

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  04/15/2025
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 - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>41729</p> <p>Based on record review and staff interview, it has been determined that the facility failed to ensure a resident with pressure ulcers (localized damage to the skin and/or underlying soft tissue, usually over a bony prominence) receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection, and prevent new ulcers from developing for 1 of 3 residents reviewed, Resident ID #1.</p> <p>Findings are as follows:</p> <p>Review of a community reported complaint submitted to the Rhode Island Department of Health on 4/14/2025 alleged neglect and that a resident had developed two additional bed sores while residing in the facility.</p> <p>1. Review of a facility policy titled, Skin Integrity and Wound Management dated 10/15/2024, states in part, . The licensed nurse will .Complete wound evaluation upon admission/readmission .weekly .Implement special wound care treatment as ordered .</p> <p>Record review revealed the resident was admitted to the facility in December of 2024 with diagnoses including, but not limited to, sepsis (a life-threatening condition that occurs when the body's immune system has an extreme response to an infection), pressure ulcers, and Methicillin Susceptible Staphylococcus Infection (a type of bacterial infection).</p> <p>Record review of an Admission Minimum Data Set (MDS) Assessment Section M Skin Condition, dated 12/23/2024, revealed the resident was admitted with a Stage 4 pressure ulcer (the most severe type of pressure ulcer characterized by full-thickness tissue loss with exposed bone, tendon, or muscle) and an unstageable pressure ulcer (where the depth of the wound is obscured, and the wound base is not visible).</p> <p>Record review of a care plan dated 12/19/2024 revealed the resident has a Stage 4 pressure ulcer to his/her sacrum (the large triangular bone located at the base of the spine) and unstageable pressure ulcers to his/her right and left ischium (a paired bone that forms the lower and back part of the hip bone). Staff interventions include providing wound treatments as ordered and weekly wound assessments to include measurements and a description of the wound status.</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  04/15/2025
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 - Few</p>	<p>Record review revealed a physician's order to apply a negative pressure wound therapy (a medical device known as a wound vac that uses suction to help wounds heal faster by removing fluids and bacteria from the wound, while also creating a protective environment that promotes cell growth and tissue regeneration) to the sacrum wound every 72 hours with a start date of 12/21/2024. Further record review of the physician's order revealed the negative pressure wound therapy order was discontinued on 1/2/2025.</p> <p>Record review of a nursing progress note dated 12/19/2024 at 12:42 AM revealed the negative pressure wound therapy was applied to the resident by the wound nurse.</p> <p>Record review of the Treatment Administrator Record (TAR) for December 2024 failed to reveal evidence that the negative pressure wound therapy was applied to the resident every 72 hours as ordered on 12/21/2024 and on 12/24/2024.</p> <p>2. Record review of an admission document titled Skin Check, dated 12/18/2024, revealed pressure ulcers to the sacrum and bilateral ischium.</p> <p>Record review failed to reveal evidence a complete wound evaluation that included staging, size, exudate (fluid), if pain was present, a description of the wound bed, and a description of the wound edges and surrounding tissue of the left ischial pressure ulcer was completed upon his/her admission, after it was identified on the admission skin check, per the facility's policy.</p> <p>Record review revealed the first complete wound evaluation for the left ischium was documented on 1/2/2025, which was two weeks after his/her admission assessment. The record failed to reveal a wound evaluation was completed on admission and weekly per the facility's policy.</p> <p>Additional record review failed to reveal evidence that a weekly wound evaluation was completed during the week of 12/22/24 through 12/28/2024, as indicated in the resident's care plan and per the facility's policy.</p> <p>During a surveyor interview on 4/15/2025 at 1:47 PM with the Director of Nursing Services (DNS), he indicated that a complete wound evaluation which includes wound measurements and a full description of the wounds should be completed by the staff upon admission and weekly thereafter. The DNS indicated that he would have expected the staff to conduct a complete wound evaluation to include descriptions and measurements of all pressure ulcers upon admission and weekly. Additionally, he could not provide evidence the wound assessments were completed for the left ischium on 12/18/2024 and for all pressure ulcers for the week of 12/22/2024 through 12/28/2024. Furthermore, the DNS was unable to provide evidence that the negative pressure wound therapy was applied to the resident's sacral wound on 12/21/2024 and 12/24/2024, as ordered.</p>		