

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415079	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/15/2024
NAME OF PROVIDER OR SUPPLIER Trinity Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4 St Joseph Street Woonsocket, RI 02895	

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 0582</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>47279</p> <p>Based on record review and staff interview, it has been determined that the facility failed to properly provide notice to residents and/or representatives informing when changes in coverage are made to items and services covered by Medicare and/or the state medical plan related to the Skilled Nursing Facility Advanced Beneficiary Notice (SNFABN) of Non-coverage Form for 2 of 4 residents discharged from Medicare Part A Services that remained in the facility, Resident ID #s 111 and 143.</p> <p>Findings are as follows:</p> <p>Review of the Center for Medicare and Medicaid Services (CMS) Form, CMS 100-55, titled Form Instructions Skilled Nursing Facility Advanced Beneficiary Notice of Non-coverage, states in part:</p> <p>Medicare requires SNFs [Skilled Nursing Facilities] to issue the SNFABN to Original Medicare, also called fee-for-service (FFS) beneficiaries prior to providing care that Medicare usually covers, but may not pay for in this instance because the care is:</p> <ul style="list-style-type: none"> - not medically reasonable and necessary. - or considered custodial. <p>The SNFABN provides information to the beneficiary so that s/he can decide whether or not to get the care that may not be paid for by Medicare and assume financial responsibility. SNFs must use the SNFABN when applicable for SNF Prospective Payment System services (Medicare Part A) .</p> <p>1. Record review revealed that Resident ID #111's last covered day of Medicare Part A Services was on 10/20/2023. Further record review failed to reveal evidence that the resident or resident representative was issued the SNFABN form.</p> <p>2. Record review revealed that Resident ID #143's last covered day of Medicare Part A Services was on 11/3/2023. Further record review failed to reveal evidence that the resident and/or resident representative was issued the SNFABN form.</p> <p>During a surveyor interview on 3/11/2024 at 10:15 AM with the Minimum Data Set Coordinator, Staff A, she revealed that the above residents should have been issued the SNFABN form and was unable to provide evidence that the SNFABN form was completed.</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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F 0582 Level of Harm - Potential for minimal harm Residents Affected - Some	During a surveyor interview on 3/12/2024 at 1:40 PM with the Director of Nursing Services, she was unable to provide evidence that the facility provided the SNFABN notice to the above residents or the resident representatives.		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>46671</p> <p>Based on record review and staff interview, it has been determined that the facility failed to ensure that all alleged violations involving abuse, including injuries of unknown source are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or no later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to other officials (Department of Health), in accordance with State law, for 1 of 1 resident reviewed for an injury of unknown origin, Resident ID #129.</p> <p>Findings are as follows:</p> <p>Record review of an undated facility policy titled, Resident Abuse Prohibition, states in part, .Any instance . including injuries of unknown origins .must be reported immediately to the DNS [Director of Nursing Services]/designee .The Department of Health and the Alliance for Better Long Term Care will be contacted to report all alleged violations .including injuries of unknown source .immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury .</p> <p>Record review revealed the resident was readmitted to the facility in February of 2024 with diagnoses including, but not limited to, pressure ulcer of the sacral region (base of the spine), stage 4 (severe type of pressure ulcer, the skin is severely damaged, and the surrounding tissue begins to die [necrosis] may extend to muscle and bone), muscle weakness, and dementia.</p> <p>Record review of an x-ray result report dated 3/13/2024 at 3:59 PM, revealed in part, .FINDINGS .There is a fracture of the upper portion of the patella [kneecap] .</p> <p>Further record review failed to reveal evidence that the fracture, an injury of unknown origin, was reported to The Rhode Island Department of Health, per policy.</p> <p>During a surveyor interview on 3/14/2024 at 9:20 AM with Registered Nurse, Staff B she revealed that Resident ID #129 was transferred to an acute care hospital on 3/13/2024 after a portable x-ray revealed a fracture to his/her left knee. Staff B was unable to provide evidence that this injury of unknown origin was reported to the Rhode Island Department of Health as required.</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>46241</p> <p>Based on record review and staff interview, it has been determined that the facility failed to ensure that services provided meet professional standards of quality relative to following a physician's order for 1 of 1 resident reviewed for carbon dioxide retention, Resident ID #3, 1 of 1 resident reviewed for off-loading heel booties, Resident ID #66, 1 of 1 resident reviewed for knee splints, Resident ID #75, and 1 of 2 residents reviewed for edema (swelling), Resident ID #105.</p> <p>Findings are as follows:</p> <p>According to Mosby's 4th Edition, Fundamentals of Nursing page 314 states, The physician is responsible for directing medical treatment. Nurses are obligated to follow physician's orders unless they believe the orders are in error or would harm the clients.</p> <p>1. Record review revealed Resident ID #3 was readmitted to the facility in February of 2024 with a diagnosis including, but not limited to, chronic obstructive pulmonary disease (COPD, a chronic inflammatory lung disease that causes obstructed airflow from the lungs).</p> <p>Review of a document titled Lab Results Report dated 2/5/2024 revealed the resident's carbon dioxide level was 37 (normal range 19-32).</p> <p>Review of a provider note dated 2/7/2024 states in part, .Member also has COPD and chronic respiratory failure w/ [with] hypoxia [below-normal level of oxygen in your blood] and hypercapnia [higher than normal level of carbon dioxide in the blood]; order placed to titrate O2 [oxygen] to maintain saturation 88-92% .Gave order to titrate O2 to maintain saturation of 88-92% .</p> <p>Record review failed to reveal evidence of a physician's order to titrate the resident's oxygen.</p> <p>Record review revealed a physician's order dated 2/5/2024 for oxygen at 2-4 Liters (L) via nasal cannula, as tolerated, every shift for shortness of breath.</p> <p>Further record review revealed a physician order dated 2/9/2024 to keep oxygen saturation between 88-92% due to carbon dioxide retention, three times a day.</p> <p>Review of the February 2024 Medication Administration Record (MAR) revealed 5 out of 73 opportunities, the resident's oxygen saturation levels were documented within the indicated parameter of 88-92%.</p> <p>Review of the March 2024 MAR revealed 0 out of 39 opportunities, the resident's oxygen saturation levels were documented within the indicated parameter of 88-92%.</p> <p>Review of the resident's oxygen saturation vitals summary dated 2/8/2024 through 3/13/2024 revealed 8 out of 133 documented oxygen saturation levels were within the indicated parameter of 88-92%.</p> <p>During a surveyor observation on 3/13/2024 at 9:14 AM, revealed the resident was utilizing 3L of oxygen.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a surveyor observation on 3/14/2024 at 12:09 PM, in the presence of Licensed Practical Nurse (LPN), Staff C, revealed the resident was utilizing 3L of oxygen with an oxygen saturation level of 100%.</p> <p>During a surveyor interview, immediately following the above observation, Staff C acknowledged the resident was utilizing 3 L of oxygen, with an oxygen saturation level of 100%. She further acknowledged that the resident's oxygen saturation level of 100% does not fall within the intended parameters.</p> <p>During a surveyor interview on 3/14/2024 at 12:43 PM, with the Director of Nursing Services (DNS), she indicated that it is her expectation that staff would follow physician orders.</p> <p>A surveyor interview was attempted on 3/14/2024 at 12:43 PM with Nurse Practitioner, Staff D, but she did not answer, a voicemail was left, and the surveyor did not receive a call back.</p> <p>2. Record review revealed Resident ID #66 was readmitted to the facility in September of 2022 with diagnoses including, but not limited to, stage 4 pressure ulcer (full thickness tissue loss with exposed bone, tendon, or muscle) of the right buttock, fusion of the spine and abnormal posture.</p> <p>Further record review revealed a physician's order dated 10/25/2023 for heel booties to bilateral feet every shift, as tolerated for wound care.</p> <p>During surveyor observations on the following dates and times the resident was observed without bilateral heel booties in place:</p> <ul style="list-style-type: none"> - 3/10/2024 at 9:18 AM - 3/10/2024 at 11:00 AM - 3/10/2024 at 12:05 PM - 3/11/2024 at 8:42 AM - 3/11/2024 at 11:14 AM - 3/11/2024 at 1:00 PM <p>Record review failed to reveal evidence that the resident was unable to tolerate wearing the heel booties to his/her bilateral feet.