

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415071	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/19/2024
NAME OF PROVIDER OR SUPPLIER South County Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 740 Oak Hill Road North Kingstown, RI 02852	

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 0550</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 a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46241</p> <p>Based on record review and staff interview, it has been determined that the facility failed to ensure that each resident is treated with respect and dignity in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, for 1 of 3 residents reviewed, Resident ID #1.</p> <p>Findings are as follows:</p> <p>Review of a community reported complaint submitted to the Rhode Island Department of Health on 9/18/2024 alleged that Nursing Assistant (NA), Staff A, heard Registered Nurse (RN), Staff B, telling Resident ID #1, you're disgusting, get the hell away from me, and I wish I could punch you in the face.</p> <p>Record review revealed Resident ID #1 was readmitted to the facility in September of 2021 with a diagnosis including, but not limited to, dementia.</p> <p>Review of a Minimum Data Set assessment dated [DATE] revealed a Brief Interview for Mental Status score of 9 out of 15, indicating moderately impaired cognition.</p> <p>During a surveyor interview on 9/19/2024 at 10:31 AM, with NA, Staff A, she revealed that on the night of 9/16/2024, during the 3:00 PM to 11:00 PM shift, she heard RN, Staff B telling Resident ID #1 to shut up and get away from me and I'm going to punch you in the face, and indicated that Staff B appeared angry with the resident.</p> <p>Surveyor interviews were attempted with the alleged perpetrator, Staff B, on 9/19/2024 at 9:43 AM and 10:50 AM, but was unsuccessful. A voicemail was left, but the surveyor did not receive a call back.</p> <p>A surveyor interview was attempted on 9/19/2024 at 11:19 AM, with Resident ID #1, but s/he refused to speak with the surveyor.</p> <p>During a surveyor interview on 9/19/2024 at 12:03 PM, with RN, Staff C, she revealed that on 9/16/2024, she saw RN, Staff B standing next to Resident ID #1 and heard Staff B say to the resident shut up and you're disgusting. She further revealed that later in the shift, Staff B told her that Resident ID #1 had made an inappropriate comment that upset her.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a progress note dated 9/16/2024 at 9:15 PM, authored by RN, Staff B, states, [Resident ID #1] was very agitated this shift. Racing up and down the hallways alarming other residents with [his/her] rhetoric. [S/he] approached my [medication] cart and was going on about something. I explained that I was passing [medications] and would speak with [him/her] later. [S/he] said, what do I have to do to get your attention, put my head between your legs? I told [him/her] [his/her] comment is inappropriate, locked the med cart and walked away.</p> <p>Review of an emailed witness statement dated 9/19/2024, authored by RN, Staff C, states in part, .I was at the opposite end of hallway passing [medications] when I overheard nurse state 'Shut up [Resident ID #1], your disgusting!' There was some loud conversation between the two but I could not make it out .Later on the nurse did tell me resident had made an inappropriate comment to her.</p> <p>During surveyor interviews on 9/19/2024 at 8:24 AM, 8:57 AM, 12:45 PM, with the Administrator, he revealed that Resident ID #1 made a comment to RN, Staff B, which upset her, and indicated that Staff B told him that she put her hands up in the air and walked away. He acknowledged that RN, Staff C, wrote a witness statement that revealed she heard Staff B telling Resident ID #1, shut up [Resident ID #1] you're disgusting. Further, he revealed that Staff B has been suspended pending investigation.</p>		