

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415096	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/26/2024
NAME OF PROVIDER OR SUPPLIER Bethany Home of Rhode Island		STREET ADDRESS, CITY, STATE, ZIP CODE 111 South Angell Street Providence, RI 02906	

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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46118</p> <p>39496</p> <p>Based on surveyor observation, record review, and staff interview it has been determined that the facility failed to respect the residents right of personal privacy for 3 of 3 residents reviewed relative to indwelling medical devices (devices that enter inside the body), Resident ID #s 16, 77 and 179.</p> <p>Findings are as follows:</p> <p>Review of a facility policy titled, Confidentiality of Resident Information states in part, .All facility employees are responsible to maintain the confidentiality of all resident protected health information .Resident health information shall not be left in public areas where unauthorized personnel may see it .</p> <p>1. Record review revealed that Resident ID #16 was admitted to the facility in March of 2021 with diagnoses including, but not limited to, dysphagia (difficulty swallowing) and gastrostomy (is a surgical procedure to make a hole in the stomach through the abdomen to insert a feeding tube into the stomach).</p> <p>Review of a Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 6 out of 15, indicating that the resident has severe cognitive impairment. Further review of the assessment revealed that the resident has a feeding tube.</p> <p>During a surveyor observation on 9/24/2024 at 11:05 AM, revealed a sign outside the resident's door that stated TF [tube feed] and foley written on the sign. The sign is visible to staff, residents, or visitors that pass by the room.</p> <p>2. Record review revealed that Resident ID #77 was admitted to the facility in October of 2022 with diagnoses including, but not limited to, history of urinary tract infections and retention of urine.</p> <p>Review of a MDS assessment dated [DATE], revealed a BIMS score of 6 out of 15, indicating that the resident has severe cognitive impairment. Further review of the assessment revealed that the resident has an indwelling catheter (foley catheter- a closed sterile system that drains urine from the bladder).</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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a surveyor observation on 9/24/2024 at 11:05 AM, revealed a sign outside the resident's door that stated TF [tube feed] and foley written on the sign. The sign is visible to staff, residents, or visitors that pass by the room.</p> <p>3) Record review revealed that Resident ID #179 was admitted to the facility in August of 2024 with diagnoses including, but not limited to, acute kidney failure and retention of urine.</p> <p>Review of a MDS assessment dated [DATE], revealed a BIMS assessment was unable to be completed due to severe cognitive impairment. Further review of the assessment revealed that the resident has an indwelling catheter.</p> <p>During a surveyor observation on 9/23/2024 at 10:28 AM, revealed a sign outside the resident's door that stated TF [tube feed] and foley written on the sign. The sign is visible to staff, residents, or visitors that pass by the room.</p> <p>During a surveyor interview on 9/25/2024 at approximately 12:15 PM with the Director of Nursing Services, he acknowledged that medical information about the residents' should not be posted outside of resident rooms.</p>