</p> <p>During a surveyor observation and simultaneous interview on 3/11/2024 at 1:40 PM with the LPN, Staff E, she acknowledged that the resident was not wearing the bilateral heel booties. Additionally, Staff E was unable to locate one of the heel booties in the resident's room.</p> <p>During a surveyor interview on 3/12/2024 at approximately 9:00 AM with the DNS, she indicated that she would expect the staff to follow the physician's order.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>3. Record review revealed Resident ID #75 was admitted to the facility in March of 2022 with diagnoses including, but not limited to, contracture of the right hip and right knee, stage 4 pressure ulcer of the right ankle and muscle weakness.</p> <p>Further record review revealed a physician's order dated 10/12/2023 for application of a right knee splint for 2 to 5 hours a day following morning care for right lower extremity contracture management.</p> <p>During surveyor observations on the following dates and times revealed the resident was not wearing the right knee splint:</p> <ul style="list-style-type: none"> - 3/10/2024 at 10:00 AM - 3/11/2024 at 9:18 AM - 3/11/2024 at 11:18 AM - 3/11/2024 at 1:30 PM - 3/11/2024 at 2:45 PM - 3/12/2024 at 9:00 AM - 3/12/2024 at 11:22 AM - 3/12/2024 at 2:18 PM - 3/13/2024 at 9:16 AM - 3/13/2024 at 11:30 AM - 3/13/2024 at 2:00 PM - 3/14/2024 at 9:11 AM <p>Record review failed to reveal evidence that staff was documenting the application of the right knee splint.</p> <p>During a surveyor interview on 3/14/2024 at 9:24 AM with LPN, Staff F, she acknowledged that the resident did not have the right knee splint on. Additionally, she indicated that she was not aware of the right knee splint order.</p> <p>During a surveyor interview on 3/14/2024 at 9:36 AM with the Assistant Director of Rehabilitation, she acknowledged that there is an order for the resident to have a right knee splint, relative to his/her right knee contracture. She further indicated that the nursing staff are aware of the order and the splint is located near the window in the resident's room.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a surveyor interview on 3/14/2024 at approximately 11:00 AM with Nursing Assistant, Staff G, she stated that the resident's knee splint is applied when she has the resident on her assignment. She further revealed that it has not been applied because she has not had the resident on her assignment since the start of the survey.</p> <p>4. Record review revealed Resident ID #105 was readmitted to the facility in December of 2023 with diagnoses including, but not limited to, varicose veins of left lower extremity with ulcer of calf, open wound to left ankle and lower leg, open wound to right lower leg, and lymphedema (swelling).</p> <p>Record review revealed a physician's order dated 1/5/2024 to encourage leg elevation, as tolerated, every shift.</p> <p>Further record review revealed a physician's order dated 1/25/2024, to off-load wounds, as tolerated, every shift for wound care.</p> <p>During surveyor observations on the following dates and times failed to reveal evidence that the resident's wounds were off loaded or his/her legs were elevated:</p> <ul style="list-style-type: none"> - 3/10/2024 at 9:17 AM - 3/10/2024 at 11:00 AM - 3/10/2024 at 12:05 PM - 3/11/2024 at 8:30 AM - 3/11/2024 at 11:45 AM - 3/11/2024 at 1:36 PM - 3/11/2024 at 2:24 PM - 3/12/2024 at 9:43 AM - 3/12/2024 at 11:29 AM - 3/12/2024 at 12:49 PM - 3/12/2024 at 2:37 PM <p>Record review failed to reveal evidence that the resident was unable to tolerate his/her wounds being off loaded or his/her legs being elevated.</p> <p>During a surveyor interview on 3/12/2024 at approximately 1:00 PM with the resident, s/he revealed that s/he has not been elevating his/her legs because staff expects him/her to elevate them in bed at all times. Additionally, s/he indicated that s/he would elevate his/her legs, but staff have not provided him/her with an alternative method to do so. S/he further indicated that s/he would like a recliner or a chair so s/he does not remain in bed all day.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a surveyor interview on 3/12/2024 at approximately 3:00 PM with LPN Staff F, she revealed that the resident has been refusing to elevate his/her legs because s/he does not like to stay in bed all day. Staff F further indicated she was not aware of the resident's preference to have a recliner in order to comply with off-loading his/her wounds and elevating his/her legs.</p> <p>During a surveyor interview on 3/13/2024 at 2:05 PM with the DNS, she indicated that she would expect staff to follow the physician's orders. She further stated that she was not aware of the resident not being provided a recliner or a chair to off-load his/her wounds and elevate his/her legs.</p> <p>46338</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43376</p> <p>46338</p> <p>46671</p> <p>Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to provide the necessary services to a resident who is unable to carry out activities of daily living relative to incontinence care for 1 out of 1 incidence of incontinence care observed, Resident ID #129 and relative to the weekly scheduled showers for 9 out of 32 residents reviewed, Resident ID #s 1, 11, 38, 41, 46, 63, 82, 112, and 118.</p> <p>Findings are as follows:</p> <p>1. Record review revealed Resident ID #129 was readmitted to the facility in February of 2024 with diagnoses including, but not limited to, pressure ulcer of the sacral region (tail bone area), stage 4 (severe type of pressure ulcer, the skin is severely damaged, and the surrounding tissue begins to die (necrosis) may extend to muscle and bone), muscle weakness, and dementia.</p> <p>Record review of a Minimum Data Set Assessment (MDS) dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 0 out of 15, indicating severely impaired cognition. Additionally, s/he is dependent on staff members for toileting hygiene.</p> <p>During a surveyor observation on 3/12/2024 at 11:11 AM, the following was revealed:</p> <ul style="list-style-type: none"> - The resident was receiving assistance with transferring from his/her recliner chair to his/her bed with a mechanical lift and Nursing Assistant (NA) Staff G and NA, Staff H. - The resident was noted to be incontinent of loose stool. His/her adult incontinence brief was saturated with loose stool which extended out of the brief and continued to his/her back. - The sacrum wound was covered with a dressing which was also saturated with stool. <p>During a surveyor interview on 3/12/2024 at 11:20 AM, immediately following the above-mentioned observation with Staff G, she revealed that she was the NA assigned to provide care to Resident ID #129 for the 7:00 AM - 3:00 PM shift. She further revealed that when she arrived on shift at approximately 7:30 AM, the resident was already out of bed sitting in his/her recliner chair. Staff G indicated that she did not transfer the resident out of the recliner or provide him/her with incontinence care until the above-mentioned observation, indicating s/he sat in his/her recliner for approximately 4 hours without receiving incontinence care.</p> <p>During surveyor interviews on 3/12/2024 at 1:12 PM and 3/14/2024 at 11:12 AM, with the Director of Nursing Services (DNS) she revealed that she would expect staff to protect the resident's skin and check him/her at least every half to one hour for incontinence.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. Record review revealed Resident ID #1 was readmitted to the facility in March of 2023 with diagnoses including, but not limited to, lymphedema (swelling), muscle weakness, and paranoid schizophrenia.</p> <p>Record review of an Annual MDS assessment dated [DATE] revealed a BIMS score of 15 out of 15, indicating intact cognition. Further review revealed that s/he requires the total assistance of two or more staff members for bathing which includes showers. Additionally, the MDS revealed that s/he answered that it is Somewhat important, for him/her to choose his/her preferred bathing method.</p> <p>During a surveyor interview on 3/13/2024 at 1:14 PM with Resident ID #1, s/he revealed that s/he has not had a shower in a year because of a broken shower chair and staff do not offer him/her a shower. Additionally, s/he indicated that his/her shower days are scheduled on Tuesday and Friday during the 3:00 PM - 11:00 PM shift. S/he indicated she did not have a shower on Tuesdays 3/12/2024.</p> <p>Record review of the Nursing Assistant (NA) Activities of Daily Living (ADL) documentation for the dates between 2/14/2024 - 3/12/2024 failed to reveal evidence that Resident ID #1 received a shower. Additionally, the record failed to reveal evidence that s/he was offered and or refused a shower.</p> <p>3. Record review revealed Resident ID #11 was admitted to the facility in April of 2011 with diagnoses including, but not limited to, unsteadiness on feet, legal blindness, and dry eye syndrome.</p> <p>Review of a quarterly MDS assessment dated [DATE] revealed a BIMS score of 12 out of 15, indicating moderately impaired cognition. Further review revealed that s/he requires the total assistance of 1 staff member for bathing, which includes showers. Additionally, the MDS revealed that s/he answered that it is very important for him/her to choose his/her preferred bathing method.</p> <p>During a surveyor interview on 3/11/2024 at 9:50 AM, with Resident ID #11, s/he indicated that s/he has not been given his/her scheduled shower by the NAs. Additionally, s/he revealed that they don't follow the shower schedule and s/he has to ask them about it. Further s/he revealed s/he would like to have a shower twice a week.