Record review of a care plan dated 7/5/2024 revealed the resident has a SP catheter due to obstructive uropathy and staff interventions include, but are not limited to, urology follow up as ordered and indicated.</p> <p>Review of a progress note dated 10/13/2024 revealed, Resident needs f/u [follow up] with urology for foley [SP] replacement, message left with unit secretary .</p> <p>Record review failed to reveal evidence that a urologist appointment was obtained as indicated in a progress note dated 10/13/2024 after the resident had returned from the hospital with an indication to follow up with his/her urologist. Additional record review failed to reveal evidence that the resident has had an appointment with his/her urologist since his/her admission in August 2023, until it was brought to the facility's attention by the surveyor on 11/20/2024.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During a surveyor interview on 11/20/2024 at 8:54 AM with the Medical Director he indicated that he would expect the staff to notify the urologist whenever the resident is experiencing complications from his/her catheter.</p> <p>During a surveyor interview on 11/20/2024 at 9:24 AM with the secretary at the resident's urologist office, she indicated that the resident had an appointment scheduled for July 24, 2024. The office staff further indicated that the resident did not attend this appointment, and the urologist office did not receive a call from the facility to reschedule an appointment until on 11/20/2024 at approximately 9:00 AM. The staff at the urologist office further indicated that their records did not have any notification from the facility indicating the resident was experiencing complications from the catheter.</p> <p>During surveyor interviews on 11/20/2024 at 8:42 AM and 11:00 AM with the Director of Nursing Services (DNS), she indicated that the resident has had pain, discomfort, and malfunctioning of his/her SP catheter and has been sent to the hospital twice in October 2024 due to these symptoms. The DNS acknowledged that the resident's catheter was not changed at the hospital during these visits. She further acknowledged that the resident did not have a current order to change his/her catheter since it was last changed at the facility in May of 2024, and would expect the staff to have obtained an order from the physician. The DNS acknowledged that resident's catheter had not been changed since 5/13/2024, until she changed it on 10/19/2024 due to the resident experiencing pain and leakage at the catheter site. Additionally, the DNS acknowledged that the resident had an appointment with his/her urologist in July 2024 and was unable to explain why the resident did not attend this appointment or why the appointment was not rescheduled until it was brought to the facility's attention by the surveyor on 11/20/2024.</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>47279</p> <p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>Based on record review and staff interview, it has been determined that the facility failed to ensure that the resident's drug regimen is free from unnecessary drugs for 1 of 1 resident reviewed for a medication with parameters to treat low blood pressure, Resident ID #74.</p> <p>Findings are as follows:</p> <p>Record review revealed the resident was admitted to the facility in June of 2023 with a diagnosis including, but not limited to, hypotension (low blood pressure; blood pressure lower than 90/60).</p> <p>Review of a physician's order dated 9/6/2024 revealed Midodrine 10 milligrams (mg) give one tablet three times daily for hypotension with parameters to hold the medication if the systolic blood pressure (SBP; top number/pressure when the heart beats) is greater than 110.</p> <p>Review of the November 2024 Medication Administration Record (MAR) revealed that the resident was administered the Midodrine when it was indicated to be held based on the parameters on the following dates and times:</p> <ul style="list-style-type: none"> -11/2 before breakfast (Blood Pressure (BP) 112/68) -11/2 before lunch (BP 112/68) -11/3 before lunch (BP 114/67) -11/8 before breakfast (BP 114/66) -11/12 before breakfast (BP 112/66) -11/15 before lunch (BP 112/68) -11/16 before lunch (BP 112/72) -11/17 before breakfast (BP 114/68) -11/17 before lunch (BP 112/66) <p>Additional review of the November 2024 MAR revealed that Certified Medication Technician, Staff N, was the individual that administered the Midodrine to the resident when it was indicated to be held on the dates and times listed above.</p> <p>During a surveyor interview on 11/20/2024 at 9:39 AM with Staff N, she was unable to explain why the Midodrine was documented as being administered on the above-mentioned dates and times and acknowledged that the Midodrine should have been held based on the parameters.</p> <p>(continued on next page)</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a surveyor interview on 11/20/2024 at 10:10 AM, with the Director of Nursing Services in the presence of the Administrator, she revealed that she would have expected Staff N to have held the Midodrine based on the parameters as ordered.