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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                 | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>415071 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing  | (X3) DATE SURVEY COMPLETED<br><br>04/22/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>South County Nursing & Rehabilitation Center |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>740 Oak Hill Road<br>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.

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| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |
| <p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>41720</p> <p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to ensure that services provided by the facility meet professional standards of quality for 1 of 1 resident reviewed relative to following a physician's order for an anxiety medication, Resident ID #18.</p> <p>Findings are as follows:</p> <p>Mosby's 4th Edition, Fundamentals of Nursing, page 314 states, The physician is responsible for directing medical treatment. Nurses are obligated to follow the physician's orders unless they believe the orders are in error or would harm the clients .</p> <p>Record review revealed the resident was admitted to the facility in September of 2019 with diagnoses including, but not limited to, dementia, cognitive communication deficit, conductive hearing loss, glaucoma, and anxiety.</p> <p>Review of the care plan, revised on 8/30/2023, revealed s/he was admitted to hospice services with interventions, including but not limited to, implementing as needed medications for agitation if non-pharmacological interventions are not effective.</p> <p>Review of the Order Summary Report revealed an order, dated 4/8/2024, to administer 0.25 mL (milliliter) of Lorazepam Oral Concentrate (a medication prescribed to treat anxiety) 2 mg (milligrams) per mL every hour as needed for anxiety, restlessness, or agitation.</p> <p>During a surveyor observation on 4/19/2024 at 1:15 PM of Licensed Practical Nurse (LPN), Staff A providing a dressing change, it was revealed that the resident began to become anxious as Staff A began to take off the current dressing. As she continued with the dressing change, the resident repeatedly called out to the nurse to stop and this continued throughout the dressing change.</p> <p>During a surveyor interview with Staff A at the time of the above-mentioned observation, she acknowledged that the resident was anxious and indicated that s/he is usually nervous during dressing changes. When questioned by the surveyor relative to interventions in place to alleviate the resident's anxiety, Staff A indicated that she was unaware of an order for an as needed medication for anxiety until it was brought to her attention by the surveyor.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE                                   | (X6) DATE                            |
| FORM CMS-2567 (02/99)<br>Previous Versions Obsolete                   | Event ID:<br><br>Facility ID:<br>415071 | If continuation sheet<br>Page 1 of 8 |

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| <p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>During a surveyor interview with the Assistant Director of Nursing Services on 4/19/2024 at 1:42 PM, she indicated that her expectation is that if the resident is exhibiting anxious behaviors during dressing changes then the nurse would medicate the resident prior to the dressing change, or stop the treatment and administer the anxiety medication per the physician's order.</p> |   |  |

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| <p>F 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure each resident must receive and the facility must provide necessary behavioral health care and services.</p> <p>41720</p> <p>Based on record review, resident and staff interviews, it has been determined that the facility failed to ensure that each resident receives and is provided the necessary behavioral health care and services to attain or maintain the highest practicable physical, mental, or psychosocial well-being, in accordance with the comprehensive assessment and plan of care, for 1 of 2 residents reviewed, Resident ID #90.</p> <p>Findings are as follows:</p> <p>Review of the facility policy titled, Trauma Informed Care, states in part, .It is the policy of this facility to avoid or minimize re-traumatization of the residents we care for who have been traumatized in the past .all necessary measures will be taken to promote optimal psychosocial outcomes and prevent further trauma .</p> <p>Record review revealed the resident was admitted to the facility in July of 2023 with diagnoses including, but not limited to, post traumatic stress disorder, panic disorder, anxiety, and major depressive disorder.</p> <p>Review of the care plan, initiated on 8/1/2023, revealed the resident experienced trauma in his/her life and has a history of being on the receiving end of resident-to-resident incidents with interventions, including but not limited to, utilizing psych services as needed.</p> <p>Review of the Order Summary Report revealed the following physician orders:</p> <ul style="list-style-type: none"> <li>- 2/21/2024, for Escitalopram Oxalate 10 mg (milligram), three tablets once daily for depression</li> <li>- 2/22/2024, for Xanax (prescribed to treat anxiety disorders) 0.5 mg three times a day for anxiety</li> <li>- 3/16/2024, for Tylenol PM Extra Strength Oral Tablet 500-25 mg, give two tablets at bedtime for pain and insomnia</li> <li>- 4/5/2024, Trazodone (an antidepressant) give 25 mg as needed for insomnia at bedtime for 14 days</li> <li>- 4/9/2024, Trazodone give 100 mg as needed at bedtime for insomnia for 14 days</li> </ul> <p>Review of the April 2024 Medication Administration Record (MAR) revealed the resident received the as needed 25 mg Trazodone twice between 4/4/2024 and 4/8/2024. Further review of the MAR revealed s/he received the as needed 100 mg dose of Trazodone every night from 4/9/2024 through 4/21/2024.</p> <p>Review of the March 2024 notes revealed that on 3/11/2024 s/he was assessed by the (contracted psych services) Advanced Practice Registered Nurse (APRN) and she indicated that the resident may benefit from psychotherapy.</p> <p>(continued on next page)</p> |