</p> <p>Record review of the weekly shower schedule revealed that Resident ID #11 is scheduled to receive a shower on Tuesdays and Fridays on the 7:00 AM to 3:00 PM shift.</p> <p>Record review of the facility's document titled Adls-Bathing revealed Resident ID #11 last received a shower on 2/28/2024 at 2:59 PM. Further review revealed the resident was not showered for 7 out of 8 opportunities for a shower, from 2/13/2024 to 3/13/2024. Additionally, the record failed to reveal evidence that s/he was offered and or refused a shower.</p> <p>4. Record review revealed Resident ID #38 was readmitted to the facility in October of 2018 with diagnoses including, but not limited to, unsteadiness on feet, muscle weakness, and colostomy status (a surgical opening to the abdomen to pass the stool or gas).</p> <p>Review of a State Optional MDS assessment dated [DATE] revealed a BIMS score of 15 out of 15, indicating intact cognition. Further review revealed that s/he requires the total assistance of 1 staff member for bathing, which includes showers. Additionally, the MDS revealed that s/he answered that it is somewhat important for him/her to choose his/her preferred bathing method.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a surveyor interview on 3/11/2024 at 10:00 AM, with Resident ID #38, s/he indicated that s/he would like to have a shower more often, but the staff do not offer it.</p> <p>Record review of the weekly shower schedule revealed that Resident ID #38 is scheduled to receive a shower on Tuesdays and Wednesdays.</p> <p>Record review of the facility's document titled Adls-Bathing for Resident ID #38 failed to reveal evidence that the resident had a shower from 2/13/2024 to 3/13/2024, missing 8 out of 8 opportunities for a shower. Additionally, the record failed to reveal evidence that s/he was offered and or refused a shower.</p> <p>5. Record review revealed Resident ID #41 was readmitted to the facility in December of 2020 with diagnoses including, but not limited to, major depressive disorder, muscle weakness, and need for assistance for personal care.</p> <p>Review of a quarterly MDS assessment dated [DATE] revealed a BIMS score of 7 out of 15, indicating severely impaired cognition. Further review revealed that s/he requires the total assistance of 1 staff member for bathing, which includes showers. Additionally, the MDS revealed that s/he answered that it is somewhat important for him/her to choose his/her preferred bathing method.</p> <p>During a surveyor interview on 3/11/2024 at 10:16 AM, with Resident ID #41, s/he indicated that s/he would like to have a shower and have his/her hair washed to feel good. Additionally, s/he revealed that they only give him/her a sponge bath. S/he further indicated that when s/he requests a shower, the NAs tell him/her the following shift will assist him/her with a shower.</p> <p>Record review of the resident's weekly shower schedule revealed that s/he is scheduled to receive a shower on Mondays and Thursdays on the 3:00 PM to 11:00 PM shift.</p> <p>Record review of the facility's document titled Adls-Bathing revealed Resident ID #41 received a shower on 2/15/2024, 2/27/2024 and on 3/7/2024 missing 5 out 8 opportunities from 2/13/2024 to 3/13/2024. Additionally, the record failed to reveal evidence that s/he was offered and or refused a shower.</p> <p>6. Record review revealed Resident ID #46 was readmitted to the facility in March of 2024 with diagnoses including, but not limited to, mood disorder, skin excoriation disorder and shortness of breath.</p> <p>Review of a quarterly MDS assessment dated [DATE] revealed a BIMS score of 15 out of 15, indicating intact cognition. Further review revealed that s/he requires the total assistance of 1 staff member for bathing, which includes showers. Additionally, the MDS revealed that s/he answered that it is somewhat important for him/her to choose his/her preferred bathing method.</p> <p>During a surveyor interview on 3/11/2024 at 10:22 AM, with Resident ID #46, s/he indicated that even though s/he has trouble breathing sometimes, s/he would like to have a shower. Additionally, s/he revealed that the staff do not ask nor follow the twice a week shower schedule and when s/he asks staff for a shower, they make it difficult and still do not provide him/her with a shower.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415079	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/15/2024
NAME OF PROVIDER OR SUPPLIER Trinity Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4 St Joseph Street Woonsocket, RI 02895	
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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of the weekly shower schedule revealed that Resident ID #46 is scheduled to receive a shower on Tuesdays and Fridays on the 7:00 AM to 3:00 PM shift.</p> <p>Record review of the facility's document titled Adls-Bathing revealed Resident ID #46 did not receive a shower from 2/13/2024 to 3/13/2024, missing 8 out of 8 opportunities for a shower. Additionally, the record failed to reveal evidence that s/he was offered and or refused a shower.</p> <p>7. Record review revealed Resident ID #63 was admitted to the facility in October of 2023 with diagnoses including, but not limited to, major depressive disorder, insomnia, and muscle weakness.</p> <p>Review of a quarterly MDS assessment dated [DATE] revealed a BIMS score of 15 out of 15, indicating intact cognition. Further review revealed that s/he requires the total assistance of 1 staff member for bathing, which includes showers. Additionally, the MDS revealed that s/he answered that it is somewhat important for him/her to choose his/her preferred bathing method.</p> <p>During a surveyor interview on 3/11/2024 at 9:32 AM, with Resident ID #63, s/he indicated that s/he does not take shower because the shower room floor has mold and cracked tiles on it. S/he further revealed that staff do not offer him/her a shower.</p> <p>Record review of the shower schedule revealed that Resident ID #63 is scheduled to receive a shower on the 3:00 PM to 11:00 PM shift but it failed to reveal what days the resident was scheduled to receive a shower.</p> <p>Record review of the facility's document titled Adls-Bathing revealed Resident ID #63 did not receive a shower from 2/13/2024 to 3/13/2024, missing 8 out of 8 opportunities for a shower. Additionally, the record failed to reveal evidence that s/he was offered and or refused a shower.</p> <p>8. Resident ID #82 was readmitted to the facility in June of 2023 with diagnoses including, but not limited to, diabetes and major depressive disorder.</p> <p>Record review of a Significant Change in Status MDS assessment dated [DATE], revealed a BIMS score of 5 out of 15, indicating severely impaired cognition. Further review revealed that s/he requires the total assistance of one staff member for bathing, which includes showers. Additionally, the MDS revealed that it is Somewhat important, for him/her to choose his/her preferred bathing method.</p> <p>During a surveyor interview on 3/13/2024 at 1:49 PM, with Resident ID #82, s/he revealed that s/he has never been offered or received a shower.</p> <p>Record review of the ADL documentation between 2/14/2024 to 3/12/2024 failed reveal evidence that s/he received a shower. Additionally, the record failed to reveal evidence that s/he was offered and or refused a shower.</p> <p>9. Record review revealed Resident ID #112 was admitted to the facility in January of 2024 with diagnoses including, but not limited to, chronic obstructive pulmonary disease and pain in lower leg.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Trinity Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4 St Joseph Street Woonsocket, RI 02895	
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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of an Admission MDS assessment dated [DATE] revealed a BIMS score of 13 out of 15, indicating intact cognition. Further review revealed s/he requires substantial/maximal assistance of staff for bathing, which includes showers. Additionally, the MDS revealed that it is Somewhat important, for him/her to choose his/her preferred bathing method.</p> <p>During a surveyor interview on 3/11/2024 at 11:28 AM with Resident ID #112, s/he revealed that s/he hasn't received a shower in a couple of weeks and it bothers him/her. S/he further revealed that his/her hair is a mess and feels knotted from not taking a shower.</p> <p>During a surveyor interview on Wednesday, 3/13/2024 at 11:19 AM with NA, Staff I, in the presence of NA, Staff J, she revealed that the resident told her this morning that s/he had asked for a shower. Staff J revealed that the resident's shower schedule is on Mondays and Thursdays.</p> <p>Record review of the ADL documentation between 2/1/2024 to 3/13/2024 revealed that Resident ID #112 received one shower on 2/23/2024, indicating s/he missed 7 out of 8 opportunities to receive a shower. Further review of the documentation revealed the resident did not receive a shower on 3/13/2024, after bringing it the attention to Staff I. Additionally, the record failed to reveal evidence that s/he was offered and or refused showers.</p> <p>10. Record review revealed Resident ID #118 was readmitted to the facility in September of 2013 with diagnoses including, but not limited to, legal blindness, major depressive disorder, and anxiety disorder.</p> <p>Review of a quarterly MDS assessment dated [DATE] revealed a BIMS score of 11 out of 15, indicating moderately impaired cognition. Further review revealed that s/he requires the total assistance of 1 staff member for bathing, which includes showers. Additionally, the MDS revealed that s/he answered that it is somewhat important for him/her to choose his/her preferred bathing method.</p> <p>During a surveyor interview on 3/11/2024 at approximately 11:00 AM, with Resident ID #118, s/he indicated that the staff do not help him/her take shower, even though s/he is aware of the schedule that they are supposed to follow. Additionally, Resident ID #118 revealed that s/he must fight with the NAs most of the times to help him/her with a shower, even when s/he has his/her concerns with personal hygiene.</p> <p>Record review of the weekly shower schedule revealed that ID #118 is scheduled to received daily showers.</p> <p>Record review of the facility's document titled Adls-Bathing revealed Resident ID #118 received a shower on 3/2/2024 and 3/7/2024, indicating s/he missed 28 out of 30 opportunities for a shower, from 2/13/2024 to 3/13/2024. Additionally, the record failed to reveal evidence that s/he was offered and or refused a shower.</p> <p>During a surveyor interview on 3/12/2024 at approximately 1:30 PM with the Lead NA, Staff K, she was unable to provide evidence that these residents shower schedules were being followed by the staff.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Trinity Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4 St Joseph Street Woonsocket, RI 02895	
