

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  415078	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/06/2024
NAME OF PROVIDER OR SUPPLIER  Respiratory and Rehabilitation Center of RI		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0695</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47939</b></p> <p>Based on surveyor observation, record review and staff interview, it has been determined that the facility failed to ensure that each resident receives necessary respiratory care and services in accordance with professional standards of practice for 15 of 15 residents reviewed with a tracheostomy (a medical procedure that involves creating an opening in the neck to place a tube into a person's trachea, or windpipe), relative to oral care with suctioning, Resident ID #s 1, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, and 17.</p> <p>Findings are as follows:</p> <p>Record review of a facility reported incident submitted to The Rhode Island Department of Health on 5/23/2024 revealed in part that a resident alleged that on 5/22/2024 the second shift nurse shoved mouthwash two times in his/her mouth with no suction.</p> <p>Record review failed to reveal evidence that the facility has a policy or procedure on how to perform oral care on residents with a tracheostomy.</p> <p>1. Record review revealed Resident ID #1 was readmitted to the facility in March of 2024 with diagnoses including, but are not limited to, stroke, tracheostomy status and locked in state (a complex condition presenting with quadriplegia due to damage in the brain stem where cognition, blinking and hearing are classically preserved).</p> <p>Record review of a Minimum Data Set assessment dated [DATE] revealed a Brief Interview for Mental Status was completed with a score of 14 out of 15 indicating intact cognition. Further review revealed s/he requires respiratory treatments including, but not limited to, suctioning, tracheostomy care and invasive mechanical ventilator (a type of therapy that helps you breathe or breathes for you when you can't breathe on your own).</p> <p>Record review of a care plan dated 4/5/2019 and revised 4/19/2022 reveals a focus care area for risk for oral health or dental care problems as evidenced by poor dentition with interventions including, but not limited to, provide oral hygiene/mouth care twice per day and as needed.</p> <p>Further review of the care plan revealed a focus care area revised on 7/6/2021 that the resident is at risk for respiratory complications related to tracheostomy and chronic ventilator with interventions including, but not limited to, suction tracheotomy and airway as needed.</p> <p>(continued on next page)</p>

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:  415078	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/06/2024
NAME OF PROVIDER OR SUPPLIER  Respiratory and Rehabilitation Center of RI		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0695</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Record review revealed the following physician's orders:</p> <p>-4/11/2018- Nothing by mouth (NPO)</p> <p>-10/16/2018- oral care two times a day</p> <p>-4/6/2023- peridex solution (germicidal mouthwash) give 15 milliliters (ML) orally two times daily, SWAB twice daily for oral care.</p> <p>Record review of the May 2024 Medication Administration Record revealed the peridex mouthwash medication was administered on 5/22/2024 at 4:00 PM by Registered Nurse, Staff A.</p> <p>Record review of the May 2024 Treatment Administration Record (TAR) revealed the oral care was signed off as administered on the evening shift by Staff A.</p> <p>Record review of a staff witness statement authored by Staff A, revealed that she performed oral care for the resident by moistening a mouth swab with water. Additional review revealed she acknowledged that she did not utilize suction for the resident.</p> <p>Record review revealed a provider progress note dated 5/24/2024 at 3:11 PM which revealed in part, . Reportedly on the night of the 22nd of 3-11 shift the patient's nurse forced mouthwash into the patient's mouth quoted as 'shocked' as well as pried open my mouth she did not suction. Patient states that [s/he] swallowed it .will obtain chest x-ray .Patient history of locked-in syndrome. [s/he] is able to blink [his/her] eyes only. [s/he] is unable to voice any concerns. [s/he] is a letter board for communication .</p> <p>During a surveyor interview with Staff A on 5/29/2024 she acknowledged she did not use suction during mouth care for the Resident ID #1. She further revealed that if she utilized mouthwash her normal practice would be to suction the resident. Furthermore, she revealed she had never worked on a unit with tracheostomy/ventilator residents, and she did not receive education from the facility prior to the incident or before providing oral care to a resident with a tracheostomy.</p> <p>During a surveyor interview on 5/29/2024 at 10:40 AM with the Administrator she revealed that it is her expectation that when providing oral care to a resident who is NPO that suction should be used. Additionally, she was unable to provide evidence that Staff A received training relative to oral care and suctioning of NPO residents who have a tracheostomy prior to providing care on the Ventilator Unit.</p> <p>2. Record review revealed Resident ID #4 was readmitted to the facility in August of 2019 with diagnoses including, but are not limited to, persistent vegetative state, anoxic brain damage (injury caused by lack of oxygen to the brain), quadriplegia and tracheostomy.</p> <p>Record review of a care plan revised on 6/24/2022 revealed a focus care area for enteral feeding (a way of delivering nutrition directly to your stomach) due to dysphagia (difficulty swallowing) with interventions including, but not limited to, mouth care daily and nothing by mouth.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  415078	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/06/2024