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>46118</p> <p>Based on record review and staff interview, it has been determined that the facility failed to provide a written notice of transfer or discharge to the Office of the State Long-Term Care Ombudsman for 2 of 2 residents who were transferred to the hospital, Resident ID #s 16 and 77.</p> <p>Findings are as follows:</p> <p>1. Record review revealed Resident ID #16 was initially admitted to the facility in March of 2021 with diagnoses including, but not limited to, history of pneumonia, hemiplegia (partial or total paralysis) and hemiparesis (weakness to one side of the body) following a stroke, chronic obstructive pulmonary disease (a common lung disease that makes it difficult to breath) and gastrostomy status (is a surgical procedure to make a hole in the stomach through the abdomen to insert a feeding tube into the stomach).</p> <p>Record review revealed that the resident was transferred to the hospital on 5/2/2024, 5/30/2024 and 7/2/2024.</p> <p>Record review failed to reveal evidence that the Office of the State Long-Term Care Ombudsman was notified of the hospital transfers for Resident ID # 16.</p> <p>2. Record review revealed Resident ID #77 was originally admitted to the facility in October of 2022 with diagnoses including, but not limited to, urinary retention, stroke and atrial fibrillation (an irregular often rapid heart rate that commonly causes poor blood flow).</p> <p>Record review revealed that the resident was transferred to the hospital on 7/12/2024 and 7/29/2024.</p> <p>Record review failed to reveal evidence that the Office of the State Long-Term Care Ombudsman was notified of the hospital transfers for Resident ID #77.</p> <p>During a surveyor interview with the Social Worker on 9/25/2024 at 12:52 PM, she was unable to provide evidence that the Office of the State Long-Term Care Ombudsman was notified of Resident ID #'s 16 and 77 transfers to the hospital. Additionally, she revealed that she only sends a notification to the Office of the State Long-Term Care Ombudsman for residents that are discharged from the facility or if a resident is transferred to the hospital and does not return to the facility.</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>46118</p> <p>Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to ensure that residents receive treatment and care in accordance with professional standards of practice relative to physician's orders for 1 of 1 resident reviewed with a physician's order for a lidocaine patch, Resident ID #179.</p> <p>Findings are as follows:</p> <p>According to Mosby's 4th Edition, Fundamentals of Nursing page 314, which states in part, The physician is responsible for directing medical treatment. Nurses are obligated to follow physician's orders unless they believe the orders are in error or would harm the clients.</p> <p>Record review revealed Resident ID #179 was admitted to the facility in August of 2024 with a diagnosis including, but not limited to, chronic pain syndrome.</p> <p>Record review revealed a physician's order dated 8/26/2024 for a Lidocaine external patch 4% once a day for pain.</p> <p>Record review of the September 2024 Medication Administration Record revealed the Lidocaine was refused on 21 of 24 opportunities.</p> <p>Record review failed to reveal evidence that the physician was notified of the Lidocaine refusals in September 2024.</p> <p>During a surveyor interview on 9/25/2024 at 9:02 AM with Registered Nurse, Staff A, she acknowledged that the resident frequently refuses the Lidocaine patch, and that the physician was not notified. Additionally, she indicated that she would expect the physician to be notified if a resident refuses a medication.</p> <p>During a surveyor interview on 9/25/2024 at 9:13 AM with Director of Nursing Services, he indicated that he would expect the physician to be notified if a medication is refused.</p>		