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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a surveyor interview 3/13/2024 at approximately 3:00 PM with the DNS, she indicated that she would expect staff to give the residents a shower according to their schedule. Additionally, she was unable to provide evidence that the facility provided the necessary services to a resident who is unable to carry out activities of daily living.</p>		

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<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46671</p> <p>Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to provide necessary treatment and services, consistent with professional standards of practice, to promote wound healing and prevent new ulcers from developing for 1 of 3 wound treatments observed, Resident ID #129.</p> <p>Findings are as follows:</p> <p>Record review of an undated facility policy titled, Wounds - Dressing Changes, states in part, .This policy and procedure intent is to ensure that .resident's skin integrity is addressed appropriately. Dressing changes will be done based on the physician orders using clean dressing change procedure .1. Upon discovery of a new skin integrity issue, the nurse will .Assess and measure the wound .The charge nurse will notify the physician, resident representative .and wound nurse .Order entered for treatment for wound .Nurse note written with a description of alteration in skin integrity, treatment initiated, and notification to the physician .</p> <p>Review of the facility policy, revised on 3/12/2022 titled, Skin Care Protocol, states in part, .For those residents identified as 'at risk' interventions must be carried out in a timely manner. Interventions to consider include but may not be limited to .Pressure-relieving .cushion .Repositioning .Minimize exposure to moisture; keep resident dry and clean .</p> <p>Record review revealed the resident was readmitted to the facility in February of 2024 with diagnoses including, but not limited to, pressure ulcer of the sacral region (tail bone area), stage 4 (severe type of pressure ulcer, the skin is severely damaged, and the surrounding tissue begins to die [necrosis] may extend to muscle and bone), muscle weakness, and dementia.</p> <p>Record review of a Minimum Data Set Assessment (MDS) dated [DATE], revealed a Brief Interview for Mental Status score of 0 out of 15, indicating severely impaired cognition. Additionally, s/he does not walk and is dependent on staff members for mobility which includes transferring from bed to chair. The MDS assessment further revealed that the resident was admitted to the facility with the stage 4 pressure area to his/her sacrum area. It is documented that the treatment included, but is not limited to, a .Pressure reducing device for chair .</p> <p>Additional record review revealed a care plan dated 1/15/2024, which indicates that the resident has a pressure ulcer to his/her sacrum area and has the potential for pressure ulcer development related to immobility. Interventions include, but are not limited to, follow the facility policies and protocols for the prevention and treatment of skin breakdown. Further review of the care plan did not identify any additional pressure areas.</p> <p>During a surveyor observation on 3/12/2024 at 11:11 AM, the following was revealed:</p> <p>- The resident was receiving assistance with transferring from his/her recliner chair to his/her bed with a mechanical lift and Nursing Assistant (NA), Staff G and by Staff H.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>- The resident was noted to be incontinent of loose stool. His/her adult incontinence brief was saturated with loose stool which extended out of the brief and continued to his/her back.</p> <p>- The sacrum wound was covered with a dressing which was also saturated with stool.</p> <p>- A white, soiled adhesive dressing was observed to his/her right lower buttocks area (ischium).</p> <p>- There was no cushion observed to his/her recliner chair.</p> <p>- A non-blanchable (discoloration of the skin that does not turn white when pressed) red/purple area was observed to his/her right hip and left lateral thigh.</p> <p>During a surveyor interview on 3/12/2024 at 11:20 AM, immediately following the above-mentioned observation with Staff G, she revealed that she was the NA assigned to provide care for Resident ID #129 during the 7:00 AM to 3:00 PM shift. She further revealed that when she arrived on shift at approximately 7:30 AM, the resident was already out of bed sitting in his/her recliner chair. Staff G indicated that she did not transfer the resident out of the recliner or provide him/her with incontinence care until the above-mentioned observation, indicating s/he sat in his/her recliner for approximately 4 hours.</p> <p>Record review revealed the following physician's orders relative to the resident's skin conditions:</p> <p>- 1/17/2024, Body check weekly every Wednesday evening</p> <p>- 2/15/2024, Off load wound; reposition as tolerated every shift</p> <p>- 2/23/2023, Coccyx [sacrum] wound to be cleansed with 1/4 strength Dakins (a solution used to treat or prevent wound infections) moisten kerlix (bandage) with Dakins and gently pack the wound, cover with island border gauze twice daily and as needed every day and evening shift.</p> <p>During a surveyor interview on 3/12/2024 at 11:36 AM with Licensed Practical Nurse, Staff L, she revealed that the resident was out of bed sitting in his/her recliner chair when she arrived on shift at approximately 7:30 AM. Additionally, she was unable to say if the non-blanchable areas noted to the resident's right hip and lateral left thigh were new. Furthermore, she was unable to explain why a dressing was in place to the resident's right ischium without a physician's order.</p> <p>Further record review failed to reveal evidence that the areas to Resident ID #129's right hip, left lateral thigh and right ischium existed prior to this observation. Furthermore, the record revealed that the weekly body check was conducted on 3/6/2024 on the Treatment Administration Record (TAR) , however, the record failed to reveal documentation of the findings.</p> <p>During a surveyor observation and simultaneous interview on 3/12/2024 at 12:20 PM with the Wound Physician and the facility's Wound Nurse/Infection Preventionist revealed the following:</p> <p>The wound physician revealed that he would expect that a pressure reducing device would be in place to Resident ID #129's chair. Additionally, he would expect staff to reposition the resident at least every 2 hours. He also acknowledged that the wounds to Resident ID #129's right hip, left lateral thigh, and right ischium were new.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Further record review failed to reveal evidence that the physician was notified of the wound to the resident's right ischium.</p> <p>During a surveyor interview on 3/14/2024 at 9:20 AM, with Registered Nurse (RN), Staff B, she revealed that she found the wound to the resident's right ischium on 3/11/2024. Staff B acknowledged that she did not document the wound description or obtain measurements of the wound. Furthermore, she revealed that she failed to notify the physician and obtain treatment orders prior to applying a treatment to the resident's right ischium wound.</p> <p>During surveyor interviews on 3/12/2024 at 1:12 PM and 3/14/2024 at 11:12 AM with the Director of Nursing Services, she revealed that she would expect staff to protect the resident's skin and check him/her at least every half to one hour and report any new areas to the physician and the resident's family. She also indicated that she would expect documentation of a weekly body check findings to be in the progress notes as well as signed off on the (TAR). Furthermore, she revealed that she was the assigned nurse for Resident ID #129 on 3/6/2024 during the 3:00 PM - 11:00 PM shift and revealed that she documented his/her weekly body check findings as a late entry on 3/13/2024, after it was brought to her attention by the surveyor.</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46671</p> <p>46715</p> <p>46241</p> <p>Based on record review and staff interview, it has been determined that the facility failed to provide appropriate treatment and services for 2 of 5 residents reviewed with an indwelling catheter (a flexible tube that collects urine from the bladder and leads to a drainage bag), Resident ID #s 79 and 129.