

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415080	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/15/2024
NAME OF PROVIDER OR SUPPLIER Bayberry Commons		STREET ADDRESS, CITY, STATE, ZIP CODE 181 Davis Drive Pascoag, RI 02859	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>47279</p> <p>Based on record review and staff interview, it has been determined that the facility failed to provide respiratory care consistent with professional standards of practice for 1 of 3 residents reviewed for oxygen (O2), Resident ID #1.</p> <p>Findings are as follows:</p> <p>According to Lippincott Manual of Nursing Practice 10th Edition, 2014, page 240, states in part, . Administering Oxygen by Nasal Cannula [N/C, a device that is used to deliver oxygen through a tube in your nose] .1. Record flow rate used and immediate patient response .</p> <p>Review of a facility policy titled, Oxygen Administration last reviewed in January of 2024 states in part, . Procedure .Check the physician's order for liter flow and method of administration .Documentation: 1. Ensure that a physician's order has been obtained. 2. Document the date, time, amount, and method of oxygen administration. 3. Document the resident's condition before and after the initiation of therapy .</p> <p>Review of a community reported complaint submitted to the Rhode Island Department of Health on 8/14/2024 alleges that Resident ID #1 was transported to the hospital because s/he could not breathe.</p> <p>Record review revealed the resident was readmitted to the facility in June of 2024 with diagnoses including, but not limited to congestive heart failure and shortness of breath.</p> <p>Review of a progress note dated 8/11/2024 at 10:53 AM revealed that the resident requested to be transferred to the hospital and the physician was in agreement. Additionally, s/he was admitted for congestive heart failure.</p> <p>Review of a hospital document dated 8/10/2024 at 7:29 PM revealed that the resident was alert and oriented and was short of breath for approximately one week. Additionally, it revealed s/he was on 3 liters (L) of oxygen at baseline.</p> <p>Record review revealed the following physician orders pertaining to oxygen active at the time of his/her transfer to the hospital:</p> <p>- 6/13/2024 Oxygen at 1L via nasal cannula for comfort every shift as needed</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- 6/13/2024 Change oxygen tubing and clean filter every Sunday</p> <p>Record review failed to reveal evidence of a physician order for continuous oxygen therapy.</p> <p>Review of the August 2024 Medication and Treatment Administration Record revealed that the resident was not documented as having received oxygen. Additionally, the resident's oxygen tubing was replaced, and the concentrator filter was cleaned, as ordered, on 8/4.</p> <p>Review of the following progress notes revealed that the resident was receiving oxygen on the following dates and times:</p> <ul style="list-style-type: none"> - 8/6/2024 at 1:53 PM O2 tubing replaced .on 2L O2 via N/C . - 8/9/2024 at 10:30 PM .oxygen at 2L via nasal cannula . - 8/10/2024 at 2:49 PM .on 3L O2 via N/C, decreased oxygen to 2L . <p>During a surveyor interview on 8/15/2024 at 11:18 AM with Licensed Practical Nurse, Staff A, and Registered Nurse, Staff B, Staff A revealed that the resident utilizes oxygen continuously and receives between 1-3L of oxygen. Staff A acknowledged that the record failed to reveal evidence of a physician's order for continuous oxygen and revealed that there needs to be a physician's order to administer continuous oxygen that also includes the liter flow and method of administration.</p> <p>During a surveyor interview on 8/15/2024 at 11:43 AM with physician, he revealed that he would expect an oxygen order to be in place that includes the liter flow and for the nursing staff to document accordingly.</p> <p>During a surveyor interview on 8/15/2024 at 11:54 AM with the Director of Nursing Services, he acknowledged that there should be a physician order to administer continuous oxygen that includes liter flow, method of administration, and an oxygen saturation level documented every shift. Additionally, he was unable to explain why an order for continuous oxygen was not in place.</p> <p>Cross reference F 842</p>		

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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>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>47279</p> <p>Based on record review and staff interview, it has been determined that the facility failed to maintain medical records that are accurately documented in accordance with professional standards and practices for 1 of 3 residents reviewed relative to oxygen therapy, Resident ID #1.</p> <p>Findings are as follows:</p> <p>Review of a facility policy titled, Oxygen Administration last reviewed in January of 2024 states in part, . Documentation: 1. Ensure that a physician's order has been obtained. 2. Document the date, time, amount, and method of oxygen administration. 3. Document the resident's condition before and after the initiation of therapy .</p> <p>Record review revealed the resident was readmitted to the facility in June of 2024 with diagnoses including, but not limited to, congestive heart failure and shortness of breath.</p> <p>Review of a progress note dated 8/11/2024 at 10:53 AM revealed that the resident requested to be transferred to the hospital (on 8/10/2024) and the physician was in agreement. Additionally, s/he was admitted for congestive heart failure.</p> <p>Review of a hospital document dated 8/10/2024 at 7:29 PM revealed that the resident was alert and oriented and was short of breath for approximately one week. Additionally, it revealed s/he was on 3 liters (L) of oxygen at baseline.</p> <p>Record review revealed a physician order dated 6/13/2024 Oxygen at 1L via nasal cannula for comfort every shift as needed.</p> <p>Additionally, record review failed to reveal evidence of a physician order for continuous oxygen therapy.</p> <p>Review of the following progress notes revealed that the resident was receiving oxygen on the following dates and times:</p> <ul style="list-style-type: none"> - 8/6/2024 at 1:53 PM O2 tubing replaced .on 2L O2 via N/C . - 8/9/2024 at 10:30 PM .oxygen at 2L via nasal cannula . - 8/10/2024 at 2:49 PM .on 3L O2 via N/C, decreased oxygen to 2L . <p>Review of the August 2024 Medication Administration Record revealed that the resident was not documented as having received oxygen on the above dates and times.</p> <p>During a surveyor interview on 8/15/2024 at 11:18 AM with Licensed Practical Nurse, Staff A, she revealed that the resident utilizes oxygen continuously and receives between 1-3L of oxygen.</p> <p>(continued on next page)</p>		

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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>During a surveyor interview on 8/15/2024 at 11:54 AM with the Director of Nursing Services, he acknowledged that he would expect staff to be documenting the administration of oxygen and the resident's oxygen saturation level every shift. Additionally, he was unable to provide evidence that the facility maintained complete and accurate medical records for the resident relative to oxygen therapy.</p> <p>Cross reference F 695</p>		