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	08/28/2024

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 0578 Level of Harm - Actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. 45263 Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to honor a resident's right to refuse treatment, for 1 of 1 resident reviewed, Resident ID #39. Findings are as follows: Review of a community reported complaint received by the Rhode Island Department of Health on 8/19/2024 alleges that Resident ID #39 received a medication for 3 days, without his/her consent. Record review revealed the resident was admitted to the facility in June of 2023 with diagnoses including, but not limited to, cervical disc degeneration, morbid obesity, and hypertensive kidney disease. Review of a Brief Interview for Mental Status Assessment completed on 6/5/2024 revealed a score of 15 out of 15, indicating s/he is cognitively intact. Record review revealed an order dated 8/15/2024 for Trazodone (an antidepressant medication) 50 milligrams (mg) with instructions to Give 0.5 tablet by mouth three times a day for Anger and Irritability until 8/28/2024 AS Needed Only for Anger and Irritability. Record review of the August 2024 Medication Administration Record (MAR) revealed the resident received Trazodone scheduled (routinely, not as needed) on the following dates and times: 8/15/2024 at 5:00 PM 8/16/2024 at 9:00 AM, 1:00 PM, and 5:00 PM 8/17/2024 at 9:00 AM, 1:00 PM, and 5:00 PM 8/18/2024 at 9:00 AM, 1:00 PM 8/19/2024 at 9:00 AM (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	08/28/2024

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 0578 Level of Harm - Actual harm Residents Affected - Few	Further review of the August 2024 MAR revealed the resident was documented as refusing his/her dose of Trazodone on 8/18/2024 at 5:00 PM. Additionally, the Trazodone order was discontinued on 8/19/2024. During a surveyor interview on 8/22/2024 at approximately 12:40 PM, with Registered Nurse, Staff J, she revealed that the resident blew up because s/he received the wrong food and that a Nursing Assistant rolled their eyes at him/her, causing the resident to throw his/her food across his/her room. She further revealed that the psychiatric provider was contacted and came to the facility to assess the resident, which is when the Trazodone was ordered. During a surveyor interview on 8/22/2024 at approximately 12:45 PM, with the resident, s/he indicated that s/he recently became frustrated when s/he was served the incorrect meal while recovering from COVID and was kept in isolation in his/her room. The resident revealed that s/he had thrown a meal tray and a cell phone across the room on 8/12/2024. Following this incident, s/he revealed that a Nurse Practitioner (NP) came in to speak with him/her regarding his/her behaviors and indicated she was going to prescribe him/her Trazodone (a medication that is prescribed to treat depression and to help stabilize mood) to help with his/her anger. The resident revealed that s/he told the NP that s/he did not want to take Trazodone and the NP ordered Trazodone anyway. The resident further revealed that despite him/her stating that s/he did not want the medication, it was given to him/her for three days without his/her knowledge. Additionally, the resident revealed that it was on 8/18/2024 when s/he was noticed a pill that s/he did not recognize and asked the nurse what it was, that is when s/he found out that s/he had been receiving Trazodone for three times a day for three days, which made sense to him/her as s/he was unable to go outside and enjoy the sunshine due to being too sleepy and lethargic during that time. During a surveyor interview on 8/22/2024 at approximately 12:45 PM, with NP, Staff K, she revealed that when she saw the resident on 8/15/2024, the resident became angry when she discussed placing him/her on Trazodone, so she left the resident's room and did not return to further discuss prescribing him/her the medication. Additionally, she revealed that she prescribed the Trazodone to be administered as needed and not to be administered to the resident as a scheduled medication three times daily. Furthermore, she acknowledged that she had entered the order for Trazodone herself into the resident's electronic medical record. During a surveyor interview on 8/22/2024 at approximately 1:20 PM with the Director of Nursing Services, she revealed that the expectation is that the resident would have been educated and informed of the medication s/he was being prescribed and administered. She further revealed it is the resident's right to know and consent to treatment.

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	08/28/2024

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. 46539 Based on record review and staff interview, it has been determined that the facility failed to ensure that residents receive treatment and care in accordance with professional standards of practice relative to following physician's orders for 3 of 4 residents reviewed for labs, Resident ID #s 10, 157, and 539. Additionally, the facility failed to implement a gradual dose reduction (GDR; a process of slowly tapering off a medication to determine if symptoms, conditions, or risks can be managed with a lower dose or if the medication can be discontinued altogether) for 1 of 2 residents reviewed, Resident ID #45. Findings are as follows: According to Mosby's 4th Edition, Fundamentals of Nursing page 314, The physician is responsible for directing medical treatment. Nurses are obligated to follow physician's orders unless they believe the orders are in error or would harm the clients. 1a. Record review revealed Resident ID #10 was readmitted to the facility in February of 2024 with a diagnosis including, but not limited to, diabetes mellitus. Review of the weights and vitals summary report revealed a documented blood sugar (BS) of 511 milligrams per deciliter (mg/dL; a normal fasting BS should be between 70 to 99 mg/dL and normal BS levels after meals generally do not exceed 130 mg/dL) on 8/5/2024 at 11:27 AM. Review of a provider note dated 8/5/2024 revealed the resident was seen by Nurse Practitioner (NP), Staff A, due to his/her elevated BS of 511 mg/dL with an order to administer 14 units of Lispro (insulin) one time and reassess his/her BS in one hour. Review of the August 2024 Medication Administration Record (MAR) failed to reveal evidence of the order for lispro, 14 units one time on 8/5/2024. Further review of the weights and vitals summary report failed to reveal evidence that the resident's BS was rechecked after one hour, as ordered by the NP. During a surveyor interview on 8/9/2024 at 11:39 AM with Staff A, she acknowledged that there was not an order to administer 14 units of lispro on 8/5/2024. She further revealed that she would expect staff to follow the physician's orders. During a surveyor interview on 8/9/2024 at 11:52 AM, with the Director of Nursing Services (DNS), she revealed that she would expect staff to follow the physician's orders and indicated the administration of the 14 units of lispro on 8/5/2024, should be in the resident's medical record. 1b. Record review revealed a physician order dated 6/1/2023 to check the resident's glycohemoglobin (HBA1C; a blood test that measures a person's average blood sugar levels for the previous three months) every three months, with instructions to be completed on the first day of the month. (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	08/28/2024

