

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415097	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/05/2024
NAME OF PROVIDER OR SUPPLIER Mansion Nursing and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 104 Clay Street Central Falls, RI 02863	

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 0567</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to manage his or her financial affairs.</p> <p>41729</p> <p>47939</p> <p>Based on record review and staff interview, it has been determined that the facility failed to obtain written authorization for residents whom the facility is holding personal funds relative to 2 of 6 residents reviewed Resident ID #s 10 and 38.</p> <p>Findings are as follows:</p> <p>Record review of the facility's records related to personal needs funds revealed a document titled, List of Residents Managed by Administrator revealed the facility was holding funds for Resident ID #s 10 and 38.</p> <p>1. Record review revealed that Resident ID #10 was admitted to the facility in September of 2011.</p> <p>Record review of a Personal Needs account balance document revealed Resident ID #10 had a current balance of \$4,379.42 on 6/10/2024.</p> <p>Record review of an Exhibit 'A' Authorization Document form dated 9/9/2011 revealed that the resident did not authorize the facility to hold their funds.</p> <p>2. Record review revealed that Resident ID #38 was admitted to the facility in November of 2023.</p> <p>Record review of a Personal Needs account balance document revealed Resident ID #38 had a current balance of \$125.00 on 5/14/2024.</p> <p>Record review of an Exhibit 'A' Authorization Document form dated 11/7/2023 revealed that the resident did not authorize the facility to hold their funds.</p> <p>During a surveyor interview on 7/5/2024 at 11:27 AM with the Administrator, she acknowledged that the facility did not have written authorization to hold the funds for Resident ID #s 10 and 38.</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 0568</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home.</p> <p>41729</p> <p>47939</p> <p>Based on record review and staff interview, it has been determined that the facility failed to ensure that each resident was given a written accounting of his/her deposits, withdrawals, and balances at least quarterly for 2 of 6 residents reviewed, Resident ID #s 3 and 38.</p> <p>Findings are as follows:</p> <p>1. Record review revealed that Resident ID #3 was admitted to the facility in May of 2023.</p> <p>Review of a facility provided document titled, Personal Needs Account revealed that Resident ID #3 has funds being held by the facility.</p> <p>Record review failed to reveal evidence that any quarterly statements were completed and given to Resident ID #3.</p> <p>2. Record review revealed that Resident ID #38 was admitted to the facility in November of 2023.</p> <p>Review of a facility provided document titled, Personal Needs Account revealed that Resident ID #38 has funds being held by the facility.</p> <p>Record review failed to reveal evidence that any quarterly statements were completed and given to Resident ID #38.</p> <p>During a surveyor interview on 7/5/2024 at 11:27 AM with the Administrator, she acknowledged that Resident ID #s 3 and 38 had not been provided a written accounting of his/her deposits, withdrawals, and balances at least quarterly per the regulation.</p>

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<p>F 0569</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death.</p> <p>41729</p> <p>47939</p> <p>Based on record review and staff interview it has been determined that the facility failed to notify each resident, or resident representative, that receives Medicaid benefits when the amount in the resident's account reaches \$200 less than the Social Security Income (SSI) resource limit for 3 of 6 residents reviewed for personal needs funds handled by the facility, Resident ID #s 10, 16 and 17.</p> <p>Findings are as follows:</p> <p>Title 210-Executive Office of Health and Human Services, Chapter 50-Medicaid Long-Term Services and Supports (LTSS) under section 2.4 (G) of the Uniform Accountability Procedures for Title XIX Resident Personal Needs Funds in Community Nursing Facilities, ICF/DD Facilities, and Assisted Living Residences requires that the facility shall: .(10) The nursing facility must notify the resident in writing when his/her balance reaches \$200.00 less than the resource eligibility guideline, that Medicaid eligibility is jeopardized if the account exceeds the guideline[4,000] .</p> <p>Review of facility documents titled, List of Resident Managed by Administrator and Personal Needs Account for the following residents states in part:</p> <ul style="list-style-type: none"> - Resident ID #10 has a current balance of \$4,370.42. - Resident ID #16 has a current balance of \$4,549.22. - Resident ID #17 has a current balance of \$4,186.66. <p>During a surveyor interview on 7/5/2024 at 11:27 AM with the Administrator, she was unable to provide evidence that the above identified residents were notified in writing that their account balances reached \$200 less than the SSI Medicaid eligibility resource limit (4,000).</p>		