</p> <p>Findings are as follows:</p> <p>According to Brunner & Suddarth's Textbook of Medical-Surgical Nursing Volume 2, 10th Edition, page 252 states the usual daily urine volume in the adult is 1-2 Liters or 1000-2000 cubic centimeters (cc).</p> <p>According to Brunner & Suddarth's Textbook of Medical-Surgical Nursing Volume 2, 10th Edition, page 1282 states, For patients with indwelling catheters, the nurse assesses the drainage system to ensure that it provides adequate urinary drainage. The color, odor, and volume of urine are also monitored. An accurate record of fluid intake and urine output provides essential information about the adequacy of renal function and urinary drainage.</p> <p>1. Record review revealed Resident ID #79 was readmitted to the facility in February of 2024 with diagnoses including, but not limited to, retention of urine and obstructive and reflux uropathy (a disorder of the urinary tract that occurs due to obstructed urinary flow and can be either structural or functional).</p> <p>Further record review revealed the resident was hospitalized from 2/29/2024 to 3/4/2024 when s/he returned to the facility.</p> <p>Review of the resident's care plan revealed a focus initiated on 6/16/2023 and revised on 2/7/2024 that revealed the resident has an indwelling catheter in place related to obstructive uropathy and kidney stones. An intervention includes, but is not limited to, monitor and document intake and output as per facility policy.</p> <p>Record review revealed the resident has a percutaneous nephrostomy tube (PCN, a tube that is inserted through a small surgical incision in the skin and runs from the kidney to a valve, which connects to a drainage bag that collects urine).</p> <p>Record review revealed the following physician orders:</p> <p>- Flush catheter with 60 cc of sterile water, with a start date of 7/3/2023 and a hold date of 3/2/2024.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Flush PCN tube with 10 cc of normal saline, change outer dressing with each flush, every Tuesday, Friday, and Saturday day shift, for PCN maintenance and monitor output, with a start date of 2/9/2024 and a hold date of 3/2/2024.</p> <p>Further record review failed to reveal evidence that the above orders were re-initiated upon the residents return to the facility on [DATE], until it was brought to the facility's attention by the surveyor on 3/12/2024.</p> <p>Additional record review failed to reveal documentation of urinary output for the month of March 2024, to monitor for urine output.</p> <p>During a surveyor interview on 3/12/2024 at 11:33 AM, with Licensed Practical Nurse (LPN), Staff M, she revealed that the resident did not have any recommendations or orders from the physician to empty the resident's PCN drainage bag or record urinary output. Further, she revealed that she does not empty the PCN drainage bag and indicated that the Nursing Assistants (NA) will tell her if it needs to be emptied.</p> <p>During a subsequent interview on 3/12/2024 at 11:35 AM, with NA, Staff I, in the presence of Staff M, she revealed that she does not have the ability to chart the resident's urinary output and indicated that it should be documented every shift. Additionally, both Staff I and Staff M acknowledged that there is no documentation of urinary output from the resident's catheter or PCN tube.</p> <p>During a surveyor interview on 3/12/2024 at 12:26 PM, with the Assistant Director of Nursing Services, she revealed that the physician's orders to flush the foley catheter and PCN tube should not have been on hold, after the resident returned from the hospital and indicated she told the provider, after it was brought to her attention by the surveyor. Additionally, she acknowledged that there are no measurements for the output of the foley catheter or PCN tube in the resident's record.</p> <p>During a surveyor interview on 3/12/2024 at 1:22 PM, with the Director of Nursing Services (DNS), she revealed that the urinary output of the resident's foley catheter and PCN tube should be documented in his/her record. Further, she indicated that she would have expected the physician orders, relative to flushing the foley catheter and PCN tube, to have been reinstated after the resident was hospitalized , given the resident's history of having multiple blockages in them.</p> <p>2. Record review revealed Resident ID #129 was admitted to the facility in January of 2024 with diagnoses including, but not limited to, urinary tract infection and obstructive and reflux uropathy.</p> <p>Review of the resident's care plan revealed a focus area last revised on 1/24/2024 that revealed the resident has a foley catheter due to obstructive uropathy.</p> <p>Record review failed to reveal documentation of urinary output, to monitor for urine output.</p> <p>During a surveyor interview on 3/14/2024 at 11:16 AM, with the DNS, she acknowledged that the resident does not have a physician's order to monitor urinary output. She further revealed that the nurses should be monitoring the urinary output, but indicated they only have to document urinary output if there is a physician's order. Furthermore, she was unable to explain how staff are monitoring the day to day urinary output for residents with a diagnosis of obstructive and reflux uropathy if there is not documentation in their records to review.</p>		

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NAME OF PROVIDER OR SUPPLIER Trinity Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4 St Joseph Street Woonsocket, RI 02895	

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<p>F 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46671</p> <p>46715</p> <p>Based on record review and staff interview, it has been determined that the facility failed to ensure that residents maintain acceptable parameters of nutritional status, such as usual body weight or desirable body weight range for 2 of 11 residents reviewed for nutrition, Resident ID #s 98 and 129.</p> <p>Findings are as follows:</p> <p>Review of a facility policy titled, Weight Monitoring Policy dated 2/24/2017, states in part, .All residents are to be weighed on a monthly basis between the first and the sixth of the month .If the weight is +/- [greater than/less than] 3 pounds from the previous weekly weight or +/- 5% on a monthly the resident is to be removed from the scale and reweighed (this needs to be done no later than within 24 hours for the questionable weight) .The dietician will review the weights and determine if additional intervention may need to be added .</p> <p>1. Record review revealed that Resident ID #98 was readmitted to the facility in February of 2024 with diagnoses of, but not limited to, mild neurocognitive disorder and acute kidney failure.</p> <p>Review of the Weights and Vitals Summary Report revealed the following weights:</p> <p>2/6/2024 - 136.2 pounds (lbs)</p> <p>2/27/2024 - 128.6 lbs</p> <p>Review of the progress notes revealed the Dietician made the following recommendations on 2/28/2024:</p> <p>Notify the doctor of weight loss and poor appetite, question using an appetite stimulant, add 8-ounce house supplement two times per day.</p> <p>Record review failed to reveal evidence that an appetite stimulant or a house supplement was initiated per the dietician's recommendations.</p> <p>Further review of the resident's recorded weights revealed a weight on 3/12/2024 of 125 lbs, indicating the resident experienced an additional 3.6 lb weight loss in the 14 days following the dietician's recommendations that were never implemented.</p> <p>During a surveyor interview on 3/13/2024 at 8:20 AM with the Registered Dietician, she acknowledged that neither the appetite stimulant or the house supplement had been initiated for the resident. Additionally, she acknowledged the resident continued to lose weight.</p> <p>(continued on next page)</p>

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NAME OF PROVIDER OR SUPPLIER Trinity Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4 St Joseph Street Woonsocket, RI 02895	
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<p>F 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During a surveyor interview on 3/13/2024 at 10:08 AM via telephone with Nurse Practitioner, Staff N, she revealed that she was never made aware of the dietician's recommendations. Additionally, she revealed that she would have ordered both an appetite stimulant and a supplement for the resident if she had been made aware.</p> <p>During a surveyor interview on 3/13/2024 at approximately 2:00 PM with the Director of Nursing Services (DNS) she revealed that she would expect the staff to report the Dieticians recommendations to the provider and obtain orders.</p> <p>2. Review of a facility provided document titled, March 2024 Monthly Weights states, reweigh all residents with a 3 pound difference immediately. Weight due by the 6th of each month.</p> <p>Record review revealed that Resident ID #129 was readmitted to the facility in February of 2024 with diagnoses including, but not limited to, dementia and atrial fibrillation (abnormal heart rate).</p> <p>Record review revealed the resident's weight was 169 lbs on 2/11/2024.</p> <p>Review of the March 2024 Monthly Weights revealed the resident's weight was 188.4 lbs. A weight gain of 19.4 lbs or 11.8%.</p> <p>Record review failed to reveal evidence of a re-weight per the facility policy. Further review failed to reveal evidence that the resident's provider or dietician were notified of his/her weight gain per the facility policy.</p> <p>Review of an Admission Minimum Data Set assessment dated [DATE] revealed that the resident is at nutritional risk and would require a nutrition care plan.</p> <p>Record review failed to reveal evidence that a care plan was initiated for the resident to address his/her nutritional risk.</p> <p>During a surveyor interview on 3/13/2024 at 9:35 AM with the Registered Dietician she acknowledged that a nutritional care plan was not initiated to address the resident's nutrition risk. Additionally, she was unaware of the residents 19.4 lb weight gain since the previous month.</p> <p>During a surveyor interview on 3/13/2024 at 2:09 PM with the DNS, she was unable to provide evidence of a reweight or notification to the physician and dietician of the weight gain per the policy. Additionally, she was unable to provide evidence that the facility ensured that residents maintain acceptable parameters of nutritional status for the above-mentioned residents.</p>		

