STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415091	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Steere House Nursing and Rehabilitation Center	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)
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. Based on surveyor observation and staff interview, the facility failed to prepare, distribute and serve food in accordance with professional standards for food service safety relative to staff practices in obtaining temperatures for the lunch meal.Findings are as follows:Review of the 2022 Food and Drug Administration Food Code, section 4-702.11 states in part, Utensils and food-contact surfaces of equipment shall be sanitized before use.During a follow up visit to the main kitchen on 3/3/2026 at 11:53 AM, the following was observed:-Dietary Cook, Staff H was observed obtaining the holding temperature of a pan of peas. She then removed the thermometer from the peas and obtained the holding temperature of a pan of mashed potatoes without first cleaning and sanitizing the probe (the metal piece of the thermometer that measures the temperature of the food).-Staff H removed the thermometer from the pan of mashed potatoes and then obtained the holding temperature of a pan of ground broccoli without first cleaning and sanitizing the probe.-Prior to obtaining the holding temperature of a pan of baked fish, Staff H dipped the probe of the thermometer in the sanitizer then wiped the probe with her bare hands and inserted the probe into a piece of the baked fish.During a surveyor interview immediately following the above observations with Staff H, she acknowledged that she did not sanitize the thermometer after obtaining the holding temperature of each vegetable and should not have used her bare hands to wipe the thermometer before inserting the probe into the fish.During a surveyor interview on 3/3/2026 at 12:03 PM with the Food Service Director, she indicated that she would expect the thermometer to be sanitized in between every food item and that it would be wiped with a clean cloth after being sanitized.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on surveyor observation, clinical record review, and staff interview, the facility failed to ensure that residents receive treatment and care in accordance with professional standards of practice relative to the care of a peripherally inserted central catheter (PICC line- a type of Central Venous Catheter (CVC), inserted peripherally. It is a long thin tube that is inserted through a vein in the arm and passed through to the larger veins near the heart) for 1 of 1 resident reviewed with a PICC line, Resident ID #34. Findings are as follows:According to Lippincott Nursing Procedures, Ninth Edition page 657, states in part, .Performing a CVC [central venous catheter- dressing change .Use a sterile measuring tape or the incremental markings on the catheter to measure the external length of the catheter from hub to skin entry to make sure that the catheter hasn't migrated .Administering drugs using a PICC .Review the patient's medical record for conformation of catheter type, size, and tip location .Review of a facility policy titled, Vascular Access Devices, PICC Catheter dated August 2016 states in part, .Verification of correct tip placement in the SVC [superior vena cava, a large vein that carries blood from the body back to the heart] should be completed by Xray or other approved technologies before starting an infusion. If transferred with line in place, obtain written report of part of pre-admission screening process.Measure circumference of upper arm before insertion as a baseline and when clinically indicated to assess for the presence of edema and possible deep vein thrombosis.Measure external length of PICC catheter.at insertion and measure when clinically indicated if catheter dislodgement is suspected. Compare to measurement obtained at insertion.Record review revealed that Resident ID #34 was admitted to the facility in February of 2026 with diagnoses including, but not limited to, dementia with severe agitation and bacteremia (bacteria in the blood).1.Record review of a hospital document titled PICC insertion Record dated 2/10/2026, revealed the resident had to have a second PICC placed in his/her left arm after the resident removed the first one. Record review revealed the following physician's orders:2/12/2026: Cefazolin (antibiotic) 2 grams intravenously every eight hours for 32 days.2/17/2026: Change catheter site dressing weekly and include the arm circumference and catheter length.2/20/2026: Change catheter site dressing weekly and include the arm circumference and catheter length.Further record review failed to reveal evidence that, after the resident's PICC line was replaced on 2/10/2026, the facility verified that the catheter tip was correctly positioned in the SVC prior to using the line. As a result, the resident received antibiotics on 63 occasions without confirmation that the PICC tip was in the appropriate location Record review of the February 2026 Medication Administration Record (MAR) revealed a physician's order dated 2/17/2026 to change the PICC line dressing every 7 days and to measure the external length of the catheter and the arm circumference with each dressing change. Further record review revealed that the dressing change was signed off as not completed with a note that states, changed on 2/13.Record review of a nursing progress note dated 2/13/2026 states in part, .Patient have single lumen PICC Catheter on [his/her] LUA [left upper arm], dressing changed d/t [due to] patient c/o [complain of] discomfort, itching at the PICC line site. Dressing changed with help of Unit 1 nurse and patient's [family member] due combativeness . Record review failed to reveal evidence of the external catheter length measurement or the arm circumference with the above dressing change. 2.Further record review of the February 2026 MAR revealed a physician's order dated 2/20/2026 to change the PICC line dressing every 7 days and to measure the external length of the catheter and the arm circumference with each dressing change.The above order was signed off as completed on 2/21/2026 with a documented catheter length of 00 and an arm circumference of 00 and on 2/28/2026 with a documented catheter length of 6 centimeters (cm) and an arm circumference of 27 cm. Record review failed to reveal evidence that the provider was notified that the PICC line was documented as migrating 6 cm on 2/28/2026 (this indicates displacement of the tip of the catheter from the intended position, increasing the risk for complications such as clot development, infection and vessel perforation) from the initial placement. Furthermore, the record revealed that the resident (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	continued to receive his/her antibiotic 15 times without confirmation that the PICC tip was in the correct location.During a surveyor interview with the Director of Nursing Services on 3/5/2026 at 12:05 PM, she revealed that it would have been her expectation that the admitting nurse would have obtained a report with confirmation of the catheter placement before administering the resident's antibiotic. She further revealed that it would have been her expectation that if the catheter was measured to migrate 6 cm that the provider would be notified.During a surveyor interview with the Unit Manager on 3/5/2026 at 12:44 PM, she provided hospital documentation with confirmation of the catheter placement, she further revealed that she retrieved the information from the hospital after it was brought to the facility's attention by the surveyor.During a surveyor interview with the physician on 3/5/2026 at 1:40 PM, she revealed that it would have been her expectation that the facility would obtain confirmation of the catheter placement and external catheter length on admission from the hospital. She further revealed that she was not notified that the PICC line was documented as migrating 6 cm on 2/28/2026