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of the laboratory results from 2024 revealed that the last time the resident's HBA1C was checked was 2/28/2024. Further record review failed to reveal evidence that the resident's HBA1C was checked on 5/1/2024 and 8/1/2024, as ordered. During a surveyor interview on 8/9/2024 at 11:39 AM with NP Staff A, she acknowledged that the resident's HBA1C was not checked on 5/1/2024 and 8/1/2024, as ordered. Additionally, she revealed that she would have expected the order to check the resident's HBA1C, every 3 months, to be followed. During a surveyor interview on 8/9/2024 at 11:52 AM with the DNS, she revealed that she would have expect the resident's HBA1C to be checked, every 3 months as ordered. 2. Record review revealed Resident ID #157 was admitted to the facility in March of 2024 with a diagnosis including, but not limited to, cerebral infarction (stroke). Review of a progress note dated 7/29/2024, revealed that during care, staff observed blood in the resident's stool and a new order was received from the NP, Staff A, to obtain a fecal occult blood test (FOBT; a test used to check for blood in the stool) and a urinalysis (UA; a test that examines a urine sample for its physical properties, cells, and chemical composition) that day. Additional record review failed to reveal evidence that a FOBT or UA was obtained on 7/29/2024, as ordered by the Nurse Practitioner. Further record review failed to reveal evidence of a physician's order to obtain a FOBT or UA, until it was brought to the facility's attention by the surveyor on 8/7/2024. During a surveyor interview on 8/7/2024 at 1:52 PM with the DNS, she was unable to provide evidence that a FOBT and UA were obtained on 7/29/2024, as ordered. 3. Record review revealed Resident ID #539 was admitted to the facility in August of 2024 with a diagnosis including, but not limited to, chronic kidney disease. Review of a progress note dated 8/5/2024 revealed that Physician, Staff B, was in the facility to see the resident, when s/he complained of burning during urination and felt that s/he had a urinary tract infection (UTI), indicating s/he has had a UTI before. Record review revealed a physician's order dated 8/5/2024 to obtain a UA, and to discontinue the order when completed. During a surveyor interview on 8/7/2024 at approximately 12:30 PM, with Resident ID #539, s/he revealed that s/he was in a lot of pain and indicated that it burns when s/he urinates and thinks it is a UTI. S/he further revealed that s/he was concerned that the facility still had not obtained a sample of his/her urine. During a surveyor interview on 8/7/2024 at 1:43 PM, with Licensed Practical Nurse, Staff C, she revealed that she was unaware of the physician's order to obtain a UA and indicated that it should have been obtained when the order was received. (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	08/28/2024

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a surveyor interview on 8/7/2024 at approximately 2:00 PM with the DNS, she revealed that expectation would be for the UA to be obtained as soon as possible. Further record review revealed that a UA was obtained, as ordered, after it was brought to the facility's attention by the surveyor, on 8/7/2024. 4. Record review revealed Resident ID #45 was readmitted to the facility in June of 2024 with diagnoses including, but not limited to, unspecified mood affective disorder and obsessive-compulsive disorder. Review of physician orders revealed an order with a start date of 6/24/2024 and an end date of 8/6/2024 for risperidone (an antipsychotic medication), with instructions to administer 1 milligram (mg) twice daily at 9:00 AM and 5:00 PM. Review of a document titled, SupportiveCare PROVIDER ORDERS & RECOMMENDATIONS dated 8/5/2024 revealed a recommendation from psychiatric services to discontinue risperidone, 1 mg twice a day and start a new order for risperidone 1 mg at bedtime only. Further review revealed NP, Staff D approved the recommendation. Record review failed to reveal evidence that a new order for risperidone 1 mg at bedtime was implemented, following the discontinuation of the original order. Review of the August 2024 MAR failed to reveal evidence that the resident received his/her evening dose of risperidone on 8/6/2024. Further review failed to reveal evidence that the new order for risperidone 1 mg at bedtime was transcribed. During a surveyor interview on 8/7/2024 at 12:26 PM and 1:06 PM with the DNS, she revealed that she would expect nurses to follow the physician's orders and indicated that the risperidone 1 mg at bedtime was transcribed into the resident's record, after it was brought to her attention by the surveyor. During a surveyor interview on 8/7/2024 at 1:19 PM, with NP, Staff D, she revealed that she approved the recommendation from 8/5/2024 to GDR the resident's risperidone and was unaware that a new order was not transcribed, until the surveyor had brought it to the facility's attention. 47279 50004 46241