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<p>F 0697</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>46241</p> <p>Based on surveyor observation, record review, and staff interviews, it has been determined that the facility failed to ensure that pain management was provided to a resident who required such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the resident's goals and preferences for 1 of 3 wound treatments observed, Resident ID #79.</p> <p>Findings are as follows:</p> <p>According to the State Operations Manual Appendix PP - Guidance to Surveyors for Long Term Care Facilities last revised on 2/3/2023 states in part, .Because pain can significantly affect a person's well-being, it is important that the facility recognize and address pain promptly. The facility's evaluation of the resident at admission and during ongoing assessments helps identify the resident who is experiencing pain or for whom pain may be anticipated during specific procedures, care, or treatment .</p> <p>Record review revealed the resident was readmitted to the facility in March of 2024 with diagnoses including, but not limited to, sepsis (an infection in the blood stream) and epilepsy.</p> <p>Review of a document titled, WOUND EVALUATION & MANAGEMENT SUMMARY dated 3/12/2024, revealed the resident has a stage 4 pressure ulcer (full thickness tissue loss with exposed bone, tendon, or muscle) to his/her sacrum (base of the spine) measuring 5 centimeters (cm) by 1.9 cm by 1 cm. Further review revealed a recommendation to administer pain medication prior to wound care.</p> <p>During a surveyor observation on 3/13/2024 at approximately 9:16 AM, revealed Licensed Practical Nurse, Staff M, performing wound care of the resident's stage 4 pressure ulcer. Throughout the duration of the wound treatment, the resident was noted to be yelling, swearing, and complaining of pain. Further, the nurse proceeded with the wound treatment and did not stop until the treatment was completed.</p> <p>During a surveyor interview on 3/13/2024 at 9:18 AM, with Staff M, she revealed that the resident does not have any pain medication available and further indicated that the resident is only in pain during wound treatments.</p> <p>During a subsequent interview on 3/13/2024 at 9:21 AM, with Staff M, she acknowledged the resident did not receive any pain medication prior to the observed wound treatment. She further revealed that she does not medicate the resident before wound treatments.</p> <p>Record review revealed a physician's order dated 6/14/2023 for Acetaminophen tablet, 650 milligrams, every six hours, as needed for temperature and pain.</p> <p>Review of the March 2024 Medication Administration Record failed to reveal evidence that the above pain medication was administered to the resident on 3/13/2024, prior to his/her wound treatment.</p> <p>(continued on next page)</p>		

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F 0697 Level of Harm - Actual harm Residents Affected - Few	During a surveyor interview on 3/13/2024 at 1:59 PM, with the Director of Nursing Services, she indicated that she would expect the resident to be medicated for pain prior to wound treatments. She further revealed that she would have expected the nurse to stop the wound treatment and administer the resident pain medication. 46715		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>47279</p> <p>Based on surveyor observation, record review, and staff interview it has been determined that the facility failed to ensure each resident's medication regimen is free from a medication error rate of 5% or greater. Based on 25 opportunities for errors observed during the medication administration task there were 2 errors resulting in an error rate of 8%, involving Resident ID #s 7 and 86.</p> <p>Findings are as follows:</p> <p>1. Record review revealed Resident ID #86 has a physician's order for Eliquis 5 milligrams give 1 tablet every morning and night related to septic pulmonary embolism (infected blood clot in the lung).</p> <p>During a surveyor observation of the medication administration task on 3/11/2024 at 10:15 AM with Registered Nurse, Staff O, she failed to administer the morning dose of Eliquis to the resident as ordered.</p> <p>During a surveyor interview immediately following the above observation with Staff O, she acknowledged that Resident ID #86 did not receive his/her Eliquis.</p> <p>2. Record review revealed Resident ID #7 has a physician's order for Fluticasone Propionate nasal suspension 50 micrograms give 1 spray in each nostril in the morning for nasal congestion.</p> <p>Further surveyor observation of the medication administration task on 3/11/2024 at approximately 10:30 AM with Staff O, she failed to administer the above medication to Resident ID #7 as ordered.</p> <p>During a surveyor interview immediately following the above observation with Staff O, she acknowledged that Resident ID #7 did not receive his/her Fluticasone.</p> <p>During a surveyor interview with the Director of Nursing Services on 3/12/2024 at 1:44 PM, she revealed that she would expect that the residents receive their medication as ordered. Additionally, she was unable to provide evidence that the facility ensured each resident's medication regimen is free from a medication error rate of 5% or greater.</p>

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>43376</p> <p>46715</p> <p>Based on record review and staff interview it has been determined that the facility failed to keep residents free from significant medication errors for 6 of 32 residents reviewed, Resident ID #s 7, 42, 48, 70, 112 and 123.</p> <p>Findings are as follows:</p> <p>Review of a facility policy titled, Medication Administration states, It is the intent of this policy to ensure that resident medication administration is managed to ensure for resident quality of life, timeliness and safety.</p> <p>1. Record review revealed Resident ID #48 was readmitted to the facility in December of 2020 with diagnoses including, but not limited to, schizoaffective disorder and borderline personality disorder.</p> <p>Record review revealed the following physician orders:</p> <p>Ambien oral tablet 5 milligram (MG, hypnotic), give 1 tablet by mouth at bedtime for insomnia.</p> <p>Oxycodone oral tablet 10 MG, give one tablet by mouth every 6 hours for pain.</p> <p>Review of the March 2024 Medication Administration Record (MAR) revealed the medication was not administered and coded as 9, (see nurses note) on the following dates:</p> <p>Ambien on 3/6, 3/7, 3/8, 3/9, 3/10 and 3/11/2024</p> <p>Oxycodone on 3/1, 3/2, 3/3, 3/4 and 3/12/2024</p> <p>Review of the progress notes on the above-mentioned dates revealed the medications were unavailable to be administered.</p> <p>During a surveyor interview on 3/12/2024 at 10:08 AM with Nurse Practitioner (NP), Staff P, she revealed that she was not aware of the resident not receiving the above-mentioned medications until 3/12/2024.</p> <p>2. Record review revealed that Resident ID #7 was admitted to the facility in December of 2022 with diagnoses including, but not limited to, anxiety and adult failure to thrive.</p> <p>Record review revealed the following physician orders:</p> <p>Lexapro oral tablet 10 MG, give 1 tablet by mouth in the morning for anxiety.</p> <p>(continued on next page)</p>

