STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415087	A. Building B. Wing	12/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greenville Skilled Nursing and Rehabilitation	735 Putnam Pike Greenville, RI 02828

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45855 Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to ensure that residents who require dialysis (a procedure to remove waste products and excess fluids from the blood when the kidneys stop working properly) receive such services, consistent with professional standards of practice for 2 of 2 residents reviewed, Resident ID #s 11 and 32. Findings are as follows: 1. Record review revealed Resident ID #32 was admitted to the facility in September of 2024 with diagnoses including, but not limited to, end stage renal disease and dependence on renal dialysis. Further record review revealed the resident receives outpatient dialysis three times a week on Tuesday, Thursday, and Saturday. Record review revealed the resident has an Arteriovenous Fistula (AVF; a connection between an artery and a vein for dialysis access) to his/her right upper extremity for dialysis treatments. a) Review of the care plan revealed interventions to monitor his/her AVF for bruit (a whooshing sound that is heard through a stethoscope indicating turbulent blood flow in an artery) and thrill (a vibration felt on the skin overlying an area with turbulent blood flow) every shift and as needed. Review of the resident's progress notes from [DATE] to [DATE] revealed that the resident's bruit and thrill were not assessed for 95 out of 96 opportunities. b) Review of the facility's policy titled, Dialysis: Hemodialysis (HD) Provided by a Certified End Stage Renal Disease (ESRD) Facility revealed that the care of the resident receiving HD must reflect ongoing communication, coordination, and collaboration between the nursing facility and the dialysis center staff including advance directives and code status. Review of a MOLST (Medical Orders for Life Sustaining Treatment) form located in Resident ID #32's medical chart dated [DATE] indicated, do not attempt resuscitation (DNR). Review of Resident ID #32's dialysis communication binder revealed a MOLST form dated [DATE] indicated, attempt cardiopulmonary resuscitation (CPR). (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a surveyor interview with the Director of Nursing Services (DNS) on [DATE] at 12:26 PM, she acknowledged that the resident was a DNR and the most recent MOLST form, dated [DATE] indicating the updated DNR status, should have been placed in the dialysis communication book. c) According to the National Kidney Foundation .fluid overload in dialysis patients occurs when too much water builds up in the body. It can cause swelling, high blood pressure, breathing problems, and heart issues. Having too much water in your body is called fluid overload or hypervolemia .That's why it's so important to limit how much sodium (salt) and fluid you have between dialysis treatments .Follow the fluid guidelines given to you by your healthcare team. Most dialysis patients need to limit their fluid intake to 32 ounces per day . Record review failed to reveal evidence of a fluid restriction for Resident ID #32 from [DATE] to [DATE]. Further record review revealed during the survey process a fluid restriction order was initiated for Resident ID #32 on [DATE]. During a surveyor interview on [DATE] at 2:20 PM with Registered Nurse, Staff A, she was unable to provide evidence that the facility was monitoring the resident's fluid intake from [DATE] to [DATE]. During a surveyor interview on [DATE] at 2:30 PM with Resident ID #32's Dialysis Clinical Manager, she revealed that she would expect the resident to be on a fluid restriction, as s/he receives dialysis. During a surveyor interview on [DATE] at 2:42 PM with the DNS, she was unable to provide evidence that the facility was monitoring the resident's fluid intake from [DATE] to [DATE], or assessing the AVF for a bruit and thrill. 2. Record review revealed Resident ID #11 was admitted to the facility in January of 2021 with diagnosis including, but is not limited to, chronic kidney disease, stage 4 (kidneys are severely damaged and minimally functioning). Further record review revealed Resident ID #11 receives outpatient dialysis three times a week, on Tuesday, Thursday, and Saturday. Record review revealed a physician's order dated [DATE] for a 1500 mL fluid restriction daily, indicating that the resident should not exceed the following fluid totals in a 24-hour period: -Nursing: 780 mL -Dietary: 720 mL Record review failed to reveal evidence that the facility was monitoring Resident ID #11's total daily fluid intake, until after it was brought to the facility's attention, on [DATE]. During a surveyor observation on [DATE] at 12:13 PM of Resident ID #11, s/he was observed in his/her room with the following fluids at his/her bedside: (continued on next page)

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- 180 mL of apple juice - 180 mL of milk - 480 mL of water Additional observation on [DATE] at 12:23 PM revealed the following fluids served with his/her lunch meal: - 180 mL of ginger ale - 240 mL of coffee Record review failed to reveal evidence that the above fluids were recorded and monitored until it was brought to the facility's attention by the surveyor. During surveyor interviews on [DATE] at 12:31 PM and 12:45 PM with Registered Nurse, Staff B, she acknowledged that Resident ID #11 is on a fluid restriction but failed to provide documentation of his/her total fluid intake, and that it should be monitored. During a surveyor interview on [DATE] at 12:54 PM with the DNS, she was unable to provide evidence that the facility was monitoring Resident ID #11's fluid intake. During a surveyor interview on [DATE] at 1:54 PM with Resident ID #11's Physician, he revealed that he would expect the facility to monitor and document the resident's fluid intake, every shift. 47279