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| <p>F 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Review of a 3/10/2024 document authored by the APRN titled, Med Management Note, revealed in part, . Discussed psychotherapy and resident in agreement with meeting with the [contracted psych services] SW [Social Worker] .</p> <p>Review of the April 2024 notes revealed the following:</p> <p>- 4/1/2024, authored by the facility APRN, Staff B: .c/o [complaints of] insomnia. [S/he] reports that [s/he] cannot sleep because the door is open and [his/her] roommate is loud at night. [S/he] is asking for doxepin [a medication prescribed to treat anxiety or depression and it is also used to treat insomnia] .Patient was offered other solutions such as wearing ear plugs at night .</p> <p>- 4/2/2024 authored by Social Services: .spoke with resident on this day regarding their desire to keep their door closed at night .This writer offered to attempt to obtain ear plugs for resident to aid with sleeping-resident agreeable to this.</p> <p>Review of a 4/4/2024 document authored by APRN, Staff B, titled, Med Management Note, revealed in part, . Follow up visit for mood and medications .I am still not sleeping .Continues with insomnia . Further review of this document revealed that his/her Trazodone medication was increased and the plan of care again indicated that s/he may benefit from psychotherapy.</p> <p>Record review failed to reveal evidence that a psychotherapy consultation was completed.</p> <p>During a surveyor interview with the resident on 4/18/2024 at 12:18 PM, s/he stated that s/he has not been assessed by the [contracted psych services] Social Worker, has not received any ear plugs, and continues to have insomnia.</p> <p>During a surveyor interview on 4/18/2024 at 1:17 PM with the (contracted psych services) APRN, she acknowledged that the psychotherapy recommendations were not followed up on and that psychotherapy services should have been provided to the resident.</p> <p>During a surveyor interview on 4/19/2024 at 10:06 AM with the Director of Nursing Services, she indicated that her expectation would be that nursing would follow up on the psych recommendations and that the Social Worker would have provided ear plugs to the resident.</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>45263</p> <p>Based on record review, surveyor observation and staff interview, it has been determined that the facility failed to properly serve food and maintain equipment in accordance with professional standards for food safety relative to the serving temperatures of milk and the grease accumulation on the screens over the stove in the main kitchen.</p> <p>Findings are as follows:</p> <p>1. The State of Rhode Island Food Code 2018 Edition reads in part, .Except during preparation, cooking or cooling .time/temperature control for safety, food shall be maintained at 5 degrees C [Celsius] 41 degrees F [Fahrenheit] or less .</p> <p>Surveyor observations of the whole milk being served at the lunch meal on the following dates and times revealed the serving temperature was greater than 41 degrees F:</p> <p>-4/19/2024 at 11:50 AM Main Dining Room, serving temperature of milk 53.1 degrees F</p> <p>-4/19/2024 12:05 PM Water Street nursing unit, serving temperature of milk 51.6 degrees F</p> <p>-4/19/2024 12:15 PM Canary Street nursing unit, serving temperature of milk 43.1 degrees F</p> <p>2. The Rhode Island Food Code 2018 Edition 4-601.11 reads in part, NONFOOD-CONTACT SURFACES OF EQUIPMENT shall be kept free of encrusted grease .</p> <p>During surveyor observations of the main kitchen, the screens in the hood above the stove had visible grease accumulation and encrusted grease had accumulated along the inner sides of the hood on the following dates and times:</p> <p>- 4/17/2024 at approximately 9:30 AM</p> <p>- 4/18/2024 at approximately 11:30 AM</p> <p>- 4/19/2024 at approximately 11:45 AM</p> <p>During a surveyor interview on 4/19/2024 at approximately 2:30 PM with the Certified Dietary Manager, he acknowledged the grease accumulation on the screens above the stove and the rim of the hood having accumulated encrusted grease. Additionally, he acknowledged the serving temperatures of the milk were not within the acceptable temperature ranges.</p> |   |  |

