

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 02/06/2025
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47279</p> <p>Based on record review, resident and staff interview, it has been determined that the facility failed to ensure that a resident's right to communication and access to persons and services inside and outside the facility to promote a dignified existence was promoted for 1 of 2 residents reviewed for reviewed for communication, Resident ID #333.</p> <p>Findings are as follows:</p> <p>Record review revealed that Resident ID #333 was admitted to the facility on [DATE] with a diagnosis including, but not limited to, hearing loss.</p> <p>During a surveyor interview with the Administrator on 2/3/2025 at approximately 8:15 AM, she revealed that there is respiratory illness on the floor where Resident ID #333 resides. Additionally, she revealed that the facility is requiring masks to be worn on that floor until further notice.</p> <p>Review of a document titled, Rhode Island Department of Human Services Level I Identification for MI [Mental Illness] and DD [Developmental Disability] (PASARR) dated 1/28/2025 revealed that the resident is hard of hearing, wears bilateral hearing aids, and his/her means of communication is lip reading.</p> <p>During a surveyor interview on 2/3/2025 at 9:29 AM with the resident, s/he stated that s/he reads lips to communicate and indicated that s/he could not understand the surveyor because she was wearing a mask.</p> <p>Review of the resident's care plan failed to identify that this resident is hearing impaired or that the resident reads lips as his/her primary means of communication.</p> <p>During a surveyor interview on 2/3/2025 at approximately 9:29 AM with the Assistant Administrator, he revealed that to communicate with Resident ID #333, the facility uses an American Sign Language (ASL) interpreter. He indicated that he would set up a time for the surveyor to meet with an interpreter over a video call to translate ASL for the resident.</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a surveyor interview on 2/3/2025 at approximately 12:10 PM with the Speech Therapist, he revealed that the resident is hard of hearing and that s/he does not know ASL. He further indicated that therapy had just evaluated the resident and had a difficult time communicating with him/her. He further revealed that after the communication concern was identified by the surveyor due to the facility's mask mandate, a communication board was provided to the resident.</p> <p>Further review of the resident's care plan revealed a focus area for hearing impairment dated 2/3/2025 was added after the communication concern was brought to the facility's attention by the surveyor. Additionally, it indicated that s/he is hard of hearing with a goal to communicate effectively and with dignity, and to have his/her needs met by providing the resident with appropriate writing materials and that s/he utilizes a dry erase board.</p> <p>Additionally, an interpreter video call was never set up for the surveyor as the resident does not utilize ASL as a means for communication, as indicated by the Assistant Administrator.</p> <p>During a surveyor interview on 2/5/2025 at 11:55 AM with the Interim Director of Nursing Services, she indicated that she would expect that if a resident needed an additional way to communicate with the staff, that those means of communication would be known to the staff.</p> <p>Cross Reference F 655</p>		

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<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46539</p> <p>Based on record review, resident and staff interview, it has been determined that the facility failed to ensure that each baseline care plan included PASARR recommendations for 1 of 2 residents reviewed for Preadmission Screening and Resident Review (PASARR), Resident ID #333.</p> <p>Findings are as follows:</p> <p>Review of a facility policy titled, Care Plans-Baseline, last revised March 2022, states in part, .A base line plan of care to meet the resident's immediate health and safety needs is developed for each resident within forty-eight (48) hours of admission .The baseline care plan includes instructions needed to provide effective, person-centered care of the resident that meet professional standards of quality care and must include the minimum healthcare information necessary to properly care for the resident including, but not limited to the following .initial goals based on admission orders and discussion with the resident/representative .PASARR recommendations, if applicable .</p> <p>Record review revealed that Resident ID #333 was admitted to the facility on [DATE] with a diagnosis including, but not limited to, hearing loss.</p> <p>Review of a document titled, Rhode Island Department of Human Services Level I Identification for MI [Mental Illness] and DD [Developmental Disability] (PASARR) dated 1/28/2025 revealed that the resident is hard of hearing and his/her means of communication is lip reading.</p> <p>During a surveyor interview with the Administrator on 2/3/2025 at approximately 8:15 AM, she revealed that there is respiratory illness on the floor where Resident ID #333 resides. Additionally, she revealed that the facility is requiring masks to be worn on that floor.</p> <p>During a surveyor interview on 2/3/2025 at 9:29 AM, with the resident, s/he stated that s/he reads lips to communicate and indicated that s/he could not understand the surveyor because she was wearing a mask.</p> <p>Review of the resident's base line care plan failed to identify that the resident's means of communication is lip reading per his/her PASARR.</p> <p>During a surveyor interview on 2/3/2025 at approximately 12:10 PM, with the Speech Therapist, he revealed that the resident is hard of hearing. He further indicated that therapy had just evaluated the resident and had a hard time communicating with him/her. He further revealed that a communication board was provided to the resident after the communication concern was brought to the facility's attention by the surveyor.</p> <p>During a surveyor interview on 2/5/2025 at 11:55 AM with the Interim Director of Nursing Services, she indicated that she would expect that if a resident has a need for an alternative means of communication that this would be identified in his/her baseline care plan.</p> <p>(continued on next page)</p>		

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<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Further review of the resident's care plan revealed a focus area for hearing impairment dated 2/3/2025 was added after the communication concern was brought to the facility's attention by the surveyor. Additionally, it indicated that s/he is hard of hearing with a goal to communicate effectively and with dignity, and to have his/her needs met by providing the resident with appropriate writing materials and that s/he utilizes a dry erase board.</p> <p>Cross Reference F 550</p>		