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	08/28/2024

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 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46539 46118 Based on record review and staff interview, it has been determined that the facility failed to provide treatment and care in accordance with professional standards of practice for 1 of 2 residents reviewed for diabetic ulcers, Resident ID #94. Findings are as follows: According to the American Diabetes Association - 2017, Volume 35, Number 1, .Foot complications, specifically ulcers and amputations, are the number one reason for hospitalization in patients with diabetes . Thus, early recognition and proper management of patients at risk for developing foot ulcers and lower-extremity amputations are crucial. Performing regular foot exams on patients with diabetes in the primary care setting should be a high priority . Record review revealed Resident ID #94 was admitted to the facility in June of 2024 with diagnoses including, but not limited to, diabetes mellitus, atopic dermatitis (a chronic skin condition that causes dry, itchy, and inflamed skin), and peripheral vascular disease (a condition that affects blood flow to the limbs). Additionally the record revealed that the resident previously had a right foot transmetatarsal amputation (TMA, a partial foot amputation). Review of a Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status score of 14 out of 15, indicating intact cognition. Additionally, it revealed that the resident was at risk for developing pressure ulcers and did not have any infections to his/her feet, diabetic foot ulcers, or open lesions on his/her feet at that time. Further review of the MDS revealed that the resident required supervision or touching assistance with lower body dressing, putting on or taking off footwear, and personal hygiene. Lastly, the MDS revealed that the resident required substantial/maximum assistance with showers or bathing. Review of the care plan revealed a focus area dated 6/26/2024 which indicated the resident requires supervision with activities of daily living (ADLs) with an intervention for staff to provide skin inspections daily during care, and to observe for redness, open areas, scratches, cuts, bruises, and to report changes to the nurse. Additional review of the care plan revealed a focus area dated 7/1/2024, indicating an intervention for daily proper foot care and to promptly report any redness, blistering, and/or open areas to the provider. Record review failed to reveal evidence that daily foot care for the resident was being performed per the plan of care. Review of facility documents titled, Interim Skin Check with the dates of 7/25/2024, 7/27/2024, and 7/29/2024 revealed that the resident did not have any skin impairments noted during these comprehensive head to toe skin assessments. (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	08/28/2024

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 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Record review revealed that the resident was followed by an offsite foot and ankle specialist (podiatrist) and had a routine appointment scheduled on 7/29/2024 at 9:45 AM. Record review revealed that the resident did not return to the facility from the above-mentioned appointment, as the podiatrist requested that the resident be transferred to an acute care hospital by rescue for an evaluation related to the appearance of cellulitis (a skin infection) and open ulcerations to both his/her feet and legs. Record review of a hospital admission physician's note electronically signed on 7/29/2024 at 8:21 PM, revealed that the resident arrived at the hospital via Emergency Medical Services from his/her podiatrist appointment after the resident was found to have infected foot ulcers to both feet. Further, the note indicates that the resident reported having foot problems over the past two weeks. Additionally, the physician noted that the resident's right foot TMA was covered with a dressing, his/her left toe was covered with a band-aid, s/he had mild swelling and warmth to his/her right foot and ankle, and multiple superficial excoriations (superficial wounds or scratches) and scales on both of his/her legs and feet. Lastly, the physician recommended that the resident be admitted to receive intravenous antibiotics for left and right foot cellulitis (a bacterial skin infection that can spread rapidly and cause serious complications if left untreated) with non-healing eschar (dry, thick, leathery, and dead tissue that forms over a wound as a result of tissue death). Further review of the hospital admission document revealed that the resident had a wound on his/her left foot measuring 1.5 centimeters (cm) by 1.5 cm and a wound on his/her right TMA site measuring 5 cm by 5 cm. Review of the podiatrist's visit note dated 7/29/2024 revealed that .at this point given the patient's weakness and inability to walk or transfer without assistance as well as the appearance of cellulitis and open ulcerations to both legs and feet, we did call the rescue service to transport the patient to the hospital for further evaluation and treatment of the feet and legs. I did perform a gentle gauze wrap to both feet and legs before [s/he] left . During a surveyor interview on 8/9/2024 at 10:09 AM with Registered Nurse (RN), Staff H, she revealed that the last time she remembered seeing the resident's feet was around the 3rd week of July. Review of the July Medication Administration Record revealed that on 7/29/2024 RN, Staff H, applied Aquaphor External Ointment (Emollient) to the resident's arms, legs, and back as ordered. Further review revealed that the order did not indicate to apply ointment to the resident's feet. During a surveyor interview on 8/9/2024 at 10:14 AM with Nursing Assistant, Staff I, she revealed that the resident can only assist with ADLs on the upper half of his/her body and requires staff assistance to complete ADLs for his/her lower half. During a surveyor interview on 8/9/2024 at 10:26 AM with Nurse Practitioner (NP), Staff D, she revealed that she was unaware of any ulcers on the resident's feet and would expect that the resident's skin assessments would accurately reflect his/her current condition. Further record review revealed that the resident was readmitted to the facility on [DATE] following his/her hospitalization related to foot cellulitis with ulcer. (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	08/28/2024

