STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415068	A. Building B. Wing	08/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Warren Skilled Nursing and Rehabilitation	642 Metacom Avenue Warren, RI 02885

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0625 Level of Harm - Potential for minimal harm Residents Affected - Some	Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave. 39496 Based on record review and staff interview, it has been determined the facility failed to provide written information to the resident or resident representative that specifies the facility's bed-hold bed payment policy before and upon transfer to a hospital from the facility for 5 of 6 residents transferred to the hospital, Resident ID #s 15, 21, 24, 51, and 205. Findings are as follows: Record review revealed the following residents were transferred to the hospital: - Resident ID #15 was transferred on 5/31/2024. - Resident ID #21 was transferred on 8/1/2024. - Resident ID #24 was transferred on 8/14/2024. - Resident ID #51 was transferred on 8/11/2024. - Resident ID #205 was transferred on 8/13/2024. Further record review failed to reveal evidence a bed hold policy was offered upon transfer to the hospital for the above-mentioned residents. During a surveyor interview on 8/16/2024 at approximately 1:30 PM, with business office, Staff A, she was unable to provide evidence the above-mentioned residents were given the opportunity to request a bed hold, as required. 41542 46118

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415068	A. Building B. Wing	08/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Warren Skilled Nursing and Rehabilitation	642 Metacom Avenue Warren, RI 02885

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure services provided by the nursing facility meet professional standards of quality. 39496 46118 Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to meet professional standards of quality for 1 of 1 resident reviewed with a physician's order for a Lidocaine patch, Resident ID #8; for 1 of 2 residents reviewed with orders for heel protectors, Resident ID #22; for 1 of 1 resident reviewed with a physician's order for TED stockings, Resident ID #26; and for 2 of 6 residents reviewed for weight loss, Resident ID #s 29 and 34. Findings are as follows: Mosby's 4th Edition, Fundamentals of Nursing, page 314 states, The physician is responsible for directing medical treatment. Nurses are obligated to follow physician's orders unless they believe the orders are in error or would harm the clients. 1. Record review revealed Resident ID #8 was readmitted to the facility in June of 2024 with diagnoses including, but not limited to, mononeuropathy (damage or dysfunction of a single nerve usually affecting hands, arms, or feet) and arthropathy (disease of the joints). Record review revealed a physician's order dated 6/14/2024 for, Lidocaine external Patch 4% (used for pain) apply to left shoulder every morning and remove at bedtime. During a surveyor observation on 8/15/2024 at 8:52 AM during the medication administration task, Certified Medication Technician (CMT), Staff B, was observed removing a Lidocaine patch 4% from the resident's shoulder. This indicated that the patch failed to be removed at bedtime the night before. During a surveyor interview on 8/15/2024 at 9:24 AM, with Staff B, she acknowledged that the patch should have been removed at bedtime on 8/14/2024 per the physician's order. During a surveyor interview on 8/15/2024 at 11:29 AM with CMT, Staff C, she acknowledged that she failed to take the resident's Lidocaine patch off, as ordered, on 8/14/2024 at bedtime. 2. Record review revealed Resident ID #22 was admitted to the facility in May of 2024 with diagnoses including, but not limited to, muscle wasting, atrophy, type 2 diabetes mellitus and dementia. Record review revealed a physician's order dated 5/21/2024 to offload heels while in bed with pillows as tolerated every day and night shift for prevention and skin integrity. Additional review of an order dated 7/17/2024 revealed to wear heel protectors when in bed as tolerated every shift to maintain skin integrity. During surveyor observations on the following dates and times there was no evidence of the bilateral heel protectors, nor heels being offloaded while the resident was in bed. - 8/14/2024 at 8:18 AM (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415068	A. Building B. Wing	08/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Warren Skilled Nursing and Rehabilitation	642 Metacom Avenue Warren, RI 02885