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<p>F 0658</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>46539</p> <p>46715</p> <p>Based on surveyor observation, record review, resident and staff interviews, it has been determined that the facility failed to ensure that services provided meet professional standards of quality relative to 1 of 1 resident reviewed for use of a baclofen pump (a small device that is placed under the skin on one side of the abdomen near the hip bone. It is used to deliver baclofen, a medication prescribed to treat muscle spasms, directly into the spinal canal), Resident ID #35, and for 2 of 2 residents reviewed for medications with parameters, Resident ID #s 71 and 137, and for 1 of 5 residents reviewed for antibiotic use, Resident ID #76.</p> <p>Findings are as follows:</p> <p>1a. Record review revealed Resident ID #35 was readmitted to the facility in January of 2025 with diagnoses including, but not limited to, chronic pain syndrome and anoxic brain injury (a brain injury that occurs when the brain lacks a supply of oxygen).</p> <p>Review of hospital discharge paperwork dated 1/3/2025 revealed that the resident had his/her baclofen pump replaced and has a surgical incision to the left side of his/her abdomen that is covered with a dressing that is to remain in place until his/her surgical follow up appointment.</p> <p>Review of a progress note dated 1/10/2025 authored by Unit Manager, Staff A, revealed that the resident was seen for a surgical follow up appointment for his/her baclofen pump replacement and returned without any dressing orders for the surgical wound.</p> <p>Review of a progress note dated 1/14/2025 authored by Nurse Practitioner (NP), Staff B, states in part, . Patient seen for removal of surgical dressing on the abdomen following baclofen pump replacement. Incision with staples intact, no erythema [redness] or evidence of infection noted. Site is healing well. Plan: Nursing to change dressing daily with dry sterile dressing and apply bacitracin [a topical ointment that helps prevent infection] to the suture line. Will monitor the site closely .</p> <p>Record review failed to reveal evidence that the above-mentioned orders for close monitoring of the surgical site, bacitracin, and a daily dressing change had been transcribed as ordered by the NP, Staff B.</p> <p>Record review failed to reveal evidence that a dressing was applied to the surgical site or that the site had been closely monitored from 1/14/2025 until 2/5/2025, a total of 22 days.</p> <p>During a surveyor interview with the resident and simultaneous observation on 2/5/2025 at 12:26 PM, s/he revealed that s/he has a baclofen pump and lifted his/her shirt to show the surveyor the incision site. The incision site was noted to be red.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a progress note dated 2/5/2025 authored by Staff B, states in part, .Patient seen for possible surgical site infection following recent baclofen pump replacement in the left lower quadrant of the abdomen. Surgical site shows erythema [a common sign of inflammation] with scant amount of pus draining from lateral [the side of something] edge of incision .Physical exam reveals well-healed incision with 1 pinpoint opening on lateral edge, mild amount of pus draining actively, and blanching erythema surrounding lateral portion of incision .1) Wound culture sent. 2) Started on clindamycin [antibiotic] .4) Consulted with pain clinic regarding antibiotic therapy; they will determine if patient needs to be seen or requires longer duration of antibiotics given underlying hardware. Additionally, they state the patient's planned procedure for tomorrow will have to be rescheduled given active infection .</p> <p>During a surveyor interview on 2/5/2025 at 12:31 PM with Staff A, she acknowledged that the resident does not have an order for a dressing to the surgical wound to his/her left abdomen. Additionally, Staff A, revealed that the resident would be starting on an antibiotic due to a possible infection at the surgical site.</p> <p>During a surveyor interview on 2/5/2025 at 2:26 PM with the Interim Director of Nursing Services (DNS) she was unable to provide evidence that an order had been transcribed for wound care for the resident's surgical site.</p> <p>During a surveyor interview on 2/6/2025 at 10:36 AM with NP, Staff B, she revealed that she gave a verbal order for wound care to the nursing staff on 1/14/2025. Additionally, Staff B revealed that she would expect the staff to transcribe the order she provided, complete the wound care daily, and monitor the incision site for infection.</p> <p>1b. According to SynchroMed II Drug Infusion Pump SELECT WARNINGS AND PRECAUTIONS, states in part, .It is mandatory that all patients, caregivers, and treating physicians receive adequate information regarding the risks of the mode of treatment. Instruction Abrupt discontinuation of intrathecal [route of medication administration by injection directly into the spinal canal] baclofen, regardless of the cause, has resulted in sequelae [consequence of a previous disease or injury] that include high fever, altered mental status, exaggerated rebound spasticity, and muscle rigidity, that in rare cases has advanced to multiple organ-system failure and death. Prevention of abrupt discontinuation of intrathecal baclofen requires careful attention to programming and monitoring of the infusion system, refill scheduling and procedures, and pump alarms. Patients and caregivers should be advised of the importance of keeping scheduled refill visits and should be educated on the early symptoms of baclofen withdrawal. Special attention should be given to patients at apparent risk (e.g. spinal cord injuries at T-6 or above, communication difficulties, history of withdrawal symptoms from oral or intrathecal baclofen) .</p> <p>Record review of the physician's orders failed to reveal documentation of the pump or what the facility does relative to the management of the pump.</p> <p>Review of the care plan failed to reveal evidence that the resident has a baclofen pump or what interventions the facility is providing to mitigate the risks such as symptoms of baclofen withdrawal, monitoring for alarms, or what to do if an alarm was to sound per the manufacturer's guidance.</p> <p>(continued on next page)</p>		

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F 0658 Level of Harm - Actual harm Residents Affected - Few	<p>During a surveyor interview on 2/5/2025 at 12:31 PM with Unit Manager, Staff A, she acknowledged that the resident has a baclofen pump without a physician's order in place or a care plan. Additionally, Staff A, was unaware of what an alarm would mean if it was sounding. Furthermore, she indicated that she did not know the signs and symptoms of a baclofen overdose.</p> <p>During a surveyor interview on 2/5/2025 at 2:36 PM with the Interim DNS she acknowledged that the resident does not have orders or a care plan in place for his/her baclofen pump to include; symptoms of baclofen withdrawal, monitoring for alarms, or what to do if an alarm was to sound per the manufacturer's guidance. Additionally, the Interim DNS was unaware that the baclofen pump alarms to alert to a complication.</p> <p>2a. Review of a facility policy titled, Administering Medication states in part, Medications are administered in a safe and timely manner and as prescribed .Medications are administered in accordance with prescriber orders .The following information is checked/verified for each resident prior to administering medications . vital signs if necessary .</p> <p>Record review revealed Resident ID #71 was readmitted to the facility with a diagnosis including, but not limited to, takotsubo cardiomyopathy (a sudden stress induced heart condition that weakens the left ventricle and can cause heart attack like symptoms).</p> <p>Review of a physician's order dated 1/22/2025 for Metoprolol Succinate Oral Tablet Extended Release 25 milligrams (mg). Give 12.5 mg by mouth, one time a day for takotsubo cardiomyopathy, hold if apical pulse (a pulse point on your chest at the bottom tip (apex) of your heart) is less than 60.</p> <p>Review of the January and February 2025 Medication Administration Records (MAR) revealed the Metoprolol Succinate was signed off as administered daily from 1/22/2025 through 2/4/2025. Additional review failed to reveal evidence that an apical pulse had been obtained to correspond with the medication administration.</p> <p>During a surveyor interview on 2/5/2025 at 8:27 AM with Certified Medication Technician, Staff C, she acknowledged that there was no documented heart rate for the medication administration.</p> <p>During a surveyor interview on 2/5/2025 at 8:30 AM with Licensed Practical Nurse, Staff D, she acknowledged that the medication parameters are not being followed and that there are no documented apical pulse readings for the resident.</p> <p>2b. Record review revealed that Resident ID #137 was readmitted to the facility with diagnoses including, but not limited to, type II diabetes and Parkinson's.</p> <p>Review of a physician's order dated 1/30/2025 for Humalog (insulin) to administer 7 units for type II diabetes and to hold for a blood glucose reading below 100 milligrams per deciliter (mg/dL).</p> <p>Review of the February 2025 MAR revealed that the insulin was administered when the residents blood glucose reading was below 100mg/dL on the following dates:</p> <p>- 2/1/2025 - 98 mg/dL</p> <p>- 2/3/2025 - 71 mg/dL</p> <p>(continued on next page)</p>		