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 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Record review of the hospital discharge document dated 8/2/2024 indicated the facility was to follow up with a vascular surgeon due to vessels in the resident's leg that were found to have partial blockages. Record review revealed evidence a follow up appointment with the vascular surgeon was scheduled on 8/19/2024, 17 days after the resident returned to the facility, when the vascular surgeon's office called to schedule the appointment for 8/26/2024. Record review revealed multiple documents titled, Skin and Wound Evaluation dated 8/7/2024, that revealed the resident had the following skin impairments: - Diabetic ulcer on the bottom of the left foot, measurements were not documented for this wound. - Diabetic ulcer on the top of the left foot, measuring 4.8 centimeters (cm) by 1.1 cm - Diabetic ulcer on the inner left foot, measuring 0.5 cm by 0.5 cm - Diabetic ulcer on the top of the right foot, measuring 3.8 cm by 2.4 cm - Diabetic ulcer on the bottom of the right foot, measurements were not documented for this wound. Review of a hospital document titled, Continuity of Care Form dated 8/2/2024, revealed that the resident was to start the following two antibiotics upon return to the facility: Augmentin 500 milligrams (mg)/125mg three times daily and Doxycycline 100mg twice daily. Record review of the August 2024 Medication Administration Record failed to reveal evidence that the resident received his/her Augmentin and Doxycycline per the hospital discharge instructions on 8/2, 8/3, 8/4, and 8/5; he/she received partial doses on 8/6/2024. Additional record review revealed that the above-mentioned antibiotics were not transcribed into the resident's record or initiated until 8/6/2024. During a surveyor interview on 8/9/2024 at 10:26 AM with NP, Staff D, she revealed that she would have expected the resident to have received the antibiotics, as ordered from the hospital discharge, and acknowledged she had ordered them after realizing that the antibiotics were never transcribed to be administered to the resident since 8/2/2024. Additionally, she acknowledged that the resident's white blood cell count (cells that fight infection; an elevated count may indicate an infection) had increased after s/he had not received the antibiotics as intended. Record review of an Integrated Wound Care initial progress note, dated 8/12/2024, revealed the following skin impairments and measurements: 1. Diabetic ulcer on the Left Great toe - 3 cm by 2 cm with 100% eschar 2. Unspecified wound on the Left foot, plantar- 1.5 cm by 1 cm with 100% eschar (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	08/28/2024

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 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	3. Pressure ulcer on the Left heel, unstageable (a wound that is caused by prolonged pressure on a specific area of the skin, which can lead to a lack of blood flow and oxygen to the tissue. This type of wound is covered by a layer of dead tissue, that makes it difficult to determine its severity or stage as the depth of the wound cannot be observed to be measured) - 5 cm by 2 cm with 100% eschar 4. Surgical site- 1 cm by 1 cm by 0.2 cm 5. Unspecified wound on the Right foot, plantar- 4 cm by 4 cm with 100% eschar 6. Pressure ulcer on the Right heel, unstageable- 3 cm by 3 cm by 0.2 cm with 100% slough (tan, yellow, or white dead tissue) Record review revealed the resident was sent to the emergency department on 8/16/2024 related to a hypotensive (low blood pressure) event. Record review of the hospital documentation dated 8/16/2024 indicated that the hospital was going to admit the resident, have him/her evaluated by a vascular surgeon, and administer intravenous antibiotics. The resident decided to leave the hospital and return to the facility against medical advice. Record review of a provider noted dated 8/19/2024 indicated that necrosis was noted to the left toes and a risk was present for the resident to lose those toes secondary to the wounds. Record review of an Integrated Wound Care progress note, dated 8/20/2024, revealed the following skin impairments and measurements: 1. Diabetic ulcer on the Left Great toe - 3 cm by 2 cm with 100% eschar 2. Unspecified wound on the Left foot, plantar- 1.7 cm by 1.3 cm with 100% eschar 3. Pressure ulcer on the Left heel, unstageable- 3 cm by 5 cm with 100% eschar 4. Surgical site- 1 cm by 1 cm by 0.2 cm 5. Unspecified wound on the Right foot, plantar- 4 cm by 3 cm by 0.5 cm with 100% eschar 6. Pressure ulcer on the Right heel, unstageable- 3 cm by 3 cm by 0.1 cm Further review of the above document revealed additional wounds were identified including scattered areas of 50% eschar on toes 2-5 of the left foot without measurements and an unspecified wound on the left lateral foot measuring 1 cm by 1 cm with 100% eschar. During a surveyor observation on 8/20/2024 at 10:55 AM, NP, Staff L, was evaluating the resident's wounds and was picking and peeling thick pieces of skin off of the resident's feet and legs with her gloved hands and measuring the wounds. (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	08/28/2024

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 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	During a surveyor interview on 8/21/2024 at 10:03 AM with the resident's podiatrist, she indicated that she did not observe any wounds to the resident's heels or toes 2-5 on 7/29/2024. She further indicated that per her examination note, she observed a large escharized area on the right healed incision site, the plantar aspect of the right foot, and the distal aspect of the left great toe. Additionally, she indicated she was concerned that the resident's present condition is worsening and s/he should be evaluated by a vascular surgeon as soon as possible. Furthermore, she indicated that the resident is at risk for amputation related to the new wounds that have been identified on the resident's heels and toes, since the resident's podiatry evaluation on 7/29/2024. During a surveyor interview on 8/9/2024 at 10:43 AM and 8/21/2024 at 11:19 AM with the Director of Nursing Services, she indicated that she would have expected an appointment to be scheduled for the resident to be seen by a vascular surgeon. Additionally, she was unable to provide evidence that the facility provided treatment and care in accordance with professional standards of practice for a resident with diabetic ulcers. The facility's failure to accurately assess and monitor the skin of a resident's feet in order to identify impairments/wounds and implement antibiotics timely for a resident who had been hospitalized and was at risk for skin impairments as evidenced by the MDS Assessment, a diagnoses of diabetes mellitus, a diagnoses peripheral vascular disease, and a history of a right transmetatarsal amputation placed him/her at risk for serious harm, serious injury, impairment or death.