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- 8/16/2024 at 8:34 AM During a surveyor interview on 8/16/2024 at approximately 12:00 PM with the DNS, she acknowledged that the resident's heel protectors were not on and the heels were not offloaded, as ordered. 3. Record review of Resident ID #26 revealed s/he was readmitted to the facility in July of 2024 with diagnoses including, but not limited to, localized swelling, muscle weakness, and hypotension. Record review revealed a physician's order dated 8/5/2024 for TED stockings to be applied to bilateral lower extremities in the morning and to be removed at night for hypotension. During surveyor observations on the following dates and times there was no evidence of the bilateral TED Stockings observed while the resident was sitting in the wheelchair. - 8/13/2024 at 10:30 AM, 2:00 PM and 5:09 PM - 8/14/2024 at 10:00 AM During a surveyor interview on 8/14/2024 at 1:05 PM with Nursing Assistant, Staff D, in presence of the Registered Nurse, Staff E, they acknowledged that the resident was not wearing the TED Stockings as ordered. During a surveyor interview on 8/14/2024 at 1:48 PM with the DNS, she indicated that she expects staff to follow the physician's order. 4. Record review revealed Resident ID #29 was admitted to the facility in July of 2024 with diagnoses including, but not limited to, protein calorie malnutrition and age-related osteoporosis. Record review revealed a physician's order dated 7/25/2024 to obtain the residents weight weekly every Monday for 4 weeks. Record review of the recorded weights in the electronic medical record (EMR) and of the written weight log, failed to reveal evidence that the resident's weight was obtained on the week of 8/5/2024 as ordered. During a surveyor interview on 8/16/2024 at 10:16 AM with the DNS, she acknowledged that the resident's weight had not been obtained and documented for the week of 8/5/2024 as ordered. 5. Record review of Resident ID #34 revealed s/he was readmitted to the facility in July of 2024 with diagnoses including, but not limited to, altered mental status, respiratory failure and pneumonia. Record review revealed a physician's order dated 7/15/2024 to obtain the resident's weight every Monday for 4 weeks. Record review of the recorded weights in the EMR and of the written weight log, failed to reveal evidence that the resident's weight was obtained on the weeks of 7/29/2024 and 8/5/2024. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415068	A. Building B. Wing	08/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Warren Skilled Nursing and Rehabilitation	642 Metacom Avenue Warren, RI 02885

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a surveyor interview on 8/16/2024 at approximately 10:00 AM with the DNS, she acknowledged that the resdient's weights had not been obtained and documented for the weeks of 7/29/2024 and 8/5/2024, as ordered. 46338

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415068	A. Building B. Wing	08/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Warren Skilled Nursing and Rehabilitation	642 Metacom Avenue Warren, RI 02885

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 46118 46338 Based on surveyor observation, record review and staff interview, it has been determined that the facility failed to ensure that each resident receives adequate supervision by staff to prevent accidents relative to 1 to 1 supervision while eating for 1 of 4 residents reviewed, Resident ID #255. Findings are as follows: Record review revealed Resident ID #255 was admitted to the facility in August of 2024 with diagnoses including, but not limited to, traumatic subarachnoid hemorrhage (when blood bleeds into the space between the brain's surface), depression and cognitive communication deficit. Review of hospital documentation revealed the resident was observed after sustaining a traumatic brain injury. Additional review of the document dated 8/12/2024 revealed that s/he may need someone to help open container and lids, cut-up the food and may need help with eating. Record review revealed a physician order dated 8/13/2024 at 10:06 AM for regular/liberalized, dysphagia (difficulty swallowing) puree texture diet with a 1 to 1 supervision for all meals. During surveyor observation on 8/13/2024 from 12:18 PM to 12:51 PM, the resident was observed in bed with the lunch meal tray in front of him/her. Additional observation revealed that the plates were uncovered and set-up, but no staff was present for 1 to 1 supervision, as ordered. During a surveyor interview on 8/13/2024 at 12:25 PM with the resident, s/he indicated that s/he is afraid to feed him/herself because each time s/he does, s/he has a feeling of choking. During a surveyor observation on 8/14/2024 from approximately 8:30 AM to 8:53 AM, the resident was observed in bed with his/her meal tray set-up in front of him/her with no staff present for 1 to 1 supervision as ordered. During a surveyor interview on 8/14/2024 at 9:13 AM with NA, Staff B, she revealed that she does not know how the resident eats because s/he is not on her assignment. During a surveyor interview on 8/14/2024 at 9:28 AM with NA, Staff D, she revealed that she was unaware that the resident required 1 to 1 supervision for meals. During a surveyor interview on 8/14/2024 at 9:24 AM with the Unit Manager, Staff F, she stated the resident independently feeds him/herself. However, after checking the medical record she acknowledged that the resident needs 1 to 1 supervision with meals. During a surveyor interview on 8/14/2024 at approximately 10:30 AM with the Speech Therapist, Staff G, she revealed that the 1 to 1 supervision with all meals is for safety related to the diagnoses of dysphagia. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415068	A. Building B. Wing	08/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Warren Skilled Nursing and Rehabilitation	642 Metacom Avenue Warren, RI 02885

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a surveyor interview on 8/15/2024 at approximately 11:00 AM, with the Director of Nursing Services, she was unable to provide evidence the resident's order for 1 to 1 supervision while eating was followed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415068	A. Building B. Wing	08/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Warren Skilled Nursing and Rehabilitation	642 Metacom Avenue Warren, RI 02885