NAME OF PROVIDER OR SUPPLIER  Respiratory and Rehabilitation Center of RI		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0695</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Further review of the care plan revealed a focus care area revised on 6/24/2022 indicating the resident is at risk for alteration in respiratory status related to tracheostomy with interventions including, but not limited to, suction tracheostomy and airway as needed.</p> <p>Record review revealed the following physician's orders:</p> <p>-7/1/2022, oral care two times a day</p> <p>-7/1/2022, NPO</p> <p>3. Record review revealed Resident ID #5 was readmitted to the facility in May of 2024 with diagnoses including, but not limited to, dysphagia, chronic respiratory failure with hypoxia, quadriplegia, and tracheostomy.</p> <p>Record review of a care plan revised on 3/13/2023 revealed a focus care area for impaired swallowing related to stroke, tracheostomy and ventilator with interventions including, but not limited to, remain NPO until speech determines otherwise.</p> <p>Record review revealed the following physician's orders:</p> <p>-6/20/2023, NPO</p> <p>-6/20/2024, oral care every day and evening shift</p> <p>4. Record review revealed Resident ID #6 was admitted to the facility in April of 2024 with diagnoses including, but not limited to, persistent vegetative state, acute respiratory failure with hypoxia, anoxic brain damage, quadriplegia, and tracheostomy.</p> <p>Record review of a care plan dated 5/7/2024 revealed a focus care area for impaired swallowing related to anoxic brain injury, tracheostomy dependent with interventions including, but not limited to, monitor for sign/symptoms of aspiration for example coughing, watery eyes, choking and moist sounding voice.</p> <p>Record review revealed the following physician's orders:</p> <p>-4/29/2024, NPO</p> <p>-4/29/2024, oral care every day and evening shift</p> <p>5. Record review revealed Resident ID #7 was readmitted to the facility in April of 2024 with diagnoses including, but not limited to, dysphagia, acute respiratory failure with hypoxia and tracheostomy.</p> <p>Record review of a care plan dated 5/22/2024 revealed a focus care area for respiratory complications related to tracheostomy with interventions to keep ambu bag (device to provide manual ventilation) and extra tracheostomy tube at bedside.</p> <p>Record review revealed the following physician's orders:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  415078	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/06/2024
NAME OF PROVIDER OR SUPPLIER  Respiratory and Rehabilitation Center of RI		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0695</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>-5/22/2024, NPO</p> <p>-5/22/2024, oral care every day and evening shift</p> <p>6. Record review revealed Resident ID #8 was readmitted to the facility in July of 2023 with diagnoses including, but not limited to, dysphagia, acute respiratory failure with hypoxia and tracheostomy.</p> <p>Record review of a care plan dated 7/24/2023 revealed a focus care area for impaired swallowing related to dysphagia with an intervention including, but not limited to, monitor for signs and symptoms of aspiration.</p> <p>Record review revealed the following physician's orders:</p> <p>-11/10/2023, NPO</p> <p>-7/20/2023, oral care two times a day</p> <p>7. Record review revealed Resident ID #9 was readmitted to the facility in March of 2024 with diagnoses including, but not limited to, dysphagia, persistent vegetative state, acute respiratory failure with hypoxia, anoxic brain damage and tracheostomy.</p> <p>Record review of a care plan dated 9/27/2022 revealed a focus care area for risk for oral care problems as evidenced by NPO status, teeth were suctioned from resident's esophagus in the hospital with intervention including, but not limited to, oral hygiene/mouth care twice per day.</p> <p>Further review revealed a care plan dated 9/27/2022 with a focus care area that the resident exhibits alteration in respiratory status related to ventilator use with an intervention including, but not limited to, suction airway as needed.</p> <p>Record review revealed the following physician's orders:</p> <p>-9/28/2022, NPO</p> <p>-9/27/2022, oral care two times a day</p> <p>8. Record review revealed Resident ID #10 was readmitted to the facility in March of 2024 with diagnoses including, but are not limited to, dysphagia, locked in state, acute respiratory failure with hypoxia, anoxic brain damage and tracheostomy.</p> <p>Record review revealed a care plan dated 5/11/2023 with a focus care area indicating the resident is at risk for respiratory complications related to tracheostomy use with interventions including, but not limited to, observe, and report any secretions for color, amount, and odor.</p> <p>Record review revealed the following physician's orders:</p> <p>-5/17/2023, NPO</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  415078	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/06/2024