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>41729</p> <p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to store drugs and biologicals in accordance with currently accepted professional principles relative to 5 of 6 medication carts observed.</p> <p>Findings are as follows:</p> <p>Review of the facility's policy titled Medication storage states in part, .Procedures 2. Controlled medications must be stored separately from non-controlled medications. The access system (key, security codes) used to lock Schedule II medications [medications that have a high potential for abuse and may lead to severe physical or psychological dependence] and other medications subject to abuse, cannot be the same access system used to obtain the non-scheduled medications .14. Outdated, contaminated, discontinued, or deteriorated medications and those in containers that are cracked, soiled, or without secure closures are immediately removed from stock .</p> <p>1. During a surveyor observation on 11/17/2024 at 9:46 AM in the presence of Licensed Practical Nurse, Staff O, of the Meadows and Garden medication cart revealed the following:</p> <ul style="list-style-type: none"> - Nitroglycerin sublingual tablets (a medication used to treat chest pain) without a resident identifier and with a manufacturer's expiration date of 10/23/2022 - Nitroglycerin sublingual tablets without a resident identifier and with a manufacturer's expiration date of 1/24 - Permethrin cream 5% topical (a medication used to treat scabies) one time use packet, opened, and dated 9/27/2024. - Ammonium Lactate 12% cream (a medication used to treat dry, scaly skin), open, not dated, and without a resident identifier. <p>During a surveyor interview at the time of this observation with Staff O, she acknowledged the Nitroglycerin tablets and above-mentioned creams were expired and should have been discarded.</p> <p>2. During a surveyor observation on 11/17/2024 at 10:51 AM in the presence of a Registered Nurse, Staff I, of the Pine nurse medication cart revealed a bottle of probiotic tablets (a medication used to promote gut health) with a manufacturer's expiration date of 9/2024.</p> <p>During a surveyor interview at the time of this observation with Staff I, she acknowledged the probiotic tablets were expired and should have been discarded.</p> <p>3. During a surveyor observation on 11/17/2024 at 10:55 AM in the presence of a Certified Medication Technician (CMT), Staff P of the Vineyard medication cart revealed the following:</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> - Twenty-two blue capsules observed in a clear plastic cup with no identifying information - Breo Ellipta 100 microgram (mcg)/25 mcg inhaler opened and not dated. Manufacturer's instruction indicates to discard the inhaler 6 weeks after opening. - Wixela 500/50 mcg inhaler opened and not dated. Manufacturer's instruction indicates to discard the inhaler 6 weeks after opening. - Trelegy Ellipta 20 mcg/62.5/25 mcg inhaler opened and not dated. Manufacturer's instruction indicates to discard the inhaler 6 weeks after opening. - One of one bottle of Active liquid protein opened and not dated. Manufacturer's instruction indicates to discard 3 months after opening. - One of one bottle of Geri-lanta regular strength antacid (a medication used to treat heartburn, upset stomach and acid indigestion) with a manufacturer's expiration date of 10/24. <p>During a surveyor interview at the time of this observation with Staff P, she acknowledged the 22 capsules were not stored in a pharmacy or manufacturer's labeled container, indicating the name of the medication and a resident identifier. Additionally, Staff P acknowledged the inhalers and the bottle of liquid protein were opened and not dated, and the antacid was expired.</p> <p>4. During a surveyor observation on 11/17/2024 at 11:00 AM in the presence of a Registered Nurse, Staff Q, of the [NAME] low side medication cart revealed the following:</p> <ul style="list-style-type: none"> - Ibuprofen oral liquid suspension (pain medication) with a use by date of 1/31/2024. - EpiPen injection (a medication used to treat a life-threatening allergic reaction in an emergency) with a manufacturer's expiration date of 7/2024. - Refresh Lacri-lube eye ointment, opened and not dated. Manufacturer's instruction indicates to discard 30 days after opening. - Docusate sodium liquid (stool softener), opened, not dated, and the manufacturer's expiration date was not legible. - Mucus relief 400 milligram (mg, a medication used to treat cough) with a manufacturer's expiration date of 9/2024. - Oyster shell calcium 500 mg (supplement) with a manufacturer's expiration date of 8/2024. - Ultra lubricant eye drops with an open date of 12/15/2023. Manufacturer's instruction indicates to discard the eye drops one month after opening. - Gas relief 80 mg tablets with a manufacturer's expiration date of 8/2024. - Bisacodyl 5 mg tablets (a medication used to treat constipation) with a manufacturer's expiration date of 9/2024. <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- Magnesium chloride with calcium (supplement) with a manufacturer's expiration date of 6/2024.