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	01/09/2025

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. 47939 Based on record review and staff interview, it has been determined that the facility failed to implement comprehensive person-centered care plans for each resident, for 2 of 2 residents reviewed with indwelling urinary catheters (a flexible tube that collects urine from the bladder and leads to a drainage bag), Resident ID #s 33 and 38. Findings are as follows: 1. Record review revealed Resident ID #38 was admitted to the facility in October of 2024 with a diagnosis including, but not limited to, cutaneous vesicostomy (an opening is created in the belly, through which urine can continuously pass). Record review revealed the resident has a supra pubic catheter (a thin tube used to drain urine from the bladder). Review of the resident's care plan dated 11/21/2024, revealed the resident requires an indwelling urinary catheter due to obstructive uropathy and neurogenic bladder (bladder dysfunction caused by damage to the nervous system) with interventions including, but not limited to, monitor urinary output and report abnormal findings. Further record review failed to reveal evidence that the urinary output for Resident ID #38 was monitored on the following dates and times: 12/21/2024 7:00 AM to 3:00 PM 12/23/2024 11:00 PM to 7:00 AM 12/24/2024 11:00 PM to 7:00 AM 12/25/2024 3:00 PM to 11:00 PM 12/28/2024 7:00 AM to 3:00 PM 12/28/2024 3:00 PM to 11:00 PM (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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	12/28/2024 11:00 PM to 7:00 AM 12/29/2024 7:00 AM to 3:00 PM 12/29/2024 3:00 PM to 11:00 PM 12/29/2024 11:00 PM to 7:00 AM 1/1/2025 7:00 AM to 3:00 PM 1/1/2025 11:00 PM to 7:00 AM 1/2/2025 7:00 AM to 3:00 PM 1/4/2025 7:00 AM to 3:00 PM 1/7/2025 7:00 AM to 3:00 PM During a surveyor interview on 1/8/2025 at 2:56 PM with License Practical Nurse, Staff A, she was unable to provide evidence that Residents ID #38's output was monitored on the above-mentioned dates and times. 2. Record review revealed Resident ID #33 was admitted to the facility in October of 2024 with a diagnosis including, but not limited to, urinary retention. Review of the resident's care plan dated 8/7/2024, revealed the resident requires an indwelling urinary catheter due to obstructive uropathy (a condition where a blockage hinders urine flow through the urinary system) with interventions including, but not limited to, monitor urinary output and report abnormal findings. Further record review failed to reveal evidence that the urinary output for Resident ID #33 was monitored on the following dates and times: 1/4/2025 7:00 AM to 3:00 PM 1/4/2025 3:00 PM to 11:00 PM 1/4/2025 11:00 PM to 7:00 AM 1/5/2025 11:00 PM to 7:00 AM 1/6/2025 11:00 PM to 7:00 AM 1/7/2025 7:00 AM to 3:00 PM 1/8/2025 7:00 AM to 3:00 PM (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During surveyor interviews on 1/8/2025 at 3:18 PM and on 1/9/2025 at 10:18 AM with the Director of Nursing Services, she was unable to provide evidence that Resident ID #s 33 and 38 care plans were implemented related to monitoring urinary output.

