STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415070	A. Building B. Wing	11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crestwood Nursing & Rehabilitation Center, Inc	568 Child Street 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 - Few	Ensure services provided by the nursing facility meet professional standards of quality. 46118 Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to ensure that services being provided meet professional standards of practice for 1 of 1 resident's observed for wound care, Resident ID #50. Findings are as follows: According to Lippincott Nursing Procedures, Ninth Edition, page 370, which states in part, .hand hygiene is the single most important procedure in preventing infection .using an alcohol-based hand sanitizer is appropriate for decontaminating the hands .after contact with the patient .non-intact skin, or wound dressings .after removing gloves . Review of the facility policy titled, Clean Dressing Technique, states in part, .Remove old dressing .remove gloves, wash hands (hand sanitizer may be utilized) and apply clean gloves . Record review revealed the resident was admitted to the facility in June of 2023 with diagnoses including, but not limited to, dementia, and a pressure ulcer of the right heel, stage 3 (wound caused by prolonged pressure that penetrates through the layers of the skin and into the fatty tissue). Review of a Wound Evaluation & Management Summary dated 11/14/2024 revealed the resident had a Stage 3 pressure ulcer measuring 1.2 centimeters (cm) by 0.8 cm by 0.1 cm. Record review revealed a physician's order dated 11/8/2024, to cleanse the right heel wound with normal saline, pat dry, apply Medi Honey (ointment) followed by a bordered gauze dressing. During a surveyor observation of the resident's wound treatment on 11/15/2024 at approximately 10:15 AM, Registered Nurse (RN), Staff A, was observed to put on a gown and gloves, remove the resident's soiled dressing, then changed her gloves without performing hand hygiene. Staff A then cleansed the wound, applied the Medi Honey, and then placed the clean dressing onto the wound without changing her gloves or performing hand hygiene. Additionally, Staff A grabbed a marker, wrote on the dressing, and placed the marker in her pocket without changing her gloves or performing hand hygiene. (continued on next page)

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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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a surveyor interview on 11/15/2024 at 10:25 AM with Staff A, she indicated that she typically only performs hand hygiene before and after wound care. Staff A acknowledged that she did not perform hand hygiene after removing her gloves and before putting on a clean pair. Additionally, she acknowledged that she did not change her gloves or perform hand hygiene after cleansing the wound and prior to applying the clean dressing. Furthermore, she acknowledged that she did not change her gloves or perform hand hygiene prior to touching the clean marker and had not sanitized the marker prior to putting it in her pocket. During a surveyor interview on 11/15/2024 at 10:51 AM with the Director of Nursing Services, she indicated that she would expect hand hygiene to be performed between glove changes. Additionally, she was unable to explain why the nurse failed to change her gloves and perform hand hygiene prior to applying the clean dressing or touching the marker.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37158 Based on record review, resident, 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 and the comprehensive person-centered care plan for 1 of 1 resident reviewed on a fluid restriction, Resident ID #17. Findings are as follows: Record review revealed the resident was readmitted to the facility in July of 2023, with diagnoses including, but not limited to, end stage renal disease (a condition in which your kidneys are damaged and lose the ability to filter waste and fluid from the blood properly) and is dependent on renal dialysis. Record review revealed a Quarterly Minimum Data Set assessment dated [DATE] which revealed a Brief Interview for Mental Status score of a 10 out 15, indicating moderately impaired cognition. Record review revealed a dialysis care plan with a start date of 6/12/2024 with an intervention including, but not limited to a fluid restriction of 1,200 milliliters (mL) daily. Record review revealed a physician's order dated 7/7/2023 for a fluid restriction of 1,200 mL daily. Record review of the fluid intake documentation for the months of October and November of 2024 revealed the resident exceeded his/her fluid restriction on the following dates: 10/1/2024 1680 mL 10/3/2024 1500 mL 10/4/2024 1500 mL 10/6/2024 1320 mL 10/7/2024 1260 mL 10/8/2024 1380 mL 10/9/2024 1740 mL 10/12/2024 1560 mL 10/13/2024 1500 mL 10/14/2024 1460 mL (continued on next page)

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	10/15/2024 1500 mL 10/16/2024 1240 mL 10/17/2024 1446 mL 10/18/2024 1620 mL 10/20/2024 1740 mL 10/21/2024 1500 mL 10/22/2024 1260 mL 10/23/2024 1720 mL 10/24/2024 1440 mL 10/26/2024 1740 mL 10/27/2024 1350 mL 10/29/2024 1440 mL 10/30/2024 1740 mL 10/31/2024 1440 mL 11/2/2024 1380 mL 11/3/2024 1260 mL 11/4/2024 1380 mL 11/6/2024 1500 mL 11/7/2024 1970 mL 11/9/2024 1500 mL 11/10/2024 1720 mL 11/11/2024 1320 mL 11/13/2024 1440 mL During a surveyor interview with the resident on 11/14/2024 at 11:45 AM, s/he revealed that s/he drinks what s/he is provided. (continued on next page)

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a surveyor interview on 11/14/2024 at 12:59 PM with Registered Nurse, Staff A, she acknowledged that the documented fluid intake exceeded 1200 mL daily. Staff A was unable to provide evidence that the fluid restriction was followed as ordered. During a surveyor interview on 11/14/2024 at 1:15 PM with the Director of Nursing Services (DNS), she acknowledged that the documented fluid intake exceeded 1200 mL daily. The DNS was unable to provide evidence that the fluid restriction was followed as ordered.