STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415080	A. Building B. Wing	07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bayberry Commons	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)
F 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46539 Based on surveyor observation, record review, staff and resident interview, it has been determined that the facility failed to ensure that residents are free from physical restraints that are not required to treat the resident's medical symptoms. Additionally, the facility failed to document ongoing re-evaluation of the need for restraints for 1 of 2 residents reviewed for alarms, Resident ID #8. Findings are as follows: Review of the Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual last revised in October 2023 states in part, .When the use of an alarm is considered as an intervention in the resident's safety strategy, use must be based on the assessment of the resident and monitored for efficacy on an ongoing basis, including the assessment of unintended consequences of the alarm use and alternative interventions. There are times when the use of an alarm may meet the definition of a restraint, as the alarm may restrict the resident's freedom of movement and may not be easily removed by the resident . Record review revealed that the resident was admitted to the facility in September of 2021 with diagnoses including, but not limited to, difficulty walking and repeated falls. Review of a Quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status score of 14 out of 15 indicating the resident is cognitively intact. Further review of the MDS revealed that the resident utilizes an alarm in his/her chair and bed. Record review revealed a physician order dated 5/8/2024 which states, May utilize bed or chair alarm as a friendly reminder not to rise alone. Surveyor observations on the following dates and times revealed the resident had two alarms engaged while sitting in his/her wheelchair. One alarm was attached to the back of his/her shirt and would alarm if pulled and the other alarm the resident was sitting on and would alarm if the resident attempted to stand up. 7/8/2024 at 8:58 AM 7/9/2024 at 8:09 AM (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415080	A. Building B. Wing	07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bayberry Commons	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)
F 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	7/9/2024 at 10:02 AM 7/10/2024 at 9:27 AM During a surveyor interview on 7/9/2024 at 10:35 AM with the resident s/he acknowledged that s/he has two alarms on while in the wheelchair and revealed that they are to stop him/her from getting out of his/her chair and that s/he does not like the alarms on his/her chair. During a surveyor interview on 7/9/2024 at 1:35 PM with Registered Nurse, Staff A, she revealed that the resident has two alarms engaged at all times while in his/her wheelchair as a fall intervention. Additionally, she was unaware if any type of assessment was performed for use of the alarms. During a surveyor observation on 7/10/2024 at 11:35 AM of the resident in the presence of Nursing Assistant, Staff B, the resident was unable to turn off or remove either of the two alarms in use. Record review failed to reveal evidence of an assessment for use of the alarms or ongoing evaluation to include adverse reactions of alarm use. During a surveyor interview on 7/10/2024 at 1:48 PM with the Administrator and the Assistant Director of Nursing (ADNS) they acknowledged that the resident utilizes two movement alarms while in his/her wheelchair. Additionally, they were unable to provide evidence that the use of two alarms did not cause the resident to limit his/her movement while in his/her wheelchair. The ADNS and the Administrator were unable to provide evidence that ongoing evaluations of the alarms were completed or that the use of two alarms was the least restrictive intervention. 46715

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415080	A. Building B. Wing	07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bayberry Commons	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)
F 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46539 Based on record review and staff interview, it has been determined that the facility failed to conduct a comprehensive assessment using the resident assessment instrument (RAI), for 5 of 6 residents reviewed, Resident ID #s 7, 25, 39, 53 and 89, and for 1 of 4 residents reviewed related to a Significant Change Assessment, Resident ID #50. Findings are as follows: 1. Review of the Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual last revised in October 2023 states in part, .comprehensive assessments include the completion of both the MDS [Minimum Data Set assessment] and the CAA [Care Area Assessment] process, as well as care planning. Comprehensive assessments are completed upon admission, annually, and when a significant change in a resident's status has occurred or a significant correction