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F 0658 Level of Harm - Actual harm Residents Affected - Few	<p>During a surveyor interview on 2/5/2025 at 3:40 PM with the Interim DNS in the presence of the Administrator and a second surveyor, she acknowledged that the insulin was administered on the above dates when it should have been held per the physician's order.</p> <p>3. Review of a facility policy titled, Administering Medication states in part, Medications are administered in a safe and timely manner and as prescribed .Medications are administered in accordance with prescriber orders .</p> <p>Record review revealed Resident ID #76 was readmitted to the facility in January of 2025 with diagnoses including, but not limited to, muscle weakness and acute kidney injury.</p> <p>Review of a physician's order dated 1/9/2025 for Bactrim DS (antibiotic) tablet 800-160 mg, two times daily to treat a urinary tract infection for 7 days.</p> <p>Review of the January 2025 MAR revealed that two doses of the Bactrim DS were not administered on 1/13/2025.</p> <p>Record review failed to reveal evidence that the provider was made aware of the missed doses of antibiotics.</p> <p>During a surveyor interview on 2/5/2025 at 11:21 AM with NP, Staff B, she revealed that the facility staff did not report that Resident ID #76 missed two missed doses of Bactrim.</p> <p>During a surveyor interview on 2/5/2025 at 11:54 AM with the Interim DNS, she acknowledged the resident missed two doses of Bactrim. Additionally, she could not provide evidence the NP was notified of the missed doses of medication.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>46539</p> <p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on record review and staff interview, it has been determined that the facility failed to ensure that each resident receives the necessary care and services to attain or maintain the highest practicable physical well-being for 4 of 5 residents reviewed relative to follow up appointments, Resident ID #s 71, 111, 117, and 19, and for 1 of 2 residents reviewed for non-pressure wounds, Resident ID #135.</p> <p>Findings are as follows:</p> <p>1a. Record review revealed Resident ID #117 was admitted to the facility with a diagnosis including, but not limited to, dementia.</p> <p>Review of the progress notes revealed the following:</p> <ul style="list-style-type: none"> - 10/2/2024: .skin area to L [left] nipple resolved . - 12/2/2024 at 10:00 AM: .seen today following reports of left nipple redness and swelling . - 12/2/2024 at 3:16 PM: .noted to have redness and discharge from L nipple .recommendations to monitor and a Mammogram consult . - 12/13/2024 at 6:32 AM: .left nipple area pink .scant amt [amount] dried yellow drainage at site . <p>Record review revealed the following physician's orders:</p> <ul style="list-style-type: none"> - 12/2/2024: Mammogram consultation of the left breast due to redness and discharge. - 12/2/2024: Monitor the left nipple for redness and drainage, document any changes, and notify the provider. <p>During a surveyor interview on 2/4/2025 at 10:58 AM with Unit Manager (UM), Staff E, she revealed that once a consultation is ordered, an appointment is scheduled, and the information is entered into the resident's electronic progress notes.</p> <p>Further review of the progress notes failed to reveal evidence that a mammogram had been scheduled prior to 2/6/2024, after it was brought to the facility's attention by the surveyor.</p> <p>1b. Record review revealed Resident ID #111 was readmitted to the facility with diagnoses including, but not limited to, chronic kidney disease, abnormal findings in blood chemistry, and dementia.</p> <p>Review of the progress notes revealed the following:</p> <ul style="list-style-type: none"> - 12/17/2024 at 1:30 PM: .seen for follow up exam following recent hospitalization for acute kidney injury and urinary tract infection . <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- 12/20/2024 at 8:15 AM: .seen for follow up exam related to leukocytosis [a condition characterized by an abnormally high number of white blood cells in the bloodstream] white blood count remain elevated as 15.5 as of 12/19/2024 .if labs are negative will consider hematology consult .</p> <p>- 12/23/2024 at 9:00 AM: .Hematology consult to be offered; family is agreeable .</p> <p>Review of a physician's order dated 12/27/2024 revealed to obtain a hematology consult.</p> <p>Record review failed to reveal evidence that a hematology consult had been scheduled prior to 2/5/2024, after it was brought to the facility's attention by the surveyor.</p> <p>During a surveyor interview on 2/5/2025 at 12:09 PM with Nurse Practitioner (NP), Staff F, she revealed it was her expectation that Resident ID #117's mammogram and Resident ID #111's hematology consult would have been scheduled as ordered.</p> <p>1c. Record review revealed Resident ID #19 was admitted to the facility with diagnoses including, but not limited to, duodenal ulcer (a sore on the lining of your stomach or the first part of your small intestine) and gastro-esophageal reflux disease (a chronic condition where stomach contents flow back up into the esophagus, causing irritation and inflammation).</p> <p>Record review revealed the following physician's orders:</p> <p>- 3/8/2024: Referral to a gastrointestinal (GI) provider for an endoscopy (a medical procedure that allows a doctor to see inside of the body using a long, flexible tube called an endoscope) related to a duodenal ulcer.</p> <p>- 3/8/2024: Endoscopy</p> <p>- 3/13/2024: GI consult for an outpatient endoscopy as soon as possible and to discontinue the order once obtained.</p> <p>- 9/24/2024: GI consult due to his/her history of a duodenal ulcer.</p> <p>Review of the January 2025 Medication Administration Record (MAR) revealed the order to obtain the outpatient endoscopy had been signed off as completed for 31 days.</p> <p>Record review failed to reveal evidence that a GI consult had been scheduled since it was initially ordered on 3/8/2024.</p> <p>During a surveyor interview on 2/5/2025 at 8:12 AM with the UM, Staff A, she revealed that she was unaware if the resident had his/her GI consult. Subsequently, she was unable to provide evidence that the resident had his/her GI consult for his/her endoscopy as ordered, as of 2/5/2025.</p> <p>During a surveyor interview on 2/6/2025 at 10:40 AM with NP, Staff B, she revealed that she would have expected the resident to have had his/her GI consult and endoscopy.</p> <p>1d. Record review revealed Resident ID #71 was admitted to the facility with a diagnosis including, but not limited to, Multiple Sclerosis (MS; a chronic neurological disorder).</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of a document titled, Continuity of Care Consultation and Referral Form dated 4/25/2024, indicated the resident had ear wax removed from both ears, and a recommendation was made for a follow up appointment for him/her to return in 6 months. Additionally, s/he was to use debrox (drops to remove ear wax), one week prior to attending the follow up appointment.</p> <p>Record review revealed the following physician's orders:</p> <ul style="list-style-type: none"> - 9/16/2024: Audiology consult and treatment, as needed. - 9/16/2024: ENT (ears, nose, and throat) consult and treatment, as needed. - 1/3/2025: Please schedule the ENT follow up appointment and follow up with his/her outpatient neurologist for MS three times a day and to discontinue the order once the appointment is made. <p>Record review failed to reveal evidence that a follow up ENT appointment had been scheduled as ordered.</p> <p>During a surveyor interview on 2/5/2025 at 11:03 AM with NP, Staff C, she was unable to provide evidence that the resident had his/her ENT follow up or that an appointment was scheduled.</p> <p>2a. Review of a facility policy titled, Wound Care dated August 2021, states in part, .Documentation .The following information should be recorded in the residents medical record .All assessment data [i.e. wound bed color, size, drainage, etc.] obtained when inspecting the wound .</p> <p>Record review revealed Resident ID #135 was admitted to the facility with diagnoses including, but not limited to, emphysema (a long-term lung condition that causes shortness of breath) and chronic respiratory failure.</p> <p>Record review of his/her care plan revealed a focus care area for enhanced barrier precautions (EBP) related to his/her wounds, initiated on 1/31/2025.</p> <p>Record review revealed the following physician's orders:</p> <ul style="list-style-type: none"> - 11/8/2024: Consult wound care services, as needed - 12/2/2024: Cleanse the top of his/her right foot with wound cleanser, pat dry, sure prep (creates a barrier film) to the peri-wound (perimeter of the wound), apply medi honey (wound treatment) followed by a dry, clean dressing daily and as needed - 12/23/2024: Cleanse open areas on both lower extremities with wound cleanser, pat dry, apply medi honey to wound beds followed by an ABD pad (wound dressing) and kling (wound bandage), and to change daily and as needed - 1/30/2025: Cleanse his/her left outer shin with wound cleanser, apply oil emulsion (a wound treatment) cut to size, cover with bordered gauze/foam (a wound dressing), and to change daily and as needed - 1/31/2025: EBP related to his/her wounds. <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the progress notes revealed the following pertaining to his/her wounds:</p> <ul style="list-style-type: none"> - 11/18/2024: The resident has persistent small scattered open wounds to bilateral lower extremities with no evidence of infection - 11/21/2024: .We will follow-up after wound care visit today for any updated recommendations for superficial wounds to bilateral lower extremities . <p>Review of multiple skin assessments on the following dates revealed the following pertaining to his/her wounds:</p> <ul style="list-style-type: none"> - 11/25/2024: His/her left and right lower legs had 2+ pitting weeping edema (indentation in the skin that disappears within 15 seconds of pressing on the affected area with excess fluid builds up) with several scabbed areas on both lower legs. - 12/9/2024: His/her right shin was noted with small, scabbed areas, and had treatments in place. His/her left middle toe was noted with a scabbed area and had a treatment in place. The top of his/her left foot was noted with scabbed areas and had a treatment in place. His/her left shin had a large, scabbed area, and had a treatment in place. Additionally, s/he was followed by the wound team. - 12/16/2024: S/he had unidentified type of skin impairments noted on the front of his/her right lower leg, left shin, top of left foot, left third toe, and is followed by the wound team. - 12/19/2024: S/he had multiple scabbed areas noted on his/her toes and feet with 2+ pitting edema and is s/he is followed by the wound team. - 12/23/2024: S/he has open areas on his/her left and right lower extremities and the top of his/her right foot. Additionally, s/he is followed by the wound team. The skin impairments were described to be abrasions. - 12/30/2024: S/he has skin impairments to the top of his/her left and right foot with open areas, and scabbed areas on his/her right lower leg with treatments in place. Additionally, the skin impairments were described to be abrasions. - 1/6/2025: S/he has scabbed areas to both shins and the top of both feet with open areas. Additionally, treatments are in place, changed as ordered, and s/he is followed by the wound team. - 1/13/2025: S/he has scabbing noted on his/her right and left lower legs and to the top of both feet. Additionally, the skin impairments were described to be abrasions. - 1/20/2025: Both shins noted with abrasions and the tops of both of feet noted with a small, open area. Additionally, dressings are in place, changed as ordered, and s/he is followed by the wound team. - 1/27/2025: Abrasions noted on both lower shins and to the top of both feet. - 2/3/2025: Abrasions noted to both shins and the top of both feet. <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review failed to reveal evidence of wound documentation for the resident's multiple wounds between 11/25/2024 and 2/3/2025 that include, but not limited to, the size of the wound, description of the wound edges, wound bed, the shape, and the condition of the surrounding tissue as per the regulation and facility policy.</p> <p>During a surveyor interview on 2/5/2025 at 10:39 AM with Registered Nurse, Staff G, she acknowledged that there is no documentation of wound measurements or descriptions of the wounds found in the resident's record.</p> <p>During a surveyor interview on 2/5/2025 at 11:13 AM with the UM, Staff N, she was unable to provide evidence of the required documentation of the resident's wounds.</p> <p>During a surveyor interview on 2/5/2025 at 11:47 AM with the Interim Director of Nursing Services, she indicated that Resident ID #135 did not have any wounds, but only had abrasions, despite the documentation that the resident continues to receive treatments for his/her lower extremity wounds, is followed by the wound team, and is currently on EBP for his/her wounds.</p> <p>46715</p> <p>48928</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50004</p> <p>Based on record review and staff interview, it has been determined that the facility failed to ensure that residents who require dialysis (a treatment that removes excess fluid, waste, and toxins from the blood when the kidneys are no longer functioning properly) receive such services, consistent with professional standards of practice for 1 of 1 resident reviewed for dialysis, Resident ID #43.</p> <p>Findings are as follows:</p> <p>Record review revealed Resident ID #43 was readmitted to the facility with diagnoses including, but not limited to, end stage renal disease and the dependence on renal dialysis.</p> <p>Record review revealed the resident receives hemodialysis three times a week, Tuesdays, Thursdays, and Saturdays.</p> <p>Record review of a nursing progress note dated 1/9/2025 revealed the resident returned from dialysis with a bottle of Velphoro 500 milligrams (mg) (a phosphate binder indicated for the control of serum phosphorus levels for patients with chronic kidney disease on dialysis). It further included instructions from the dialysis center that another pharmacy will be shipping the prescription directly to the facility.</p> <p>Record review revealed a physician's order dated 1/12/2025 for Velphoro 500 mg, twice daily, at 8:00 AM and 4:00 PM.</p> <p>Record review of the Medication Administration Records for January 2025 and February 2025 revealed on the following dates and times the Velphoro was recorded as 22= Drug / Treatment Not Administered.</p> <p>-1/25/2025 4:00 PM</p> <p>-1/26/2025 8:00 AM and 4:00 PM</p> <p>-1/27/2025 8:00 AM and 4:00 PM</p> <p>-1/28/2025 8:00 AM</p> <p>-1/29/2025 8:00 AM</p> <p>-1/30/2025 8:00 AM and 4:00 PM</p> <p>-1/31/2025 8:00 AM</p> <p>-2/1/2025 8:00 AM and 4:00 PM</p> <p>-2/2/2025 8:00 AM and 4:00 PM</p> <p>-2/3/2025 8:00 AM and 4:00 PM</p> <p>(continued on next page)</p>

