

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  415081	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/03/2024
NAME OF PROVIDER OR SUPPLIER  Westerly Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  280 High Street Westerly, RI 02891	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>13453</p> <p>Based on record review and staff interview, it has been determined that the facility failed to ensure that the results of all alleged abuse investigations are reported in accordance with State law, including to the State Survey Agency (Rhode Island Department of Health; RIDOH), within 5 working days of the incident for 5 of 10 facility reported incidents (FRI) reviewed.</p> <p>Findings are as follows:</p> <ol style="list-style-type: none"> <li>1. Review of a FRI submitted to the RIDOH on 7/12/2024, failed to reveal evidence that the results of the facility's investigation were submitted to RIDOH within 5 working days of the incident.</li> <li>2. Review of a FRI submitted to the RIDOH on 7/12/2024, failed to reveal evidence that the results of the facility's investigation were submitted to RIDOH within 5 working days of the incident.</li> <li>3. Review of a FRI submitted to the RIDOH on 7/24/2024, failed to reveal evidence that the results of the facility's investigation were submitted to RIDOH within 5 working days of the incident.</li> <li>4. Review of a FRI submitted to the RIDOH on 8/9/2024, failed to reveal evidence that the results of the facility's investigation were submitted to RIDOH within 5 working days of the incident.</li> <li>5. Review of a FRI submitted to the RIDOH on 8/20/2024, failed to reveal evidence that the results of the facility's investigation were submitted to RIDOH within 5 working days of the incident.</li> </ol> <p>During a surveyor interview on 9/3/2024 at 1:00 PM with the Administrator and the Director of Nursing Services, they acknowledged that results of the five above-mentioned FRI investigations were not reported to RIDOH, within 5 working days of the incident, as required.</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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