

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415084	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/14/2024
NAME OF PROVIDER OR SUPPLIER Elmhurst Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46118</p> <p>Based on record review and staff interview, it has been determined that the facility failed to ensure that a resident who is at risk for pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing and prevent infection, for 1 of 2 residents reviewed who had actual pressure ulcers upon admission, Resident ID #409.</p> <p>Findings are as follows:</p> <p>According to the State Operation Manual Appendix PP- Guidance to Surveyors for Long Term Care Facilities, last revised 2/3/2023 states in part, An admission evaluation helps identify residents at risk of developing a [pressure ulcer/pressure injury] PU/PI, and residents with existing PU/PIs .the at-risk resident needs to be identified and have interventions implemented promptly to attempt to prevent PU/PI. The admission evaluation helps define those initial care approaches .With each dressing change or at least weekly (and more often when indicated by wound complications or changes in wound characteristics), an evaluation of the PU/PI should be documented. At a minimum, documentation should include the date observed and:</p> <p>Location and staging</p> <p>Size (perpendicular measurements of the greatest extent of length and width of the PU/PI), depth; and the presence, location and extent of any undermining or tunneling/sinus tract;</p> <p>Exudate, if present: type (such as purulent/serous), color, odor and approximate amount;</p> <p>Pain, if present: nature and frequency (e.g., whether episodic or continuous);</p> <p>Wound bed: Color and type of tissue/character including evidence of healing (e.g., granulation tissue), or necrosis (slough or eschar); and</p> <p>Description of wound edges and surrounding tissue (e.g., rolled edges, redness, hardness/induration, maceration) as appropriate .</p> <p>Review of the facility policy titled Pressure Ulcers/Skin Breakdown- Clinical Protocol states in part, .the nurse shall describe and document/report .full assessment of pressure sore including location, stage, length, width, and depth .the staff and practitioner will examine the skin of newly admitted residents for evidence of existing pressure ulcers .</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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review revealed the resident was admitted to the facility on [DATE] and discharged on [DATE] with diagnoses including, but not limited to, pressure ulcer of the right heel and pressure ulcer of the sacral region (tail bone/buttocks region).</p> <p>Review of a care plan dated 2/26/2024 revealed the resident had pressure injuries present on admission with interventions including, but not limited to, administer treatments as ordered, monitor, and document the wound size and shape, and to measure length, width, and depth.</p> <p>Record review of the hospital continuity of care (COC) documents provided to the facility dated 2/22/2024 revealed the resident had 3 pressure injuries upon discharge from the hospital; a stage 2 (open wound exposing the first and sometimes second layer of tissue) to his/her left ear, a stage 3 (full thickness skin loss potentially extending into the subcutaneous layer) to his/her right buttocks and a deep tissue injury (DTI-a persistent, non-blanchable, deep red, purple or maroon area of intact skin, non-intact skin or a blood-filled blister) to his/her right heel.</p> <p>Record review revealed that upon admission to the facility a skin check was completed on 2/23/2024, identifying two of the three pressure ulcers that were listed on the hospital COC. Although, the two of the three pressure ulcers were identified upon admission to the facility, the facility failed to include in their assessment a description of the wound bed, exudate (drainage), wound edges, surrounding tissue, pain that the resident may or may not have experienced and the wound size/measurements as indicated in the State Operation Manual Appendix PP.</p> <p>Further record review failed to identify the wound to the right heel upon admission, despite the hospital COC indicating that the resident had a DTI to his/her right heel upon hospital discharge.</p> <p>Additional record review failed to reveal evidence that treatments were implemented upon admission when the pressure ulcers were first identified as evidenced below.