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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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39496 Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to prepare, store, and distribute food according to professional standards of food service safety, relative to the main kitchen and 1 of 2 nourishment areas observed. Findings are as follows: 1. Review of the Rhode Island Food Code, 2018 Edition, section ,d+[DATE].17 states in part, .(B) . refrigerated, ready-to-eat time/temperature control for safety food .shall be clearly marked, at the time the original container is opened in a food establishment .and: (1) the day the original container is opened in the food establishment shall be counted as Day 1; and (2) The day or date marked by the food establishment may not exceed a manufacturer's use-by date . During the initial tour of the main kitchen on [DATE] at approximately 9:00 AM, in the presence of the Food Service Director (FSD), the dry storage area of the kitchen contained the following: -One bottle of Hershey's syrup opened and undated. Manufacturer's instructions on the bottle state to refrigerate after opening. During the initial tour of the main kitchen on [DATE] at approximately 9:00 AM, in the presence of the FSD, the walk-in freezer contained the following: -One box of fish cakes with both the box and the inside bag open and undated, exposing approximately 8 fish cakes. During a surveyor interview on [DATE] with the FSD at the time of the above observation, she acknowledged that the open bottle of Hershey's Syrup should have been stored in the refrigerator. She further revealed that the fish cakes should have been resealed and dated when opened. 2. Record review of the Rhode Island Food Code, 2018 Edition, section ,d+[DATE].11 states in part, .(B) The FOOD-CONTACT SURFACES of cooking EQUIPMENT .shall be kept free of encrusted grease deposits and other soil accumulations. (C) NON-FOOD CONTACT SURFACES of EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other debris . During the initial tour of the main kitchen on [DATE] at approximately 9:00 AM, in the presence of the FSD, the walk-in freezer contained the following: -The fan unit inside of the freezer had frozen drips of ice hanging down. -One box of grilled chicken breast, that was positioned under the fan unit had an accumulation of ice on the top of the box. -One box of turkey breast roasts, was being stored directly on the floor of the freezer. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-One box of [NAME] frozen baked golden buttermilk biscuits, was being stored directly on the floor of the freezer. During a surveyor interview on [DATE] with the FSD at the time of the above observations, she acknowledged that the fan unit and the box of grilled chicken breast had an accumulation of ice. She further acknowledged that the box of turkey breast roasts and the box of biscuits should not have been stored directly on the floor of the freezer. During a surveyor observation of the second-floor nourishment area in the presence of the FSD on [DATE] at approximately 10:45 AM, the following was observed: -The microwave was noted to have a moderate accumulation of dried orange and yellow matter on the glass turntable. During a surveyor interview with the FSD immediately following the above observation, she acknowledged that the microwave was dirty and needed to be cleaned. 3. The Rhode Island Food Code 2018 Edition ,d+[DATE].17 states in part, food shall be discarded .and may not exceed a manufacturer's use by date . During a surveyor observation of the second-floor nourishment area in the presence of the FSD on [DATE] at approximately 10:45 AM, revealed five 8-ounce bottles of Ensure high protein nutritional shakes with expiration dates of June of 2024. During a surveyor interview with the FSD, at the time of the above observation, she acknowledged that the bottles of Ensure were expired and should have been discarded.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 47939 46241 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 Enhanced Barrier Precautions (EBP; involves using a gown and gloves during high-contact resident care activities), for 1 of 2 wound treatments observed, involving Resident ID #38. Findings are as follows: Review of a facility policy titled, Guidelines for Management of MDROs [Multidrug Resistant Organism] states in part, .Enhanced Barrier Precautions - it has been determined by the CDC [Centers for Disease Control and Prevention] that focusing on residents with active infection fails to address the continued risk of transmission from residents with MDRO colonization, which can persist for long periods of time (e.g., months) and result in the silent spread of MDROs. Enhanced Barrier Precautions .requires gown and gloves for certain residents (those with existing MDROs, colonization of MDROs or those residents in close physical vicinity of those residents) during specific high contact care activities that have been found to increase the risk for MDRO transmission .Caring for a Resident with a MDRO .Enhanced Barrier Precautions expand the use of PPE [personal protective equipment] beyond situations in which exposure to blood and body fluids is anticipated and refers to gown and glove use during high contact with high risk residents for resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing. Examples of resident care activities requiring gown and glove use for Enhanced Barrier Precautions include .Device care or use . Wound care: any skin opening requiring a dressing . Record review revealed the resident was admitted to the facility in October of 2024 with a diagnosis including, but not limited to, cutaneous vesicostomy (an opening is created in the belly, through which urine can continuously pass). Record review revealed a physician order dated 10/28/2024 for EBP relative to the resident's suprapubic catheter (SPC; a flexible plastic tube inserted into the bladder via a surgical opening in the abdomen). Further record review revealed a physician order dated 12/31/2024 to apply optifoam (a foam dressing used for wound care) to the resident's buttocks, once daily, every three days, related to moisture associated skin damage. During a surveyor observation on 1/9/2025 at 9:25 AM, Registered Nurse, Staff B and Licensed Practical Nurse, Staff A, were observed providing wound care to the resident without wearing a gown. During a surveyor interview on 1/9/2025 at 9:30 AM, with Staff A and B, they acknowledged that they did not wear a gown during the resident's dressing change and indicated a gown is only necessary when touching the resident's SPC. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a surveyor interview with the Director of Nursing Services on 1/9/2025 at 9:30 AM, she revealed that she would expect staff to wear gloves and a gown when providing wound care to a resident who is on EBP.