

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/18/2024
NAME OF PROVIDER OR SUPPLIER Village House Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39496 Based on record review and staff interview, it has been determined that the facility failed to ensure that residents maintain acceptable parameters of nutritional status, such as usual body weight or desirable body weight range for 1 of 3 residents reviewed, Resident ID #1. Findings are as follows: Record review of a community reported complaint received by the Rhode Island Department of Health on 7/11/2024 alleges, Resident ID #1 lost 20 pounds in 5 weeks while a resident at the facility. Review of the facility's policy titled, Weight Loss/ Gain Protocol and Heights states in part, .All residents are to be weighed upon admission and at least monthly; so as to monitor for weight loss or gain, to assess for underlying causes of weight loss or gain, to intervene accordingly and timely to allow for an optimal level of well-being .For purpose of this policy, a significant weight discrepancy is defined as .A weight change of 3 pounds or more in one week (if resident on weekly weights) .A loss/gain of 5% or greater within one month . When a significant weight loss/gain is noted (as defined above), the following interventions may be considered .Reweigh all residents who are reported to have a significant weight discrepancy in order to assess the accuracy of the weight. The reweigh shall be done within 2 days of the initial weight .If the re-weigh is accurate and there has been a significant weight loss/gain, nursing must notify the: Physician . Dietician .DNS (Director of Nursing Services) . Record review revealed Resident ID #1 was admitted to the facility in April of 2024 with diagnoses including, but not limited to, Parkinson's disease without dyskinesia (uncontrolled, involuntary movements of the face, arms, or leg), bacterial infections of unspecified site, type 2 diabetes mellitus, urinary tract infection, and acute prostatitis bacterial, and dementia with agitation. Review of the admission Minimum Data Set (MDS) Assessment, dated 7/10/2024, revealed a Brief Interview of Mental Status score of 5 out of 15, indicating the resident has severe cognitive impairment. Record review of the care plan, initiated 4/7/2024, revealed, .is at risk for Dehydration/alteration in Nutrition on therp [therapeutic] diet d/t [diabetes mellitus], Has Parkinson's and dementia with potential for decline with disease process, significant [weight] loss, increased nutrient needs for healing . Interventions include but are not limited to, .dietary consult as indicated . Record review of a document titled Vital Signs: Weight revealed the following documented weights: (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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	4/7/2024- 282.8 pounds 4/8/2024- 282.2 pounds 4/9/2024- 282.2 pounds 4/29/2024- 285.6 pounds 5/6/2024- 285 pounds 6/3/2024- 285.5 pounds Record review of a progress note dated 6/18/2024 revealed the resident weighed 273.6 pounds via Hoyer Lift. The note further revealed that the Nursing Assistant was to re-weigh the resident the next day. This weight loss represents an 11.9 pound, or 4.17% weight loss in 15 days. Further record review failed to reveal evidence that a re-weigh was obtained or that the dietician or the provider were notified of the weight loss. Additionally, the record failed to reveal evidence that any interventions were implemented to mitigate the resident's weight loss. Additional record review of the document titled, Vital Signs: Weight revealed the next documented weights were as follows: 7/1/2024- 266.3 pounds 7/2/2024- 263.3 pounds This indicated an additional 10-pound weight loss. Weight loss from 6/3/2024 until 7/2/2024 now totaled 22.2 pounds or 7.78%. Record review of a Nutritional Evaluation assessment dated [DATE] revealed in part, .type of assessment . significant change in status .7/3/2024 at 3:52 PM .Continues on [therapeutic] diet [as ordered] which given significant [weight] loss and decline in appetite may be too restrictive at this time .Suggest add 220 mg [milligrams] Zinc Sulfate x [times] 14 days. Suggest 500 mg Vit C [Vitamin C] x 30 days. Suggest increase med pass 2.0 (a nutritional shake) to 90 ml [milliliters] BID [twice a day] Suggest add 30 ml liquid protein (protein supplement) BID until healed .Suggest change diet to: House-No Salt Packet . The assessment failed to reveal evidence that the dietician was aware of the weight of 273.6 that was obtained on 6/18/2024. Record review revealed the following orders with a start date of 7/8/2024: -30 ml Sugar free active protein twice daily -offer 90 ml of Med pass supplement twice daily -Vitamin C 500 mg once daily -Zinc Sulfate 50 mg once daily (continued on next page)		

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a surveyor interview on 7/18/2024 at 9:58 AM with the resident's Primary Care Physician, he revealed that he would have expected a re-weigh to have been completed after the 6/18/2024 weight loss. He further revealed that he would have expected the dietician to have been notified. During a surveyor interview on 7/18/2024 at 10:17 AM with the Dietician, she revealed that she looks at the Vital Signs: Weight section of the electronic medical record to review weights. She revealed that she wasn't made aware of the weight obtained on 6/18/2024. She indicated that the expectation is that the resident would be re-weighed within 2 days. She acknowledged that the weight loss was notable and she would have expected it to have been reported. She further revealed that she was unaware of the 11.9 pound weight loss identified on 6/18/2024 as it was not documented in the Vital Signs: Weight section of the electronic medical record. She indicated that if she was notified of this initial weight loss, she would have implemented interventions rather than waiting for the resident to continue with weight loss. During a surveyor interview on 7/18/2024 at approximately 12:38 PM with the Director of Nursing and the Administrator, they acknowledged that Resident ID #1 experienced a weight loss of 11.9 pounds identified on 6/18/2024. Additionally, they were unable to provide evidence that a re-weigh was obtained or that the dietician was aware.		