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review failed to reveal evidence that the physician or dialysis center were notified regarding the above missed doses of Velphoro.</p> <p>During a surveyor interview on 2/5/2025 at 9:41 AM with the Dietician from the dialysis center, she revealed that there has been no recent communication with the facility regarding the above missed doses of Velphoro. She further revealed the facility should have received a 90-day supply that was delivered to the facility on [DATE]. Additionally, she revealed that the dialysis center could have provided the medication until the prescription was received.</p> <p>During a surveyor interview on 2/5/2025 at 10:02 AM with the Unit Manager, Staff A, she indicated that it should have been reported to the physician and the dialysis center that the medication was not available. She further revealed that she reported it to the Nurse Practitioner on 2/4/2025 and received an order to hold the medication until it was delivered and notified the dialysis center.</p> <p>During a surveyor interview on 2/5/2025 at 11:47 AM with the Nurse Practitioner, Staff H, she revealed that she would have expected the facility to notify the dialysis center regarding the missed doses of Velphoro. She further revealed that she was updated on 2/4/2025 by the facility and was told that the prescription was mailed to an incorrect address.</p> <p>During a surveyor interview on 2/5/2025 at 2:37 PM with the Interim Director of Nursing Services, she was unable to provide evidence that the facility effectively communicated with the dialysis center or the resident's provider that the Velphoro was not being administered per the physician's order prior to 2/4/2025.</p> <p>Cross Reference F 755</p>		

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail.</p> <p>46539</p> <p>Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to complete resident assessments and entrapment assessments (an assessment which determines the risk of a resident being caught, trapped, or entangled in the space in or around the bed/side rail) in their entirety for 3 of 3 floors affecting Resident ID #s 4, 20, 23, 25, 40, 43, 48, 50, 55, 57, 61, 65, 71, 73, 87, 93, 105, 109, 111, 114, 117, 120, 129, 137, 156, 157, 178, 333, and 387.</p> <p>Findings are as follows:</p> <p>Review of a facility policy titled Bed Safety and Bed Rails last revised in August of 2022, states in part, Residents beds meet the safety specifications established by the Hospital Bed Safety Workgroup. The use of bed rails is prohibited unless the criteria for use of bed rails have been met .Maintenance staff routinely inspect all beds and related equipment to identify risks and problems including potential entrapment risks . Bed rails are properly installed and used according to the manufacturer's instructions, specifications and other pertinent safety guidance to ensure proper fit .the use of bed rails or side rails (including temporarily raising the side rails for episodic use during care) is prohibited unless criteria for use of bed rails have been met, including attempts to use alternatives, interdisciplinary evaluation, resident assessment and informed consent .Prior to the installation or use of a side or bed rail, alternatives to the use of side or bed rails are attempted. Alternatives may include: .roll guards .foam bumpers .lowering the bed .use of concave mattress to reduce rolling of the bed .If attempted alternatives do not adequately meet the resident's needs the resident may be evaluated for the use of bed rails. This interdisciplinary evaluation includes: .an evaluation of the alternatives to bed rails that were attempted and how these alternatives failed to meet the resident's needs .the resident's risk associated with the use of bed rails .input from the resident and/or representative . and consultation with the attending physician .the resident assessment to determine risk of entrapment includes, but is not limited to: medical diagnoses, conditions, symptoms, and/or behavioral symptoms .ability to toilet self .cognition .communication .mobility .risk of falling .the resident assessment also determines potential risk to the resident associated with the use of bed rails, including the following .accident hazards .a resident or part of his/her body could be caught between rails, the openings of the rails, or between the bed rails and mattress .Restricted mobility .hinders residents from independently getting out of bed thereby confining them to their beds .psychosocial outcomes .contributes to feeling of isolation Before using bed rails for any reason, the staff shall inform the resident or representative about the benefits and potential hazards associated with bed rails and obtain informed consent. The following information will be included in the consent .the assessed medical needs that will be addressed with the use of bed rails .the resident's risk from the use of bed rails and how these will be mitigated .the alternatives that were attempted but failed to meet the resident's needs .the alternatives that were considered but not attempted and the reason.</p> <p>1. Record review revealed that Resident ID #4 was admitted to the facility with diagnoses including, but not limited to, dementia and violent behaviors.</p> <p>(continued on next page)</p>		