</p> <p>- One-daily multivitamin tablets with a manufacturer's expiration date of 8/2024.</p> <p>- Calcium 600 +D mcg tablets (supplement with vitamin D) with a manufacturer's expiration date of 6/2024.</p> <p>- Active liquid protein opened and not dated. Manufacturer's instruction indicates to discard 3 months after opening.</p> <p>During a surveyor interview at the time of this observation with Staff Q, she acknowledged the above-mentioned medications were expired and should have been discarded.</p> <p>5. During a surveyor observation on 11/17/2024 at 11:19 AM in the presence of a Registered Nurse, Staff M of the garden CMT medication cart revealed a bottle of Roxanol (a schedule II pain medication) that was not stored in a double locked compartment of the medication cart.</p> <p>During a surveyor interview at the time of this observation with Staff M, she acknowledged the Roxanol should have been stored in the narcotic box in the nurse's medication cart and not the CMT cart as observed.</p> <p>During a surveyor interview on 11/19/2024 at 10:02 AM with the Director of Nursing Services (DNS), she indicated that she would expect the staff to audit the medication carts at least once a week and all expired medications should be discarded. The DNS further indicated that she would expect the Roxanol to be stored in a double locked compartment of the nurse's medication cart and not stored in the single locked CMT cart, as observed. Additionally, the DNS indicated that she would expect the staff to appropriately date all eye drops and inhalers upon opening, as per the manufacturer's instructions.</p> <p>46539</p> <p>46715</p> <p>47279</p>		

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<p>F 0791</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Provide or obtain dental services for each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46671</p> <p>Based on surveyor observation, record review, resident, and staff interview, it has been determined that the facility failed to assist residents in obtaining routine and emergency dental care for 1 of 1 resident reviewed, Resident ID #62.</p> <p>Findings are as follows:</p> <p>Record review revealed the resident was admitted to the facility in December of 2022 with diagnoses including, but not limited to, muscle weakness and legal blindness.</p> <p>Record review of a Quarterly Minimum Data Set assessment dated [DATE] revealed a Brief Interview for Mental Status score of 15 out of 15, indicating s/he has intact cognition.</p> <p>During surveyor interviews with the resident on 11/18/2024 at 8:55 AM and 10:36 AM, s/he stated that s/he needs to have some teeth removed due to mouth pain. Additionally, s/he stated that s/he was supposed to be seen outside of the facility on two occasions however was not. Lastly, s/he revealed that s/he has a canker sore [a shallow, painful sore that develops on the soft tissue of the mouth] on his/her tongue because his/her tongue rubs against his/her teeth and causes him/her discomfort. Additionally, s/he indicated that the canker sore has been on his/her tongue for some time.</p> <p>During a surveyor observation of the resident's mouth and teeth on 11/18/2024 at approximately 9:00 AM, revealed that his/her teeth were dark, discolored, and jagged. His/her tongue was observed to have an approximately 1 centimeter abrasion that was surrounded by white tissue on the left side of his/her tongue.</p> <p>Further record review revealed documents containing mobile dentistry clinical notes which reveal the following:</p> <ul style="list-style-type: none"> - On 5/23/2024, the note indicates that the resident is having a problem with teeth numbers 2 through 11, 13, 15, and 18 through 29 and s/he needs dental treatment that cannot be provided in the nursing facility. Additionally, the note indicates that the recommendation is for the resident to be seen by an oral surgeon for extractions due to broken and decayed teeth that irritate his/her tongue and is likely to cause him/her pain or infection. - On 8/27/2024, the note indicates that the facility was provided with a referral for oral surgery for his/her complaints of oral pain. - On 10/8/2024, the note indicates that the resident was seen for a broken tooth. Additionally, the document revealed that the resident has not had any teeth extractions yet and s/he requested to have teeth numbers 3 [upper right molar] and 19 [bottom left molar] to be extracted because they cut into his/her tongue. The document further indicates that a referral for oral surgery was sent to the facility on [DATE]. <p>Record review of a progress note dated 11/11/2024 authored by the Unit Secretary, Staff R, revealed that the resident had an appointment at an outside dental clinic scheduled on 11/14/2024.</p> <p>(continued on next page)</p>		