NAME OF PROVIDER OR SUPPLIER  Respiratory and Rehabilitation Center of RI		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0695</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>-5/11/2023, oral care two times a day</p> <p>9. Record review revealed Resident ID #11 was readmitted to the facility in April of 2024 with diagnoses including, but not limited to, dysphagia, chronic respiratory failure with hypoxia and tracheostomy.</p> <p>Record review of a care plan dated 8/22/2022 revealed a focus care area indicating the resident is at risk for impaired swallowing related to dysphagia with an intervention including, but not limited to, monitor for signs and symptoms of aspiration.</p> <p>Further review revealed a care plan dated 5/2/2024 with a focus care area related to tracheostomy use with an intervention including, but not limited to, monitor for airway obstruction/thickened secretions.</p> <p>Record review revealed the following physician's orders:</p> <p>-4/24/2024, NPO</p> <p>-4/24/2024, oral care two times a day</p> <p>-4/24/2024, suction two times per day and as needed</p> <p>10. Record review revealed Resident ID #12 was readmitted to the facility in August of 2022 with diagnoses including, but are not limited to, dysphagia, chronic respiratory failure with hypoxia and tracheostomy.</p> <p>Record review of a care plan dated 8/22/2022 revealed a focus care area indicating the resident exhibits alteration in respiratory status related to a tracheostomy and ventilator use with interventions including, but not limited to, monitor for sign/symptoms of aspiration for example coughing, watery eyes, choking and moist sounding voice.</p> <p>Further review revealed a care plan dated 5/2/2024 with a focus care area related to tracheostomy use with an intervention including, but not limited to, monitor for airway obstruction/thickened secretions.</p> <p>Record review revealed the following physician's orders:</p> <p>-5/17/2023, NPO</p> <p>-5/11/2024, oral care two times a day</p> <p>11. Record review revealed Resident ID #13 was readmitted to the facility in May of 2024 with a diagnosis including, but not limited to, chronic respiratory failure with hypoxia.</p> <p>Record review failed to reveal evidence of a care plan related to his/her respiratory status.</p> <p>Record review revealed the following physician's order:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  415078	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/06/2024
NAME OF PROVIDER OR SUPPLIER  Respiratory and Rehabilitation Center of RI		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0695</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>-5/28/2024, NPO</p> <p>Further review of the physician's orders failed to reveal evidence of an order for mouth care.</p> <p>12. Record review revealed Resident ID #14 was readmitted to the facility in May of 2024 with diagnoses including, but not limited to, dysphagia, chronic respiratory failure with hypoxia and tracheostomy.</p> <p>Record review of a care plan dated 2/2/2023 revealed a focus care area that the resident exhibits alteration in respiratory status related to tracheostomy and ventilator use with interventions including, but not limited to, aspiration precautions, monitoring for airway obstruction and thickened secretions.</p> <p>Record review revealed the following physician's orders:</p> <p>-2/2/2023, NPO</p> <p>-2/2/2023, oral care two times a day</p> <p>13. Record review revealed Resident ID #15 was readmitted to the facility in May of 2024 with diagnoses including, but are not limited to, dysphagia, chronic respiratory failure with hypoxia, tracheostomy, and dependence on a ventilator.</p> <p>Record review of a care plan dated 5/14/2024 revealed a focus care area that the resident exhibits alteration in respiratory status related to tracheostomy and ventilator use with interventions including, but not limited to, aspiration precautions, and monitor for airway obstruction and thickened secretions.</p> <p>Record review revealed the following physician's order:</p> <p>-5/13/2024, NPO</p> <p>Further review of the physician's orders failed to reveal evidence of an order for mouth care.</p> <p>14. Record review revealed Resident ID #16 was readmitted to the facility in March of 2021 with diagnoses including, but not limited to, persistent vegetative state, chronic respiratory failure with hypoxia, anoxic brain damage and tracheostomy.</p> <p>Record review of a care plan dated 3/30/2021 revealed a focus care area, indicating the resident is at risk for respiratory complications related to tracheostomy with interventions including, but not limited to, during apnea (absence of breathing) observe the resident's color and assess consciousness, and report to the physician and suction trach/airway as needed.</p> <p>Record review revealed the following physician's orders:</p> <p>-3/30/2021, NPO</p> <p>-3/30/2021, oral care every day and evening shift</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  415078	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/06/2024