</p> <p>Record review of the February 2024 Treatment Administration Record (TAR) revealed a treatment to the left ear as needed with a start date of 2/26/2024 and a discontinued date of 2/27/2024. Further review failed to reveal evidence that this treatment to the left ear was documented as being completed or evidence that the wound to the left ear was healed.</p> <p>Further review of the February 2024 TAR revealed 3 different treatment orders to the right buttocks, one with a start date of 2/26/2024 and a discontinued date of 2/27/2024, one with a start date and discontinued date of 2/27/2024, and one with a start date of 2/28/2024 and a discontinued date of 3/1/2024. Further review failed to reveal evidence that any of the treatments were completed to the right buttocks wound until 2/28/2024, 5 days after the resident's admission to the facility.</p> <p>During a surveyor interview on 3/13/2024 at 8:34 AM with the Unit Nurse Manager, Staff A she indicated that she reviewed the hospital COC on 2/26/2024 and indicated that resident had a DTI to his/her right heel upon admission, but a treatment was not implemented. After she identified that there was not a treatment in place she then implemented a treatment to the right DTI on 2/27/2024, which was 4 days after the resident's admission to the facility.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of the contracted wound care specialists initial progress note dated 2/29/2024 revealed the sacral wound and the right heel DTI were measured for the first time, 6 days following the resident's admission to the facility. Further review revealed the resident's ear was not assessed at this time. Additional review revealed the sacrum, and the right heel DTI were documented as unstageable [an open wound that is difficult to determine the severity of the wound due to the wound bed being covered in slough or eschar, which is wound debris] at that time.</p> <p>During a surveyor interview on 3/13/2024 at approximately 8:36 AM with Staff A, she acknowledged that the resident's sacral wound and the right heel DTI were not measured until 2/29/2024, 6 days after his/her admission. She further acknowledged that a treatment had not been completed for the resident's pressure wound to his/her ear. She was unable to provide evidence that a treatment had been completed to the resident's sacrum/buttocks wound until 2/28/2024, 5 days following his/her admission, and that a treatment was not in place or completed to the resident's heel until 2/27/2024, 4 days following his/her admission to the facility.</p> <p>During a surveyor interview on 3/13/2024 at 10:36 AM with the Infection Preventionist, she was unable to provide evidence that treatment orders and wound assessments, including descriptions and measurements, were put into place upon the resident's admission to the facility.</p> <p>During a surveyor interview on 3/13/2024 at 12:21 PM with the Director of Nursing Services, she was unable to provide evidence that the facility ensured the resident received the necessary treatment and services, consistent with professional standards of practice, to promote healing and prevent infection.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>46118</p> <p>Based on surveyor observation, record review, resident, and staff interview, it has been determined that the facility failed to ensure that each resident receives adequate supervision and/or monitoring to prevent accidents relative to smoking for 1 of 2 residents reviewed, Resident ID #77.</p> <p>Findings are as follows:</p> <p>1. Review of the facility policy titled, Attachment D2 Tobacco-Restrictive Policy Acknowledgement states in part, .it is the policy of the Facility to discourage any smoking in the facility .the purpose of restricting the smoking in the facility is to reduce the effect of smoking to residents who do not smoke .reduce the risk of passive smoke .including possible adverse effects on treatment .reduce the risk of fire .all residents smoke with supervision and will do so only in the designated area .all cigarettes, lighters, and other smoking materials will be kept at the nurses' station.</p> <p>Record review for Resident ID #77 revealed that s/he was readmitted to the facility in May of 2022 with diagnoses including, but not limited to, multiple sclerosis (a disease in which the immune system eats away at the protective covering of nerves) and depression.</p> <p>Record review of a care plan dated 2/13/2024 revealed the resident is an active smoker with interventions including, but are not limited to, I understand for my safety, the facility will store my nicotine products and lighter.