

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415091	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/04/2024
NAME OF PROVIDER OR SUPPLIER Steere House Nursing and Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Borden Street Providence, RI 02903	

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42907</p> <p>41729</p> <p>Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to store drugs and biological's in accordance with currently accepted professional principles relative to 1 of 2 medication rooms observed, 2 of 5 medication carts observed, and 1 of 1 resident observed with medications stored at his/her bedside, Resident ID #1.</p> <p>Review of the facility's policy titled Medication Storage states in part, Medications and biological's are stored properly, following manufacturers or provider pharmacy recommendations, to maintain their integrity and to support safe effective drug administration. The medication supply shall be accessible only to licensed nursing personnel .Outdated, contaminated, discontinued, or deteriorated medications are immediately removed from stock, disposed of according to procedures for medication disposal .</p> <p>1a. During a surveyor observation on [DATE] at 1:37 PM in the presence of Licensed Practical Nurse, Staff C, of the third-floor medication room refrigerator, revealed a bottle of Lorazepam intensol (a medication used to treat anxiety) with an open date of [DATE] and expiration date of [DATE].</p> <p>During a surveyor interview at the time of this observation with Staff C, she acknowledged the Lorazepam was expired and should have been discarded.</p> <p>2a. During a surveyor observation on [DATE] at 1:57 PM in the presence of Certified Medication Technician (CMT), Staff M, of the second-floor medication cart the following was revealed:</p> <ul style="list-style-type: none"> - Latanoprost ophthalmic solution 0.005% eye drop (a medication used to lower pressure in the eyes) with an open date of [DATE] and a discard date of [DATE]. Manufacturer's instruction indicates to discard the eye drops four weeks after opening. - Styer sterile lubricant eye ointment with an open date of [DATE] and discard date of [DATE]. <p>During a surveyor interview at the time of the above observations with Staff M, she acknowledged the eye drops were expired and should have been discarded.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415091	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/04/2024
NAME OF PROVIDER OR SUPPLIER Steere House Nursing and Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Borden Street Providence, RI 02903	

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2b. During a surveyor observation on [DATE] at 8:33 AM in the presence of CMT, Staff B, of the third-floor medication cart the following was revealed:</p> <ul style="list-style-type: none"> - Latanoprost ophthalmic solution 0.005% eye drop with an open date of [DATE] and a discard date of [DATE]. - Brimonidine tartrate 0.2% eye drop (a medication used to lower high fluid pressure in the eye), open and undated. Manufacturer's instruction indicates to discard the eye drop four weeks after opening. <p>During a surveyor interview at the time of the above observations with Staff B, he was unable to provide evidence of when the Brimonidine tartrate eye drops were opened and indicated that both of the eye drops are to be discarded.</p> <p>3. Record review revealed Resident ID #1 was admitted to the facility in May of 2022 with diagnoses including, but not limited to, dementia and chronic pain.</p> <p>Record review of a quarterly Minimum Data Set assessment dated [DATE] revealed a Brief Interview of Mental Status score of 12 out of 15, indicating the resident has impaired cognition.</p> <p>During surveyor observations on [DATE] at 9:34 AM, [DATE] at 9:30 AM, and on [DATE] at 1:20 PM revealed the following medications were left unattended on the resident's bedside table:</p> <ul style="list-style-type: none"> - Asper Cream with lidocaine 4.3 ounce (oz) (a medication used to treat pain) - Vaporizing rub 3.4 oz. (a topical ointment used to relieve cough, congestion, and soothe sore muscles) - Arthritis and Sport penetrating heat rub 16 oz (a medication used to treat pain) <p>During a surveyor interview on [DATE] at 1:20 PM with Resident ID #1, s/he indicated that s/he applies the above-mentioned medications by him/herself.</p> <p>Record review failed to reveal evidence that the resident was evaluated to self-administer his/her medications.</p> <p>Additional record review failed to reveal evidence of a physician's order for the Asper Cream, vaporizing rub, or the penetrating heat rub.</p> <p>During a surveyor interview on [DATE] at 1:26 PM with Registered Nurse, Staff N, she acknowledged that the above-mentioned medications were at the resident's bedside. She further indicated that she was unaware that the medications were at the resident's bedside until it was brought to her attention by the surveyor.</p> <p>During a surveyor interview on [DATE] at 3:26 PM and on [DATE] at 9:06 AM with the Director of Nursing Services, she was unable to explain why the eyedrops, eye ointment, and Lorazepam were not discarded appropriately. Additionally, she indicated that she would not expect medications to be left at the resident's bedside without an order or a self-medication administration assessment completed.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415091	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/04/2024