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During surveyor observations on 2/3, 2/4, 2/5, and 2/6/2025 revealed the resident has bilateral bed rails.</p> <p>Review of the resident's record failed to reveal evidence that the following required components for bed rail use per the federal regulation and bed rail policy were completed:</p> <ul style="list-style-type: none"> - the benefits of bed rails use - the potential risks of bed rails use - if and what alternatives were attempted prior to the installation of the bed rails - if the resident does or does not want bed rails - informed consent <p>2. Record review revealed that Resident ID #20 was readmitted to the facility with diagnoses including, but not limited to, difficulty walking and lack of coordination.</p> <p>During surveyor observations on 2/3, 2/4, 2/5, and 2/6/2025 revealed the resident has bilateral bed rails.</p> <p>Review of the resident's record failed to reveal evidence that the following required components for bed rail use per the federal regulation and bed rail policy were completed:</p> <ul style="list-style-type: none"> - the potential risks of bed rails use - if and what alternatives were attempted prior to the installation of the bed rails - the frequency of the bed rail use - a resident or representative signature consenting to the side rails <p>3. Record review revealed that Resident ID #23 was readmitted to the facility with diagnoses including, but not limited to, muscle wasting and pain in right wrist.</p> <p>During surveyor observations on 2/3, 2/4, 2/5, and 2/6/2025 revealed the resident has bilateral bed rails.</p> <p>Review of the resident's record failed to reveal evidence that the following required components for bed rail use per the federal regulation and bed rail policy were completed:</p> <ul style="list-style-type: none"> - the resident assessment of medical needs - the benefits of bed rails use - if and what alternatives were attempted prior to the installation of the bed rails <p>(continued on next page)</p>		

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> - the potential risks of bed rails use - the frequency of the bed rail use - if the resident does or does not want bed rails - a signature from a facility representative <p>4. Record review revealed that Resident ID #25 was admitted to the facility with diagnoses including, but not limited to, dementia and lack of coordination.</p> <p>During surveyor observations on 2/3, 2/4, 2/5, and 2/6/2025 revealed the resident has bilateral bed rails.</p> <p>Review of the resident's record failed to reveal evidence that the following required components for bed rail use per the federal regulation and bed rail policy were completed:</p> <ul style="list-style-type: none"> - the potential risks of bed rails use - if and what alternatives were attempted prior to the installation of the bed rails - the frequency of the bed rail use <p>5. Record review revealed that Resident ID #40 was admitted to the facility with diagnoses including, but not limited to, history of falling and muscle wasting.</p> <p>During surveyor observations on 2/3, 2/4, 2/5, and 2/6/2025 revealed the resident has bilateral bed rails.</p> <p>Review of the resident's record failed to reveal evidence that the following required components for bed rail use per the federal regulation and bed rail policy were completed:</p> <ul style="list-style-type: none"> - the benefits of bed rails use - the potential risks of bed rails use - if and what alternatives were attempted prior to the installation of the bed rails - the frequency of the bed rail use - a signature from a facility representative <p>Record review failed to reveal a physician's order for side rails, or a care plan developed by the interdisciplinary team for side rails.</p> <p>Review of Side Rail Assessment binders for the months of November and December 2024 and January 2025 failed to reveal that assessments were completed for entrapment for Resident ID #40.</p> <p>(continued on next page)</p>		

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>6. Record review revealed that Resident ID #43 was readmitted to the facility with diagnoses including, but not limited to, epilepsy and muscle wasting.</p> <p>During surveyor observation on 2/3, 2/4, 2/5, and 2/6/2025 revealed the resident has bilateral bed rails.</p> <p>Review of the resident's record failed to reveal evidence that the following required components for bed rail use per the federal regulation and bed rail policy were completed::</p> <ul style="list-style-type: none"> - the potential risks of bed rails use - if and what alternatives were attempted prior to the installation of the bed rails - the frequency of the bed rail use <p>7. Record review revealed that Resident ID #48 was admitted to the facility in August of 2014 with diagnoses including, but not limited to, dementia and history of falling.</p> <p>During surveyor observations on 2/3, 2/4, 2/5, and 2/6/2025 revealed the resident has bilateral bed rails.</p> <p>Review of the resident's record failed to reveal evidence that the following required components for bed rail use per the federal regulation and bed rail policy were completed::</p> <ul style="list-style-type: none"> - the benefits of bed rails use - the potential risks of bed rails use - if and what alternatives were attempted prior to the installation of the bed rails <p>Review of a Quarterly Bed Rail Evaluation dated 7/25/2024 revealed that the use of bed rails acts as a physical restraint for this resident, impeding movement or limiting their daily activities. It further revealed that bed rails are not indicated at this time.</p> <p>8. Record review revealed that Resident ID #50 was admitted to the facility with diagnoses including, but not limited to, disorientation and delusional disorder.</p> <p>During surveyor observations on 2/3, 2/4, 2/5, and 2/6/2025 revealed the resident has bilateral bed rails.</p> <p>Review of the resident's record failed to reveal evidence that the following required components for bed rail use per the federal regulation and bed rail policy were completed::</p> <ul style="list-style-type: none"> - the benefits of bed rails use - the potential risks of bed rails use - if and what alternatives were attempted prior to the installation of the bed rails <p>(continued on next page)</p>

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- the frequency of the bed rail use</p> <p>9. Record review revealed that Resident ID #55 was readmitted to the facility with diagnoses including, but not limited to, hemiplegia (paralysis on one side of the body) and hemiparesis (weakness on one side of the body) and seizure disorder.</p> <p>During surveyor observations on 2/3, 2/4, 2/5, and 2/6/2025 revealed the resident has bilateral bed rails.</p> <p>Review of the resident's record failed to reveal evidence that the following required components for bed rail use per the federal regulation and bed rail policy were completed:</p> <ul style="list-style-type: none"> - the benefits of bed rails use - the potential risks of bed rails use - if and what alternatives were attempted prior to the installation of the bed rails <p>10. Record review revealed that Resident ID #57 was readmitted to the facility with diagnoses including, but not limited to, adjustment disorder and major depressive disorder.</p> <p>During surveyor observations on 2/3, 2/4, 2/5, and 2/6/2025 revealed the resident has bilateral bed rails.</p> <p>Review of the resident's record failed to reveal evidence that the following required components for bed rail use per the federal regulation and bed rail policy were completed:</p> <ul style="list-style-type: none"> - the potential risks of bed rails use - if and what alternatives were attempted prior to the installation of the bed rails - a resident or representative signature consenting to the side rails <p>11. Record review revealed that Resident ID #61 was admitted to the facility with diagnoses including, but not limited to, dementia and adjustment disorder.</p> <p>During surveyor observations on 2/3, 2/4, 2/5, and 2/6/2025 revealed the resident has bilateral bed rails.</p> <p>Review of the resident's record failed to reveal evidence that the following required components for bed rail use per the federal regulation and bed rail policy were completed:</p> <ul style="list-style-type: none"> - the potential risks of bed rails use - if and what alternatives were attempted prior to the installation of the bed rails - the frequency of the bed rail use <p>(continued on next page)</p>		