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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 - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review and staff interview, the facility failed to ensure that residents who require dialysis (a medical treatment that filters waste and excess fluid from your blood when your kidneys can no longer function properly) receive such services, consistent with professional standards of practice, the comprehensive person centered care plan, and the residents' goals and preferences for 1 of 2 residents reviewed who receive dialysis, Resident ID #87.Findings are as follows:Review of a facility policy last revised on 8/19/2024 titled, Dialysis Patients; Care of, states in part, .A continuity of care (COC) must be completed and sent to and from nursing facility and dialysis center with each transfer. The charge nurse shall carefully review the COC upon resident return from dialysis to ensure awareness and follow through with any recommendations or interventions necessary.Record review revealed the resident was readmitted to the facility in January of 2026 with diagnoses including, but not limited to, end stage renal disease and dependence on renal dialysis.Record review of an Annual Minimum Data Set assessment dated [DATE] revealed the resident has a Brief Interview for Mental Status score of 5 out of 15, indicating severe cognitive impairment.A. Review of the physician's orders revealed s/he receives dialysis services every Monday, Wednesday, and Friday.Additional record review revealed a physician's order dated 1/16/2026 which states in part, RESIDENT GETS WEIGHED PRE AND POST DIALYSIS: PLEASE RECORD IN MATRIX [electronic medical record] POST DIALYSIS WEIGHT ON MON/WED/FRI.Record review failed to reveal evidence of pre- and post-dialysis weights documented in the resident's electronic medical record for 2/22/2026 and 3/2/2026.Further record review failed to reveal evidence of a COC document received upon return from the dialysis center, including pre-and post-dialysis weights on the above-mentioned dates.During a surveyor interview on 3/4/2026 at 1:19 PM with Licensed Practical Nurse, Staff A, she indicated that the resident went to the dialysis center on Sunday 2/22/2026 and returned to the facility without a COC document. Staff A indicated that she called the dialysis center for any updates but did not obtain his/her pre- and post-dialysis weights.During a surveyor interview on 3/4/2026 at 3:48 PM with Registered Nurse, Staff B, she indicated that on 3/2/2026, the resident returned from the dialysis center without a COC document, including his/her pre-/post-dialysis weights. Further, she was unable to provide evidence that she obtained the resident's weights from the dialysis center.B. Record review revealed a physician's order dated 1/19/2026 for calcitriol (a medication prescribed to treat low calcium levels due to kidney disease) 0.5 micrograms (mcg) to be given every morning on Monday, Wednesday, and Friday.Record review of a progress note dated 1/21/2026 revealed recommendations from the dialysis center to discontinue the resident's calcitriol as the resident receives this medication at the dialysis center. Record review of a progress note dated 2/11/2026 revealed the same recommendations to discontinue the calcitriol as the resident receives this medication at the dialysis center.Record review failed to reveal evidence that the resident's provider was notified of the dialysis center's recommendation to discontinue the resident's calcitriol.Record review of the January, February and March 2026 Medication Administration Records revealed that the resident continued to receive calcitriol from 1/23/2026 through 3/4/2026.During a surveyor interview with Staff A and Staff B on 3/4/2026 at 3:48 PM, they were unable to provide evidence that the provider was notified of the dialysis center's recommendations to discontinue the resident's calcitriol.During a surveyor interview on 3/5/2026 at 12:51 PM with the Clinical Manager at the dialysis center, she revealed the dialysis center notified the facility of the recommendations to discontinue the resident's calcitriol in January and February of 2026. Additionally, the calcitriol had been previously administered to the resident at the dialysis center until it was discontinued on 12/11/2025, the resident should not be receiving this medication at all.During a surveyor interview on 3/5/2026 at 1:27 PM with the resident's Physician, she revealed that her expectation is that staff would call the dialysis center for the resident's pre-and post-dialysis weights if the resident returned (continued on next page)

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	to the facility after dialysis without the COC document. Additionally, she would expect nurses to notify the provider of any recommendations made by the dialysis center. Further, she revealed that she typically agrees with the nephrologist's (a medical doctor that specializes in diseases of the kidneys) recommendations from the dialysis center and she would have expected the calcitriol be discontinued.During a surveyor interview on 3/5/2026 at 1:52 PM with the Director of Nursing Services (DNS), she indicated that when a resident leaves the facility to receive dialysis, they leave with a COC document and upon return to the facility the resident returns with that same COC document. Additionally, the nurse should review the COC for pre- and post-dialysis weights and any special occurrences, or recommendations. If the resident returned from the dialysis center without the COC document, she would expect the nurse to call the dialysis center to obtain the resident's weights. Further, she would expect the nurse to notify the provider of any new recommendations made by the dialysis center. The DNS was unable to provide evidence that the provider was notified of the nephrologist's recommendations to discontinue the resident's calcitriol medication on 1/21/2026 or on 2/11/2026, and she was unable to provide evidence that the facility obtained the resident's pre-and post-dialysis weights on 2/22/2026 and on 3/2/2026 after arriving without the weights from the dialysis center.