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| <p>F 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services.</p> <p>41720</p> <p>Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to ensure that residents receive treatment and care in accordance with professional standards of practice and that the communication process between the facility and the hospice provider meets the needs of the resident for 1 of 2 residents reviewed who are receiving hospice services, Resident ID #18.</p> <p>Findings are as follows:</p> <p>Record review revealed the resident was admitted to the facility in September of 2019 with diagnoses including, but not limited to, dementia and the need for assistance with personal care.</p> <p>Review of the care plan, revised in August of 2023, revealed s/he was admitted to hospice services with an intervention to notify hospice of any change of condition. Further review of the care plan revealed potential for alterations in skin integrity relative to rubbing legs together with interventions to document and report any changes in skin status, appearance, color, or wound healing.</p> <p>During a surveyor observation of the resident's left lower extremity in the presence of Licensed Practical Nurse (LPN), Staff A, on 4/19/2024 at 1:15 PM, revealed that s/he had three dark reddened areas in close proximity to each other on the top of the lower shin and an additional dark, reddened area to the top of his/her foot.</p> <p>During a surveyor interview with Staff A immediately following the above-mentioned observation, she indicated that the skin irregularities had been there .a while ., then stated that she noted the areas to be slightly red on 4/17/2024. Additionally, she acknowledged that she failed to document the skin change or report it to either the physician or the hospice provider.</p> <p>Record review failed to reveal evidence that the skin areas were documented or reported to the provider until after it was brought to the facility's attention by the surveyor.</p> <p>Review of two documents, dated 4/3/2024 and 4/17/2024, titled, Integrated Wound Care, revealed that the resident had bruising to the left shin due to crossing his/her legs and rubbing along the shin with recommendations for a physical therapy consult to help brace his/her legs to prevent further contusions and ulcers and that the plan of care was discussed with the facility staff.</p> <p>During a surveyor interview with the Assistant Director of Nursing Services on 4/19/2024 at 1:42 PM, she indicated that the facility procedure is to first contact hospice services for the approval of the wound care provider's recommendations, then the physician is notified. She acknowledged that she reviewed the wound care physician's recommendations from 4/3/2024 and 4/17/2024 and failed to communicate the recommendations to the resident's hospice service provider for further follow up until it was brought to her attention by the surveyor.</p> |   |  |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45855</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 staff wearing appropriate personal protective equipment (PPE) and handwashing during medication administration for 2 of 5 staff members observed, Staff D and E.</p> <p>Findings are as follows:</p> <p>1. Record review of the Centers for Disease Control and Prevention (CDC) guidelines regarding MDRO (Multidrug-resistant organisms - microorganisms that are resistant to one or more classes of antimicrobial agents) management in healthcare settings last reviewed on 11/5/2015 revealed the following recommendations:</p> <p>.For ill residents and for those residents who infected secretions or drainage cannot be contained, use of Contact Precautions [utilized for patients with known or suspected infections with increased risk for contact transmission] in addition to Standard Precautions .Because environmental surfaces and medical equipment, especially those in close proximity to the patient, may be contaminated, don [put on] gowns and gloves before or upon entry to the patient's room or cubicle .</p> <p>Record review for Resident ID #50 revealed that s/he was admitted to facility in June of 2023 with a diagnosis including, but not limited to, ESBL (enzymes that have resistance to beta-lactam antibiotics including penicillin, cephalosporin, and the monobactam aztreonam) resistance.</p> <p>Record review for Resident ID #50 revealed the following physician's orders:</p> <p>- Contact precautions for ESBL in the urine every shift for infection control for 10 days with a start date of 4/13/2024 until 4/23/2024</p> <p>- Ertapenem sodium injection solution reconstituted (antibiotic)1 gram intravenously one time a day for ESBL urinary tract infection for 10 days with a start date of 4/14/2024 until 4/24/2024</p> <p>Record review of Resident ID #50's Minimum Data Set assessment dated [DATE] revealed that s/he is always incontinent of urine.</p> <p>During a surveyor observation of the medication administration task on 4/18/2024 at 7:56 AM, Registered Nurse, Staff D, was observed entering Resident ID #50's room without wearing gown and gloves when removing an intravenous medication hung in the resident's room and assessing his/her midline access (a intravenous catheter).</p> <p>During a surveyor interview with Staff D following the above observation, she acknowledged that she was supposed to don a gown and gloves before entering and providing care for Resident ID #50.</p> <p>(continued on next page)</p> |   |  |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>2. Record review of the CDC guidelines regarding isolation precautions preventing transmission of infection agents in in healthcare settings (2007) last reviewed on 11/5/2015 revealed the following recommendations:</p> <p>.Wear gloves when it can be reasonably anticipated that contact with blood or other potentially infectious materials, mucous membranes, nonintact skin, or potentially contaminated intact skin could occur .Perform hand hygiene in the following clinical situations .After contact with inanimate objects (including medical equipment in the immediate vicinity of the patient .After removing gloves .</p> <p>Record review of the facility policy titled Medication Administration Eye Drops year 2007 states in part, .With a gloved finger, gently pull down lower eyelid to form 'pouch,' while instructing resident to look up .</p> <p>During surveyor observation of the medication administration task on 4/18/2024 at 9:25 AM, Licensed Practical Nurse, Staff E, began to administer eye drops to Resident ID #8 without donning gloves. At this time the surveyor questioned Staff E on why she was not wearing gloves. Staff E then donned gloves and continued with the administration of the eye drops. After she finished Staff E removed her gloves and exited the room without performing hand hygiene.</p> <p>During a surveyor interview with Staff E she acknowledged that she did not don gloves until prompted by the surveyor. Additional she did not perform hand hygiene prior to exiting the room.</p> <p>During a surveyor interview with the Director of Nursing Services, in the presence of the Administrator and the Assistant Director of Nursing Services on 4/18/2024 at 2:35 PM, she was unable to explain why Staff D failed to wear a gown and gloves when entering a contact precaution room. Additionally, she revealed that she would expect nurses to follow the facility's policy related to handwashing and glove use.</p> |   |  |