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- if the resident does or does not want bed rails</p> <p>- a signature from a facility representative</p> <p>Review of a Quarterly Bed Rail Evaluation dated 12/3/2024 revealed that the use of bed rails act as a physical restraint for this resident, impeding movement or limiting their daily activities. It further revealed that bed rails are not indicated at this time.</p> <p>12. Record review revealed that Resident ID #65 was admitted to the facility with diagnoses including, but not limited to, dementia and muscle weakness.</p> <p>During surveyor observations on 2/3, 2/4, 2/5, and 2/6/2025 revealed the resident has bilateral bed rails.</p> <p>Review of the resident's record failed to reveal evidence that the following required components for bed rail use per the federal regulation and bed rail policy were completed:</p> <p>- the potential risks of bed rails use</p> <p>- if and what alternatives were attempted prior to the installation of the bed rails</p> <p>- the frequency of the bed rail use</p> <p>- if the resident does or does not want bed rails</p> <p>- a signature from a facility representative</p> <p>13. Record review revealed that Resident ID #71 was readmitted to the facility with diagnoses including, but not limited to, multiple sclerosis and need for assistance with personal care.</p> <p>During surveyor observations on 2/3, 2/4, 2/5, and 2/6/2025 revealed the resident has bilateral bed rails.</p> <p>Review of the resident's record failed to reveal evidence that the following required components for bed rail use per the federal regulation and bed rail policy were completed:</p> <p>- the potential risks of bed rails use</p> <p>- if and what alternatives were attempted prior to the installation of the bed rails</p> <p>Further record review failed to reveal a physician's order for the use of bilateral side rails.</p> <p>14. Record review revealed that Resident ID #73 was readmitted to the facility with diagnoses including, but not limited to, muscle weakness and fracture of the neck.</p> <p>During surveyor observations on 2/3, 2/4, 2/5, and 2/6/2025 revealed the resident has bilateral bed rails.</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	
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 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's record failed to reveal evidence that the following required components for bed rail use per the federal regulation and bed rail policy were completed:</p> <ul style="list-style-type: none"> - the potential risks of bed rails use - if and what alternatives were attempted prior to the installation of the bed rails - the frequency of the bed rail use <p>15. Record review revealed that Resident ID #87 was readmitted to the facility with diagnoses including, but not limited to, lack of coordination and Asperger's syndrome.</p> <p>During surveyor observations on 2/3, 2/4, 2/5, and 2/6/2025 revealed the resident has bilateral bed rails.</p> <p>Review of the resident's record failed to reveal evidence that the following required components for bed rail use per the federal regulation and bed rail policy were completed:</p> <ul style="list-style-type: none"> - the resident assessment of medical needs - the benefits of bed rails use - the potential risks of bed rails use - if and what alternatives were attempted prior to the installation of the bed rails - the frequency of the bed rail use - if the resident does or does not want bed rails - a signature from a facility representative <p>Review of a Quarterly Bed Rail Evaluation dated 7/24/2024 failed to reveal the use of side rails or an assessment of the use of side rails was completed.</p> <p>16. Record review revealed that Resident ID #93 was readmitted to the facility with diagnoses including, but not limited to, hemiplegia and hemiparesis and seizure disorder.</p> <p>During surveyor observations on 2/3, 2/4, 2/5, and 2/6/2025 revealed the resident has bilateral bed rails.</p> <p>Review of the resident's record failed to reveal evidence that the following required components for bed rail use per the federal regulation and bed rail policy were completed:</p> <ul style="list-style-type: none"> - the potential risks of bed rails use - if and what alternatives were attempted prior to the installation of the bed rails <p>(continued on next page)</p>		

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>17. Record review revealed that Resident ID #105 was readmitted to the facility with diagnoses including, but not limited to, need for assistance with personal care and adjustment disorder with anxiety.</p> <p>During surveyor observations on 2/3, 2/4, 2/5, and 2/6/2025 revealed the resident has bilateral bed rails.</p> <p>Review of the resident's record failed to reveal evidence that the following required components for bed rail use per the federal regulation and bed rail policy were completed:</p> <ul style="list-style-type: none"> - the resident assessment of medical needs - the benefits of bed rails use - the potential risks of bed rails use - if and what alternatives were attempted prior to the installation of the bed rails - the frequency of the bed rail use <p>Review of a Bed Rail Evaluation dated 12/24/2024 revealed that Resident ID # 105 does not need bed rails for the use of bed mobility or transfers. It further revealed that further therapy evaluation is recommended for the use of side rails.</p> <p>18. Record review revealed that Resident ID #109 was readmitted to the facility with diagnoses including, but not limited to, history of falling and difficulty walking.</p> <p>During surveyor observations on 2/3, 2/4, 2/5, and 2/6/2025 revealed the resident has bilateral bed rails.</p> <p>Review of the resident's record failed to reveal evidence that the following required components for bed rail use per the federal regulation and bed rail policy were completed:</p> <ul style="list-style-type: none"> - the potential risks of bed rails use - if and what alternatives were attempted prior to the installation of the bed rails - the frequency of the bed rail use <p>19. Record review revealed that Resident ID #111 was readmitted to the facility with diagnoses including, but not limited to, dementia and anxiety disorder.</p> <p>During surveyor observations on 2/3, 2/4, 2/5, and 2/6/2025 revealed the resident has bilateral bed rails.</p> <p>Review of the resident's record failed to reveal evidence that the following required components for bed rail use per the federal regulation and bed rail policy were completed:</p> <p>(continued on next page)</p>		

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> - the benefits of bed rails use - the potential risks of bed rails use - if and what alternatives were attempted prior to the installation of the bed rails <p>Review of a Bed Rail Evaluation dated 12/4/2024 revealed that Resident ID #111 does not need bed rails for the use of bed mobility or transfers. It further revealed that the use of bed rails act as a physical restraint for this resident, impeding movement or limiting their daily activities but that bed rails are recommended from this evaluation.</p> <p>20. Record review revealed that Resident ID #114 was readmitted to the facility with diagnoses including, but not limited to, history of falling and anxiety disorder.</p> <p>During surveyor observations on 2/3, 2/4, 2/5, and 2/6/2025 revealed the resident has bilateral bed rails.</p> <p>Review of the resident's record failed to reveal evidence that the following required components for bed rail use per the federal regulation and bed rail policy were completed:</p> <ul style="list-style-type: none"> - the benefits of bed rails use - the potential risks of bed rails use - if and what alternatives were attempted prior to the installation of the bed rails <p>Review of a Bed Rail Evaluation dated 11/26/2024 revealed that Resident ID #114 does not need bed rails for the use of bed mobility or transfers. It further revealed that bed rails are not indicated at this time.</p> <p>21. Record review revealed that Resident ID #117 was readmitted to the facility in January of 2024 with diagnoses including, but not limited to, dementia and muscle weakness.</p> <p>During surveyor observations on 2/3, 2/4, 2/5, and 2/6/2025 revealed the resident has bilateral bed rails.</p> <p>Review of the resident's record failed to reveal evidence that the following required components for bed rail use per the federal regulation and bed rail policy were completed:</p> <ul style="list-style-type: none"> - the benefits of bed rails use - the potential risks of bed rails use - if and what alternatives were attempted prior to the installation of the bed rails <p>Review of a Bed Rail Evaluation dated 11/8/2024 revealed that Resident ID #117 that the use of bed rails act as a physical restraint for this resident, impeding movement or limiting their daily activities but that bed rails are recommended from this evaluation.</p> <p>(continued on next page)</p>

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>22. Record review revealed that Resident ID #120 was admitted to the facility with diagnoses including, but not limited to, muscle weakness and Alzheimer's disease.</p> <p>During surveyor observations on 2/3, 2/4, 2/5, and 2/6/2025 revealed the resident has bilateral bed rails.</p> <p>Review of the resident's record failed to reveal evidence that the following required components for bed rail use per the federal regulation and bed rail policy were completed:</p> <ul style="list-style-type: none"> - the benefits of bed rails use - the potential risks of bed rails use - if and what alternatives were attempted prior to the installation of the bed rails - the frequency of the bed rail use <p>23. Record review revealed that Resident ID #129 was admitted to the facility with diagnoses including, but not limited to, Alzheimer's disease and psychotic disorder with delusions.</p> <p>During surveyor observations on 2/3, 2/4, 2/5, and 2/6/2025 revealed the resident has bilateral bed rails.</p> <p>Review of the resident's record failed to reveal evidence that the following required components for bed rail use per the federal regulation and bed rail policy were completed:</p> <ul style="list-style-type: none"> - the benefits of bed rails use - the potential risks of bed rails use - if and what alternatives were attempted prior to the installation of the bed rails <p>Review of a Bed Rail Evaluation dated 12/27/2024 revealed that Resident ID #129 does not need bed rails for the use of bed mobility or transfers. It further revealed that the use of bed rails act as a physical restraint for this resident, impeding movement or limiting their daily activities and that bed rails are not indicated at this time.</p> <p>24. Record review revealed that Resident ID #137 was readmitted to the facility with diagnoses including, but not limited to, repeated falls and epilepsy.</p> <p>During surveyor observations on 2/3, 2/4, 2/5, and 2/6/2025 revealed the resident has bilateral bed rails.</p> <p>Review of the resident's record failed to reveal evidence that the following required components for bed rail use per the federal regulation and bed rail policy were completed:</p> <ul style="list-style-type: none"> - the benefits of bed rails use <p>(continued on next page)</p>

