STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415078	A. Building B. Wing	04/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Respiratory and Rehabilitation Center of RI	10 Woodland Drive Coventry, RI 02816

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. 46671 Based on surveyor observation, record review, resident, and staff interview it has been determined that the facility failed to protect the resident's right to be free from neglect for 1 of 1 residents reviewed for neglect, Resident ID #5. Findings are as follows: Record review of a community reported complaint submitted to the Rhode Island Department of Health on 4/26/2024 alleges in part that a Licensed Practical Nurse (LPN) does not administer Resident ID #5's medication when they are due. Record review of a 2/23/2021 facility policy titled Abuse Prohibition, states in part, .prohibit abuse, mistreatment, neglect .for all residents .Neglect is defined as the failure of .employees, or service providers to provide goods and services to a patient that are necessary to avoid physical harm, pain, mental anguish, or emotional distress . Record review revealed that the resident was admitted to the facility in February of 2024 with diagnoses including, but not limited to, Guillain-Barre syndrome (a rare disorder in which your body's immune system attacks your nerves), gastroesophageal reflux disease (GERD/acid reflux) and anxiety. During a surveyor interview on 4/26/2024 at 11:30 AM with Resident ID #5 and a family member the following was revealed: -During the morning of 4/23/2024 the resident experienced nausea, vomiting and abdominal pain. The family member indicated s/he was present during the morning vomiting episode and further indicated the resident's assigned nurse, LPN, Staff A, was in the room as well. The family member further indicated that Staff A was on the other side of the privacy curtain tending to the resident's roommate. - The resident's family member indicated that the resident was crying out in discomfort due to the abdominal pain when they asked the nurse to see him/her but were ignored by Staff A. Additionally, Staff A did not come to around the curtain to see Resident ID #5 or speak with him/her or the family member. (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
	415078	A. Building B. Wing	04/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Respiratory and Rehabilitation Center of RI	10 Woodland Drive Coventry, RI 02816

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- Furthermore,the family member indicated that the nurse left the room without checking on the resident and did not return. The family member then indicated that s/he exited the resident's room after the nurse and requested Oxycodone pain medication for the resident as s/he continued to experience severe abdominal pain. The family member revealed that the nurse responded in a rude tone and asked him/her why s/he didn't ask earlier when the resident received his/her morning medication and did not medicate the resident. - The family member further indicated that s/he went to the in-house Physician's Assistant's (PA) office to request he see the resident due to his/her severe pain, nausea, and vomiting. The family member also indicated that s/he met with the Director of Nursing Services (DNS) and informed her of his/her concerns relative to Staff A failing to assess or medicate the resident. Record review revealed an encounter progress note dated 4/23/2024, authored by the PA. The note indicates that the resident was seen by the PA at the request of the family member for abdominal pain, nausea, and vomiting. Additionally, the note revealed that the resident exhibited anxiety, lightheadedness, and dizziness. The note states in part, .Discussed with director of nursing as patient's [family member] has concerns. Directed nursing to discussed with patient and patient [family member]. Called back to see patient by patient's [family member]. Requesting reevaluation. Patient continues with abdominal pain. No change in physical examination . During a surveyor interview on 4/26/2024 at 12:26 PM, with the PA, he revealed that he was notified of Resident ID #5's complaints of abdominal pain, nausea, and vomiting by his/her spouse sometime after 10:00 AM on 4/23/2024 and not by Staff A, the resident's nurse. Additionally, the PA indicated that the family member was very upset when s/he informed him that the nurse was aware of the resident's change in condition when she was in the room, only separated by the privacy curtain and ignored both the resident and family member. The PA indicated that he would have expected that Staff A would have notified him of the resident's change in condition. A surveyor interview was attempted with Staff A on 4/26/2024 at 12:55 PM, however unsuccessful. Additional record review revealed the following physician's order and start date: - 4/5/2024, Oxycodone 5 milligram (MG), give 1 tablet via gastrostomy tube every 6 hours as needed for severe pain (level 7 and greater on a 0 - 10 scale, 10 indicating worst pain). Record review of the April 2024 Medication Administration Record (MAR) revealed that s/he was administered a dose of Oxycodone 5 MG on 4/23/2024 at 4:46 AM, which indicates s/he could have received a second dose at 10:46 AM. Further review of the MAR revealed that s/he did not receive a second dose until 1:25 PM; approximately greater than 2 hours later than s/he could have received the medication when s/he experienced severe abdominal pain and requested it. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415078	A. Building B. Wing	04/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Respiratory and Rehabilitation Center of RI	10 Woodland Drive Coventry, RI 02816