NAME OF PROVIDER OR SUPPLIER  Respiratory and Rehabilitation Center of RI		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0695</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>15. Record review revealed Resident ID #17 was readmitted to the facility in April of 2024 with diagnoses including, but not limited to, persistent vegetative state, dysphagia, chronic respiratory failure with hypoxia and tracheostomy.</p> <p>Record review of a care plan dated 5/14/2024 revealed a focus care area that indicating the resident exhibits alteration in respiratory status related to tracheostomy and ventilator use with interventions including, but not limited to, aspiration precautions, and monitor for airway obstruction and thickened secretions.</p> <p>Record review revealed the following physician's orders:</p> <p>-11/3/2021, NPO</p> <p>-4/12/2024, oral care every shift</p> <p>Record review of a facility provided document indicated that the following Nursing Assistants worked on the Ventilator Unit.</p> <p>During a surveyor interview on 5/29/2024 at approximately 10:15 AM with Nursing Assistant (NA), Staff C, she revealed that she uses an oral tray kit attached to suction to provide oral care for residents with a tracheostomy who are NPO.</p> <p>During a surveyor interview on 5/29/2024 at 10:25 AM with NA, Staff D, she revealed that she uses an oral tray kit attached to suction to provide oral care for residents who are NPO. Additionally, she revealed she had not received any training on how to use the oral tray kit with suction.</p> <p>During a surveyor interview on 5/29/2024 at approximately 10:30 AM with NA, Staff E, she revealed that she uses an oral tray kit attached to suction to provide oral care for all residents who are NPO.</p> <p>During a surveyor interview on 5/29/2024 at 11:00 AM with NA, Staff F, she revealed it is her practice to use either an oral tray kit or wall suction during oral care for the residents.</p> <p>During a surveyor interview on 5/29/2024 at 11:11 AM with NA, Staff G, she revealed it is her practice to use oral tray kits with suctioning for oral care.</p> <p>During a surveyor interview on 5/29/2024 at 11:34 AM, with NA, Staff H, she revealed she uses oral tray kits attached to wall suction for NPO residents.</p> <p>During a surveyor interview on 5/30/2024 at 1:34 PM with the Medical Director, he revealed he was not aware that NA's were performing oral care with suction. He further revealed that it would be his expectation that oral care with suction would only be provided by a licensed nurse or respiratory therapist.</p> <p>During a surveyor interview on 5/30/2024 at approximately 2:20 PM with the Respiratory Therapist Manager, she revealed that most residents on the ventilator unit have artificial airways. She further revealed that only licensed nurses or respiratory therapists should be performing oral care with suctioning.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  415078	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/06/2024
NAME OF PROVIDER OR SUPPLIER  Respiratory and Rehabilitation Center of RI		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0695</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During surveyor interviews on 5/29/2024 at 10:40 AM and 5/30/2024 at approximately 5:00 PM with the Administrator, she acknowledged that NA's were providing suctioning during oral care to those residents on the Ventilator Unit who were NPO and had tracheotomies and it was not within the NA scope of practice to suction. Additionally, she acknowledged that the facility does not have a policy or procedure on how to perform oral care on residents with a tracheostomy.</p> <p>Due to the facility's failure to provide oral care consistent with professional standards of practice Residents ID #s 1, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17 were placed at risk for serious injury, serious harm, serious impairment, or death.</p> <p>Cross Reference F 725</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  415078	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/06/2024
NAME OF PROVIDER OR SUPPLIER  Respiratory and Rehabilitation Center of RI		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 47939</p> <p>Based on record review and staff interview, it has been determined that the facility failed to ensure licensed nurses had the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical well-being of each resident, as determined by resident assessments and individual plans in accordance with the facility assessment for 3 of 3 nurses reviewed, Staff A, I, and J who worked on the Ventilator Unit.</p> <p>Findings are as follows:</p> <p>Record review of a facility reported incident submitted to The Rhode Island Department of Health on 5/23/2024 revealed in part that a resident alleged that on 5/22/2024 the second shift nurse shoved mouthwash two times in his/her mouth with no suction.</p> <p>Record review failed to reveal evidence that the facility has a policy or procedure on how to perform oral care on residents with a tracheostomy (a medical procedure that involves creating an opening in the neck to place a tube into a person's trachea, or windpipe).