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- the potential risks of bed rails use</p> <p>- if and what alternatives were attempted prior to the installation of the bed rails</p> <p>25. Record review revealed that Resident ID #156 was readmitted to the facility with diagnoses including, but not limited to, contractures of left hand and muscle wasting.</p> <p>During surveyor observations on 2/3, 2/4, 2/5, and 2/6/2025 revealed the resident has bilateral bed rails.</p> <p>Review of the resident's record failed to reveal evidence that the following required components for bed rail use per the federal regulation and bed rail policy were completed:</p> <p>- the benefits of bed rails use</p> <p>- the potential risks of bed rails use</p> <p>- if and what alternatives were attempted prior to the installation of the bed rails</p> <p>- the frequency of the bed rail use</p> <p>- if the resident does or does not want bed rails</p> <p>26. Record review revealed that Resident ID #157 was readmitted to the facility with diagnoses including, but not limited to, secondary Parkinsonism and cramps and spasms.</p> <p>During surveyor observations on 2/3, 2/4, 2/5, and 2/6/2025 revealed the resident has bilateral bed rails.</p> <p>Review of the resident's record failed to reveal evidence that the following required components for bed rail use per the federal regulation and bed rail policy were completed:</p> <p>- the benefits of bed rails use</p> <p>- the potential risks of bed rails use</p> <p>- if and what alternatives were attempted prior to the installation of the bed rails</p> <p>27. Record review revealed that Resident ID #178 was readmitted to the facility with diagnoses including, but not limited to, muscle wasting and difficulty walking.</p> <p>During surveyor observations on 2/3, 2/4, 2/5, and 2/6/2025 revealed the resident has bilateral bed rails.</p> <p>Review of the resident's record failed to reveal evidence that the following required components for bed rail use per the federal regulation and bed rail policy were completed:</p> <p>- the resident assessment of medical needs</p> <p>(continued on next page)</p>		

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> - the benefits of bed rails use - the potential risks of bed rails use - if and what alternatives were attempted prior to the installation of the bed rails - the frequency of the bed rail use <p>Record review failed to reveal a physician's order for side rails, or a care plan developed by the interdisciplinary team for side rails.</p> <p>28. Record review revealed that Resident ID #333 was readmitted to the facility with a diagnosis including, but not limited to, major depressive disorder.</p> <p>During surveyor observations on 2/3, 2/4, 2/5, and 2/6/2025 revealed the resident has bilateral bed rails.</p> <p>Review of the resident's record failed to reveal evidence that the following required components for bed rail use per the federal regulation and bed rail policy were completed:</p> <ul style="list-style-type: none"> - the benefits of bed rails use - the potential risks of bed rails use - if and what alternatives were attempted prior to the installation of the bed rails - the frequency of the bed rail use - if the resident does or does not want bed rails <p>Review of a Bed Rail Evaluation dated 1/30/2025 revealed that Resident ID #333 does not need bed rails for the use of bed mobility or transfers. It further revealed that bed rails are not indicated at this time.</p> <p>29. Record review revealed that Resident ID #387 was readmitted to the facility with a diagnosis including, but not limited to, multiple fractures of ribs.</p> <p>During surveyor observations on 2/3, 2/4, 2/5, and 2/6/2025 revealed the resident has bilateral bed rails.</p> <p>Review of the resident's record failed to reveal evidence that the following required components for bed rail use per the federal regulation and bed rail policy were completed:</p> <ul style="list-style-type: none"> - the benefits of bed rails use - the potential risks of bed rails use - if and what alternatives were attempted prior to the installation of the bed rails <p>(continued on next page)</p>

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- the frequency of the bed rail use</p> <p>- if the resident does or does not want bed rails</p> <p>Review of a Bed Rail Evaluation dated 1/31/2025 revealed that Resident ID #387 does not need bed rails for the use of bed mobility or transfers. It further revealed that a therapy evaluation is recommended.</p> <p>Review of a Side Rail Assessment (an assessment utilized to assess a bed and bed rails for entrapment) completed in January 2025 for Resident ID #'s 4, 20, 23, 25, 43, 48, 50, 55, 57, 61, 65, 71, 73, 87, 93, 105, 109, 111, 114, 117, 120, 129, 137, 156, 157, 178, 333, and 387 failed to identify the manufacturer, model, and serial numbers of the bed and bed rails. Therefore, the facility is unable to determine if the bed and the bed rails are compatible to mitigate the risk for entrapment.</p> <p>Additional review of the Side Rail Assessment binder for January 2025 for the entire facility failed to identify the manufacturer, model, and serial numbers of the bed and bed rails that the facility has in house. Therefore, the facility is unable to determine if the bed and the bed rails are compatible to mitigate the risks for entrapment.</p> <p>During a surveyor interview on 2/5/2025 at 11:33 AM, with Licensed Practical Nurse, Staff I, she revealed that each resident who has side rails should have a physician's order and care plan in place.</p> <p>During a surveyor interview on 2/5/2025 at 2:55 PM, with the Regional Maintenance Director, the facility Maintenance Director, and the Assistant Administrator, they revealed that Bed Rail Evaluations are completed when there is a new admission, a change in the physical bed, and monthly.</p> <p>During a surveyor interview on 2/6/2025 at 10:04 AM, with the Administrator, the Interim Director of Nursing Services (DNS), and the Assistant Administrator, they acknowledge that the informed consents for side rails and side rail assessments were not being completed in their entirety to meet the federal regulation and in accordance with the facility policy as mentioned for Resident ID #'s 4, 20, 23, 25, 40, 43, 48, 50, 55, 57, 61, 65, 71, 73, 87, 93, 105, 109, 111, 114, 117, 120, 129, 137, 156, 157, 178, 333, and 387. Additionally, the Interim DNS acknowledged that each resident should also have a physician's order and a care plan in place for the use of the side rails.</p> <p>During a surveyor interview on 2/6/2025 at 1:28 PM, with the Assistant Administrator, he acknowledged that the bed rail evaluations for the above mentioned residents were not completed in it their entirety.</p> <p>46715</p> <p>47279</p> <p>48928</p> <p>50004</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50004</p> <p>Based on record review and staff interview, it has been determined that the facility failed to provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biological's) to meet the needs of each resident for 1 of 1 resident reviewed for dialysis (a treatment that removes excess fluid, waste, and toxins from the blood when the kidneys are no longer functioning properly), Resident ID #43.</p> <p>Record review revealed Resident ID #43 was readmitted to the facility with diagnoses including, but not limited to, end stage renal disease and the dependence on renal dialysis.</p> <p>Record review of a nursing progress note dated 1/9/2025 revealed, the resident returned from dialysis with a bottle of Velphoro 500 milligrams: (mg- a phosphate binder prescribed to control phosphorus levels in the blood for patients with chronic kidney disease who receive on dialysis). It further included instructions from the dialysis center that another pharmacy will be shipping the prescription directly to the facility going forward.</p> <p>Record review revealed a physician's order dated 1/12/2025 for Velphoro 500 mg, twice daily, at 8:00 AM and 4:00 PM.</p> <p>Record review of the Medication Administration Records for January and February 2025 revealed on the following dates and times the above medication was recorded as 22= Drug / Treatment Not Administered.</p> <p>-1/25/2025 4:00 PM</p> <p>-1/26/2025 8:00 AM and 4:00 PM</p> <p>-1/27/2025 8:00 AM and 4:00 PM</p> <p>-1/28/2025 8:00 AM</p> <p>-1/29/2025 8:00 AM</p> <p>-1/30/2025 8:00 AM and 4:00 PM</p> <p>-1/31/2025 8:00 AM</p> <p>-2/1/2025 8:00 AM and 4:00 PM</p> <p>-2/2/2025 8:00 AM and 4:00 PM</p> <p>-2/3/2025 8:00 AM and 4:00 PM</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a surveyor interview on 2/5/2025 at 9:41 AM with the Dietician from the dialysis center, she revealed that the facility should have received a 90-day supply of Velphoro as it was delivered to the facility on [DATE]. Additionally, she revealed that the dialysis center was not notified that this medication was not received by the facility until 2/4/2025.</p> <p>During a surveyor interview on 2/5/2025 at 10:02 AM with the Unit Manager, Staff A, she acknowledged that the resident was not receiving his/her Velphoro, due to the pharmacy not delivering it. Additionally, she could not provide evidence that the facility communicated with the pharmacy or the dialysis center to either obtain the medication or to inform them that the medication had not been delivered.</p> <p>During a surveyor interview on 2/5/2025 at 2:37 PM with the Interim Director of Nursing Services, she could not provide evidence that the facility effectively communicated with the dialysis center or the pharmacy regarding the above medication until 2/4/2025.</p> <p>Cross Reference F 698</p>		