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a surveyor interview on 4/26/2024 at 1:49 PM, with Registered Nurse (RN), Staff B, she acknowledged that she and Staff A were the two nurses assigned to work the unit Resident ID #5 resides in on 4/23/2024 during the 7:00 AM - 3:00 PM shift. Staff B further indicated that she was asked by the DNS to assume the care of Resident ID #5 due to an issue with Staff A. Staff B indicated that she was aware that the resident had complaints of abdominal pain, nausea and vomiting which had been going on since the morning and lasted throughout the day. Additionally, Staff B indicated that she administered the resident a dose of Oxycodone 5 MG at 1:25 PM for his/her complaints of abdominal pain, level 10 after the PA asked her to, and indicated that is when she took over caring for the resident. Lastly, Staff B revealed that during nurse-to-nurse report for exchange of care, Staff A was unable to provide her with any information that would indicate that Staff A assessed the resident relative to his/her change in condition. Staff B indicated that after she medicated the resident, s/he was subsequently transferred to the hospital due his/her ongoing complaints of abdominal pain, nausea, and vomiting. Further record review revealed that the resident was transferred to an acute care hospital on the evening of 4/23/2024 and admitted with a diagnosis of acute calculus cholecystitis [swelling of the gallbladder]. During a surveyor interview with the DNS on 4/23/2024 at 12:46 PM, she was unable to provide evidence that Resident ID #5 was kept free from neglect. Additionally, she acknowledged that she asked Staff B to assume the care of Resident ID #5 on 4/23/2024 after it was brought to her attention by the PA and the resident's family member that his/her needs were not met by Staff A. Furthermore, the DNS indicated that she would have expected the Staff A would have assessed the resident for a change in condition, document the findings in the resident's medical record, notify the provider and medicate him/her for pain when requested.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415078	A. Building B. Wing	04/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Respiratory and Rehabilitation Center of RI	10 Woodland Drive Coventry, RI 02816

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 0740 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident must receive and the facility must provide necessary behavioral health care and services. 46671 Based on record review and staff interview it has been determined that the facility failed to ensure that a resident who displays or is diagnosed with a mental disorder receives appropriate treatment and services to attain the highest practicable mental and psychosocial well-being for 1 of 1 residents reviewed who exhibited behavioral symptoms, Resident ID #4. Findings are as follows: Record review of a community reported complaint submitted to the Rhode Island Department of Health on 4/24/2024 alleges in part that Resident ID #4 exhibited uncontrollable combative behaviors. Record review revealed the resident was admitted to the facility in April of 2024 with diagnoses including, but not limited to, dementia and anxiety. Record review of a care plan dated 4/17/2024 revealed a focus area indicating s/he exhibits distressed/fluctuating mood symptoms related to anxiety and dementia. Interventions include but are not limited to; refer to behavioral health specialist as needed, observe for signs and symptoms of worsening anxiety, anger and agitation. Record review revealed a telehealth evaluation progress note dated 4/23/2024 at 7:23 PM which indicates that the resident was evaluated by a provider via telehealth due to agitation. Additionally, the note indicates the resident's condition is worsening and orders were given for him/her to be transferred to the Emergency Department (ED). Further record review revealed a nursing progress note dated 4/23/2024 at 10:14 PM which states in part, . Resident was combative and uncooperative this shift. Resident spit medications back out. Not able to redirect. Family called and no resolution at this time . Record review revealed the following physician's orders: - 4/16/2024, .psych [psychiatric] .Obtain Consult as needed/indicated and treatment for patient health and comfort. - 4/17/2024, Trazodone 50 milligrams (MG), give one tablet every 6 hours as needed for anxiety and agitation. Additional record review of the April 2024 Medication Administration Record (MAR) revealed that the above-mentioned medication was administered to the resident on the following dates and times and documented as being ineffective: - 4/21/2024 at 6:20 PM - 4/23/2024 at 5:20 PM (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415078	A. Building B. Wing	04/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Respiratory and Rehabilitation Center of RI	10 Woodland Drive Coventry, RI 02816

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 0740 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- 4/24/2024 at 2:09 AM Further record review failed to reveal evidence that interventions were implemented to manage his/her anxiety or agitation after the medication was noted to be ineffective. Record review revealed a progress note dated 4/25/2024 at 2:11 PM which indicates a psychiatric consult was ordered however, the record failed to reveal evidence that a psychiatric consult was ordered prior to this date. During a surveyor interview on 4/24/2024 at approximately 4:00 PM with Registered Nurse (RN), Staff C, she revealed that she was the nurse assigned to provide care for Resident ID #4 on 4/23/2024 during the 3:00 PM - 11:00 PM shift. Additionally, she indicated that the resident exhibited aggressive behaviors such as hitting staff, refusing care and medication. She indicated that she notified the on-call provider who ordered for the resident to be transferred to the ED. Staff C, further indicated that she informed the facility supervisor who informed her that the facility does not send residents to the hospital due to dementia. Staff C, further indicated that she called the resident's family member to inform him/her of the physician's order for the resident to be transferred to the ED due to behavioral symptoms, however, s/he refused and requested the resident remain at the facility. Furthermore, Staff C indicated that the resident's behaviors were uncontrollable and continued for the duration of her shift. Staff C acknowledged that she failed to document or notify the provider of Resident ID #4's spouse's refusal for ED transfer or the fact that his/her behaviors were unchanged. Lastly, Staff C acknowledged that she did not attempt further interventions to manage his/her behaviors. During surveyor interviews with the Director of Nursing Services (DNS) on 4/24/2024 at approximately 3:30 PM and 4/26/2024 at 12:01 PM, she revealed that her expectation is that staff would have notified the provider of the resident's unchanged, unmanageable behaviors and request alternate interventions. Additionally, she was unable to provide evidence that Resident ID #4 received appropriate treatment and services to attain the highest practicable mental and psychosocial well-being to manage his/her behavioral symptoms.