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interview, the facility failed to ensure that nursing staff have the appropriate competencies and skills sets to provide nursing and related services to assure resident safety, to attain or maintain the highest practicable physical, mental, and psychosocial wellbeing of each resident, as determined by resident assessments, and considering the number, acuity, and diagnoses of the facility's resident population, in accordance with the facility assessment, for 4 of 6 direct care staff reviewed, Staff C, D, E, and F. Additionally, the facility failed to have the appropriate competencies and skill sets relative to care of a peripherally inserted central catheter (PICC line; is a type of Central Venous Catheter (CVC), inserted peripherally. It is a long thin tube that is inserted through a vein in the arm and passed through to the larger veins near the heart) for 5 of 5 nurses reviewed, Staff C, D, E, G and H.Findings are as follows:Record review of the Facility assessment dated [DATE] revealed that competency-based mandatory trainings designed to meet the needs of the residents are required for direct care staff, including Registered Nurses (RN), Licensed Practical Nurses (LPN), and Nursing Assistants (NA). Additionally, competencies are completed upon hire and annually.1. Record review failed to reveal evidence that the following direct care staff had completed annual education and competencies:-RN Staff C, with a date of hire: 2/24/2023-RN Staff D, with a date of hire 11/4/2025-LPN Staff E, with a date of hire 10/11/2021-NA Staff F, with a hire date of 4/29/20242. Record review of the facility assessment revealed that the facility provides treatment and services for the resident population including, but not limited to, intravenous (IV) medication administration and PICC line care and dressing changes. Record review of the education and competency files for Staff C, D, E, G, and H failed to reveal evidence that they had completed their yearly competencies, including midline/central line dressing changes per the facility assessment.During a surveyor interview the with ADON on 3/5/2026 at 1:48 PM, she was unable to provide evidence that the above-mentioned direct care staff members had completed their yearly competencies according to the facility assessment, as required.Cross Reference F 684

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F 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely, quality laboratory services/tests to meet the needs of residents. Based on clinical record review and staff interview, the facility failed to obtain laboratory services to meet the needs of its residents for 1 of 1 resident reviewed who was ordered a Hemoglobin A1c (HbA1c, a blood test that shows the average level of blood sugar over the past 2 to 3 months) level, Resident ID #3. Findings are as follows: Record review revealed the resident was admitted to the facility in November of 2025 with a diagnosis including, but not limited to, type 2 diabetes mellitus (DM; a metabolic disorder characterized by high blood sugar resulting from the body's inability to use insulin properly and the inability to produce enough insulin). Record review of a progress note dated 2/19/2026, authored by the provider, revealed a plan to check the resident's HbA1c level for his/her DM management, as the resident's last documented HbA1c level was 11.5 (normal HbA1c level is below 5.7). Record review revealed a physician's order, dated 2/19/2026, to obtain a HbA1c on 2/24/2026. Record review of the laboratory results failed to reveal evidence that the HbA1c was obtained as ordered. During a surveyor interview on 3/5/2026 at 1:34 PM with Infection Preventionist, she acknowledged that the HbA1c was not obtained. Additionally, she was unable to provide evidence that the facility notified the provider that the HbA1c was not obtained or that the facility attempted to obtain the ordered bloodwork after 2/24/2026. During a surveyor interview on 3/5/2026 at 1:34 PM with the Director of Nursing Services, she would have expected that the nurse and/or the provider would have followed up with the laboratory to obtain the ordered bloodwork.