NAME OF PROVIDER OR SUPPLIER Steere House Nursing and Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Borden Street Providence, RI 02903	

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>46118</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415091	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/04/2024
NAME OF PROVIDER OR SUPPLIER Steere House Nursing and Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Borden Street Providence, RI 02903	
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 0805</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46118</p> <p>Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to provide and prepare food in a form designed to meet individual needs for 3 of 6 residents reviewed with a physician's order for a ground texture diet, Resident ID #s 58, 44, and 365.</p> <p>Findings are as follows:</p> <p>Review of the Unidine diet manual states in part, Mechanically Altered [diet] .Breads need to be slurried/pre-gelled through entire thickness .seeds must be avoided .vegetables with less than 1/2 [inch] pieces</p> <p>Review of the diet manual addendum titled [NAME] House Approved Diets states in part, Ground - For residents who have difficulty chewing or swallowing. Meats are ground or finely chopped and served moist or with gravy/sauce . Further review of the addendum failed to indicate whether or not breads are to be given to residents prescribed a ground diet.</p> <p>1. Record review revealed Resident ID #58 was admitted to the facility in March of 2022 with a diagnosis including, but not limited to, dysphagia (difficulty swallowing).</p> <p>Review of a speech therapy progress note dated 8/2/2024 revealed that the resident had a coughing episode while eating an english muffin. Further review revealed it was recommended that the resident's diet be downgraded to ground texture and for his/her food to be cut into bite sized pieces and served with extra gravy. Additional review revealed dysphagia interventions were required to maximize safe intake by mouth.</p> <p>Record review revealed a physician's diet order dated 8/2/2024 for ground texture and to cut food into bite sized pieces with extra gravy.</p> <p>Review of the menu utilized on 10/28/2024 revealed residents on a ground diet were to be served garlic bread.</p> <p>During a surveyor observation on 10/28/2024 at 12:27 PM, the resident was served a piece of toasted garlic bread approximately 3 inches long, and whole dry donut holes with the lunch meal. Further observations failed to reveal evidence that the staff cut the garlic bread of the donut holes into bite sized pieces, as ordered. Additionally, the resident was observed to be coughing while eating.</p> <p>During a surveyor interview on 10/28/2024 at 12:40 PM with Certified Medication Technician, Staff D, she indicated that the resident should not have been served garlic bread or the donut holes. Additionally, she removed the garlic bread and replaced the donut holes with moistened ones that she cut into small pieces.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415091	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/04/2024
NAME OF PROVIDER OR SUPPLIER Steere House Nursing and Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Borden Street Providence, RI 02903	
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 0805</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During a surveyor interview on 10/28/2024 at 12:42 PM with Dietary Aide, Staff E, who was plating residents' food, he indicated that he is unaware of what should be served to residents who have an order for a ground diet. Additionally, he indicated that he served garlic bread to the residents with a ground diet order.</p> <p>During a surveyor interview on 10/28/2024 at 12:45 PM with Licensed Practical Nurse (LPN), Staff F, she indicated that residents with a ground diet order should be served something soft that can be cut up and should not be served garlic bread.</p> <p>During a surveyor observation on 10/29/2024 at 9:20 AM, the resident was observed to be eating whole pieces of toast.</p> <p>During a surveyor interview on 10/29/2024 at 10:14 AM with the Food Service Director (FSD), she indicated that the facility follows the Unidine diet manual; however, refers to an addendum for diet orders. She further indicated that a ground diet order would include mechanically altered, soft foods, without seeds or nuts. Additionally, the FSD indicated that she and the dietitian are responsible for creating diets and menus. Furthermore, she indicated that residents on ground diets should not receive garlic bread. She acknowledged that the garlic bread that was served to the residents prescribed a ground diet on 10/28/2024 was an error on the menu.