</p> <p>Additional record review revealed the resident has a history of non-compliance with the smoking policy as evidenced by the following progress notes:</p> <p>-2/6/2023 at 9:01 AM states in part, .this writer and ADON [Assistant Director of Nursing] met with [Resident ID #77] this AM to verify [s/he] does not have any cannabis in room .denies having any substance .</p> <p>-4/18/2023 at 2:01 PM states in part, .marijuana like smell coming from resident's room .SS [social services] was notified and retrieved a marijuana pen from resident .provider was notified and ordered a urine tox screen .</p> <p>-4/18/2023 at 2:38 PM states in part, .informed by nursing that [Resident ID #77] had a strong smell of marijuana coming from room .[name redacted] says, its not really pot, it's a vape .gave vape pen and extra cartridge .in agreement for vape pen/cartridge removed from room, given to nursing unit manager for lock up . continue with POC [plan of care].</p> <p>-2/12/2024 at 4:01 PM states in part, .SS met with [Resident ID #77] as [s/he] verbalized to a staff member that [s/he] had gone outside to smoke marijuana .admitted to this .writer asked if [s/he] had any prohibited items in room .turned over lighter and a pre-rolled joint .SS to monitor.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a surveyor interview on 3/14/2024 at approximately 9:28 AM with the resident revealed that s/he smokes medical marijuana and acknowledged doing so while in bed. The resident revealed that s/he keeps a marijuana vape pen in the top drawer of his/her bureau.</p> <p>During a surveyor interview on 3/14/2024 at approximately 9:40 AM with Nursing Assistant, Staff B she revealed that the resident had an incident with smoking marijuana in his/her room about 6 months ago.</p> <p>During a surveyor interview on 3/14/2024 at 10:41 AM with the Social Worker, Staff C, while in the presence of the resident in his/her room, the resident acknowledged that s/he vapes while in bed and revealed having a marijuana vape pen and a lighter in his/her bureau. With permission from the resident, Staff C searched the drawers and removed the vape pen but was unable to locate the lighter the resident said s/he had.</p> <p>During a surveyor interview on 3/14/2024 at approximately 11:20 AM with the Director of Nursing Services (DNS) she acknowledged that smoking materials should not be in a resident's room and acknowledged that use of marijuana is not permitted on the premises of the facility. The DNS was unable to provide evidence as to why the resident had smoking materials in his/her room.</p> <p>During a surveyor interview on 3/14/2024 at 12:36 PM with the DNS, she was unable to provide evidence that the facility ensured that each resident received adequate supervision and/or monitoring to prevent accidents.</p> <p>47808</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>46539</p> <p>Based on record review and staff interview, it has been determined that the facility failed to provide appropriate treatment and services for 3 of 4 residents reviewed with an indwelling catheter (a flexible tube that collects urine from the bladder and leads to a drainage bag), Resident ID #s 86, 6, and 79.</p> <p>Findings are as follows:</p> <p>According to Brunner & Suddarth's Textbook of Medical-Surgical Nursing Volume 2, 10th Edition, page 1282 states, For patients with indwelling catheters, the nurse assesses the drainage system to ensure that it provides adequate urinary drainage. The color, odor, and volume of urine are also monitored. An accurate record of fluid intake and urine output provides essential information about the adequacy of renal function and urinary drainage.</p> <p>Review of a facility policy titled Catheter Care, Urinary states in part, .observe the resident's urine level for noticeable increase or decrease .</p> <p>1. Record review revealed that Resident ID #86 was readmitted to the facility in November of 2023 with diagnoses including, but not limited to, hypo-osmolality (decreased electrolytes in the blood) and hyponatremia (decreased sodium in the blood), and chronic obstructive pulmonary disease.</p> <p>Review of a physician's order dated 11/17/2023 revealed the resident has a foley catheter for urinary retention.</p> <p>Record review revealed the following progress notes:</p> <p>12/17/2023: the resident was found to have his/her foley catheter tubing kinked/tangled. The resident presented with a painful distended bladder and upon unkinking the tubing blood tinged urine began to drain.</p> <p>12/18/2023: patient with new hematuria (blood in urine) noted in foley catheter.