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	08/28/2024

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 0686 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. 46118 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 the necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection, and prevent new ulcers from developing for 1 of 4 residents reviewed with actual pressure ulcers, Resident ID #94. Findings are as follows: Record review revealed Resident ID #94 was admitted to the facility in June of 2024 with diagnoses including, but not limited to, diabetes mellitus, atopic dermatitis (a chronic skin condition that causes dry, itchy, and inflamed skin), and peripheral vascular disease (a condition that affects blood flow to the limbs). Additionally the record revealed that the resident previously had a right foot transmetatarsal amputation (TMA, a partial foot amputation). Review of a Minimum Data Set (MDS) Assessment, dated 7/4/2024, revealed a Brief Interview for Mental Status score of 14 out of 15, indicating intact cognition. Additionally, it revealed that the resident was at risk for developing pressure ulcers and did not have any pressure ulcers, or open lesions, on his/her feet at that time. Review of the care plan revealed a focus area dated 7/1/2024, indicating an intervention for daily proper foot care and to promptly report any redness, blistering, and/or open areas to the provider. Review of facility document titled, Interim Skin Check, dated 8/4/2024, revealed that the resident was noted to have bruises to the left side of his/her face and a small skin tear on the scalp. Further review revealed no other skin impairments were noted. Review of a Skin and Wound Evaluation, dated 8/7/2024, revealed a stage 1 pressure ulcer (Initial stage of skin damage due to prolonged pressure) to the resident's right foot that was .Non-blanchable erythema [a type of pressure ulcer that appears as a red or reddish-blue area of skin that does not turn white when pressed] of intact skin . was noted to the resident's right heel measuring 4.9 centimeters (cm) by 2.1 cm. Further review revealed this was an In-House Acquired wound. Record review failed to reveal evidence that an intervention was put into place when this pressure ulcer was identified on 8/7/2024. Additional record review revealed the resident's care plan was updated on 8/12/2024 to include off loading the feet related to an actual or risk of a pressure ulcer. Record review of a document titled, Integrated Wound Care, initial progress note dated 8/12/2024 included, but was not limited to, the following skin impairments and measurements: (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	08/28/2024

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 0686 Level of Harm - Actual harm Residents Affected - Few	- Pressure ulcer on the Right heel, unstageable (a wound that is caused by prolonged pressure on a specific area of the skin, which can lead to a lack of blood flow and oxygen to the tissue. This type of wound is covered by a layer of dead tissue, that makes it difficult to determine its severity or stage as the depth of the wound cannot be observed to be measured)- 3 cm by 3 cm by 0.2 cm with 100% slough (dead tissue within the wound that can impede the healing process) Additional review of the above document revealed a new pressure ulcer was identified to the resident's left heel that was described as: - Pressure ulcer on the Left heel, unstageable - 5 cm by 2 cm with 100% eschar (dry, thick, leathery, and dead tissue that forms over a wound as a result of tissue death) Further review of the above document revealed wound care instructions to wash with mild soap and water, pat dry, then apply medihoney to eschar and cover with dry dressing daily and as needed. Additionally, the Plan to Address Factors Affecting Wound Healing included, but was not limited to, offloading pressure. Record review revealed the wound care orders for the left and right pressure wounds were not put into place and completed until 8/14/2024, two days after they were assessed by the wound care provider. Record review revealed an order dated 8/12/2024 for off loading booties to bilateral feet when in bed as tolerated every shift and to document if the resident refuses. During surveyor observations on the following date and times the resident's heels were not offloaded and were resting directly on the mattress: -8/20/2024 at 9:29 AM -8/20/2024 at 11:55 AM -8/20/2024 at 12:55 PM Further record review failed to reveal evidence that the resident refused the offloading booties during the above observations. During a surveyor interview on 8/20/2024 at 12:55 PM with the resident, s/he indicated that s/he would like his/her feet offloaded if it would help with wound healing. During a surveyor interview on 8/20/2024 at approximately 1:00 PM with Registered Nurse, Staff M, she acknowledged that the resident has an order for his/her feet to be offloaded and they were directly on the mattress at that time. She placed the resident's offloading booties on his/her feet. Record review revealed Staff M documented that the resident removed the offloading boots at 2:25 PM on 8/20/2024. During a surveyor interview on 8/20/2024 at approximately 3:00 PM with the resident, s/he indicated that s/he removed the boots to urinate. (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	08/28/2024

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 0686 Level of Harm - Actual harm Residents Affected - Few	During a surveyor observation on 8/20/2024 at approximately 10:55 AM, Nurse Practitioner (NP), Staff L, was evaluating the resident's wounds and picking and peeling pieces of skin off of the resident's feet and legs with her gloved hands and measuring the wounds. Record review of an Integrated Wound Care progress note dated 8/20/2024 included, but was not limited to, the following skin impairments and measurements: -Pressure ulcer on the Left heel, unstageable- 3 cm by 5 cm with 100% eschar -Pressure ulcer on the Right heel, unstageable- 3 cm by 3 cm by 0.1 cm Additional surveyor observations on the following dates and times revealed the resident's heels were not offloaded and were resting directly on the mattress, after it was brought to the facility's attention: -8/21/2024 at approximately 9:20 AM -8/22/2024 at approximately 9:30 AM During a surveyor interview on 8/21/2024 at 11:19 AM with the Director of Nursing Services, she could not provide evidence that the resident received the necessary treatment and services to promote healing and prevent new pressure ulcers from developing.