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<p>F 0810</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide special eating equipment and utensils for residents who need them and appropriate assistance.</p> <p>47279</p> <p>Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to provide a scoop plate (a plate with raised, curved edges that helps guide food onto a utensil) for 1 of 1 resident reviewed who requires adaptive eating equipment, Resident ID #4.</p> <p>Findings are as follows:</p> <p>Record review revealed the resident was admitted to the facility with diagnoses including, but not limited to, dementia, muscle weakness, and legal blindness.</p> <p>Review of the care plan revealed a focus area indicating that the resident has a nutritional problem related to his/her dementia progression, blindness, and requires more staff assistance with eating. Further review revealed an intervention for a scoop plate with all meals. Additionally, it indicates that his/her weight has decreased.</p> <p>Review of physician's diet order dated 4/1/2024 indicated that the resident is to have a scoop plate with all meals.</p> <p>Record review of the resident's lunch meal diet slip dated 2/3/2025 revealed the resident uses a scoop plate.</p> <p>During a continuous surveyor observation of the lunch meal on 2/3/2025 between 12:08 PM and 12:33 PM, the resident without a scoop plate for his/her lunch meal. Additionally, s/he was observed spilling food several times onto the table while s/he attempted to eat.</p> <p>During a surveyor observation of the resident and simultaneous interview on 2/3/2025 at 12:33 PM with Nursing Assistant, Staff J, she indicated that she was unaware if the resident required a scoop plate. She acknowledged that the resident was spilling his/her food onto the table while trying to eat and that the diet slip indicated that the resident requires a scoop plate with meals.</p> <p>During a surveyor interview on 2/4/2024 at 3:17 PM with the Interim Director of Nursing Services in the presence of a second surveyor, she revealed that she would expect the resident to be provided with a scoop plate with all meals, as ordered.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>46241</p> <p>46539</p> <p>46715</p> <p>47279</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 contact precautions (utilized when a resident is known or suspected to be infected with a Multidrug Resistant Organism [MDRO] that can be transmitted by direct contact with the resident or indirect contact with environmental surfaces in the resident's room, and for Respiratory Syncytial Virus [RSV; a common virus that infects the lungs and respiratory tract]) for 2 of 5 residents reviewed on contact precautions, Resident ID #s 120 and 148, and for 1 of 1 resident reviewed with a known history of Extended Spectrum Beta-Lactamase (ESBL an MDRO) observed without any isolation precautions (contact precautions or enhanced barrier precautions [EBP]) in place when it requires such, Resident ID #19.</p> <p>Findings are as follows:</p> <p>Review of a facility policy titled, Isolation-Categories of Transmission-Based Precautions states in part, . Contact precautions .staff and visitors wear gloves (clean, non-sterile) when entering the room .Staff and visitors wear a disposable gown upon entering the room and remove before leaving the room and avoid touching potentially contaminated surfaces with clothing after gown is removed .</p> <p>1a. Record review revealed that Resident ID #148 was actively on contact precautions for ESBL.</p> <p>During multiple surveyor observations throughout the survey process from 2/3 through 2/6/2025 revealed, Resident ID #148 had signage posted on his/her door indicating that s/he was on contact precautions and indicated for staff/visitors to wear a gown and gloves prior to room entry.</p> <p>Surveyor observation on 2/3/2025 at approximately 10:03 AM revealed the Podiatrist, Staff K, in Resident ID #148's room without a gown.</p> <p>During a surveyor interview immediately following the above observation with Staff K, she acknowledged the signage posted on his/her door and that she failed to wear a gown prior to room entry.</p> <p>Surveyor observation on 2/3/2025 at approximately at 9:41 AM revealed Certified Medication Technician (CMT), Staff C, enter Resident ID #148's room without wearing a gown or gloves.</p> <p>During a surveyor interview with Staff C immediately following this observation, she acknowledged the signage posted on his/her door and that she failed to wear a gown and gloves prior to room entry.</p> <p>Surveyor observation on 2/5/2025 at approximately at 8:22 AM revealed Nursing Assistant (NA), Staff L, enter Resident ID #148's room without wearing a gown or gloves.</p> <p>(continued on next page)</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 02/06/2025
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 - Some</p>	<p>During a surveyor interview with Staff L immediately following this observation, she acknowledged the signage posted on his/her door and that she failed to wear a gown and gloves prior to room entry.</p> <p>During a surveyor interview on 2/5/2025 at 12:00 PM with the Interim Director of Nursing Services (DNS), she revealed that she would expect all staff to follow the signage posted outside of the residents' rooms.</p> <p>1b. Review of a facility policy titled, Respiratory Syncytial Virus (RSV) Prevention states in part, .Residents diagnosed with RSV are placed on contact precautions for the duration of their illness .</p> <p>Record review revealed that Resident ID #120 tested positive for RSV on 1/31/2025 and was actively on contact precautions as a result. Additionally, s/he shared a room with another resident.</p> <p>During multiple surveyor observations throughout the survey process from 2/3 through 2/6/2025 revealed, Resident ID #120 had signage posted on his/her door indicating that s/he was on contact precautions and indicated for staff/visitors to wear a gown and gloves prior to room entry.</p> <p>During a surveyor observation on 2/3/2025 at 12:17 PM, NA, Staff M, was observed entering Resident ID #120's room to deliver a lunch tray to his/her roommate without wearing a gown or gloves.</p> <p>During a surveyor interview on 2/5/2025 at 10:01 AM with the Infection Preventionist (IP), she revealed that all personal protective equipment (PPE; includes, but not limited to, gown and gloves) should be put on prior to room entry for a resident and his/her roommate regardless of who is positive relative to contact precautions. Additionally, she revealed that she would expect staff to follow the signage posted outside of the room.</p> <p>During a surveyor interview on 2/5/2025 at 12:00 PM with the Interim DNS, she revealed that she would expect all staff to be wearing PPE as indicated prior to entering the room.</p> <p>2) Review of the Center for Disease Control and Prevention (CDC) document titled, Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-Resistant Organisms (MDROs) last reviewed 8/1/2023, states in part, Enhanced Barrier Precautions expand the use of PPE and refer to the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing .MDROs may be indirectly transferred from resident-to-resident during these high-contact care activities .The use of gown and gloves for high-contact resident care activities is indicated, when Contact Precautions do not otherwise apply, for nursing home residents .with MDRO infection or colonization [means germs are present but do not make you sick] .</p> <p>Review of a facility policy titled, Enhanced Barrier Precautions [EBP] . states in part, .Enhanced barrier precautions (EBPs) are utilized to prevent the spread of multi-drug resistant organisms (MDROs) to residents .MDRO Management .Indications for EBPs (when contact precautions do not otherwise apply) include residents infected or colonized with the following .ESBL .</p> <p>Record review revealed that Resident ID #19 was admitted to the facility with a diagnosis including, but not limited to, dementia.</p> <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the care plan revealed a focus area dated 8/28/2024 indicating that s/he has an active/colonized MDRO due to a history of ESBL.</p> <p>Record review failed to reveal evidence that the resident was on contact precautions or EBP due to his/her history of ESBL.</p> <p>Additional record review failed to reveal evidence of any negative testing to determine if s/he was still infected or colonized with ESBL.</p> <p>During multiple surveyor observations throughout the survey process from 2/3 through 2/6/2025 failed to reveal evidence that signage was posted by his/her room or PPE available for staff/visitors that would indicate that s/he requires contact precautions or EBP due to his/her history of ESBL.</p> <p>During a surveyor interview on 2/5/2025 at 9:17 AM with the IP, she revealed that she does not keep a resident on contact precautions or place them on EBP after a resident completes treatment for ESBL. Additionally, she was unable to provide evidence that the facility followed the CDC guidance for MDROs.</p>