</p> <p>Record review of the Facility Assessment revealed that the facility has identified that they are able to provide care and nursing services for residents who require care including, but not limited to, tracheostomy and suctioning.</p> <p>Record review revealed Resident ID #1 was readmitted to the facility in March of 2024 with diagnoses including, but are not limited to, cerebral infarction, brain stem stroke syndrome, chronic respiratory failure, tracheotomy status and locked in state (a complex condition presenting with quadriplegia due to damage in the brain stem where cognition, blinking and hearing are classically preserved).</p> <p>Record review of a Minimum Data Set assessment dated [DATE] revealed a Brief Interview for Mental Status was completed with a score of 14 out of 15 indicating intact cognition. Further review reveals s/he requires respiratory treatments including, but not limited to, suctioning, tracheotomy care and invasive mechanical ventilator (a type of therapy that helps you breathe or breathes for you when you can't breathe on your own).</p> <p>Record review of a care plan dated 4/5/2019 and revised 4/19/2022 reveals a focus care area for risk for oral health or dental care problems as evidenced by poor dentition with interventions including, but not limited to, provide oral hygiene/mouth care twice per day and as needed.</p> <p>Further review of the care plan revealed a focus care area revised on 7/6/2021 that the resident is at risk for respiratory complications related to tracheostomy and chronic ventilator with interventions including, but not limited to, suction tracheotomy and airway as needed.</p> <p>Record review revealed the following physician's orders:</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  415078	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/06/2024
NAME OF PROVIDER OR SUPPLIER  Respiratory and Rehabilitation Center of RI		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-4/11/2018- Nothing by mouth (NPO)</p> <p>-10/16/2018- oral care two times a day</p> <p>-4/6/2023- peridex solution (germicidal mouthwash) give 15 milliliters (ML) orally two times daily, SWAB twice daily for oral care.</p> <p>Record review of the May 2024 Medication Administration Record revealed the peridex mouthwash medication was administered on 5/22/2024 at 4:00 PM by Registered Nurse, Staff A.</p> <p>Record review of the May 2024 Treatment Administration Record (TAR) revealed the oral care was signed off as administered on the evening shift by Staff A.</p> <p>Record review of a staff witness statement authored by Staff A, revealed that she performed oral care for the resident by moistening a mouth swab with water. Additional review revealed she acknowledged that she did not utilize suction for the resident.</p> <p>Record review revealed a provider progress note dated 5/24/2024 at 3:11 PM revealed in part, .Reportedly on the night of the 22nd of 3-11 shift the patient's nurse forced mouthwash into the patient's mouth quoted as 'shocked' as well as pried open my mouth she did not suction. Patient states then [s/he] swallowed it .will obtain chest x-ray .Locked-in syndrome. Patient history of locked-in syndrome. [s/he] is able to blink [his/her] eyes only. [s/he] is unable to voice any concerns. [s/he] is a letter board for communication .</p> <p>Record review of a staff witness statement authored by Nursing Assistant, Staff B, states in part, When doing mouthcare we use a package that has a suction connected to a toothette and mouthwash. [Residents] have another kind of mouth rinse but when they use that they use a regular toothette and suction [not connected to the toothette].</p> <p>During a surveyor interview with Staff A on 5/29/2024 she acknowledged she did not use suction during mouth care for the Resident ID #1. She further revealed that if she utilized mouthwash her normal practice would be to suction the resident. Furthermore, she revealed she had never worked on a unit with tracheostomy/ventilator residents, and she did not receive education from the facility prior to the incident or before providing oral care to a resident with a tracheostomy.</p> <p>Record review of the staffing schedule from 5/18/2024 through 5/29/2024 revealed that Staff A, I, and J provided care to residents on the Ventilator Unit.</p> <p>Record review failed to revealed evidence that Registered Nurses, Staff A, I, and Licensed Practical Nurse Staff J received training and competencies related to providing suctioning and oral care for residents who are NPO with tracheotomies that may require mechanical ventilation.</p> <p>During a surveyor interview on 5/29/2024 at 10:40 AM and 5/30/2024 at approximately 5:00 PM with the facility Administrator she revealed it would be her expectation of licensed staff to suction a resident who is NPO during oral care. Additionally, she was unable to provide evidence of training or competencies for Staff A, I, and J relative to providing suctioning and oral care for residents who are NPO with tracheotomies that may require mechanical ventilation.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  415078	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/06/2024
NAME OF PROVIDER OR SUPPLIER  Respiratory and Rehabilitation Center of RI		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Cross Reference F 695</p>		