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0730 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observe each nurse aide's job performance and give regular training. 46118 Based on record review and staff interview, it has been determined that the facility failed to complete an annual performance review for every nurse aide (nursing assistant; NA), at least once every 12 months, for 3 of 3 NA personnel records reviewed, Staff H, I, and J. Findings are as follows: Record review of the personnel files failed to reveal evidence that an annual performance evaluation was completed for the following NAs: -Staff H, Date of hire-11/2007 -Staff I, Date of hire- 5/2023 -Staff J, Date of hire- 9/2015 During a surveyor interview with the Director of Nursing Services on 8/16/2024 at 9:45 AM, she was unable to provide evidence that performance evaluations were completed within the last 12 months for the above-mentioned employees prior to 8/15/2024 when it was brought to her attention by the surveyor.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415068	A. Building B. Wing	08/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Warren Skilled Nursing and Rehabilitation	642 Metacom Avenue Warren, RI 02885

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that residents are free from significant medication errors. 39496 Based on record review and staff interview, it has been determined that the facility failed to ensure that residents are free of any significant medication errors for 2 of 2 residents reviewed for insulin administration, Resident ID #s 15 and 204. Findings are as follows: 1. Record review revealed Resident ID #15 was readmitted to the facility in June of 2024 with a diagnosis including, but not limited to, type 2 diabetes mellitus. Record review revealed a physician's order dated 6/7/2024 for Lispro (insulin) inject 5 units with meals for diabetes. Hold if blood sugar (BS) is less than 150. Review of the July 2024 Medication Administration Record (MAR) revealed that his/her Lispro was given outside of parameters on the following dates and times: 7/6/2024 at 4:30 PM - BS 101 7/10/2024 at 4:30 PM - BS 120 7/12/2024 at 4:30 PM - BS 140 7/16/2024 at 7:30 AM - BS 120 7/18/2024 at 7:30 AM - BS 145 7/23/2024 at 4:30 PM - BS 128 7/26/2024 at 4:30 PM - BS 137 7/27/2024 at 4:30 PM - BS 119 Review of the August 2024 MAR revealed that his/her Lispro was given outside of parameters on the following dates and times: 8/2/2024 at 4:30 PM - BS 123 8/10/2024 at 4:30 PM - BS 140 8/11/2024 at 4:30 PM - BS 131 8/12/2024 at 11:30 AM - BS 121 8/12/2024 at 4:30 PM - BS 124 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415068	A. Building B. Wing	08/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Warren Skilled Nursing and Rehabilitation	642 Metacom Avenue Warren, RI 02885

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a surveyor interview on 8/15/2024 at 1:30 PM with Registered Nurse, Staff K, she acknowledged that she administered the insulin outside of parameters on 8/12/2024. During a surveyor interview on 8/15/2024 at 1:34 PM with Registered Nurse, Staff L, she revealed that the facility's hold parameter is usually at 100 so she acknowledged that she administered the insulin outside of parameters on 7/6/2024 and 7/26/2024. 2. Record review revealed Resident ID #204 was admitted to the facility in August of 2024 with a diagnosis including, but not limited to, type 2 diabetes mellitus. Record review of a Nurse Practitioner's progress note dated 8/12/2024 at 8:42 PM revealed, .Orders .Okay to hold insulin glargine per conversation between resident and MD [physician] this morning and start [every AM] administrations tomorrow . Review of the August 2024 MAR failed to reveal evidence that the Glargine was administered to the patient on 8/13/2024, as ordered. Further record review of the MAR revealed an order for insulin Glargine 100 unit/ milliliter inject 20 units in the morning with a start date of 8/14/2024. During a surveyor interview on 8/15/2024 at approximately 9:20 AM with the Director of Nursing Services, she could not provide evidence that the Glargine was administered as ordered on 8/13/2024. 46118

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415068	A. Building B. Wing	08/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Warren Skilled Nursing and Rehabilitation	642 Metacom Avenue Warren, RI 02885

