

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 11/27/2024
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 0661</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure necessary information is communicated to the resident, and receiving health care provider at the time of a planned discharge.</p> <p>37158</p> <p>Based on record review and staff interview, it has been determined that the facility failed to reconcile all pre-discharge medication orders with the resident's post-discharge medication orders, for 1 of 3 residents reviewed relative to discharge from the facility, Resident ID #2.</p> <p>Findings are as follows:</p> <p>Record review revealed the resident was admitted to the facility in September of 2024 with diagnoses including, but not limited to, polymyalgia rheumatica (an inflammatory disorder that causes pain), osteoarthritis and cervical disc disorder (injuries to the discs between the vertebrae). Further review revealed the resident was discharged to his/her home on 10/13/2024.</p> <p>Record review of the active physician's orders on the day of the resident's discharge on 10/13/2024, revealed the following:</p> <ul style="list-style-type: none"> - Acetaminophen (a medication prescribed to treat pain) 1000 mg (milligrams), give 1000 mg three times a day. - Cholecalciferol (a supplement prescribed to treat vitamin D deficiency) 1000 units, give 1 tablet once daily. - Gabapentin (a medication prescribed to treat nerve pain) 100 mg, give 1 capsule by mouth two times a day. <p>Record review of the resident's, Rhode Island Health Continuity of Care (COC) Form completed for at the time of the resident's discharge and signed by the discharging nurse and the resident's representative on 10/13/2024, revealed the following physician's orders:</p> <ul style="list-style-type: none"> - Acetaminophen 500 mg, 1 tablet three times a day. - Cholecalciferol 1000 units, give 1 tablet twice daily. - Gabapentin 100 mg, give 1 capsule once daily. <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 0661 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a surveyor interview with the Director of Nursing Services on 11/27/2024 at 1:46 PM, she acknowledged that the above-mentioned discharge medications were transcribed incorrectly on the resident's COC.		