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<p>F 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care or services that was trauma informed and/or culturally competent.</p> <p>46118</p> <p>Based on record review and staff interview, it has been determined that the facility failed to ensure that residents who are trauma survivors, receive culturally competent, trauma-informed care in accordance with professional standards of practice and accounting for residents experiences, and preferences, in order to eliminate, or mitigate triggers that may cause re-traumatization of the resident for 1 of 1 resident reviewed with the history of trauma, Resident ID #21.</p> <p>Findings are as follows:</p> <p>Record review of the facility's policy titled, Trauma Informed Care states in part, .A Trauma Survivor is someone who has been exposed to trauma and may include but is not limited to .Survivors of Abuse (physical, sexual .) .A trauma screening assessment will be done on each resident by the social worker as part of the admission social history .The particular type and extent of the trauma (as best can be determined) will be incorporated when planning culturally competent, resident centered care with the purpose of avoiding re-traumatization .</p> <p>Record review revealed the resident was admitted to the facility in September of 2024 with a diagnosis including, but not limited to, dementia with psychotic disturbance.</p> <p>Record review of an admission preliminary baseline care plan dated 9/3/2024 revealed the resident has a history of trauma related to him/her being abused as a child.</p> <p>Record review of a care plan dated 9/6/2024 revealed the resident has past trauma related to a history of abuse.</p> <p>Further record review revealed a psychiatry progress note dated 9/6/2024 which failed to reveal evidence the resident's history of trauma was addressed by the provider during this evaluation.</p> <p>Additional record review failed to reveal evidence that a trauma screening assessment was completed upon admission by the social worker, as indicated in the facility's policy.</p> <p>During a surveyor interview with the Social Worker on 9/26/2024 at approximately 9:25 AM, she acknowledged that a trauma screening assessment had not been completed by a social worker upon the resident's admission. Additionally, she indicated that she was unaware of the facility's policy related to trauma screening assessments.</p> <p>During a surveyor interview with the Director of Nursing Services on 9/26/2024 at approximately 10:08 AM, he could not provide evidence that a trauma screening assessment was completed by the social worker.</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>46118</p> <p>Based on record review and staff interview, it has been determined that the facility failed to ensure that nursing staff have the appropriate competencies and skill sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical well-being of each resident, as determined by resident assessments and individual plans of care related to Enhanced Barrier Precautions for 7 of 7 nursing staff reviewed.</p> <p>Findings are as follows:</p> <p>Review of the Centers for Medicare and Medicaid Services (CMS) memorandum dated 3/20/2024, provided to the surveyor by the facility, states in part, .Many residents in nursing home are at increased risk of becoming colonized and developing infections with MDROs [Multidrug-resistant Organisms] .Enhanced Barrier Precautions' (EBP) refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and glove use during high contact resident care activities .EBP are indicated for residents with .Infection or colonization with a CDC [Centers for Disease Control]-targeted MDRO .wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with a MDRO .high contact resident care activities: Dressing, Bathing/showering, Transferring, Providing hygiene, Changing linens, Changing briefs or assisting with toileting, Device care or use .Wound care .</p> <p>Record review failed to reveal evidence that Enhanced Barrier Precaution competencies were completed for the following nursing staff:</p> <ul style="list-style-type: none"> -Registered Nurse (RN), Staff B -RN, Staff C -Certified Medication Technician (CMT), Staff D -Nursing Assistant (NA), Staff E -NA, Staff F -NA, Staff G -NA, Staff H <p>During a surveyor interview with Staff H, on 9/25/2024 at 12:03 PM, she indicated that she was unaware of what Enhanced Barrier Precautions were or when EPB should be implemented.</p> <p>During a surveyor interview with Staff C, on 9/25/2024 at 1:01 PM, he indicated that he was unaware of the term Enhanced Barrier Precautions and that he had not been educated on what those precautions were and when they were indicated for use.</p> <p>(continued on next page)</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a surveyor interview with the Director of Nursing Services on 9/25/2024 at 1:06 PM, he indicated that he was unaware of the indications for Enhanced Barrier Precautions and that competencies had not been completed for any of the nursing staff pertaining to Enhanced Barrier Precautions.</p> <p>Cross Reference - F 880</p>		

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<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>46118</p> <p>Based on record review and staff interview, it has been determined that the facility failed to ensure a resident's drug regimen is free from significant medication errors for 1 of 1 resident reviewed with a gradual dose reduction recommendation, Resident ID #7.</p> <p>Findings are as follows:</p> <p>Record review revealed the resident was admitted to the facility in April of 2023 with diagnoses including, but not limited to, major depressive disorder and adjustment disorder with mixed anxiety and depressed mood.</p> <p>Record review of a Psychiatric Consultation Report dated 8/16/2024 revealed the resident was receiving Sertraline 125 milligrams (mg) daily for depression. Further review of the report revealed a recommendation was made to decrease the Sertraline to 100 mg daily.</p> <p>Record review revealed the recommendation for Sertraline 100 mg was implemented on 8/17/2024.</p> <p>Record review of a subsequent Psychiatric Consultation Report dated 9/6/2024 revealed a recommendation was made to decrease the Sertraline to 50 mg daily.</p> <p>Record review of a nursing progress note dated 9/13/2024 revealed the psychiatric recommendations were reviewed with the resident's power of attorney and at that time, she did not want the recommendations implemented for the resident. Therefore, the resident remained on Sertraline 100 mg daily.</p> <p>Further record review revealed that the Sertraline was discontinued on 9/17/2024.</p> <p>Additional record review failed to reveal evidence of why the Sertraline was discontinued on 9/17/2024.</p> <p>During a surveyor interview on 9/24/2024 at 12:56 PM with Registered Nurse, Staff I, she revealed that she was unaware the Sertraline had been discontinued until it was brought to her attention by the surveyor on 9/24/2024. She was unable to explain why the medication was discontinued.</p> <p>During a surveyor interview on 9/24/2024 at 1:03 PM with the Director of Nursing Services, he acknowledged that the Sertraline was discontinued on 9/17/2024 in error.</p> <p>During a surveyor interview on 9/26/2024 at 10:03 AM with the resident's physician, she was unable to explain why the medication was discontinued. Additionally, after the facility notified her that the Sertraline was discontinued in error, she assessed the resident and reinstated the Sertraline as previously ordered seven days after it was discontinued in error.</p>