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<p>F 0791</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Additional record review failed to reveal evidence that the resident was seen by the provider on 11/14/2024.</p> <p>Further record review of a progress note dated 11/15/2024 at 1:56 PM, authored by Registered Nurse (RN), Staff E, revealed that Resident ID #62 was scheduled to go out for an appointment but needed it to be rescheduled because the facility was unable to arrange transportation for the resident.</p> <p>During a surveyor telephone interview on 11/21/2024 at 9:12 AM with the dental office's receptionist she stated the following. Resident ID #62 had his/her first appointment as a new patient on 11/14/2024. S/he arrived at the appointment with a Nursing Assistant but did not have any identification or facility provided paperwork. The receptionist called the facility and was transferred several times with no resolution. She further stated that if she was able to speak with someone at the facility, she would have requested the resident's paperwork to be faxed over so s/he could be seen. The receptionist stated that she was able to reschedule the appointment emergently on the following day on 11/15/2024. She further revealed that on 11/15/2024, the resident never arrived at his/her appointment and no one from the facility called the office. The receptionist indicated that she called the facility and was told his/her ride did not show up.</p> <p>During a surveyor observation and interview with Resident ID #62 in the presence of Staff E, on 11/20/2024 at approximately 10:36 AM, she acknowledged the approximately 1 cm canker sore to the resident's left tongue. Resident ID #62 stated it has been there for some time.</p> <p>Further record review failed to reveal evidence of documentation indicating the resident had a canker sore or a treatment in place until it was brought to the attention of the facility by the surveyor.</p> <p>Record review revealed a progress note dated 11/20/2024 at 1:05 PM, authored by RN, Staff E, which indicates the provider was notified of the canker sore to the left side of the resident's tongue and s/he was ordered antiviral medication to be administered every 12 hours for 7 days. Additionally, topical oral pain medication was ordered to be applied to the affected area three times per day for 7 days.</p> <p>During a surveyor interview on 11/20/2024 at 2:43 PM with Staff R and the Administrator, revealed that Resident ID #62 went to dental appointment on 11/14/2024 however s/he was not seen because s/he did not go with the paperwork that s/he should have gone with. Additionally, Staff R indicated that an appointment was made for him/her to return on 11/15/2024, however, because of an issue with transportation s/he did not go. Lastly, the Administrator acknowledged that the facility has a vehicle and indicated that she did not offer transportation accommodations to the resident on 11/15/2024 after s/he had the second appointment to address his/her ongoing tooth and mouth pain.</p> <p>During a surveyor interview on 11/21/2024 at 11:01 AM with Director of Nursing Services (DNS), she stated that she would have expected that Resident ID #62 would have been provided with paperwork to take with him/her to the dental appointment on 11/14/2024. Additionally, she was unable to provide evidence that Resident ID #62 received dental services outside of the facility as recommended to address his/her ongoing dental pain.</p>		

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<p>F 0805</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47279</p> <p>Based on surveyor observation, record review, staff and resident interview, it has been determined that the facility failed to provide and prepare food in a form designed to meet individual needs for 3 of 4 residents reviewed with a physician's order for thickened consistency fluids, including mildly thick (nectar) and moderately thick (honey) consistencies, Resident ID #s 7, 26, and 98.</p> <p>Findings are as follows:</p> <p>1. Record review revealed Resident ID #26 was admitted to the facility in May of 2023 with diagnoses including, but not limited to, dysphagia, chronic obstructive pulmonary disease (COPD), and pneumonitis (inflammation of the lungs making it difficult to breathe) due to inhalation of food and vomit.</p> <p>Review of a Minimum Data Set assessment dated [DATE] revealed a Brief Interview for Mental Status score of 15 out of 15, indicating intact cognition.</p> <p>Review of the care plan revealed a focus area initiated on 11/7/2024 indicating Resident ID #26 has a potential for aspiration due to dysphagia with an intervention to provide a therapeutic diet as ordered including the prescribed fluid consistency.</p> <p>Review of a physician's diet order dated 11/6/2024 revealed that Resident ID #26 requires nectar thickened fluids.</p> <p>Record review revealed the following progress notes:</p> <p>- 11/3/2024: Resident ID #26 complained about being short of breath and his/her oxygen saturation level (spo2) dropped to 64% on 3 liters of oxygen (normal spo2 of an individual with COPD is typically 88-92%), his/her respirations were elevated at 32 respirations per minute (normal respirations per minute approximately 12-20 at rest), and his/her temperature was elevated to 99.6 degrees Fahrenheit (F) (normal body temperature approximately 98.6 degrees F). Additionally, s/he was transferred to the hospital via rescue.</p> <p>- 11/6/2024: Resident ID #26 returned from the hospital and was to continue receiving oral antibiotics and an anti-inflammatory medication for his/her COPD exacerbation and pneumonia.</p> <p>Review of a Speech Therapy document dated 11/8/2024 revealed that Resident ID #26 had a swallowing assessment completed at the hospital that revealed s/he has silent aspiration (no overt signs of choking) of thin liquids and poor clearance with coughing. Additionally, the resident's diet was modified to include nectar thick liquids.</p> <p>(continued on next page)</p>		

