STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415084	A. Building B. Wing	05/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elmhurst Rehabilitation & Healthcare Center	50 Maude Street Providence, RI 02908

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 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. 46118 Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to ensure that nursing staff have the appropriate skill sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical well-being of each resident, as determined by resident assessments and individual plans of care, relative to intravenous (IV) administration of fluids, for 2 of 4 staff reviewed, Staff A and B. Findings are as follows: During a surveyor interview on 5/21/2024 at approximately 9:25 AM with Resident ID #2, s/he indicated that s/he felt that the nursing staff at the facility did not know how to properly care for his/her IV. Record review revealed Resident ID #2 was admitted to the facility in May of 2024 with diagnoses including, but not limited to, candidiasis (fungal infection) and an abscess of the lung. Record review revealed the resident had a peripherally inserted central catheter (PICC line- a long, flexible tube that's inserted into a vein in the upper arm and guided into a large vein above the right side of the heart). Record review revealed the resident was receiving antibiotics via the PICC line every 6 hours. Record review revealed the resident was sent to the hospital on 5/18/2024, due to the PICC line being occluded (obstructed). Review of the facility assessment, last revised on 2/5/2024, revealed the facility provides nurse competencies on IV administration of fluids and electrolytes. Record review failed to reveal evidence that the following staff completed the mandatory IV competency: - Licensed Practical Nurse (LPN), Staff A, agency staff - LPN, Staff B, date of hire 4/16/2024 (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415084	A. Building B. Wing	05/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elmhurst Rehabilitation & Healthcare Center	50 Maude Street Providence, RI 02908

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 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review revealed the above nurses administered fluids and medications to the resident via his/her PICC line multiple times during his/her admission to the facility. During a surveyor interview on 5/20/2024 at 11:40 AM, with the Director of Nursing Services, she indicated that all nurses receive competency education regarding IV fluid administration and IV care. Additionally, she was unable to provide evidence that the IV competency was completed for the above-mentioned staff.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415084	A. Building B. Wing	05/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elmhurst Rehabilitation & Healthcare Center	50 Maude Street Providence, RI 02908

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 - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46118 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 1 resident reviewed for the Multidrug-resistant Organism (MDRO), Methicillin-resistant Staphylococcus aureus (MRSA), Resident ID #1. Findings are as follows: Review of a facility policy titled, Multidrug-Resistant Organisms states in part, .the following strategies are adopted from the Centers for Disease Control and Prevention and provide current recommendations for MDRO prevention and control .implement contact precautions routinely for all residents colonized or infected with a target MDRO .because environmental surfaces and medical equipment, especially those in close proximity to the resident, may be contaminated, don gowns and gloves before or upon entry to the resident's room . 1. Record review revealed that Resident ID #1 was readmitted to the facility in May of 2024 with diagnoses including, but not limited to, bronchopneumonia and repeated falls. Review of the hospital discharge documentation dated 5/17/2024, revealed the resident was tested for MRSA in the nares (nose) on 5/15/2024 with a positive result on 5/16/2024. Review of the Printable Discharge Form, revealed the resident was on contact precautions while at the hospital related to MRSA in the nares. A surveyor observation of the resident and his/her room [ROOM NUMBER]/20/2024 at approximately 1:10 PM, failed to reveal evidence that s/he was on contact precautions. During a surveyor interview with the resident at the time of the above-mentioned observation, the resident indicated that s/he was positive for MRSA while in the hospital and the hospital transferred him/her to a private room. The resident further indicated that s/he had not been tested since his/her return to the facility. Record review failed to reveal evidence that the resident was on contact precautions. During a surveyor interview on 5/20/2024 at 1:20 PM with the Assistant Director of Nursing Services, she revealed that was unaware the resident had tested positive for MRSA in the nares. Additionally, she acknowledged that the resident had not been placed on contact precautions. During a surveyor interview on 5/20/2024 at 2:13 PM with the Infection Preventionist, she indicated that a resident who is positive for MRSA in the nares should be on contact precautions, a sign should be placed on the door indicating the type of precaution, a bin containing personal protective equipement (PPE) should be placed at the door, and a physician's order should be transcribed in the medical record. She further indicated that she was unaware that the resident was positive for MRSA in the nares. Additionally, she acknowledged that the resident had not been placed on contact precautions. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415084	A. Building B. Wing	05/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elmhurst Rehabilitation & Healthcare Center	50 Maude Street Providence, RI 02908

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 - Few	During a surveyor interview on 5/20/2024 at approximately 3:00 PM with the Director of Nursing Services (DNS), she acknowledged that the resident was positive for MRSA in the nares and had not been placed on contact precautions as outlined in the facility policy. Additionally, she could not provide evidence that the appropriate precautions were in place to prevent the spread of an infection. 2. Additional record review of Resident ID # 1's physician's orders revealed an order dated 5/20/2024 for Contact precautions related to MRSA in the nares, after it was brought to the facility's attention by the surveyor. During a surveyor observation on 5/21/2024 at approximately 9:10 AM, signage for contact precautions and bins with PPE were in place outside of Resident ID #1's room. During a surveyor observation on 5/21/2024 at approximately 9:16 AM, Registered Nurse, Staff C, entered the resident's room without donning (putting on) PPE. During a surveyor interview on 5/21/2024 at approximately 9:21 AM with Staff C, she indicated that she was unaware that the resident was on contact precautions for MRSA in the nares. Additionally, she acknowledged that she entered the resident's room without donning a gown or gloves. Furthermore, she acknowledged that the resident had a physician's order dated 5/20/2024 for contact precautions related to MRSA in the nares. During a surveyor interview on 5/21/2024 at 9:40 AM with the DNS, she indicated that a physician's order was put in place for contact precautions related to MRSA in the nares after it was brought to the facility's attention by the surveyor. She further indicated that she would expect staff to don PPE prior to entering Resident ID #1's room.