</p> <p>Review of the menu utilized on 10/29/2024 revealed residents on a ground diet were to be served pears, instead of watermelon.</p> <p>During a surveyor observation on 10/29/2024 at 12:36 PM, the resident was served chunks of watermelon with seeds, a dry dinner roll, and cauliflower that was not cut into bite sized pieces with lunch.</p> <p>During a surveyor interview on 10/29/2024 at 12:40 PM with Cook, Staff G, he indicated that the Nursing Assistants (NAs) serve the residents the fruits. He further indicated that he served the residents who were prescribed a ground diet a whole dinner roll and that he refers to the menu that is on the steam tray cart. Additionally, he indicated that residents with a ground diet order should not have received watermelon because it contains seeds.</p> <p>During a surveyor interview on 10/29/2024 at approximately 12:45 PM with Nursing Assistant (NA), Staff H, who was in the dining room serving residents their meal trays, she indicated that she was unaware what the residents' diet orders were or where the information was listed.</p> <p>During a surveyor interview on 10/29/2024 at 12:58 PM with NA, Staff I, she indicated that she served the resident watermelon and that she was unaware of the menu that indicates what should be served for each diet order. Additionally, she indicated that she was unaware that residents prescribed a ground diet should not have received the watermelon.</p> <p>During a surveyor interview on 10/29/2024 at 1:26 PM with the Registered Dietitian, he indicated that he develops the menus with the FSD by referring to the Unidine diet manual and the addendum.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415091	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/04/2024
NAME OF PROVIDER OR SUPPLIER Steere House Nursing and Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Borden Street Providence, RI 02903	
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 0805</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During a surveyor interview on 10/29/2024 at 1:45 PM with the Speech Language Pathologist (SLP), she indicated that she evaluates all of the residents on admission and if there is a concern with coughing or choking with eating. She further indicated that residents prescribed a ground diet may have bread, if it is soft, and that garlic bread may or may not be safe depending on how soft it is. When the SLP was questioned on who determines if the bread or garlic bread being served to the residents prescribed a ground diet is soft enough she was unable to provide an answer. Additionally, she indicated that she would expect staff to cut food into approximately 1 inch by 1 inch bite sized pieces if the resident has an order for bite sized foods.</p> <p>During a surveyor interview on 10/29/2024 at 3:27 PM with the Medical Director, he indicated that the dietitian and kitchen staff develop the menu and that the SLP, gives recommendations for the physician ordered diets. He further indicated that he would expect a resident who is prescribed a ground diet order to receive foods that are in small pieces. Additionally, he indicated that he would expect staff that are serving the residents' food to know what the diet order is and what they can and cannot be served.</p> <p>2. Record review revealed Resident ID #44 was readmitted to the facility in September of 2024 with diagnoses including, but not limited to, acute respiratory failure and end stage renal disease.</p> <p>Record review revealed a physician's order dated 9/12/2024 for a ground texture diet.</p> <p>During a surveyor observation on 10/29/2024 at 9:35 AM in the presence of NA, Staff J, the resident was observed to be eating two whole slices of toasted white bread.</p> <p>During a surveyor interview immediately following the above observation, Staff J, acknowledged that the resident was eating toasted white bread. Additionally, she indicated that the resident eats toasted white bread often and that she was unaware that the resident should not have been served the toasted bread.</p> <p>During a surveyor observation on 10/29/2024 at 12:35 PM, the resident was observed eating two whole grilled cheese sandwiches.</p> <p>During a surveyor interview on 10/29/2024 at approximately 12:40 PM with LPN, Staff C, she acknowledged that the resident was served whole grilled cheese sandwiches. Additionally, she indicated that she thought it was okay for the resident to eat a whole grilled cheese sandwich on a ground diet.</p> <p>During a surveyor interview on 10/29/2024 at 2:40 PM with the SLP, she indicated that she had not recently assessed the resident and that she was unaware that the resident had a physician's order for a ground texture diet.</p> <p>3. Record review revealed Resident ID #365 was admitted to the facility in October of 2024 with diagnoses including, but not limited to, dementia and dysphagia.</p> <p>Record review of a physician's order dated 10/28/2024 revealed a diet order for ground texture and thin liquids.</p> <p>Record review of a progress note dated 10/28/2024, authored by the SLP, revealed that the resident's diet texture was downgraded to a ground texture, on 10/28/2024 related to dysphagia.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415091	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/04/2024