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<p>F 0805</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During a surveyor observation of Resident ID #26 on 11/18/2024 at approximately 12:10 PM, during the lunch meal revealed a lunch meal ticket dated 11/18/2024, that indicated s/he was to receive 4 oz. of nectar thick milk, 4 oz. of nectar thick cola, and 6 oz. of nectar thick coffee. Further observation revealed the resident had a 6 oz. cup of apple juice that was full, a 6 oz. cup of milk that was full, and an 8 oz. cup of coffee that was full on his/her meal tray.</p> <p>During a surveyor interview with NA, Staff A immediately following the above observation she revealed that the resident requires nectar consistency fluids and the nursing staff on the unit are responsible for preparing the beverages to the prescribed consistency. Additionally she revealed thickening packets provided by Dietary on the meal tray are used to thicken the beverages. Staff A further revealed that there was 1 thickening packet provided by dietary per beverage and that is what she used to prepare the nectar thick consistency beverages. Additionally, Staff A revealed that she does not read the instructions on the thickening packets nor does she premeasure the fluids that she pours into the cups on the tray. Lastly, after reviewing the instructions on the thickener packet with the surveyor, she acknowledged that the milk and apple juice require 1.5 thickening packets to achieve a nectar consistency, as the resident was served 6 oz. of these beverages and a single thickening packet is only sufficient for a 4 oz. serving, and the coffee requires 2 packets, as it is an 8 oz. serving.</p> <p>Review of the thickening packet used to thicken Resident ID #26's fluids, SimplyThick Easy Mix instant food thickener, Mildly Thick, Nectar Thick states, .Directions .Add to 4 fl. oz. of liquid .</p> <p>During a surveyor interview on 11/18/2024 at 12:19 PM with Licensed Practical Nurse, Staff M, she revealed that the nurses typically do not oversee the NAs thickening of the fluids for the residents. Additionally, she revealed that dietary sends the thickening packets on the residents' trays and indicated that 1 thickening packet per beverage is sufficient to achieve the desired consistency for all the prescribed thickened fluids.</p> <p>During a surveyor interview on 11/18/2024 at approximately 12:30 PM with the Food Service Director (FSD) in the presence of the Dietitian, he revealed that dietary places the thickening packets on the residents' trays and the nursing staff are responsible to thicken fluids on the units. The FSD indicated that dietary provides the exact amount of thickening packets on the residents' trays to achieve the prescribed consistency of fluids for the residents. Additionally, they acknowledged that the coffee/tea mugs held more than 8 oz. of fluid and the hard plastic cup that milk/juices are served in held more than 6 oz of fluid.</p> <p>During a surveyor interview on 11/18/2024 at approximately 1:00 PM with Dietary Aid, Staff D, she revealed that she was the individual that placed the thickening packets on the residents' trays for the lunch meal service on 11/18/2024. She further revealed that she places 1 thickening packet per beverage on the trays for residents who are prescribed thickened fluids. Additionally, she stated that she was unaware that some beverages required more than 1 thickening packet to achieve the prescribed consistency. Furthermore, she revealed that she has been working at the facility for approximately 4-5 months and has not received any training or education regarding thickening agents and modified consistency fluids.</p> <p>A surveyor interview was attempted with Resident ID #26's physician on 11/18/2024 at 1:12 PM, a voice message was left, however no return call has been received.</p> <p>(continued on next page)</p>		

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<p>F 0805</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During a surveyor interview on 11/18/2024 at approximately 2:30 PM with the Director of Nursing Services (DNS), she revealed that facility wide education is required for staff regarding the process of thickening fluids for the residents. Additionally, she revealed that she would expect that the nursing staff would be reading the instructions on the thickening packets and measuring the volume of fluids that they add to the cups and not just filling them up.</p> <p>During a surveyor interview on 11/19/2024 at approximately 10:00 AM with Resident ID #26, s/he indicated that s/he chokes and coughs when drinking the beverages that are prepared by the staff.