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. 39496 Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to maintain medical records that are accurately documented in accordance with professional standards and practices for 5 of 13 residents reviewed related to documentation in the medical record, Resident ID #s 8, 22, 26, 29 and 34. Findings are as follows: 1) Record review revealed Resident ID #8 was readmitted to the facility in June of 2024 with diagnoses including, but not limited to, mononeuropathy (damage or dysfunction of a single nerve usually affecting hands, arms, or feet) and arthropathy (disease of the joints). Record review revealed a physician's order dated 6/14/2024 for Lidocaine external Patch 4% apply to left shoulder every morning and remove at bedtime. During a surveyor observation on 8/15/2024 at 8:52 AM during the medication administration task, Certified Medication Technician (CMT) Staff B, was observed removing a Lidocaine patch 4% from the resident's shoulder. This indicated that the patch failed to be removed at bedtime the night before. During a surveyor interview on 8/15/2024 at 9:24 AM, with Staff B, she acknowledged that the patch should have been removed at bedtime on 8/14/2024, per the physician's order. Record review of the Medication Administration Record revealed CMT, Staff C, had signed that the Lidocaine patch had been removed at bedtime on 8/14/2024. During a surveyor interview on 8/15/2024 at 11:29 AM with Staff C, she acknowledged that she failed to take the Lidocaine patch off the resident. She further acknowledged that she had initialed in the MAR that she had removed the patch. 2) Record review revealed Resident ID #22 was admitted to the facility in May of 2024 with diagnoses including, but not limited to, muscle wasting, atrophy, type 2 diabetes mellitus and dementia. Record review revealed a physician's order dated 5/21/2024 to offload heels with pillows while in bed, as tolerated, every day and night shift for prevention and skin integrity. Additional review of the order dated 7/17/2024 revealed heel protectors when in bed as tolerated every shift to maintain skin integrity. During surveyor observations on the following dates and times there was no evidence of the bilateral heels protectors, nor were heels offloaded while the resident was in bed. - 8/14/2024 at 8:26 AM - 8/16/2024 at 8:34 AM (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415068	A. Building B. Wing	08/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Warren Skilled Nursing and Rehabilitation	642 Metacom Avenue Warren, RI 02885

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of the Treatment Administration Record (TAR) revealed that the heel protector and the heels offloading with pillows tasks were signed off as completed on the above mentioned dates, but were not completed. During a surveyor interview on 8/16/2024 at approximately 12:00 PM with the DNS, she acknowledged that the resident's heels were not offloaded, and the heel protector were not on, as ordered. Additionally, she indicated that she would expect the nurse to only sign off an order if it had been completed. 3) Record review revealed Resident ID #26 was readmitted to the facility in July of 2024 with diagnoses including, but not limited to, localized swelling, muscle weakness, and hypotension. Record review revealed a physician's order dated 8/5/2024 for [NAME] stockings to be applied to bilateral lower extremities in the morning and to be removed at night for hypotension. During surveyor observations on the following dates and times there was no evidence of the bilateral [NAME] stockings observed while the resident was sitting in the wheelchair. - 8/13/2024 at 10:30 AM, 2:00 PM and 5:09 PM - 8/14/2024 at 10:00 AM, 12:00 PM During a surveyor interview on 8/14/2024 at approximately 11:30 AM with Resident ID #26 s/he revealed that s/he was never given [NAME] stockings. During a surveyor interview on 8/14/2024 at 1:05 PM with the NA, Staff D, in the presence of Registered Nurse, Staff E, they acknowledged that the resident was not wearing the [NAME] stockings. Record review of the Treatment Administration Record (TAR) revealed that Registered Nurse, Staff E, had signed off that the [NAME] stockings had been applied on 8/13/2024 and 8/14/2024, but these tasks were not completed. During a surveyor interview on 8/14/2024 at 1:48 PM with the DNS, she indicated that she would expect the nurse to only sign off on an order if it had been completed. 4) Record review revealed Resident ID #29 was admitted to the facility in July of 2024 with diagnoses including, but not limited to, protein calorie malnutrition and age-related osteoporosis. Record review revealed a physician's order dated 7/25/2024 to obtain the residents weight weekly every Monday for 4 weeks. Review of the August Medication Administration Record (MAR) revealed that a nurse documented that the resident's weight had been obtained on 8/5/2024; however, no weight was recorded. Record review of the recorded weights in the electronic medical record (EMR) and of the written weight log, failed to reveal evidence that the resident's weight was obtained on the week of 8/5/2024, as ordered. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415068	A. Building B. Wing	08/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Warren Skilled Nursing and Rehabilitation	642 Metacom Avenue Warren, RI 02885

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a surveyor interview on 8/16/2024 at 10:16 AM, with the DNS, she acknowledged that the resident's weight had not been obtained and documented for the week of 8/5/2024 as ordered. Additionally, she indicated that she would expect the nurse to only sign off on an order if it had been completed. 5) Record review of Resident ID #34 revealed s/he was readmitted to the facility in July of 2024 with diagnoses including, but not limited to, altered mental status, respiratory failure, and pneumonia. Record review revealed a physician's order dated 7/15/2024 to obtain the resident's weight every Monday for 4 weeks. Review of the July and August MARS revealed that a nurse documented that the resident's weight had been obtained on 7/29/2024 and 8/5/2024. Record review of the recorded weights in the EMR and on the written weight log failed to reveal evidence that the resident's weight was obtained on the weeks of 7/29/2024 and 8/5/2024. During a surveyor interview on 8/16/2024 at approximately 10:00 AM, with the DNS, she indicated that she would expect the nurse to only sign off on an order if it had been completed. 46118 46338