to a prior comprehensive assessment is required . The MDS does not constitute a comprehensive assessment. Rather, it is a preliminary assessment to identify potential resident problems, strengths, and preferences. Care Areas are triggered by MDS item responses that indicate the need for additional assessment based on problem identification, known as triggered care areas, which form a critical link between the MDS and decisions about care planning .Whereas the MDS identifies actual or potential problem areas, the CAA process provides for further assessment of the triggered areas by guiding staff to look for causal or confounding factors, some of which may be reversible. It is important that the CAA documentation include the causal or unique risk factors for decline or lack of improvement. The plan of care then addresses these factors, with the goal of promoting the resident's highest practicable level of functioning: (1) improvement where possible, or (2) maintenance and prevention of avoidable declines. Documentation should support your decision making regarding whether to proceed with a care plan for a triggered CAA and the type(s) of care plan interventions that are appropriate for a particular resident .). The CAAs reflect conditions, symptoms, and other areas of concern that are common in nursing home residents and are commonly identified or suggested by MDS findings. Interpreting and addressing the care areas identified by the CATs [Care Area Triggers] is the basis of the Care Area Assessment process, and can help provide additional information for the development of an individualized care plan .CAAs must be completed in order to meet the requirements of the OBRA [Omnibus Budget Reconciliation Act] comprehensive assessment . 1a. Record review for Resident ID #7 revealed that s/he had an annual comprehensive assessment dated [DATE]. Review of section V, CAA Summary of the assessment revealed to refer to the CAA note for location and date of CAA documentation. Further record review failed to reveal evidence of a CAA note that documented information on the complicating factors, risks, and any referrals for the resident for the care areas. 1b. Record review for Resident ID #25 revealed that s/he had an annual comprehensive assessment dated [DATE]. Review of section V, CAA Summary of the assessment revealed to refer to the CAA note for location and date of CAA documentation. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415080	A. Building B. Wing	07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bayberry Commons	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)
F 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Further record review failed to reveal evidence of a CAA note that documented information on the complicating factors, risks, and any referrals for the resident for the care areas. 1c. Record review for Resident ID #39 revealed that s/he had an annual comprehensive assessment dated [DATE]. Review of section V, CAA Summary of the assessment revealed to refer to the CAA note for location and date of CAA documentation. Further record review failed to reveal evidence of a CAA note that documented information on the complicating factors, risks, and any referrals for the resident for the care areas. 1d. Record review for Resident ID #53 revealed that s/he had an annual comprehensive assessment dated [DATE]. Review of section V, CAA Summary of the assessment revealed to refer to the CAA note for location and date of CAA documentation. Further record review failed to reveal evidence of a CAA note that documented information on the complicating factors, risks, and any referrals for the resident for the care areas. 1e. Record review for Resident ID #89 revealed that s/he had an annual comprehensive assessment dated [DATE]. Review of section V, CAA Summary of the assessment revealed to refer to the CAA note for location and date of CAA documentation. Further record review failed to reveal evidence of a CAA note that documented information on the complicating factors, risks, and any referrals for the resident for the care areas. During a surveyor interview with the Minimum Data Set Coordinator on 7/10/2024 at approximately 2:00 PM and 7/11/2024 at approximately 10:00 AM, she acknowledged that Care Area Assessment indicated to refer to a CAA note for the location of the CAA documentation. Additionally, she acknowledged that a CAA note was not completed for the above-mentioned residents, which included information on the complicating factors, risks, and any referrals for the resident for the care areas. 