STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415074	A. Building B. Wing	05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Village House Nursing & Rehabilitation Center	70 Harrison Avenue Newport, RI 02840

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 0661 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure necessary information is communicated to the resident, and receiving health care provider at the time of a planned discharge. 47939 Based on record review, resident representative interview, and staff interview it has been determined that the facility failed to complete a discharge summary that includes, but is not limited to, a final summary of the resident's status at discharge and a reconciliation of the resident's medications for 1 of 2 discharged residents reviewed, Resident ID #2. Findings are as follows: Record review of a facility policy titled, Medication Reconciliation Process states in part, It is the policy of this facility to perform medication reconciliation for every resident upon admission, transfer or discharge .when a resident is discharged /transferred, a listing of all medications is to be provided as part of the discharge process utilizing the inter-agency transfer form .the nurse is to give a copy of the transfer form to the resident/resident representative for their records . Record review of a facility reported incident submitted to the Rhode Island Department of Health on 4/25/2024 indicates that Resident ID #2's family is alleging that s/he was neglected during his/her respite stay at the facility in April of 2024. Record review for Resident ID #2 revealed s/he was admitted to the facility in April of 2024 with diagnoses including, but not limited to, type 2 diabetes mellitus, chronic systolic heart failure (a condition in which the left ventricle of your heart is weak and can't pump blood efficiently), and chronic kidney disease. Record record failed to reveal evidence that an inter-agency transfer form was completed by the facility when the resident was discharged . During a surveyor interview with Resident ID #2's representative on 5/15/2024 at 1:22 PM, they revealed that they were not made aware of any medication changes for the resident when s/he was discharged from the facility. The resident's representative further indicated that during the discharge process on 4/18/2024 they were handed a bag containing only medications and were told they were all set. Record review reveals that Resident ID #2 was prescribed the following medications at the time of his/her admission to the facility: (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0661 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- Metoprolol succinate (medication used to treat high blood pressure) Extended release 50 milligrams (MG) tablet extended release 24 hour - Morphine concentrate 20 per milliliter (ML) administer 0.5 ML by mouth every 3 hours, as needed for severe pain - Senna Plus 8.6 MG-50 MG capsule, three capsule every 12 hours, as needed Record review of the resident's progress notes revealed the following: - 4/4/2024 all medications reviewed with the doctor changes made as follows, Morphine was decreased to 0. 25 ML every three hours, as needed - 4/4/2024 Senna plus was changed to two capsules twice daily, scheduled - 4/5/2024 Metoprolol was increased to 75 mg, daily During a surveyor interview with Registered Nurse, Staff A, on 5/15/2024 at approximately 2:30 PM, she acknowledged that she did not review any medications with Resident ID #2 or their representative prior to his/her discharge and that there were changes made to the resident's medication by the physcian. She further acknoledged that she failed to provide them an inter-agency transfer form, per the facility policy. During a surveyor interview with the Director of Nursing Services on 5/16/2024 at approximately 1:30 PM, she revealed that she would expect the nurse to have reviewed the resident's medications and any changes in the physician's orders with the resident and/or the resident's representative at the time of discharge. Additionally, she was unable to provide evidence that the resident or resident's representative was provided with an inter-agency transfer form, per the facility policy.