</p> <p>1/27/2024: the resident returned from the emergency room after being sent out for abdominal pain and distention. A new foley was placed and the bladder drained 1700 milliliters (ml) of urine (the normal healthy adult bladder can hold up to 480 ml of urine at a time without discomfort)</p> <p>2/26/2024: authored by the resident's Nurse Practitioner states in part, .monitor foley output [every shift] and report acute findings to provider .</p> <p>Record review revealed a physician's order dated 2/4/2024 to monitor for urine output every shift and report to the provider for no urinary output every shift.</p> <p>Review of the February 2024 Medication Administration Record (MAR) revealed that out of 77 opportunities to measure the resident's urine output 22 opportunities were missed.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Further record review failed to reveal evidence that the provider was notified that there was no urinary output on 2/9, 2/14, 2/20, 2/21, and 2/28/2024.</p> <p>Review of the March 2024 MAR revealed on the evening shift on 3/11/2024 the urinary output was documented as no. Further record review revealed on 3/8/2024 no urine output was documented on the evening shift.</p> <p>Further record review failed to reveal evidence the provider was notified that the resident had no urinary output on the evening shift on 3/11/2024.</p> <p>2. Record review revealed that Resident ID #6 was readmitted to the facility in February of 2024 with diagnoses including, but not limited to, retention of urine and benign prostatic hyperplasia (a condition in which the flow of urine is blocked due to the enlargement of the prostate gland).</p> <p>Record review revealed the resident has a supra pubic catheter (a flexible rubber or plastic tube inserted into your bladder via a surgical open in the abdomen).</p> <p>Review of a physician's order dated 11/17/2023 revealed that the staff were to monitor the supra pubic catheter for patency (to ensure that there are no blockages) every shift and call provider for no urinary output and/or hematuria every shift.</p> <p>Review of the March 2024 MAR revealed that out of 36 opportunities to document patency 7 of them were documented as no.</p> <p>Review of a provider progress note dated 2/14/2024 states in part, monitor for .low output, dark colored urine, low urine output .and call provider .</p> <p>Record review failed to reveal evidence the provider was notified when no output was documented on 3/1/2024 on two shifts, all three shifts on 3/6/2024, and two shifts on 3/7/2024.</p> <p>Further record review failed to reveal documentation that urinary output was monitored for the months of February and March of 2024.</p> <p>3. Record review revealed that Resident ID #79 was readmitted to the facility in December of 2023 with diagnoses including, but not limited to, bladder-neck obstruction (a condition that blocks or slows down the flow of urine from the bladder) and hydronephrosis (an excess of urine accumulation in the kidney(s) that causes swelling of the kidneys).</p> <p>Review of a physician's order dated 11/4/2023 revealed the resident has a foley catheter for bladder-neck obstruction.</p> <p>Further record review failed to reveal evidence of documentation that urinary output was monitored for the months of February and March of 2024 as indicated in the nursing standard of practice.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a surveyor interview on 3/14/2024 at 8:45 AM with the Director of Nursing Services (DNS), she acknowledged that the residents outputs were not recorded for Resident ID #s 6 and 79 or that Resident ID #86's output was documented to its entirety. She indicated that it is resident specific on whether or not urinary output will be documented when a resident has a foley catheter. Additionally, the DNS was unable to provide evidence that the facility provided appropriate treatment and services for residents with a urinary catheter including documenting the urinary output to assess for adequacy of renal function, or how the facility would identify an increase or a decrease in urinary output without the measurement of urine being documented.</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>46539</p> <p>Based on surveyor observation, record review and staff interview, it has been determined that the facility failed to ensure a resident's drug regimen is free from significant medication errors for 1 of 1 resident observed with medications at the bedside, Resident ID #31.</p> <p>Findings are as follows:</p> <p>Record review revealed the resident was admitted to the facility in October of 2022 with diagnoses including, but not limited to, valgus deformity (a bone deformity), hemiplegia (paralysis of one side of the body) and hemiparesis (weakness on one side of the body) and pain.