STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415075	A. Building B. Wing	05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Holiday Retirement Home Inc	30 Sayles Hill Road Manville, RI 02838

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. 46539 Based on record review, and staff and resident interview, it has been determined that the facility failed to meet professional standards of quality relative to following physician's orders for 1 of 1 resident reviewed for the utilization of a Freestyle Libre sensor (a continuous glucose monitoring system that is designed to replace finger sticks and lessen the need for test strips for persons with diabetes), Resident ID #2. Findings are as follows: Review of the Freestyle Libre 2 User Manual revealed that the sensor is to be changed every 14 days. Record review revealed that the resident was admitted to the facility in April of 2024 with diagnoses including, but not limited to, diabetes and chronic obstructive pulmonary disease. During a surveyor interview with the resident on 5/14/2024 at 11:04 AM, s/he revealed that s/he has a Freestyle Libre sensor. Additionally, s/he revealed that the Freestyle Libre sensor needs to be changed every 14 days. Record review failed to reveal evidence of a physician order for a Freestyle Libre sensor. Record review failed to reveal evidence of documentation indicating when to change the resident's Freestyle Libre sensor or the last time it had been changed. During a surveyor interview with the Director of Nursing Services on 5/15/2024 at 11:38 AM, he was unable to provide evidence of documentation indicating that the resident had a Freestyle Libre sensor, when to change the Freestyle Libre sensor, or the last time it was changed. Additionally, he revealed that there should be a physician's order for the Freestyle Libre sensor and an order to change it.

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
	415075	A. Building B. Wing	05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Holiday Retirement Home Inc	30 Sayles Hill Road Manville, RI 02838

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. 46539 Based on record review and staff interview it has been determined that the facility failed to keep residents free from significant medication errors for 1 of 3 residents reviewed for insulin, Resident ID #2. Findings are as follows: Record review revealed that the resident was admitted to the facility in April of 2024 with diagnoses including, but not limited to, diabetes and chronic obstructive pulmonary disease. Review of a physician's order dated 4/19/2024 revealed Humalog Mix 75-25 insulin once a day with special instructions to, GIVE 25 UNITS IF BLOOD SUGAR IS LESS THAN 150 or GIVE 35 UNITS IF BLOOD SUGAR ABOVE 150. Review of the April and May 2024 Medication Administration Record revealed the following dates when the resident's blood sugar was greater than 150 and the resident received 25 units of insulin when s/he should have received 35 units of insulin per the physician's order: -4/21/2024 with a blood sugar of 155 -4/22/2024 with a blood sugar of 206 -4/26/2024 with a blood sugar of 189 -4/29/2024 with a blood sugar of 159 -5/2/2024 with a blood sugar of 178 -5/4/2024 with a blood sugar of 189 -5/5/2024 with a blood sugar of 212 -5/6/2024 with a blood sugar of 167 -5/9/2024 with a blood sugar of 158 During a surveyor interview with the Director of Nursing Services on 5/15/2024 at 11:38 AM, he acknowledged that the resident received the incorrect amount of insulin on the above-mentioned dates. Additionally, he revealed that he would have expected that the resident received the correct amount of insulin as per the physician order.