

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  11/18/2024
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 47939</p> <p>46241</p> <p>Based on surveyor observation, record review, and staff interview the facility failed to ensure that the resident environment remains free of accident hazards as is possible, for 1 of 1 resident reviewed. Specifically, Resident ID #1 who sustained 2nd degree burns (A partial-thickness burn. This type of burn affects both the epidermis and the second layer of skin, which is called the dermis. It may cause swelling and red, white or splotchy skin) from an electric baseboard heating unit.</p> <p>Findings are as follows:</p> <p>Review of a facility reported incident submitted to the Rhode Island Department of Health on 11/14/2024 revealed Resident ID #1 was found with his/her foot hanging out of the bed and resting directly on the electric baseboard heating unit. Further review revealed the resident sustained a 2nd degree burn to his/her heel.</p> <p>According to the National Fire Protection Association (NFPA) 70, the National Electrical Code, Article 424, Fixed Electric Space-Heating Equipment, states in part, .424.13 Spacing from Combustible Materials. Fixed electric space-heating equipment shall be installed to provide the required spacing between the equipment and adjacent combustible material unless it is listed to be installed in direct contact with combustible material.</p> <p>Record review revealed an electric baseboard heating unit manufacturers booklet, provided to the surveyor by the facility, states in part, .IMPORTANT INSTRUCTIONS .This heater is hot when in use. To avoid burns, do not let bare skin touch hot surfaces. Keep combustible materials, such as furniture, pillows, bedding, papers, clothes, and curtains away from the heater .Maintain at least 12 inches minimum clearance from all objects above and in front of the baseboard, and 6 inches minimum on both sides .</p> <p>Record review revealed the resident was admitted to the facility in October of 2022 with diagnoses including, but not limited to, neurocognitive disorder with Lewy bodies dementia, muscle wasting and atrophy.</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
---	-------	-----------

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  11/18/2024
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Review of a Minimum Data Set assessment dated [DATE], revealed a Brief Interview for Mental Status score of 5 out of 15, indicating his/her cognition was severely impaired. Further review revealed the resident required supervision/touching assistance with transfers and required partial to moderate assistance with bed mobility.</p> <p>Review of a progress note dated 11/14/2024 at 5:30 AM, revealed Nursing Assistant (NA), Staff A, found the resident's left foot resting directly on the electric baseboard heating unit. Further review revealed his/her foot was noted to be significantly red, discolored, and swollen, with the following: a burn to his/her left outer heel that measured 15 centimeters (cm) by 7 cm, a burn to the bottom of his/her foot that measured 18 cm by 5 cm, and a burn to his/her left bunion area that measured 10 cm by 5 cm. Additionally, it revealed emergency medical services were called and the resident was transferred to the hospital.</p> <p>During a surveyor interview on 11/15/2024 at approximately 9:00 AM with NA, Staff B, she revealed that at the time of this incident, one side of the resident's bed was pushed up against the wall, where the electric baseboard heating unit was located, with his/her nightstand on the other side of the bed. She further revealed that the majority of residents have their beds pushed up against the walls, where the electric baseboard heating units are located.</p> <p>On 11/15/2024 at approximately 9:30 AM, the surveyor, accompanied by the Maintenance Director, obtained baseboard temperature reading throughout the facility. The readings were taken, utilizing a laser thermometer, registering between 163-190 degrees Fahrenheit.</p> <p>During a surveyor interview on 11/15/2024 with the Maintenance Director, immediately following the above observations of the electric baseboard heating units' temperatures, he acknowledged the above temperature ranges and that they were hot to touch and could only be touched for a few seconds, and further indicated that they get hotter and hotter the longer they are on. He further revealed there should be a 12-inch clearance between the electric baseboard heating units and any furniture.</p> <p>During a surveyor interview on 11/15/2024 at 2:37 PM, with Staff A, she revealed that on 11/14/2024, she had worked the 11:00 PM to 7:00 AM shift. At approximately 2:45 AM, she observed the resident ambulating around his/her room. She further revealed that when she entered the resident's room at approximately 5:00 AM the resident's bed was pushed up against the wall, with his/her left leg hanging off the bed and resting directly on the electric baseboard heating unit. She further revealed that the resident was noted to be in pain as s/he was observed to have facial grimacing but was unable to verbalize the pain. Additionally, she revealed that she was unsure of how long the resident's bed had been placed against the wall.</p> <p>During a surveyor interview on 11/15/2024 at 3:13 PM, with Licensed Practical Nurse, Staff C, she revealed that the resident's bed was positioned up against the wall, near the electric baseboard heating unit. She further revealed that she is unsure how long the resident's bed had been in that position but indicated she had seen the resident's bed up against the wall prior to this incident. She further revealed that the resident did not verbalize any pain, but when his/her foot was being assessed, the resident kept trying to pull it away and was noted to be uncomfortable. Further, she revealed that there are other residents in the facility with their beds pushed up against the walls, near the electric baseboard heating units.</p> <p>(continued on next page)</p>		

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  11/18/2024
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Review of hospital documentation dated 11/14/2024 through 11/15/2024 revealed the resident was admitted to the intensive care unit in the hospital with diagnoses including second-degree burns after s/he was found with his/her left foot resting directly on an electric baseboard heating unit at the facility.</p> <p>During a surveyor interview on 11/18/2024 at 1:28 AM, with the Director of Nursing Services, the Regional Infection Control/Wound Nurse, and the Administrator, they were unable to provide evidence that the facility ensured that the resident environment remained as free of accident hazards as possible.</p> <p>The facility failed to ensure that there was a clearance between the resident's bed and the electrical baseboard heating unit which directly placed this resident at risk for serious harm, serious impairment, serious injury or death. Furthermore, as indicated by staff interview there were other beds that were placed up against the walls, where the electrical baseboard heating units are located, which placed these residents at risk serious harm, serious impairment, serious injury or death.</p>		