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Fluticasone Propionate Nasal Suspension 50 MCG/ACT (micrograms/activation), 1 spray in each nostril in the morning for nasal congestion.</p> <p>Artificial Tears Ophthalmic Solution, instill 1 drop in both eyes every morning and at bedtime for dry eyes.</p> <p>Review of the March 2024 MAR revealed the following medications were not administered and coded as 9 (see nurses note) on the following dates:</p> <p>Lexapro oral tablet 10 MG on 3/3 and 3/4/2024</p> <p>Artificial Tears Ophthalmic Solution on 3/4, 3/5, 3/6, 3/7, and 3/9/2024</p> <p>Fluticasone Propionate Nasal Suspension 50 MCG/ACT on 3/8 and 3/11/2024</p> <p>Review of the progress notes on the above-mentioned dates revealed the medications were unavailable to be administered.</p> <p>Record review failed to reveal evidence that the practitioner was notified of the above noted missed medications.</p> <p>3. Record review revealed that Resident ID #42 was readmitted to the facility in March of 2020 with diagnoses including, but not limited to, schizophrenia and major depressive disorder.</p> <p>Record review revealed the following physician orders:</p> <p>Zoloft Tablet 100 MG, give 1 tablet by mouth in the morning for depression.</p> <p>Review of the March 2024 MAR revealed the following medication was not administered and coded as 9 (see nurses note) on the following dates:</p> <p>Zoloft on 3/6 and 3/7/2024</p> <p>Review of the progress notes on the above-mentioned dates revealed the medication was unavailable to be administered.</p> <p>Record review failed to reveal evidence that the practitioner was notified of the above noted missed doses of medication until after it was brought to the facility's attention by the surveyor.</p> <p>4. Record review revealed that Resident ID #70 was readmitted to the facility in February of 2024 with diagnoses including, but not limited to, hypertension and schizoaffective disorder.</p> <p>Record review revealed the following physician orders:</p> <p>Carvedilol (antihypertensive) Oral Tablet 3.125 MG, give 1 tablet by mouth two times a day for hypertension.</p> <p>Hypromellose Ophthalmic Solution, instill 1 drop in both eyes three times a day for dry eyes.</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the March 2024 MAR revealed the following medications were not administered and coded as 9 (see nurses note) on the following dates:</p> <p>Carvedilol Oral Tablet 3.125 MG on 3/3/2024 and 3/4/2024</p> <p>Hypromellose Ophthalmic Solution on 3/1, 3/2, 3/4, 3/5, 3/6, 3/7, and 3/9/2024</p> <p>Review of the progress notes on the above mentioned dates revealed the medications were unavailable to be administered.</p> <p>Record review failed to reveal evidence that the practitioner was notified of the above noted missed doses of medications.</p> <p>5. Record review revealed that Resident ID #112 was readmitted to the facility in January of 2024 with diagnoses including, but not limited to, anxiety disorder and major depressive disorder.</p> <p>Record review revealed the following physician order:</p> <p>Lorazepam oral tablet 0.5 MG, give 1 tablet one time a day for anxiety disorder.</p> <p>Review of the March 2024 MAR revealed the following medication was not administered and coded as 9 (see nurses note) on the following dates:</p> <p>Lorazepam Oral Tablet 0.5 MG on 3/9 and 3/10/2024</p> <p>Review of the progress notes on the above-mentioned dates revealed the medication was unavailable to be administered.</p> <p>Record review failed to reveal evidence that the practitioner was notified of the above noted missed doses of medication.</p> <p>6. Record review revealed that Resident ID #123 was admitted to the facility in September of 2022 with diagnoses including, but not limited to, anxiety disorder and traumatic brain injury.</p> <p>Record review revealed the following physician orders:</p> <p>Bupirone oral tablet 5 MG, give 1 tablet two times a day related to anxiety.</p> <p>Review of the March 2024 MAR revealed the following medication was not administered and coded as 9 (see nurses note) on the following dates:</p> <p>Bupirone 5 MG, the AM dose on 3/1 and 3/2/2024 and the PM dose on 3/3/2024</p> <p>Review of the progress notes on the above mentioned dates revealed the medication was unavailable to be administered.</p> <p>Record review failed to reveal evidence that the practitioner was notified of the above noted missed doses of medication.</p> <p>(continued on next page)</p>

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a surveyor interview on 3/12/2024 at 9:56 AM with Licensed Practical Nurse, Staff M, she revealed that the facility does have an emergency kit available to utilize if medications do not come in from the pharmacy timely. Additionally, she acknowledged that the above medication was not administered as ordered and there is no evidence of the provider being notified.</p> <p>During a surveyor interview on 3/12/2024 at 1:39 PM with the Director of Nursing Services she acknowledged that the above-mentioned medications were not administered and coded as not available. Additionally, she was unable to provide evidence that the facility kept residents free from significant medication errors.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>43376</p> <p>Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to ensure that food is stored and distributed, in accordance with professional standards for food safety relative to the main kitchen and 2 of 2 ice machines.</p> <p>Findings are as follows:</p> <p>1. Record review of the Rhode Island Food Code 2018 edition, Section 3-602.11 Food Labels states, (B) Label information shall include: (1) The common name of the food .</p> <p>During the initial tour of the main kitchen on 3/10/2024 at 8:18 AM, in the presence of the Food Service Director (FSD), the following food items were observed with no label:</p> <ul style="list-style-type: none"> - In the walk-in refrigerator, two bags of hard-boiled eggs were sitting in clear liquid. - In the walk-in freezer, one opened plastic bag of French toast, noted to have white covering the edges, indicating freezer burn. <p>During a surveyor interview, immediately following the above observations, the FSD acknowledged both items and indicated they should be discarded.</p> <p>2. The Rhode Island Food Code 4.601.11 reads in part, .the non-food contact surfaces of equipment shall be kept free of an accumulation of .residue .</p> <p>During the initial tour of the main kitchen on 3/10/2024 at 8:18 AM, in the presence of the FSD, the hood slats were noted to have a heavy accumulation of dust.</p> <p>During a surveyor interview, immediately following the above observation, the FSD acknowledged the heavy accumulation of dust on the hood slats.</p> <p>3. During a surveyor observation on 3/10/2024 at 8:48 AM of Dietary Aide, Staff Q, he was noted to be washing hotel pans and sheets in the 3 bay sink. When the surveyor asked Staff Q to use a test strip in the sanitizer sink, he was unable to provide the test strips. He revealed he did not know he needed to use test strips to test the chemicals.</p> <p>During a surveyor interview on 3/10/2024 at 8:55 AM with the FSD she found test strips labeled, Hydrion QT-40 and tested the chemicals in the sanitizer sink. The test strip did not change color. She revealed that Staff Q added water after dispensing the chemicals. It was later revealed that the test strips she used were not appropriate for the sink and surface cleaner sanitizer chemicals that they were using.</p> <p>During a surveyor interview on 3/15/2024 at 1:35 PM with a representative from Ecolab, he revealed the facility switched chemicals recently. He further revealed they just need to fill the sink with the chemical dispenser, and indicated that it is not recommended for water to be added.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>4. The Rhode Island Food Code 2018 Edition 5-202.13 reads in part, .an airgap between the water supply inlet and the flood level rim of the plumbing fixture equipment .shall be at least twice the diameter of the water supply inlet and may not be less than 25 mm (1 inch) .</p> <p>During a surveyor observation on 3/12/2024 at 12:24 PM, of the second-floor ice machine, revealed it did not have an air gap. Additionally, the drain below the air pipe was noted to have a dark substance.</p> <p>During a surveyor observation on 3/12/2024 at 12:26 PM, of the main kitchen's ice machine, revealed it did not have an air gap.</p> <p>During a surveyor interview on 3/12/2024, immediately following the observation of the main kitchen ice machine, with the FSD and Maintenance Director, they acknowledged it did not have an air gap.</p> <p>During a surveyor interview on 3/12/2024 at approximately 2:20 PM with the Maintenance Director, he revealed the ice machine on the second floor is used frequently. He further revealed the ice machine did not have an air gap.</p>

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>46338</p> <p>Based on record review and staff interview it has been determined that the facility failed to maintain medical records on each resident that are accurately documented for 1 of 1 resident reviewed for heel boots, Resident ID #66 and 1 of 1 resident reviewed for off-loading wounds and elevating legs, Residents ID #105.</p> <p>Findings are as follows:</p> <p>1. Record review revealed Resident ID #66 was readmitted to the facility in September of 2022 with diagnoses including, but not limited to, stage 4 pressure ulcer (injury to skin and underlying tissue resulting from prolonged pressure on the skin) of the right buttock, fusion of the spine and abnormal posture.</p> <p>Further record review revealed a physician's order dated 10/25/2023 for heel boots to bilateral feet every shift as tolerated for wound care.</p> <p>During surveyor observations on the following date and times there was no evidence of the bilateral heel boots observed:</p> <ul style="list-style-type: none"> - 3/10/2024 at 9:18 AM - 3/10/2024 at 11:00 AM - 3/10/2024 at 12:05 PM - 3/11/2024 at 8:42 AM - 3/11/2024 at 11:14 AM - 3/11/2024 at 1:00 PM <p>Review of March 2024 Treatment Administration Record (TAR) revealed that the bilateral heel boots were documented as being in place when they were not:</p> <ul style="list-style-type: none"> - 3/10/2024 day shift (7:00 AM to 3:00 PM) - 3/11/2024 day shift (7:00 AM to 3:00 PM) <p>During a surveyor interview on 3/11/2024 at approximately 11:00 AM, with Licensed Practical Nurse, Staff E, she acknowledged that the heel boots were not in place. Additionally, she was unable to locate one of the boots in the resident's room. Further, Staff E was unable to explain why they were signed off as applied when they were not on the resident.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415079	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/15/2024