</p> <p>2. Record review revealed Resident ID #7 was admitted to the facility in March of 2023 with a diagnosis including, but not limited to, dysphagia (difficulty swallowing).</p> <p>Review of the care plan revealed a focus area last revised on 7/25/2023 indicating Resident ID #7 is at risk for an alteration in nutrition with an intervention to provide a therapeutic diet as ordered, including the prescribed fluid consistency.</p> <p>Review of a physician's diet order dated 5/28/2024 revealed that Resident ID #7 requires honey thickened fluids.</p> <p>Review of a Speech Therapy document dated 7/9/2024 revealed that Resident ID #7 indicated s/he feels like s/he chokes with thin liquids and s/he is recommended to continue with honey thickened fluids due to his/her physical impairments and functional deficits that place him/her at risk for aspiration, repeat pneumonia, and dehydration.</p> <p>Review of Resident ID #7's lunch meal ticket dated 11/18/2024 revealed s/he was to receive 4 ounces (oz) of honey thick milk and 6 oz. of honey thick coffee.</p> <p>During a surveyor observation and simultaneous interview on 11/18/2024 at approximately 12:30 PM of Resident ID #7's lunch meal with Nursing Assistant (NA), Staff B, and the Assistant Director of Nursing Services (ADNS), Resident ID #7 was observed to have a 4 oz. cup of cranberry juice that was half empty, a 6 oz. cup of milk that was full, and an 8 oz. cup of coffee that was full. Staff B revealed that she does not pre-measure the fluids prior to filling up the cups on the tray provided by the kitchen. Staff B further revealed that she uses only 1 packet of thickener to thicken each beverage and indicated that if she thickens it more, the resident will not drink the beverage.</p> <p>Review of the thickening packet used to thicken Resident ID #7's fluids during the above observation with the ADNS and Staff B, it revealed, SimplyThick Easy Mix instant food thickener, Moderately Thick, Honey Thick states, .Directions .Add to 4 fl. [fluid] oz. of liquid . Staff B stated that she only used one packet to thicken the resident's beverages and acknowledged that she should have used 2 packets to thicken the resident's coffee as it was 8 oz. to achieve the prescribed consistency. Additionally, the ADNS acknowledged that the cranberry juice, milk, and coffee were not honey consistency as prescribed.</p> <p>3. Record review revealed Resident ID #98 was admitted to the facility in September of 2024 with diagnoses including, but not limited to, quadriplegia (paralysis that affects a person's limbs and body from the neck down) and dependence on a ventilator (a life support machine that helps people breathe when they are unable to do so on their own).</p> <p>(continued on next page)</p>		

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<p>F 0805</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Review of the care plan revealed a focus area last revised on 11/5/2024 indicating Resident ID #98 has aspiration pneumonia and receives oral nutrition in addition to his/her enteral nutrition (liquid nutrition provided via a gastrostomy tube [feeding tube]) with an intervention that includes to monitor for signs and symptoms of aspiration.</p> <p>Review of a physician's diet order dated 11/7/2024 revealed that Resident ID #98 requires nectar thickened fluids.</p> <p>Review of a Speech Therapy document dated 10/1/2024 revealed that Resident ID #98 is at risk for aspiration and pneumonia due to his/her physical impairments and functional deficits.</p> <p>During a surveyor observation and simultaneous interview on 11/18/2024 at approximately 11:45 AM of Resident ID #98's lunch meal, in the presence of Registered Nurse, Staff C, the resident was observed to have 1 cup of approximately 6 oz. of milk and 1 cup of approximately 8 oz. of coffee. Additionally, there were 2 unopened nectar thickening packets on the resident's tray. Staff C revealed that the resident had refused lunch, however if she were to prepare the thickened beverages for the resident to achieve nectar consistency, she would use 1 packet for the 6 oz. milk and 1 packet for the 8 oz. coffee.</p> <p>Review of the 2 thickening packets provided on Resident ID #98's tray, SimplyThick Easy Mix instant food thickener, Mildly Thick, Nectar Thick states, .Directions .Add to 4 fl. oz. of liquid .</p> <p>During a surveyor interview on 11/18/2024 at approximately 2:30 PM with the DNS, she was unable to provide evidence that the above residents were served a therapeutic diet and food in the appropriate form as prescribed by the physician. Additionally, she stated that she would expect the residents to receive fluids at the appropriate consistency as ordered, to ensure the safety of the residents.</p> <p>The facility's failure to provide and prepare foods in a form designed to meet individual needs for Resident ID #s 7, 26, and 98 placed the residents at risk for more than minimal harm, impairment, or death.</p> <p>41729</p> <p>46539</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46671</p> <p>47279</p> <p>Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety relative to 1 of 1 resident reviewed for safe food temperatures, Resident ID #45, and 3 of 3 ice machines without an air gap (gap between the water supply inlet and the flood level rim of the plumbing fixture).