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	08/28/2024

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. 46539 Based on surveyor observation, record review, staff, and resident interview, it has been determined that the facility failed to ensure that a resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence and prevent a urinary tract infection (UTI), for 1 of 1 resident reviewed for continence, Resident ID #539. The facility further failed to provide appropriate treatment and services for 2 of 3 resident's reviewed with a suprapubic catheter (SP catheter - a device inserted through the abdomen into the bladder to drain urine), Resident ID #s 10 and 68. Findings are as follows: 1a. Record review revealed that Resident ID #539 was admitted to the facility in August of 2024 with a diagnosis including, but not limited to, left knee arthroplasty (a surgical procedure to resurface a knee damaged by arthritis). Record review of a facility policy titled, Urinary Incontinence- Clinical Protocol last revised April 2018 states in part, .As part of the initial assessment, the physician will help identify individuals with impaired urinary continence, i.e., reduced ability to maintain urine in a socially appropriate manner .The staff will identify environmental interventions and assistive devices (e.g., grab bars, raised toilet seats, bedside commodes, urinals, bed rails, restraints, and/or walkers) that facilitate toileting . Record review of a facility assessment titled, PDPM [Patient Driven Payment Model] Nursing Daily SKILLED Pathway-V4 dated 8/2/2024, revealed that the resident was continent of bladder and bowel and utilized the toilet, bed pan, pads and a brief. Record review of a hospital document dated 8/2/2024, titled General Discharge Instructions, revealed the resident was continent of bladder and bowel. During a surveyor observation on 8/7/2024 at approximately 12:30 PM of the resident's room revealed that there was not a commode or bed pan available for the resident to use in his/her room. During a surveyor interview immediately following the above observation with the resident, s/he revealed that s/he was not incontinent prior to being admitted to the facility. S/he further revealed that s/he would require two staff for assistance and a bedside commode or bedpan due to his/her recent left knee surgery. During a surveyor interview with Licensed Practical Nurse (LPN), Staff C, on 8/7/2024 at 1:43 PM, she revealed that the resident was continent, and she would now get a commode for the resident's room. During a surveyor interview with the Director of Nursing Services (DNS) on 8/7/2024 at approximately 2:00 PM, she acknowledged that the resident was continent per the assessment completed on 8/2/2024. (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	08/28/2024

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	1b. Record review of a progress dated 8/5/2024 authored by the facility's physician, Staff B, states in part, . has burning on urination that is new after leaving the hospital. Will check UA [urine analysis; a test that examines a urine sample for its physical properties, cells, and chemical composition] and culture . Record review of a physician's order dated 8/5/2024, revealed an order to obtain UA and a culture. Record review of the August Treatment Administration Record revealed that the above order was signed off by the facility's staff on 8/5 and 8/6/2024. Further record review failed to reveal evidence that the UA was obtained. During a surveyor interview with the resident on 8/7/2024 at approximately 12:30 PM, s/he revealed that s/he was in a lot of pain. S/he described that it burns when s/he urinates and thinks it is a UTI and was concerned that the facility had not obtained a urine sample. During a surveyor interview with, LPN, Staff C, on 8/7/2024 at 1:43 PM, she revealed that she was unaware that the UA was not obtained. She further revealed that she would have to get a commode and a urinary collection device to obtain the urine. During a surveyor interview on 8/7/2024 at approximately 2:00 PM with the DNS, she revealed that the nurse who receives the order for the UA should enter it into the resident's record and obtain the UA as soon as possible. Additionally, she was unable to explain why it was signed off and not obtained. During a surveyor interview on 8/9/2024 at 12:02 PM with the facility's Laboratory Service Technician, she revealed that the results from the UA that were obtained on 8/7/2024 were positive for a UTI. 2. Record review revealed Resident ID #10 was admitted to the facility in June of 2020 with diagnoses including, but not limited to, urinary retention and neuromuscular dysfunction of the bladder (a condition that affects bladder function due to neurological injury or disease). Additionally, the resident was readmitted to the facility in February of 2024 following a hospitalization for sepsis (a life-threatening condition in which your body improperly responds to an infection) due to a UTI. Review of the care plan revealed a focus area dated 5/14/2023 that indicated the resident has an SP catheter related to urinary retention and neurogenic bladder (urinary bladder problems due to disease or injury). Review of document titled, Continuity of Care Consultation and Referral Form dated 8/1/2023 revealed that the resident was seen by his/her urologist with orders to follow up in 1 year. During a surveyor interview on 8/9/2024 at 9:16 AM with the Unit Manager, LPN, Staff E, she revealed that she was unaware when the resident had last followed up with his/her urologist. Further, in the presence of the surveyor, Staff E contacted the resident's urology office and was informed that the resident had missed his/her annual urology appointment which was on 8/2/2024. Additionally, Staff E revealed that she was unaware that the resident had an appointment on 8/2/2024. (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	08/28/2024

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a surveyor interview on 8/9/2024 at 9:39 AM with the Scheduler, Staff F, she revealed that she was unaware that the resident had an appointment scheduled on 8/2/2024. She further revealed that it is the nurse's responsibility to communicate to her when a resident has an appointment, so she can arrange transportation. During a surveyor interview on 8/9/2024 at 11:52 AM with the DNS, she revealed that she would have expected that the resident would have gone to his/her urology appointment and was unable to explain why the resident missed his/her appointment on 8/2/2024. 3. Record review revealed that Resident ID #68 was readmitted to the facility in November of 2022 with a diagnosis including, but not limited to, benign prostatic hyperplasia (a condition in which the flow of urine is blocked due to the enlargement of the prostate gland). Record review of a physician's order dated 11/17/2023 revealed an order for a SP catheter. Review of a care plan focus area dated 11/18/2023 revealed that the resident requires an SP catheter, with an intervention to change the catheter as indicated and as ordered. Review of a document titled, Continuity of Care Consultation and Referral Form dated 5/2/2024 revealed that the resident was seen by his/her urologist with orders to change catheter every 4 weeks. Record review of the Physician's orders failed to reveal evidence of the order to change the resident SP catheter every 4 weeks, was transcribed. Further record review failed to reveal evidence that the resident has had his/her catheter changed per the urologist's order until July 2024, when the resident had pulled out the catheter, requiring him/her to be sent to the hospital. During a surveyor interview on 8/9/2024 at 8:21 AM with the DNS, she was unable to provide evidence that the catheter was changed every 4 weeks per the urologist's orders. 47279 50004