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident's drug regimen must be free from unnecessary drugs. 46715 Based on record review and staff interview, it has been determined that the facility failed to ensure that the resident's drug regimen is free from unnecessary drugs for 1 of 1 resident reviewed for a medication with parameters, Resident ID #23. Findings are as follows: Record review revealed that the resident was readmitted to the facility in July of 2023 with diagnoses including, but not limited to, dementia and hypotension (low blood pressure; blood pressure lower than 90/60). Review of a physician's order dated 9/16/2024 revealed Midodrine 5 milligrams (mg), give one tablet three times daily for hypotension with parameters to hold the medication if the systolic blood pressure (SBP; top number/pressure when the heart beats) is greater than 120. Review of the November and December 2024 Medication Administration Records (MAR) revealed that the resident was administered the Midodrine when the resident's SBP indicated it should be held based on the parameters on the following dates and times: 11/2/2024 - Evening (Blood Pressure (BP) 132/80) 11/3/2024 - Evening (BP 124/80) 11/4/2024 - Evening (BP 122/80) 11/5/2024 - Morning (BP 122/60) Evening (BP 128/78) 11/6/2024 - Evening (BP 142/68) 11/7/2024 - Evening (BP 130/80) 11/8/2024 - Evening (BP 122/64) 11/11/2024 - Evening (BP 132/74) 11/12/2024 - Evening (BP 128/78) 11/14/2024 - Evening (BP 126/70) 11/15/2024 - Afternoon (BP 142/60) 11/16/2024 - Morning (BP 138/78) 11/17/2024 - Evening (BP 128/70) (continued on next page)

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	11/18/2024 - Morning (BP 132/80) Afternoon (BP 132/80) 11/19/2024 - Afternoon (BP 128/62) 11/22/2024 - Evening (BP 122/78) 11/23/2024 - Evening (BP 128/72) 11/24/2024 - Evening (BP 136/76) 11/26/2024 - Evening (BP 161/120) 11/29/2024 - Morning (BP 122/71) Evening (BP 136/76) 12/2/2024 - Evening (BP 122/58) During a surveyor interview on 12/3/2024 at 12:30 PM with Registered Nurse, Staff C, she acknowledged that Midodrine should not have been administered due to the resident's blood pressure being outside of the parameters. During a surveyor interview on 12/3/2024 at 12:42 PM with the Director of Nursing Services, she was unable to provide evidence that the facility's staff followed the physician's order for administering the Midodrine. During a surveyor interview on 12/3/2024 at 1:54 PM via the telephone with the resident's Physician, he revealed that he was unaware that the staff was administering the Midodrine outside of the parameters ordered. Additionally, he revealed that he would expect staff to follow the order as written.

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F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45855 Based on surveyor observation, record review, resident and staff interview, it has been determined that the facility failed to accommodate residents' food preferences for 2 of 5 residents, Resident ID #s 28 and 30. Findings are as follows: Record review of the facility policy titled, Dining and Food Preferences revised on 10/2022, revealed that individual dining, food, and beverage preferences are identified for all residents. The individual tray assembly ticket will identify all food items appropriate for the residents based on diet order and preferences. 1. Record review revealed that Resident ID #28 was admitted to the facility in September of 2021 with a diagnosis including, but is not limited to, anxiety disorder. Record review of the Quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 13 out of 15, indicating intact cognition. During a surveyor interview at the resident council meeting on 12/3/2024 at approximately 1:00 PM with Resident ID #28, s/he revealed that s/he has told the dietary and nursing staff that s/he dislikes eggs and continues to receive them during meals. Record review of Resident ID #28's meal ticket on 12/4/2024 at 8:44 AM, revealed that s/he was not supposed to receive eggs with meals and was supposed to receive pancakes instead. During a surveyor observation of the breakfast meal pass on 12/4/2024 at 8:44 AM, Resident ID #28 was served two boiled eggs and failed to receive pancakes, as preferred. During a surveyor interview on 12/4/2024 at 8:48 AM with Registered Nurse, Staff B, she revealed that the dietary aides set up the individual tray assemblies and was unsure why Resident ID #28 was served eggs and failed to receive pancakes, as preferred and indicated on the resident's meal ticket. 2. Record review revealed that Resident ID #30 was admitted to the facility in March of 2024 with a diagnosis including, but is not limited to, depression. Record review of the Quarterly MDS assessment dated [DATE] revealed a score BIMS of 15 out of 15, indicating intact cognition. Record review of Resident ID #30's meal ticket on 12/2/2024 at 12:25 PM, revealed that s/he ordered a shredded pork sandwich and coleslaw. During a surveyor observation on 12/2/2024 at 12:29 PM, revealed that Resident ID #30 received a turkey patty. (continued on next page)