</p> <p>Findings are as follows:</p> <p>1. The Rhode Island Food Code 2018 Edition 3.501.16, states in part, Time/Temperature Control for Safety Food Hot and Cold Holding .shall be maintained at .5 degrees C [Centigrade, which is 41 degrees Fahrenheit [F]] or less .</p> <p>Record review revealed that Resident ID #45 was readmitted to the facility in August of 2024 with diagnoses including, but not limited to, stroke and dysphagia (difficulty swallowing).</p> <p>Review of a Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status score of 2 out of 15 indicating severe cognitive impairment. Additional review of the MDS revealed that the resident requires extensive assistance of one staff member for eating.</p> <p>During a surveyor observation on 11/18/2024 at approximately 12:05 PM revealed a lunch tray was passed to the resident while s/he was sleeping in his/her chair. No staff was observed to be assisting the resident.</p> <p>During a surveyor observation on 11/18/2024 at 12:41 PM revealed a lunch tray sitting in front of Resident ID #45 while s/he slept. The tray contained half of a ham salad sandwich, mashed potatoes with gravy and approximately a 6-ounce glass of milk. No staff was observed to be assisting the resident.</p> <p>During a surveyor observation on 11/18/2024 at 1:06 PM revealed his/her lunch tray remained in front of him/her while s/he slept in his/her chair.</p> <p>During a surveyor interview on 11/18/2024 at 1:06 PM with Nursing Assistant (NA), Staff S, she revealed that residents will be woken up to eat, however, if the resident does not wake up then the staff will place the tray in the fridge.</p> <p>During a surveyor observation on 11/18/2024 at 1:08 PM of the resident revealed Staff S attempting to wake up the resident and offering him/her assistance to eat the ham salad sandwich that had been sitting in front of him/her for over an hour. Staff S acknowledged that the lunch tray had been sitting in front of the resident for longer than an hour. At this time the surveyor intervened to stop Staff S from feeding the resident the food on the tray.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415067	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/21/2024
NAME OF PROVIDER OR SUPPLIER West View Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 239 Legris Avenue West Warwick, RI 02893	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>A surveyor interview was attempted with the resident on 11/18/2024 at approximately 1:10 PM, however s/he did not answer any questions asked by the surveyor.</p> <p>During a surveyor observation on 11/18/2024 at approximately 1:20 PM in the presence of Staff S, the temperature of the ham salad sandwich was obtained and registered at 66.6 degrees F. Additionally, the temperature of the milk was obtained and registered at 63.7 degrees F, both food items registered more than 20 degrees higher than the safe holding temperature of 41 degrees F.</p> <p>During a surveyor interview on 11/18/2024 at 1:30 PM with the Assistant Director of Nursing Services, she revealed that she would expect staff to wake up a resident to eat when the food is served or to store the food in the refrigerator until the resident is ready to eat it.</p> <p>During a surveyor interview on 11/18/2024 at 2:46 PM with the Food Service Director (FSD), he revealed that the ham salad sandwich and milk should remain at or below 41 degrees F to ensure food safety.</p> <p>During a surveyor interview on 11/18/2024 at 2:09 PM with the Administrator, she revealed that she would expect that the staff would not serve potentially hazardous foods to residents outside of the safe temperature.</p> <p>2. Review of the Rhode Island Food Code 2018 Edition 5-202.13 states in part, An air gap between the water supply inlet and the flood level rim of the PLUMBING FIXTURE, EQUIPMENT, or nonFOOD EQUIPMENT shall be at least twice the diameter of the water supply inlet and may not be less than 25mm [millimeter] (1 inch).</p> <p>During a surveyor observation on 11/17/2024 at 9:44 AM in the presence of the FSD of the first floor kitchenette, revealed an ice machine without an air gap. Additionally, the pipe had a build up of black matter on the exterior of the pipe.</p> <p>During a surveyor observation on 11/17/2024 at 9:47 AM in the presence of the FSD of the second floor kitchenette, revealed an ice machine without an air gap.</p> <p>During a surveyor observation on 11/17/2024 at 9:51 AM in the presence of the FSD in the main kitchen, revealed an ice machine without an air gap.</p> <p>During a surveyor interview directly following the above observations with the FSD he acknowledged that all three of the facility's ice machines did not have an air gap as outlined in the Rhode Island Food Code. Additionally, he acknowledged the build up of black matter on the exterior of the pipe on the ice machine of the first floor kitchenette.</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>Provide and implement an infection prevention and control program.