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	08/28/2024

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 0697 Level of Harm - Actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. 50004 Based on surveyor observation, record review, staff, and resident interview, it has been determined that the facility failed to ensure that pain management was provided to a resident who required such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the resident's goals and preferences for 1 of 2 residents reviewed for pain, Resident ID #539. Findings are as follows: Record review revealed the Resident was admitted to the facility in 8/2/2024 with a diagnosis including, but not limited to, left knee arthroplasty (a surgical procedure to resurface a knee damaged by arthritis). Review of a care plan focus area dated 8/2/2024 revealed the resident has an alteration in musculoskeletal status related to knee surgery with interventions to give pain medications as ordered by the physician. Record review of a physician's order dated 8/2/2024 revealed an order for 5 milligrams (mg) of oxycodone (an opioid medication used to treat moderate to severe pain) as needed for pain every 6 hours. Review of a progress note dated 8/6/2024 authored by Nurse Practitioner,Staff D, revealed that the resident reported experiencing a pain level of 7 out of 10 to his/her left knee and s/he is to continue using oxycodone for pain, and that the prescription had been sent to the pharmacy. Additionally, she indicated that staff is to obtain the oxycodone from the pyxis (computerized medication management system that provides immediate access to medications that have not been filled by the facility's pharmacy). During a surveyor interview on 8/7/2024 at 9:18 AM, with the resident s/he revealed that s/he was in pain related to having recent left knee surgery as well as burning pain when s/he urinates. S/he reported having increased pain when moving and when participating with therapy. Additionally, s/he revealed that s/he reported the pain to the nurse and was told that they do not have his/her oxycodone available, as the pharmacy has not delivered it to the facility. During a surveyor interview on 8/7/2024 at 10:43 AM, with Licensed Practical Nurse, Staff C, she revealed that on 8/6/2024 the resident informed her that the pain medication has not been available for him/her since his/her admission. Additionally, she revealed that she had contacted the physician to have the prescription sent to the pharmacy and was able to administer the oxycodone to the resident as ordered, at approximately 10:00 AM on 8/7/2024. Review of the August 2024 Medication Administration Record revealed that s/he was administered 5 mg of oxycodone for pain twice on 8/7 and twice on 8/8/2024. (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	08/28/2024

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 0697 Level of Harm - Actual harm Residents Affected - Few	During a surveyor interview on 8/7/2024 at 10:53 AM, with the Director of Nursing Services, she indicated that she would expect the resident to be medicated for pain as ordered. She further revealed that she would have expected the nurse to utilize the pyxis to obtain the resident's oxycodone until it was delivered by the pharmacy.

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	08/28/2024

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 0758 Level of Harm - Actual harm Residents Affected - Some	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. 46241 46118 Based on record review and staff and resident interview, it has been determined that the facility failed to ensure a resident's drug regimen is free from unnecessary psychotropic drugs, for 1 of 6 residents reviewed, Resident ID #39. Additionally, the facility failed to ensure that a resident receives a gradual dose reduction (GDR; a process of slowly tapering off a medication to determine if symptoms, conditions, or risks can be managed with a lower dose or if the medication can be discontinued altogether) unless clinically contraindicated for 1 of 3 residents reviewed, Resident ID #45. Findings are as follows: 1. Record review revealed Resident ID #39 was admitted to the facility in June of 2023 with diagnoses including, but not limited to, cervical disc degeneration, morbid obesity, and hypertensive kidney disease. Record review of a Brief Interview for Mental Status Assessment was completed on 6/5/2024 with a score of 15 out of 15, which indicates that the resident's cognition is intact. Record review of a document titled, Order Details authored by Nurse Practitioner (NP), Staff K, dated 8/15/2024, revealed an order for Trazodone (an antidepressant medication) 50 milligrams (mg) with instructions to Give 0.5 tablet by mouth three times a day for Anger and Irritability until 8/28/2024 AS Needed Only for Anger and Irritability. Record review of the August 2024 Medication Administration Record (MAR) revealed the resident received Trazodone scheduled (routinely, not as needed) on the following dates and times: -8/15/2024 at 5:00 PM -8/16/2024 at 9:00 AM, 1:00 PM, and 5:00 PM -8/17/2024 at 9:00 AM, 1:00 PM, and 5:00 PM -8/18/2024 at 9:00 AM, 1:00 PM -8/19/2024 at 9:00 AM Further review of the August 2024 MAR revealed the resident was documented as refusing his/her dose of Trazodone on 8/18/2024 at 5:00 PM. Additionally, the Trazodone order was discontinued on 8/19/2024. (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	08/28/2024

