

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  07/11/2024
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>47939</p> <p>Based on record review and staff interview, it has been determined that the facility failed to ensure that a resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing for 2 of 3 residents reviewed for pressure ulcers, Resident ID #s 1 and 3.</p> <p>Findings are as follows:</p> <p>Record review of a facility reported incident submitted to The Rhode Island Department of Health on 7/5/2024 revealed, that Resident ID #1's .Wound care treatment was outdated and not completed per MD [medical doctor] order. Resident was seen by wound care MD today .</p> <p>Record review of a facility policy titled, Skin Integrity and Wound Management states in part, .To Provide safe and effective care to promote optimal skin health, prevent pressure injuries, and promote healing . Perform daily monitoring of wounds or dressings for presence of complications or declines .</p> <p>1. Record review revealed that Resident ID #1 was readmitted to the facility in May of 2024 with diagnoses including, but not limited to, type 2 diabetes with peripheral angiopathy (a circulatory condition in which narrowed blood vessels reduce blood flow to the limbs) with gangrene (a serious and potentially fatal condition that occurs when tissue in the body dies due to a lack of blood supply).</p> <p>Further record review revealed Resident ID #1 has a stage 4 pressure injury (most severe type of pressure ulcer, the skin is severely damaged, and the surrounding tissue begins to die, may extend to muscle and bone) to his/her right heel.</p> <p>Record review revealed the following physician's orders for Santyl External Ointment (helps remove dead tissue):</p> <p>5/30/2024 through 6/13/2024 - Right heel vashe soak for 10 minutes (cleanser that inhibits microbial contamination) Skin prep the peri wound (wound wipe to protect the skin), apply Santyl a nickel thick layer to wound bed, followed by alginate (absorbent wound dressing), Cover with a super absorbent dressing and secure with kerlix (rolled gauze) and tape daily.</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
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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>6/14/2024 through 7/10/2024 - Right heel vashe soak for 10 minutes (cleanser that inhibits microbial contamination) Skin prep the peri wound (wound wipe to protect the skin), apply Santyl a nickel thick layer to wound bed, followed by alginate (absorbent wound dressing), Cover with a super absorbent dressing and secure with kerlix (rolled gauze) and tape daily.</p> <p>Review of the June 2024 Treatment Administration Record (TAR) failed to reveal evidence that the above-mentioned wound treatment was completed on 6/13/2024 and 6/18/2024, as ordered.</p> <p>Record review of the facility's Nursing Facility 5-Day Investigation report dated 7/8/2024 revealed in part, Resident ID #1's, dressing change was not done according to MD order .</p> <p>During a surveyor interview with the facility Administrator on 7/11/2024 at 1:20 PM, she acknowledged that the resident's dressing was not completed as ordered on 6/13/2024 and 6/18/2024 and should have been. Additionally, she revealed that the Wound Physician notified her on 7/3/2024, that she had removed the same dressing that she had applied to Resident ID #1's right heel wound during her last visit, which was on 6/26/2024, indicating the wound dressing was not changed for 7 days.</p> <p>2. Record review revealed that Resident ID #3 was admitted to the facility in February of 2017 with a diagnosis including, but not limited to, a Stage 4 pressure ulcer.</p> <p>Record review revealed the following physician's order dated 6/14/2024:</p> <p>- Stage 4 pressure injury Sacrum (bone at the base of the spine), vashe soak for 10 minutes, apply zinc the peri wound, apply a nickel thick layer of Santyl (helps remove dead tissue) to wound bed, followed by calcium alginate (absorbent wound dressing), cover with a bordered foam dressing every day shift.</p> <p>Review of the July 2024 TAR failed to reveal evidence that the above-mentioned treatment was completed on 7/7/2024, as ordered.</p> <p>During surveyor interviews on 7/12/2024 at 2:04 PM and 3:02 PM with the Director of Nursing Services, he acknowledged that the above-mentioned treatments were not completed as ordered. Additionally, he revealed that he would expect treatments to be completed as ordered and if the resident refused the treatment, it would be documented in their record and the physician would be notified of any treatments that were not completed as ordered.</p>		