</p> <p>Review of the facility policy titled, Administering Medications states in part, .Medications are administered in a safe and timely manner, and as prescribed .4. Medications are administered in accordance with prescriber orders, including any required timeframe .</p> <p>Review of the facility's competency for Administering Medications states in part, .21. Remain with the resident until all medications have been taken .</p> <p>Surveyor observation of the resident's room on 3/11/2024 at 8:33 AM revealed a medication cup containing three pills, on his/her bedside table. At this time the resident was unattended by staff and noted to be sleeping in his/her bed.</p> <p>During a surveyor interview on 3/11/2024 at 8:36 AM with Registered Nurse, Staff F, she acknowledged that the medications were left unattended in the resident's room. Additionally, Staff F was unable to explain why the medications were left at the bedside or what the medications were.</p> <p>During a subsequent surveyor interview on 3/11/2024 at 8:39 AM after Staff F went back to look at Resident ID #31's orders and Medication Administration Record, she revealed the medications were identified as Levetiracetam (a medication to control seizures) 1000 mg (milligrams), Ibuprofen (a medication to treat pain) 800 mg and Baclofen (a medication to treat muscle spasms) 10 mg. Additionally, Staff F revealed these medications were not that mornings scheduled medications, as they had not been administered as of yet.</p> <p>Record review revealed the following medications that were to be administered on 3/10/2024 at 10:00 PM:</p> <ul style="list-style-type: none"> -Levetiracetam 250 mg by mouth every 12 hours for seizure disorder to be given with 1000 mg tablet to equal a total dose of 1250 mg. -Levetiracetam 1000 mg by mouth every 12 hours for seizure disorder to be given with 250 mg tablet to equal a total dose of 1250 mg. -Ibuprofen 800 mg give 800 mg by mouth three times a day for pain. -Baclofen 10 mg give 1 tablet by mouth every 6 hours for spasms. <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of a facility document titled, Employee Performance Improvement Notification dated and signed by Licensed Practical Nurse, Staff G on 3/11/2024, revealed Staff G acknowledged that she gave the resident his/her cup of medications, during the evening shift on 3/10/2024, however the document revealed Staff G did not witness the resident take the medications. Additionally, she acknowledged that she left the medications on the resident's bedside table.</p> <p>During a surveyor interview with the Director of Nursing Services on 3/12/2024 at 2:48 PM, she acknowledged that per Staff G's statement, the medications were left on the resident's bedside table and they were not administered to the resident. Additionally, she would expect that staff remain with residents until all medications have been taken.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>46539</p> <p>Based on surveyor observation, record review and staff interview, it has been determined that the facility failed to store all drugs and biological's in locked compartments for 1 of 1 resident reviewed relative to medications left at the bedside, Resident ID #31.</p> <p>Findings are as follows:</p> <p>Review of the facility policy titled, Medication Labeling and Storage states in part, .The facility stores all medications and biological's in locked compartments .4. Compartments containing medications and biological's are locked when not in use .</p> <p>Review of the facility's competency for Administering Medications states in part, .21. Remain with the resident until all medications have been taken .</p> <p>Surveyor observation of the resident's room on 3/11/2024 at 8:33 AM revealed a medication cup containing three pills, on his/her bedside table. At this time the resident was unattended by staff and noted to be sleeping in his/her bed.</p> <p>During a surveyor interview on 3/11/2024 at 8:36 AM with Registered Nurse, Staff F, she acknowledged that the medications were left unattended in the resident's room. Additionally, Staff F was unable to explain why the medications were left at the bedside or what the medications were.</p> <p>During a subsequent surveyor interview on 3/11/2024 at 8:39 AM after Staff F went back to look at Resident ID #31's orders and Medication Administration Record, she revealed the medications were identified as Levetiracetam (a medication to control seizures) 1000 mg (milligrams), Ibuprofen (a medication to treat pain) 800 mg and Baclofen (a medication to treat muscle spasms) 10 mg. Additionally, Staff F revealed these medications were not that mornings scheduled medications, as they had not been administered as of yet.