

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415085	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2024
NAME OF PROVIDER OR SUPPLIER Mount St Rita Health Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 15 Sumner Brown Road Cumberland, RI 02864	

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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>46539</p> <p>Based on record review and staff interview it has been determined that the facility failed to keep residents free from significant medication errors for 1 of 2 residents reviewed who were receiving morphine (a medication used to treat pain), Resident ID #1.</p> <p>Findings are as follows:</p> <p>Review of a community reported complaint submitted to the Rhode Island Department of Health on 5/21/2024, alleged concerns regarding Resident ID #1's end of life medication.</p> <p>Record review revealed that the resident was readmitted to the facility in February of 2018 with diagnoses including, but not limited to, Alzheimer's disease and diabetes. Further review revealed the resident was receiving end of life care.</p> <p>Record review revealed the resident was assessed by hospice on 5/15/2024 and the resident's morphine was increased from 0.125 milliliters (ml) to 0.25 ml of morphine every 6 hours and every 1 hour as needed shortness of breath or severe pain.</p> <p>Review of a physician's order dated 5/15/2024 revealed Morphine Sulfate (Concentrate) Solution 20 milligrams/milliliters. Give 0.25 milliliters by mouth every 1 hours as needed for shortness of breath or severe pain.</p> <p>Review of the Narcotic logbook for Resident ID #1 revealed, on 5/17/2024 the resident was administered 0.125 ml of morphine at 5 PM and 9 PM, which is half of the ordered dose.</p> <p>Further review failed to reveal evidence in the resident's Medical Record that s/he received 0.125 milliliters (ml) of morphine at 5:00 PM and 9:00 PM on 5/17/2024.</p> <p>During a surveyor interview on 5/21/2024 at 11:14 AM with Licensed Practical Nurse, Staff A, who administered the morphine doses on 5/17/2024 at 5:00 PM and 9:00 pm, he acknowledged that he gave 0.125 ml to the resident on 5/17/2024.</p> <p>During a surveyor interview with the Director of Nursing Services on 5/21/2024 at 1:40 PM and 2:02 PM, she acknowledged that the resident received the incorrect amount of morphine on 5/17/2024 at 5:00 PM and 9:00 PM. Additionally, she revealed that she would have expected that the resident receive the correct amount of morphine, per the physician order.</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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