2. According to the MDS 3.0 Resident Assessment Instrument (RAI) Manual version 3.0, last updated 10/2023 Section A states in part, .If a nursing home resident elects the hospice benefit, the nursing home is required to complete an MDS Significant Change in Status Assessment (SCSA). The nursing home is required to complete an SCSA when the resident comes off the hospice benefit (revoke) . Record review revealed Resident ID #50 was admitted to the facility in November of 2023 with a diagnosis including, but not limited to, Alzheimer's disease. Record review revealed Resident ID #50 was admitted to hospice services on 4/19/2024, indicating a significant change in his/her health status. Record review failed to reveal evidence that a SCSA was completed for the resident after being admitted to hospice services. During a surveyor interview on 7/11/2024 at 12:58 PM with the ADNS, she revealed that she would have expected a significant change assessment to be completed after being admitted to hospice services. Additionally, she was unable to provide evidence the assessment was completed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415080	A. Building B. Wing	07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bayberry Commons	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)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46241 Based on record review and staff interview, it has been determined that the facility failed to ensure that the assessment accurately reflected the resident's status for 1 of 1 resident reviewed for position alarms, Resident ID #8, 1 of 1 resident reviewed for smoking, Resident ID #19, 1 of 3 residents reviewed for a multi-drug resistant organism (MDRO, a bacteria that is resistant to antibiotics), Resident ID #25, and 1 of 2 residents reviewed for an indwelling catheter (a tube that is placed in the body to drain and collect urine from the bladder), Resident ID #56. Findings are as follows: 1. Record review revealed Resident ID #8 was readmitted to the facility in March of 2024 with a diagnosis including, but not limited to, repeated falls. Record review revealed a physician order dated 5/8/2024 which states, may utilize bed or chair alarm as a friendly reminder not to rise alone. Review of a Minimum Data Set (MDS) assessment dated [DATE], Section P, titled, Restraints and Alarms revealed the resident utilized a bed and chair alarm, less than daily, during the 7-day look back period. During a surveyor interview on 7/9/2024 at 1:40 PM, with the MDS Coordinator, she acknowledged that the 4/23/2024 MDS Assessment was inaccurate, as the resident should have been coded as using the bed and chair alarm daily, indicating that the staff do not remove the alarm. 2. Record review revealed Resident ID #19 was readmitted to the facility in April of 2022 with a diagnosis including, but not limited to, nicotine dependence. Record review revealed a care plan problem area dated 4/23/2024 which revealed the resident is an independent smoker. Review of a MDS assessment dated [DATE], Section J, titled, Health Condition revealed the resident does not currently use tobacco. During a surveyor interview on 7/9/2024 at 2:23 PM, with the MDS Coordinator, she acknowledged that the 4/19/2024 MDS Assessment was inaccurate, as the resident was coded for not using tobacco products. She indicated that the resident should have been coded for tobacco use, as s/he is a current smoker. 3. Review of a facility policy titled, Guideline for Management of MDROs states in part, .MRSA [an infection is caused by a type of staph bacteria that's become resistant to many of the antibiotics] - RI [Rhode Island] DOH [Department of Health] recommends that Contact precautions [the use of gown and gloves upon entering resident rooms] may be discontinued when: There is documentation of 2 consecutive negative MRSA screens from previously positive sites . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415080	A. Building B. Wing	07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bayberry Commons	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)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record review revealed Resident ID #25 was admitted to the facility in January of 2021 with a diagnosis including, but not limited to, carrier or suspected carrier of MRSA. Record review revealed the resident had two consecutive negative MRSA screenings dated 3/23/2023 and 3/31/2023. Review of a MDS assessment dated [DATE], Section I, titled, Active Diagnoses revealed the resident was coded as having a MDRO. During a surveyor interview on 7/10/2024 at 2:01 PM, with the MDS Coordinator, she acknowledged that the resident's 11/17/2023 MDS Assessment was coded inaccurately and indicated the resident should have been documented as having a history of an MDRO, not an active diagnosis. 4. Record review revealed Resident ID #56 was admitted to the facility in October of 2023 with a diagnosis including, but not limited to, retention of urine. Review of a progress note dated 3/24/2024 revealed the resident had an indwelling catheter that was removed and discontinued. Review of a MDS assessment dated [DATE], Section H, titled, Bladder and Bowel revealed the resident was coded as having an indwelling catheter. Review of a MDS assessment dated [DATE], Section H, titled, Bladder and Bowel revealed the resident was coded as having an indwelling catheter. During a surveyor interview on 7/10/2024 at 1:47 PM, with the MDS Coordinator, she acknowledged that the resident's 4/4/2024 and 6/28/2024 MDS Assessments were inaccurate, as the resident did not have an indwelling catheter during the 7-day look back period and indicated that both assessments should be modified. During a surveyor interview on 7/11/2024 at approximately 2:00 PM, with the Administrator and the Assistant Director of Nursing Services, they were unable to provide evidence that the MDS Assessments for Resident ID #s 8, 19, 25, and 56 were completed accurately.