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F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a surveyor interview with the resident following the above observation, s/he revealed that s/he wanted the shredded pork sandwich and coleslaw for lunch but did not receive it and s/he stated that half of the time s/he does not get what s/he has ordered. During a surveyor interview on 12/4/2024 at 1:29 PM with the Regional Executive Chef, he acknowledged that Resident ID #28 failed to receive the meal listed on the meal ticket and would expect the meal tickets to reflect what the residents receive on their individual tray assemblies.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 45263 Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety relative to the main kitchen. Findings are as follows: 1. Record review of the Rhode Island Food Code 2018 Edition 4-601-11 states in part, .Nonfood contact surfaces shall be kept free of an accumulation of dirt, dust, food residue and other debris . Surveyor observations made during the initial tour of the main kitchen on 12/2/2024 at approximately 8:40 AM revealed the following: - the walls in the main kitchen and dish room had an accumulation of black matter - a fan located in the dish room had a significant built up of dust and debris, approximately one inch thick - a floor drain in front of the steamer had a buildup of approximately 1.5 inches of thick, grayish black colored grime. 2. Record review of the State Operations Manual Appendix PP-Guidance to Surveyors for Long term care Facilities 483.60(i)(1)-(2) states in part, .chemical products and supplies, must be clearly marked . Record review of the Occupational Safety and Health Administration Standard 1910.1200 (f)(1) states in part, .chemicals are marked with a product identifier, signal word (danger or warning), a statement that the full label information for the chemical is provided on the outside package . During a surveyor observation of the main kitchen on 12/2/2024 at approximately 8:40 AM, revealed a spray cleaning bottle with a pink colored substance which failed to have a label that included a signal word or a statement that the full label information for the chemical. During a surveyor interview on 12/5/2024 at approximately 11:11 AM with the Regional Executive Chef, he acknowledged that the walls, ceiling fan, and the floor drain needed to be cleaned. Additionally, he acknowledged that the spray cleaning bottle failed to have the appropriate labeling.

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Implement a program that monitors antibiotic use. 46539 Based on record review and staff interview, it has been determined that the facility failed to establish an Infection Prevention and Control Program (IPCP) that must include an antibiotic stewardship program for antibiotic use protocols and a system to monitor antibiotic usage for 2 of 3 residents, Resident ID #s 23 and 27. Findings are as follows: 1. Review of a facility policy titled, Antimicrobial Stewardship Program Long Term Care last reviewed 7/1/2024 refers to the Centers for Disease Control and Prevention (CDC) document titled, The Core Elements of Antibiotic Stewardship for Nursing Homes regarding the facility's antibiotic stewardship procedure. This revealed that all antibiotics prescribed in the facility must be reviewed for the ongoing need for and choice of an antibiotic when the clinical picture is clearer, and more information is available (antibiotic time-out). a) Record review revealed that Resident ID #23 was readmitted to the facility in July of 2023 with diagnoses including, but not limited to, sepsis (blood infection) and urinary tract infection. Record review revealed the resident was started on Amoxicillin (antibiotic) 500 milligrams (mg) for 7 days for the treatment of a urinary tract infection. Record review failed to reveal evidence that an antibiotic time-out was completed following the initiation of the Amoxicillin for Resident ID #23, per the facility's policy. b. Record review revealed that Resident ID #27 was admitted to the facility in August of 2024 with a diagnosis including, but is not limited to, infection of the intervertebral disc (spine). Record review revealed a physician's order for Ciprofloxacin (antibiotic) 500 mg by mouth two times a day for a wound infection with a start date of 10/25/2024 and an end date of 11/22/2024. Record review failed to reveal evidence that an antibiotic time-out was completed following the initiation of the Ciprofloxacin for Resident ID #27, per the facility policy. During a surveyor interview on 12/5/2024 at 10:35 AM with the Director of Nursing Services (DNS), the Infection Preventionist, the Administrator, and the Market Lead Clinical Specialist, they acknowledged that the facility failed to complete antibiotic time-outs for Resident ID #s 23 and 27, per the facility policy. 2. Further record review of the CDC's document titled, The Core Elements of Antibiotic Stewardship for Nursing Homes, recommends that the facility should have a tracking system related to antibiotic use, including days of therapy, to identify opportunities for improvement in determining the appropriateness of antibiotic therapy. Record review of the facility's IPCP failed to reveal evidence of a tracking system of antibiotic use that includes days of therapy. (continued on next page)

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During surveyor interview on 12/4/2024 at 9:03 AM with the Infection Preventionist and the DNS, they revealed that they were unaware of the antibiotic days of therapy, and they do not track them.