</p> <p>Record review of a facility document titled, Employee Performance Improvement Notification dated and signed by Licensed Practical Nurse, Staff G on 3/11/2024, revealed Staff G acknowledged that she gave the resident his/her cup of medications during the evening shift on 3/10/2024, however the document revealed Staff G did not witness the resident take the medications. Additionally, she acknowledged that she left the medications on the resident's bedside table.</p> <p>During a surveyor interview with the Director of Nursing Services on 3/12/2024 at 2:48 PM, she acknowledged that per Staff G's statement, the medications were left on the resident's bedside table and they were not administered to the resident. Additionally, she was unable to provide evidence that the medications were stored and locked in compartments.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415084	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/14/2024
NAME OF PROVIDER OR SUPPLIER Elmhurst Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>46118</p> <p>46539</p> <p>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 relative to 1 of 2 residents reviewed for Methicillin-Resistant Staphylococcus Aureus (MRSA) Resident ID #409 and 1 of 1 wound dressings observed, Resident ID #79.</p> <p>Findings are as follows:</p> <p>1. Record review of a policy titled, Multidrug-Resistance Organisms [MDRO] states in part, .appropriate precautions are taken when caring for individuals known or suspected to have infection with a multidrug-resistant organism .Room Placement .When single-resident rooms are not available, cohort residents with the same MDRO in the same room .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 [put on] gowns and gloves before or upon entry to the resident's room .</p> <p>Record review revealed Resident ID #409 was admitted to the facility in February of 2024 with diagnoses including, but not limited to, acute respiratory failure and congestive heart failure.</p> <p>Record review of a care plan dated 2/27/2024 revealed the resident required Enhanced Barrier Precautions (putting on gown and gloves for high contact resident activities) related to a history of Methicillin-Resistant Staphylococcus Aureus (MRSA- an MDRO) in the nares and wound. Further review revealed gown and gloves are to be applied prior to performing high contact resident care activities.</p> <p>Record review of the hospital discharge documentation dated 2/22/2024 which was received by the facility upon the resident's admission, revealed the resident tested positive for MRSA of the nares on 2/20/2024. Further review revealed an active order for Mupirocin oint [ointment used to treat MRSA] .small amount top [topically] BID [twice a day] please apply twice a day for 5 days total.</p> <p>Record review failed to reveal evidence that any precautions were in place for 5 days following the resident's admission. Additional review failed to reveal evidence that the facility implemented the required Contact Precautions for an active MRSA infection for the resident's entire admission, approximately 21 days.</p> <p>Record review failed to reveal evidence that the facility cohorted the resident with another resident with the same MDRO. Further record review failed to reveal evidence that the resident's roommate had a history of an MDRO. The residents resided in the same room for approximately 21 days.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Elmhurst Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 50 Maude Street Providence, RI 02908	
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a surveyor interview on 3/13/2024 at 10:36 AM with the Infection Preventionist, she indicated that the staff were unaware that the resident was positive for MRSA in the nares on admission. She acknowledged that the MRSA infection and the treatment orders were included in the hospital documentation that was received by staff upon admission. Additionally, she indicated that she would expect that a resident with an active MRSA infection would be placed on contact or droplet precautions upon admission and she was unable to explain why the resident was cohorted with a resident who did not have an MDRO.</p> <p>During a surveyor interview on 3/13/2024 at 1:50 PM with the Director of Nursing Services (DNS), she indicated that she would expect that the appropriate precautions be in place for a resident who had an active MRSA infection. Additionally, she was unable to provide evidence that the facility followed Contact Precautions to prevent the spread of infection.