NAME OF PROVIDER OR SUPPLIER Trinity Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4 St Joseph Street Woonsocket, RI 02895	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. Record review revealed Resident ID #105 was readmitted to the facility in December of 2023 with diagnoses including, but not limited to, varicose veins of left lower extremity with ulcer of calf, open wound to left ankle and lower leg, open wound to right lower leg, and lymphedema (swelling).</p> <p>Additional record review revealed a physician's order dated 1/25/2024 to off-load wounds as tolerated.</p> <p>During surveyor observations on the following dates and times there was no evidence of his/her wounds being off-loaded:</p> <ul style="list-style-type: none"> - 3/10/2024 at 9:17 AM - 3/10/2024 at 11:00 AM - 3/10/2024 at 12:05 PM - 3/11/2024 at 8:30 AM - 3/11/2024 at 11:45 AM - 3/11/2024 at 1:36 PM - 3/11/2024 at 2:24 PM - 3/12/2024 at 9:43 AM - 3/12/2024 at 11:29 AM - 3/12/2024 at 12:49 PM - 3/12/2024 at 2:37 PM <p>Review of March 2024 TAR revealed that the off-loading of the wounds were documented as being completed on the following dates:</p> <ul style="list-style-type: none"> - 3/10/2024 day shift (7:00 AM - 3:00 PM) - 3/11/2024 day shift (7:00 AM - 3:00 PM) - 3/12/2024 day shift (7:00 AM - 3:00 PM) <p>During a surveyor interview on 3/12/2024 at approximately 3:00 PM with LPN, Staff F, she was unable to explain why the TAR indicated that the resident's wounds were offloaded when they were not.</p> <p>During a surveyor interview on 3/13/2024 at 2:05 PM with the Director of Nursing Services, she was unable to explain why the staff have been inaccurately documenting in the residents' medical records.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>46338</p> <p>46671</p> <p>47279</p> <p>Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to maintain an infection prevention and control program to help prevent the transmission of communicable diseases and infections relative to 2 of 3 residents observed for a wound dressing change, Resident ID #s 87 and 105. Additionally, the facility staff failed to conduct appropriate infection control practices relative to hand hygiene for 4 of 4 residents observed during the medication administration task, Resident ID #s 7, 33, 86, and 443.</p> <p>Findings are as follows:</p> <p>Review of a facility policy titled, Wounds - Dressing Changes states in part, .Procedure for Dressing Change . 7. Nurse will remove soiled dressing and dispose of properly .9. Remove the dirty gloves and dispose of properly 10. Hand hygiene will be performed and the nurse will don clean gloves 11. Cleanse the incision [wound] .</p> <p>1a) Record review revealed Resident ID #87 was admitted to the facility in December of 2023 with a diagnosis including, but not limited to, chronic venous hypertension with ulcer of lower extremity (wound with delayed healing due to poor circulation).</p> <p>Record review revealed a physician's order dated 1/17/2024 to cleanse with Vashe (wound cleanser) and perform a daily dressing change to his/her left medial calf wound. Additional review of the physician's orders revealed that the resident was on contact precautions (utilizing additional personal protective equipment in addition to standard precautions) due to methicillin-resistant staphylococcus aureus (MRSA, an infection is caused by a type of staph bacteria that's become resistant to many of the antibiotics) in his/her wound.</p> <p>During a surveyor observation on 3/11/2024 at 10:49 AM of the resident's left calf wound dressing change, Registered Nurse (RN), Staff B, was observed to remove the soiled dressing. She proceeded to cleanse the wound using the same gloves she had used to remove the soiled dressing. Staff B failed to remove her dirty gloves, conduct hand hygiene, and don new gloves prior to cleansing the wound as per policy.</p> <p>During a surveyor interview on 3/11/2024 at approximately 11:00 AM with Staff B, she acknowledged that she did not remove her dirty gloves, perform hand hygiene, nor apply clean gloves prior to cleansing the resident's wound.</p> <p>During a surveyor interview on 3/13/2024 at 2:09 PM with the Director of Nursing Services (DNS), she revealed that she would expect the nurse to remove her dirty gloves, perform hand hygiene, and don new gloves prior to cleansing the resident's wound.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>1b) Record review revealed Resident ID #105 was admitted to the facility in May of 2023 with diagnoses including, but not limited to, varicose veins (enlarged veins close to the skin surface) of the left lower extremity with ulcer of calf and open wound to right lower leg.</p> <p>Record review revealed two physician orders dated 1/26/2024 to cleanse with Vashe and perform daily dressing changes to his/her left lower extremity and right posterior calf wounds.</p> <p>During a surveyor observation on 3/13/2024 at 9:21 AM of the resident's left lower calf wound dressing change, Licensed Practical Nurse, Staff F, was conducting the resident's wound dressing change with the assistance of Nursing Assistant, Staff G. The resident's wound was observed to have copious amounts of yellow colored drainage. Staff G was observed to place her gloved hand directly on the resident's exposed wound while lifting the resident's leg. Staff F completed the resident's left lower calf dressing change and proceeded to his/her right posterior calf wound. Staff F, was observed to be using both gloved hands while conducting the resident's right calf wound dressing change. Staff F using the same dirty gloves she had used while performing the dressing change, was then noted to be touching a bottle of Vashe (that is used for multiple residents) to cleanse the resident's wound. Upon completion of the dressing change, Staff F was attempting to return the multi-use Vashe bottle to the treatment cart without first having disinfected the bottle until she was stopped by the surveyor.</p> <p>During a surveyor interview on 3/13/2024 following the above observation with Staff F, she acknowledged that she did not change her dirty gloves after touching the resident's right posterior calf wound and used those same gloves while handling the Vashe bottle. Additionally, she revealed that the Vashe cleanser is used for multiple residents on the unit, including a resident with MRSA in his/her wound.</p> <p>During a surveyor interview on 3/13/2024 at approximately 2:00 PM with the DNS, she revealed that she would expect staff would adhere to proper infection control practices relative to the wound dressing changes and handling of a multi-use wound cleanser.</p> <p>2. Review of a facility policy titled, Medication Administration states in part, .Medication Administering: Wash hands (or alcohol gel) between each resident .before and after the application of gloves. This applies to all medication administration and treatment procedures .</p> <p>During a surveyor observation of the medication administration task on 3/11/2024 at 10:15 AM with RN, Staff O, the following observations were made:</p> <ul style="list-style-type: none"> - 10:15 AM Staff O prepared medication for Resident ID #86. She entered and exited his/her room without performing hand hygiene. She returned to the medication cart and failed to perform hand hygiene. - 10:20 AM Staff O prepared medication for Resident ID #443. She entered and exited his/her room without performing hand hygiene. Additionally, a sign was posted outside the resident's door that indicated everyone must clean their hands, including before entering and when leaving the room. Staff O then returned to the medication cart and failed to perform hand hygiene. <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- 10:25 AM Staff O prepared medication for Resident ID #7. She entered and exited his/her room without performing hand hygiene. Additionally, a sign was posted outside the resident's door that indicated everyone must clean their hands, including before entering and when leaving the room. Staff O then returned to the medication cart and failed to perform hand hygiene.</p> <p>- 10:40 AM Staff O prepared medication for Resident ID #33. She donned gloves without first performing hand hygiene. She entered the resident's room, administered an injection, and exited the resident's room without first disposing of the dirty gloves prior to exiting. Additionally, a sign was posted outside the resident's door that indicated everyone must clean their hands, including before entering and when leaving the room. Staff O proceeded down the hallway wearing the dirty gloves until she was stopped by the surveyor.</p> <p>During a surveyor interview on 3/11/2024 at approximately 10:45 AM following the above observations, Staff O acknowledged that she failed to perform hand hygiene throughout the duration of the medication administration task. Additionally, she acknowledged exiting Resident ID #33's room with dirty gloves. She revealed that the dirty gloves should have been disposed of prior to exiting the resident's room and that she should have performed hand hygiene between each resident encounter during the medication pass.</p> <p>During a surveyor interview on 3/12/2024 at 3:08 PM with the Infection Preventionist, she revealed that she would expect staff to perform hand hygiene before and after each resident encounter and that the nurse should have discarded her gloves and performed hand hygiene prior to exiting Resident ID #33's room.</p> <p>During a surveyor interview on 3/13/2024 at 10:53 AM with the DNS, she revealed that she would expect staff to follow proper infection control practices. She was unable to explain why the facility failed to maintain an infection prevention and control program to help prevent the transmission of communicable diseases and infections.</p>		