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415080	A. Building B. Wing	07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bayberry Commons	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident’s preferences and goals. 46539 Based on record review and staff interview, it has been determined that the facility failed to ensure that a resident received treatment and care in accordance with professional standards of practice for 1 of 1 resident reviewed for falls while receiving an anticoagulant (a medication that prevents blood from clotting, that can increase your risk of severe or fatal bleeding), Resident ID #83. Findings are as follows: Review of the facility's policy titled Fall Reduction Program states in part, 7. The licensed nurse on duty is responsible to .Notify the doctor utilizing the SBAR [Situation, Background, Assessment, Recommendation] format . Record review revealed that Resident ID #83 was admitted to the facility in June of 2024 with diagnoses including, but not limited to, muscle weakness, and acute cystitis (inflammation of the bladder, often caused by a urinary tract infection). Record review revealed a physician's order dated 6/27/2024 for Eliquis (an anticoagulant) 5 milligrams (mg) twice a day. Record review revealed a progress noted dated 7/10/2024 revealed, the resident had an unwitnessed fall with a head strike and a small lump was noted and that the Nurse Practitioner (NP) was notified of the fall. Review of a document titled Safety Events -- Post Fall Huddle SBAR dated 7/10/2024 revealed, the resident had an unwitnessed fall in his/her room. It further revealed the resident is taking an anticoagulant medication with a bump on his/her head and complained of a headache following the fall. Review of the Medication Administration Record for July 2024 revealed that the resident received Acetaminophen (pain medication) 975 mg on 7/10/2024 following the fall. During a surveyor interviews with the NP on 7/11/2024 at 9:54 AM and 12:07 PM, she revealed that she did receive a call on 7/10/2024 related to the resident having a fall and that she was aware that the resident is on Eliquis and s/he did bump his/her head. Additionally, she revealed that she had given a verbal order for the resident to have neurological assessments and vital signs completed every shift, for 72 hours. Furthermore, she revealed she was unaware that the resident complained of a headache following the unwitnessed fall with a head strike. She indicated she would have sent the resident to the hospital for evaluation had she been aware that the resident had a headache after a fall. Record review failed to reveal evidence that the verbal order to have neurological assessments and vital signs completed every shift for 72 hours was transcribed into the resident's record. Further record review failed to reveal evidence that the vital signs or neurological assessments were completed per the Nurse Practitioner's verbal order. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415080	A. Building B. Wing	07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bayberry Commons	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a surveyor interview on 7/11/2024 at 11:25 AM with the Assistant Director of Nursing, she was unable to provide evidence that the verbal order for the neurological assessments and vital signs were transcribed into the record and/or completed. She further revealed that if a resident had a fall with a head strike while on an anticoagulant that they would be to be sent out automatically to the emergency room for an evaluation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415080	A. Building B. Wing	07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bayberry Commons	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)
F 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs. 46241 Based on surveyor observation, record review, resident and staff interview, it has been determined that the facility failed to provide food prepared in a form designed to meet individual needs for 1 of 2 residents reviewed for a mechanical soft diet, Resident ID #6. Findings are as follows: Record review revealed the resident was admitted to the facility in January of 2024 with a diagnosis including, but not limited to, dysphagia (difficulty swallowing). Review of a progress note dated 6/14/2024 states in part, Resident was having difficulty swallowing this afternoon at lunch. [S/he] stated [s/he] felt like the food was stuck in [his/her] throat and began hiccupping with face turning flushed. Resident was able