</p> <p>2. According to Infection Control Assessment and Response (ICAR) Tool for General Infection Prevention and Control (IPC) Across Settings Wound Care Facilitator Guide from the Centers for Disease Control and Prevention last revised on 1/27/2023, states in part, .Maintain separation between clean and soiled equipment to prevent cross contamination .Any unused disposable supplies that enter the patient/resident's care area should remain dedicated to that patient/resident or be discarded. They should not be returned to the clean supply area. If supplies are dedicated to an individual patient/resident, they should be properly labeled and stored in a manner to prevent cross-contamination or use on another patient/resident (e.g., in a designated cabinet in the patient/resident's room) .Containers entering patient/resident care areas should be dedicated for single-patient /resident use or discarded after use .</p> <p>Record review revealed that Resident ID #79 was readmitted to the facility in December of 2023 with diagnoses including, but not limited to, necrotizing fasciitis (a bacterial infection that spreads quickly in the body and can cause death), pressure ulcer of the sacral region stage 4 (stage 4 pressure ulcers are the most serious, affecting the muscles and ligaments) and osteomyelitis (infection in the bone caused by bacteria) of the vertebra sacral and sacrococcygeal (buttocks) region.</p> <p>Record review revealed a physicians order dated 1/27/2024 which states in part, Right Sacral Stage 4 Pressure Injury - Cleanse well with VASHE [cleanser that cleanses, irrigates, moistens and debrides wounds], apply/maintain a thin layer of Calazime [skin protectant] to wound margins and periwound [surrounding skin] skin, apply VASHE soaked gauze to the wound bed (tuck into undermined areas from 8 - 12 o'clock), cover with several dry gauze sponges, cover with a 6 x 6 adhesive super absorbent pad, reinforce with retention tape. Change EVERY shift .</p> <p>During a surveyor observation of wound care on 3/12/2024 at 1:58 PM revealed, Licensed Practical Nurse, Staff H, removed the residents soiled dressing from his/her sacral wound. She was observed to cleanse the wound using a multi-resident package of gauze, cleanse the wound repeatedly reaching into the multiuse package to remove various gauze and cleansing the wound without performing hand hygiene or changing her gloves.</p> <p>At the completion of the wound care, Staff H brought the wounds supplies back to the treatment cart. She placed the package of gauze into the treatment cart for multi-resident use.</p> <p>(continued on next page)</p>		

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

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a surveyor interview on 3/12/2024 at 2:25 PM, immediately following the above-mentioned observation, Staff H acknowledged that she placed the package of gauze that she used to cleanse Resident ID #79 wound into the treatment cart to be used for multi-resident use.</p> <p>During a surveyor interview on 3/12/2024 at 2:50 PM, with the DNS she revealed that she would have expected Staff H to have either thrown away the package of gauze or designate it to Resident ID #79 and not return it to the multiuse treatment cart.</p>

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 13453</p> <p>Based on surveyor observations and staff interview, it has been determined that the facility failed to maintain a sanitary and comfortable environment relative to 17 of 32 resident rooms observed.</p> <p>Findings are as follows:</p> <p>Surveyor observations of resident rooms from 3/10/2024 through 3/14/2024, revealed the following:</p> <ol style="list-style-type: none"> 1. Portions of the walls had gouges or missing and or chipped paint in resident rooms 218, 219, 225, 227, 319, 322, 342, 432, 452, 445 and 447 2. Ceiling tiles with water stains in rooms 322, 323, 333 and 445 3. A ceiling tile with a black wooly growth in room [ROOM NUMBER] 4. A privacy curtain with multiple unidentifiable stains noted in room [ROOM NUMBER] 5. An electrical outlet with a missing plate cover in room [ROOM NUMBER] 6. A metal mirror frame with missing paint in room [ROOM NUMBER] 7. A sink faucet with black tape in room [ROOM NUMBER] 8. A portion of the floor with black marring in room [ROOM NUMBER] <p>During a surveyor interview on 3/14/2024 at 12:20 PM with the Maintenance Director, he acknowledged all of the above findings and was in agreement that they were in need of repair/cleaning.</p>