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 0758 Level of Harm - Actual harm Residents Affected - Some	During a surveyor interview on 8/22/2024 at approximately 12:40 PM, with Registered Nurse, Staff J, she revealed that the Trazodone order should have been administered as needed, but it was administered as a scheduled order. Additionally, she acknowledged that the Trazodone order was not transcribed or administered as it should have been. During a surveyor interview on 8/22/2024 at approximately 12:45 PM, with NP, Staff K, she revealed that when she saw the resident on 8/15/2024, the resident became angry when she discussed placing him/her on Trazodone, so she left the resident's room and did not return to further discuss prescribing him/her the medication. Additionally, she revealed that she prescribed the Trazodone to be administered as needed and not to be administered to the resident as a scheduled medication three times daily. Furthermore, she acknowledged that she had entered the order for Trazodone herself into the resident's electronic medical record. During a surveyor interview on 8/22/2024 at approximately 1:20 PM with the Director of Nursing Services (DNS), she revealed that the NP should have been contacted to verify the order and indicated that the Trazodone order should have been clarified, as the order read three times a day as needed only. 2. Record review revealed the resident was readmitted to the facility in June of 2024 with diagnoses including, but not limited to, unspecified mood affective disorder and obsessive-compulsive disorder. Record review revealed a physician order dated 6/24/2024 for Risperidone (an antipsychotic medication), with instructions to administer 1 mg twice daily at 9:00 AM and 5:00 PM, related to unspecified mood affective disorder. Review of a psychiatric evaluation and consultation dated 7/12/2024 revealed a medication recommendation to consider a GDR of Risperidone from 1 mg twice daily to 0.5 MG in the morning and 1 mg in the evening. Review of the July and August 2024 MAR revealed, Risperidone 1 mg was administered twice daily from July 13th through August 6th, indicating the resident did not receive his/her reduced dose for 25 days. Record review failed to reveal evidence that the GDR recommendation for Risperidone from 7/12/2024 was implemented until another GDR recommendation for Risperidone was made on 8/5/2024. During a surveyor interview on 8/7/2024 at 11:59 AM with the DNS, she revealed that after psychiatric services makes a recommendation, the Nurse Practitioner or Physician will be notified to review the recommendation. Further, she was unable to provide evidence that the recommendation from 7/12/2024 to GDR the resident's Risperidone was addressed, approved, or denied by the Nurse Practitioner or Physician. During a surveyor interview on 8/9/2024 at 11:26 AM, the resident's physician revealed that he was unaware of the psychiatric evaluation and consultation recommendation made on 7/12/2024 for the resident's Risperidone to be reduced. Additionally, he revealed that he would have approved the GDR recommendation had he been made aware of it.

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	08/28/2024

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 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide or obtain dental services for each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47279 Based on record review, and staff and resident interview, it has been determined that the facility failed to assist residents in obtaining dental services for 1 of 1 resident reviewed, Resident ID #69. Findings are as follows: Review of an undated facility policy titled, Dental Services states in part, .Routine and emergency dental services are available to meet the resident's oral health services in accordance with the resident's assessment and plan of care .Routine and 24-hour emergency dental services are provided to our residents through .referral to other health care organizations that provide dental services . Record review revealed the resident was admitted to the facility in March of 2021 with diagnoses including, but not limited to, protein-calorie malnutrition and anxiety disorder. Review of a Minimum Data Set assessment dated [DATE] revealed a Brief Interview for Mental Status score of 14 out of 15 indicating intact cognition. Review of the care plan includes a focus area dated 4/12/2023 indicating that the resident has oral/dental health problems due to broken natural teeth with an intervention to coordinate arrangements for dental care. Review of a progress note dated 8/23/2023 at 12:53 PM authored by the resident's physician states in part, . dental consult pending for dentures . Review of the following inpatient dental service provider's documents revealed the following: - 9/27/2023 .Recommend ext [extraction] evaluation at outside oral surgeon .prior to partial upper and lower [denture] fabrication . - 4/10/2024 .Patient requesting all remaining teeth be extracted and full upper and lower dentures fabricated. Would need to see outside oral surgeon for evaluation. REFER TO AN OUTSIDE ORAL SURGEON FOR EVALUATION FOR EXTRACTION . - 6/10/2024 .Patient wants dentures. Reminded patient of dentist referral to oral surgeon for extractions. Then dentures can be made . Record review failed to reveal evidence that an oral surgeon consult was obtained or that the facility attempted to obtain an oral surgeon consult for the resident. During a surveyor interview on 8/6/2024 at 10:03 AM with the resident, s/he revealed that s/he wants dentures and has been requesting dentures for a while. During a surveyor interview on 8/7/2024 at approximately 10:50 AM with Registered Nurse, Staff G, she acknowledged that an oral surgeon consult had not been obtained. (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	08/28/2024

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 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a surveyor interview on 8/7/2024 at 11:02 AM with the Director of Nursing Services (DNS), she indicated that she was unsure if any oral surgeon consult had been obtained and would follow up with the scheduler. Additional surveyor interview with the DNS on 8/7/2024 at approximately 1:00 PM, she indicated that the resident has an appointment with an outpatient dental provider on 8/13/2024 at 11:30 AM for a possible extraction. During a surveyor interview on 8/7/2024 at approximately 2:00 PM with the outpatient dental provider's receptionist, she revealed that she had received the phone call to schedule the resident's dental appointment and indicated that the facility had scheduled the appointment earlier that day at approximately 11:00 AM. During a surveyor interview on 8/7/2024 at 2:10 PM with the scheduler, she revealed that the appointment had been scheduled earlier that day on 8/7/2024. During a surveyor interview on 8/9/2024 at 11:52 AM with the DNS, she revealed that the facility should have scheduled the oral surgeon consult within 30 days of the initial recommendation and was unable to provide evidence that the appointment was scheduled before the surveyor brought this concern to the facility's attention.