to breath appropriately through entire ordeal. Speech Therapy was notified and evaluation requested. This writer sat with resident until [s/he] was able to clear the food and no longer felt like it was stuck. Resident in agreement to diet downgrade to mechanical soft at this time . Record review revealed a physician order dated 6/14/2024 for a mechanical soft diet. Review of the facility's altered diet menu revealed, sausage links should be ground for a mechanical soft diet and bacon should not be served on a mechanical soft diet, indicating the resident should be served ground sausage. During a surveyor observation and interview on 7/8/2024 at 9:36 AM, of the resident's breakfast tray revealed, two whole sausage links. The resident indicated that s/he was unable to eat the sausage links. During a surveyor observation and interview on 7/9/2024 at 8:56 AM, of the resident's breakfast tray revealed, two whole strips of bacon. The resident indicated that the bacon was too hard and was difficult to eat. During a surveyor observation of the resident and simultaneous interview on 7/9/2024 at 9:09 AM, with Registered Nurse, Staff D, she acknowledged that the resident is on a mechanical soft diet and was served two strips of bacon, and should not have. During a surveyor interview on 7/9/2024 at 9:05 AM, with Cook, Staff C, he acknowledged that a resident on a mechanical soft diet should not be receiving whole sausage links or bacon. During a surveyor interview on 7/9/2024 at 1:26 PM, with the Assistant Director of Nursing Services, she acknowledged that the resident should not have received whole sausage links or bacon. Additionally, she was unable to provide evidence that the food was prepared in a form designed to meet the residents' individual needs.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415080	A. Building B. Wing	07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bayberry Commons	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. 46539 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 for 1 of 3 residents reviewed relative to Multi-drug Resistant Organisms (MDRO), Resident ID #s 39. Findings are as follows: Review of a facility policy titled Guidelines and management of MDRO's states in part, Enhanced Barrier Precautions- it has been determined by the CDC that focusing on residents with active infection fails to address the continued risk of transmission from residents with MDRO colonization, which can persist for long periods of time (e.g., months) and Contact Precautions and requires gown and gloves for certain residents (those with existing MDROs, colonization of MDROs or residents in close vicinity of those residents) during specific high contact care activities that have been found to increase risk for MDRO transmission . Epidemiologically important pathogens-Infectious agents that have one or more of the following characteristics .Antimicrobial resistance, i.e., resistance to first-line therapies (MRSA [Methicillin resistant Staphylococcus aureus], VRE [Vancomycin Resistant Enterococcus] .) .MRSA - RI [Rhode Island] DOH [Department of Health] recommends that Contact precautions may be discontinued when: There is documentation of 2 consecutive negative MRSA screens from previously positive sites . Record review revealed Resident ID #39 was readmitted to the facility in April of 2021 with diagnoses including, but not limited to, carrier or suspected carrier of MRSA and Alzheimer's disease. Review of Resident ID #39's care plan dated 4/4/2023 last reviewed/revised on 7/9/2024 states in part, [the resident] has MRSA Nares Colonization .Goal .[the resident] will not spread MRSA to other residents . Review of the resident's lab documentation revealed, the resident tested positive for MRSA in the nares on 5/14/2021 and 6/30/2021. Record review of a progress note dated 6/12/2024 authored by the Assistant Director of Nursing (ADNS)/Infection Preventionist states, Resident to have MRSA nares screen done. Send to lab tomorrow am. History of MRSA is unresolved at this time. Further record review revealed, a MRSA screen was not completed until 7/8/2024 which resulted negative for MRSA in unknown nares. Additional record review failed to reveal evidence that the resident had 2 consecutive negative MRSA cultures obtained prior to being removed from Contact Precautions or Enhanced Barrier Precautions. Surveyor observations on 7/8, 7/9, 7/10, and 7/11/2024 failed to reveal evidence that the resident was on Contact or Enhanced Barrier Precautions relative to the diagnosis of a MDRO, per the facility policy. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415080	A. Building B. Wing	07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bayberry Commons	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a surveyor interview on 7/11/2024 at approximately 2:00 PM with the ADNS and the Administrator, they were unable to provide evidence that the facility maintained an infection prevention and control program to help prevent the transmission of communicable diseases.