NAME OF PROVIDER OR SUPPLIER Steere House Nursing and Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Borden Street Providence, RI 02903	
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 0805</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During a surveyor observation of the breakfast meal on 10/29/2024 at approximately 9:00 AM the resident was observed eating over medium eggs with 3 pieces of toasted bread.</p> <p>During a surveyor interview on 10/29/2024 at approximately 9:10 AM, with NA, Staff K, she indicated that she was unaware if the resident could have toast. She further indicated that the meal was plated by the kitchen staff.</p> <p>During a surveyor interview on 10/29/2024 at approximately 9:15 AM, with Registered Nurse, Staff L, she acknowledged that the resident was on a ground diet and had been served toasted bread.</p> <p>During a surveyor observation of the lunch meal on 10/29/2024 at approximately 12:40 PM the resident was observed eating a garden salad with 2-3-inch pieces of grilled chicken, sliced tomatoes, sliced strawberries, and chunks of watermelon with seeds. Additionally, the resident's son was observed to be prompting the resident to swallow his/her food several times while eating this meal.</p> <p>During a surveyor interview on 10/29/2024 at approximately 12:50 PM, with the SLP, she revealed that the resident should not have received toast with breakfast or the grilled chicken salad for lunch as s/he was on a ground texture diet. She further revealed on 10/29/2024, after the lunch meal, the resident's diet was further downgraded to a pureed textured diet.</p> <p>During a surveyor interview on 10/30/2024 at approximately 11:00 AM with the Director of Nursing Services, she was unable to provide evidence that the above residents were served a therapeutic diet as prescribed by the physician.</p> <p>The facility's failure to provide and prepare foods in a form designed to meet individual needs for Resident ID #s 58, 44 and 365 placed the residents at risk for more than minimal harm, impairment, or death.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415091	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/04/2024
NAME OF PROVIDER OR SUPPLIER Steere House Nursing and Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Borden Street Providence, RI 02903	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42907</p> <p>41729</p> <p>48928</p> <p>50004</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 by failing to place residents on Enhanced Barrier Precautions (EBP; involves using gown and gloves during high-contact resident care activities) for 1 of 3 residents reviewed with a Multi-Drug Resistant Organism (MDRO) infection, Extended Spectrum Beta Lactamase (ESBL-an infection that is resistant to multiple antibiotics), Resident ID #27. Additionally, the facility failed to provide a sanitary environment and to help prevent the development of infections for 1 of 2 residents reviewed relative to the use of a Bilevel positive airway pressure device (BIPAP, a device that provides breathing support which is administered through a face mask or nasal mask), Resident ID #44. Furthermore, the facility failed to conduct appropriate infection control practices relative to performing hand hygiene during meal service, for 1 of 3 staff members observed, Dietary Aide (DA), Staff P.</p> <p>Findings are as follows:</p> <p>Review of the Center for Disease Control and Prevention 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 .</p> <p>1. Record review revealed that Resident ID #27 was readmitted to the facility in September of 2024 with a diagnosis including, but not limited to, urinary tract infection, positive for ESBL.</p> <p>Record review of the Minimum Data Set assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 9 out of 15, indicating moderately impaired cognition. Further review revealed that the resident is dependent on staff for toileting and is frequently incontinent of urine.</p> <p>Record review of the resident's urine culture results revealed the following:</p> <p>8/29/2024- revealed that the patient had a urinary tract infection, which was positive for ESBL.</p> <p>During multiple surveyor observations throughout the survey process from 10/28/2024 through 10/31/2024 failed to reveal evidence of an isolation cart or signage posted outside of the resident's room to indicate that s/he requires EBP due to his/her history of ESBL in his/her urine.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415091	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/04/2024