</p> <p>46539</p> <p>Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to maintain an infection prevention and control program to help prevent the transmission of communicable diseases and infections, relative to Enhanced Barrier Precautions (EBP; involves using gown and gloves during high-contact resident care activities) for 2 of 3 residents reviewed during the infection control task, Resident ID #s 84 and 458.</p> <p>Findings are as follows:</p> <p>Review of a facility policy titled, Guidelines for Management of MDROs [multi-drug resistant organism] states in part, .Caring for a resident with a MDRO .Enhanced Barrier Precautions [EBP] expand the use of PPE [personal protective equipment] beyond situations in which exposure to blood and body fluids is anticipated and refers to gown and glove use during high-contact resident care activities for residents with infection or colonization with a targeted MDRO .High risk resident care activities provide opportunities for the transfer of MDROs to staff hands and clothing. Examples of resident care activities requiring gown and glove use for Enhanced Barrier Precautions include: Dressing .Transferring .Providing hygiene .Device care or use .urinary catheter .Wound care: any skin opening requiring a dressing .</p> <p>1) Record review revealed Resident ID #84 was readmitted to the facility in February of 2024 with a diagnosis including, but not limited to, adjustment disorder.</p> <p>Record review revealed that Resident ID #84 has a wound that requires a daily dressing since 11/12/2024.</p> <p>Record review failed to reveal evidence that the resident was on EBP for his/her wound.</p> <p>During multiple surveyor observations throughout the survey from 11/17 through 11/20/2024, failed to reveal evidence that Resident ID #84 was placed on EBP for his/her wound.</p> <p>During a surveyor interview with the Wound Nurse, Staff J, on 11/20/2024 at 9:25 AM, she acknowledged that the resident was not on EBP, and revealed that the resident does have a wound and should have been placed on EBP.</p> <p>During a surveyor interview with the Infection Preventionist on 11/20/2024 at 10:26 AM, she revealed that Resident ID #84 should have been placed on EBP.</p> <p>During a surveyor interview on 11/20/2024 at 1:24 PM with the Director of Nursing Services (DNS), she acknowledged that the resident was not placed on EBP and should have been for his/her wound as per the facility policy.</p> <p>2) Record review revealed that Resident ID #458 was admitted to the facility in November of 2024 with a diagnosis including, but not limited to, multiple sclerosis (a chronic neurological disorder).</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER West View Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 239 Legris Avenue West Warwick, RI 02893	
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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>Record review revealed that the resident has a suprapubic catheter (a device that helps drain urine from your bladder that enters your body through a small incision in your abdomen).</p> <p>Record review revealed a physician's order with a start date of 11/5/2024 for EBP.</p> <p>Record review revealed a care plan with a revision date of 11/6/2024 that indicates the resident is on EBP related to having a suprapubic catheter, with interventions that include, but are not limited to, Signage on resident entry door/wall to communicate to staff that resident is on EBP, PPE is available to staff .</p> <p>During surveyor observations on the following dates and times failed to reveal signage posted indicating that Resident ID #458 is on EBP for his/her suprapubic catheter:</p> <p>-11/18/2024 at 9:29 AM and 4:13 PM</p> <p>-11/19/2024 at 10:36 AM</p> <p>During a surveyor interview on 11/19/2024 at 9:29 AM with Nursing Assistant, Staff T, she revealed that if the resident was on EBP precautions there would be signage posted outside of the resident's room and indicated that the resident was not on precautions. Additionally, she indicated that when she provides care for Resident ID #458, all that is required is gloves. She further revealed that she gave him/her a shower and provided assistance with personal hygiene earlier that morning on 11/19/2024 and she did not wear a gown as required for a resident on EBP.</p> <p>During a surveyor interview on 11/19/2024 at 10:48 AM with Registered Nurse, Staff E, she acknowledged that the resident has a suprapubic catheter and that there is no signage posted outside of the resident's room to indicate s/he requires EBP.</p> <p>During a surveyor interview with the DNS on 11/19/2024 at 10:54 AM, she revealed that there should be signage posted in English and Spanish outside of the resident's door. She further revealed that she would expect the staff to wear a gown when providing assistance with personal hygiene.</p> <p>During a surveyor interview with the Infection Preventionist on 11/20/2024 at 10:27 AM, she revealed that there should have been signage posted outside of the resident's room indicating that the s/he was on EBP. Additionally, she revealed that the staff should utilize EBP for a resident with a suprapubic catheter.</p> <p>46715</p> <p>47279</p>		