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<p>F 0865</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>39496</p> <p>46118</p> <p>Have a plan that describes the process for conducting QAPI and QAA activities.</p> <p>Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to implement and maintain an effective, comprehensive, data-driven, Quality Assurance and Performance Improvement (QAPI) program that focuses on indicators of the outcomes of care and quality of life. Additionally, the facility failed to identify that trauma informed care assessments were not being completed, or that enhanced barrier precautions were not being followed appropriately for resident's with multi drug resistant organisms (MDROs) or indwelling medical devices.</p> <p>Findings are as follows:</p> <p>Review of the QAPI binder document titled Quality Assurance and Performance Improvement Projects 2024, revealed that relative to trauma informed care the facility would be reviewing each new admission chart within 24 hours or by the next weekday to ensure that trauma assessments have been completed. Further review failed to reveal evidence of maintenance of the plan, including tracking and measuring performance, and establishing goals and thresholds for performance measurement.</p> <p>Record review revealed that Resident ID #21 was admitted to the facility in September of 2024 with diagnosis including, but not limited to, dementia with psychotic disturbance.</p> <p>Record review of an admission preliminary baseline care plan dated 9/3/2024 revealed the resident has a history of trauma related to him/her being abused as a child.</p> <p>Further record review failed to reveal evidence a trauma screening assessment was completed upon admission by the social worker.</p> <p>Further review of the document titled Quality Assurance and Performance Improvement Projects 2024, revealed that relative to infection control, the facility would be monitoring quarantine and isolation compliance. Further review failed to reveal evidence of implementation or maintenance of the plan, including tracking and measuring performance, and establishing goals and thresholds for performance measurement.</p> <p>During surveyor observations from 9/23/2024 through 9/25/2024, Resident ID #s 17 and 18 failed to reveal evidence of isolation carts or signage posted outside of their rooms to indicate that they require Enhanced Barrier Precautions, due to their history of Extended-spectrum beta lactamases (ESBL-an infection resistant to multiple antibiotics) in the urine.</p> <p>During a surveyor interview on 9/26/2024 at 9:42 AM with the Director of Nursing Services, he acknowledged that Resident ID #21's chart failed to be reviewed within 24 hours or by the next weekday to ensure that a trauma assessment was completed. Additionally, he acknowledged that Resident ID #s 17 and 18 failed to be monitored for quarantine and isolation compliance as outlined in the facility's QAPI plan.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39496</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 2 of 2 residents reviewed for a Multi-Drug Resistant Organism (MDRO) infection, Extended Spectrum Beta Lactamase (ESBL-an infection that is resistant to multiple antibiotics) Resident ID #s 17 and 18. Additionally, the facility failed to conduct an annual review of written standards, policies, and procedures and update the infection control program as necessary.</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 #17 was readmitted to the facility in March of 2022 with a diagnosis including, but not limited to, urinary tract infection.</p> <p>Record review of the Minimum Data Set assessment dated [DATE] revealed a Brief Interview for Mental Status score of 15 out of 15 indicating intact cognition. Further review revealed that the resident requires extensive assist of two staff members for toileting.</p> <p>Record review of the resident's urine culture results revealed the following:</p> <p>5/22/2024- revealed that the patient had a urine infection which was positive for ESBL.</p> <p>7/23/2024- revealed that the patient had a urine infection which was positive for ESBL.</p> <p>During multiple surveyor observations throughout the survey process from 9/23/2024 through 9/25/2024 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>During a surveyor interview on 9/25/2024 at 10:31 AM with Certified Medication Technician, Staff D, she revealed that the resident was on precautions maybe months ago for an infection in the urine but hasn't been on any precautions for a while.</p> <p>During a surveyor interview on 9/25/2024 at 10:35 AM with Registered Nurse, Staff A, she revealed the resident is not on precautions.</p> <p>(continued on next page)</p>		

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