NAME OF PROVIDER OR SUPPLIER Steere House Nursing and Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Borden Street Providence, RI 02903	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a surveyor interview on 10/30/2024 at 10:31 AM with Licensed Practical Nurse, Staff C, she revealed the resident was not on precautions at that time.</p> <p>During surveyor interviews on 10/30/2024 at approximately 11:00 AM and 10/31/2024 at 11:25 AM, with the Infection Preventionist (IP), she revealed that when a resident with a MDRO completes their antibiotic the facility removes them from contact precautions and does not utilize EBP for ESBL. She further acknowledged that Resident ID #27 was not currently on precautions for the ESBL. Additionally, she could not provide evidence that follow up urine cultures were completed to verify Resident ID #27 was no longer positive for ESBL to ensure that s/he could not transmit the infection to staff or other residents in the facility.</p> <p>2. Review of the manufacturer's instructions for a BIPAP machine titled [NAME] Respironics user manual dated April 2016, states in part, .Hand washing can be performed daily. Dishwashing can be performed once a week .Clean the heated tubing before first use and weekly. Wash the parts of the tank in the dishwasher (top shelf only) or in a solution of warm water and a mild liquid dishwashing detergent. Gently wash the middle seal. Rinse the parts with clean water. Wipe the parts completely on the top and bottom. Allow them to air dry .</p> <p>Record review revealed that Resident ID #44 was readmitted to the facility in September of 2024 with diagnoses including, but not limited to chronic obstructive pulmonary disease and acute respiratory failure.</p> <p>Record review of a Quarterly Minimum Data Set Assessment completed on 10/7/2024, revealed a BIMS score of 12 out of 15, indicating moderately impaired cognition.</p> <p>Review of the October 2024 Treatment Administration Record revealed a physician's order to use a BIPAP machine every night at bedtime. Additional review revealed that the order was signed off as completed every night from 10/1 through 10/29/2024.</p> <p>Record review failed to reveal evidence of documentation or a physician's order to clean the BIPAP machine tubing and mask per the manufacturer's instructions.</p> <p>During a surveyor observation on 10/30/2024 at 8:51 AM in the presence of LPN, Staff C, the resident's BIPAP was noted to have an accumulation of pink and white matter on the inside of the mask. Staff C, acknowledged this observation and revealed that she was unsure of the cleaning process for the equipment.</p> <p>During a surveyor interview on 10/29/2024 at 12:56 PM with the Director of Nursing Services (DNS), she indicated that the facility utilizes an outside company to clean the BIPAP machines weekly and that she would provide documentation that this was being completed.</p> <p>During a subsequent interview on 10/30/2024 at 8:38 AM with the DNS, she revealed that when she called the outside company to obtain documentation for the above BIPAP machine's cleaning schedule, she was informed that they do not clean or maintain the BIPAP machines in the facility. She further acknowledged, the resident does not have an order in place to clean the BIPAP equipment and was unable to provide evidence that the machine was cleaned, as required per the manufacturer instructions.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415091	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/04/2024
NAME OF PROVIDER OR SUPPLIER Steere House Nursing and Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Borden Street Providence, RI 02903	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. During a surveyor observation of the meal service on 10/28/2024 at 12:35 PM in the TCU unit, kitchenette area, DA, Staff P, was observed plating resident meals from a buffet table. Upon receiving a slip containing an alternative lunch item that was not provided on the buffet table, Staff P then stepped away and used the phone to contact the kitchen, wearing the same glove that he was wearing while plating meals. Following the phone call, Staff P, returned to the buffet table to resume plating resident meals, wearing the same gloves he wore to use the phone. He then picked up a sandwich, removed the protective wrap, touched the sandwich with his gloved hand, and reached into a bin containing lettuce and sliced tomato to add to the sandwich plate.</p> <p>Immediately upon the above observation, the surveyor intervened and questioned Staff P regarding hand hygiene and his knowledge of preventing food contamination. Staff P indicated that he was unaware that the gloves should be changed after using the phone and prior to touching the residents food. Additionally, he left the service area to obtain clean gloves.</p> <p>During a surveyor interview on 10/31/2024 at 8:47 AM with the Food Service Director, she indicated that she would have expected Staff P to change his gloves prior to touching food after using the phone and to have clean gloves readily available at the service area.</p>		