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<p>F 0583</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>47279</p> <p>Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to provide residents with the right to personal privacy and confidentiality of his/her personal and medical records relative to the posting of past survey results.</p> <p>Findings are as follows:</p> <p>During a surveyor observation of the main hallway area on 7/3/2024 at 8:15 AM, revealed a Survey Results envelope. In the envelope there were copies of previous survey rosters which included identifying information of residents from the following survey dates:</p> <p>Record review of the Survey Results envelope revealed the following:</p> <ul style="list-style-type: none"> - Resident/Staff Roster form dated 10/4/2019 with four residents identified, ID #s 11, 106, 107 and 108. - Resident/Staff Roster form dated 4/15/2021 with nine residents identified, ID #s 16, 109, 110, 111, 112, 113, 114, 115 and 116. - Resident/Staff Roster form dated 6/16/2022 with eleven residents identified, ID #s 14, 17, 22, 42, 115, 117, 118, 119, 120, 121 and 122. - Resident/Staff Roster form dated 7/21/2023 with three residents identified, ID #s 44, 123, and 124. <p>During a surveyor interview on 7/3/2024 at 8:30 AM with the Director of Nursing Services, she acknowledged that the resident rosters on the above-mentioned dates were available with the Survey Results.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41729</p> <p>47939</p> <p>50004</p> <p>Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to ensure that services being provided meet professional standards of practice relative to following a physician's order for 1 of 1 residents reviewed for significant weight gain, Resident ID #38.</p> <p>Findings are as follows:</p> <p>According to Mosby's 4th Edition, Fundamentals of Nursing, page 314 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 the resident was admitted to the facility in November of 2023 with a diagnosis including, but not limited to, type II diabetes mellitus.</p> <p>Review of a Minimum Data Set assessment dated [DATE] revealed a Brief Interview for Mental Status score of 15 out of 15, indicating intact cognition.</p> <p>Review of a progress note authored by the Registered Dietician, Staff A, dated 6/9/2024 revealed s/he continues with significant weight gain and recommends bloodwork to check his/her thyroid panel.</p> <p>Record review of a physician's order dated 6/19/2024 for bloodwork to include the following: T-3 total, T-3 Uptake (blood tests that help diagnose thyroid conditions, specifically hyperthyroidism) and TSH (blood test to find out if your thyroid gland is working properly).</p> <p>Record review failed to reveal evidence of the above lab work results or documentation that it was completed.</p> <p>During a surveyor interview on 7/3/2024 at 9:59 AM with Registered Nurse, Staff B, she acknowledged that the physician's order was not followed, and the lab work was not completed per the physician's order on 6/19/2024.</p> <p>During a surveyor interview on 7/3/2024 at 1:30 PM with the Director of Nursing Services, she revealed that she would expect the lab work to be completed per the physician order.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>41729</p> <p>Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to provide respiratory care consistent with professional standards of practice for 1 of 2 residents reviewed for respiratory care, Resident ID #47.</p> <p>Findings are as follows:</p> <p>Record review of a facility policy titled, ProCare Oxygen Administration states in part, .A physician's order is necessary for the administration of oxygen .Verified the physician's order and review the patient chart .verify flow of oxygen .</p> <p>Record review revealed Resident ID #47 was readmitted to the facility in June of 2024 with a diagnosis including, but not limited to, Chronic Obstructive Pulmonary Disease (a condition caused by damage to the airways or other parts of the lung that blocks airflow and makes it hard to breathe).</p> <p>Review of a physician's order dated 6/21/2024 revealed an order for the resident to receive oxygen at 2 liters via a nasal cannula (a tubing that delivers oxygen into your nose) every shift.</p> <p>During surveyor observations on the following dates and times, the resident was observed receiving oxygen at the following flow rate:</p> <p>-7/1/2024 at 11:50 AM, the resident was receiving 3 liters of oxygen</p> <p>-7/2/2024 at 8:32 AM, the resident was receiving 2.5 liters and at 1:40 PM the resident was receiving 3 liters of oxygen</p> <p>-7/3/2024 at 8:28 AM, 11:48 AM, and at 1: 13 PM, the resident was receiving 3 liters of oxygen</p> <p>During a surveyor observation on 7/3/2024 at 1:26 PM in the presence of the Director of Nursing Services (DNS) and a Registered Nurse, Staff B, they revealed the resident was receiving 3 liters of oxygen instead of the 2 liters as ordered.</p> <p>During a surveyor interview immediately following this observation the DNS and Staff B acknowledged the resident was receiving 3 liters of oxygen instead of 2 liters as ordered.</p>

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<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** 41729</p> <p>Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to store all drugs and biological's in accordance with currently accepted professional principles for 1 of 1 medication storage room observed, 1 of 1 medication refrigerator, and 2 of 3 medication carts observed ([NAME] One and Two).</p> <p>Findings are as follows:</p> <p>Review of the facility policy titled LTC Facility's Pharmacy Services and Procedures Manual with a revision date of [DATE] states in part, Once any medication or biological package is opened, facility should follow manufacturer/supplier guidelines with respect to expiration dates for opened medications. Facility staff should record date opened on the primary medication container when the medication has a shorter expiration date once opened .If a multi-dose vial of an injectable medication has been opened or accessed, the vial should be dated and discarded within 28 days unless the manufacturer specifies a different date for the opened vial .</p> <p>1. Surveyor observation of the medication refrigerator on the first floor on [DATE] at 11:28 AM in the presence of License Practical Nurse (LPN), Staff C, revealed a bottle of tuberculin purified protein derivative solution (a solution used in a skin test to help diagnose tuberculosis) opened and not dated.</p> <p>During a surveyor interview immediately following this observation with Staff C, she acknowledged the above-mentioned solution was opened and not dated.</p> <p>2. Surveyor observation of the [NAME] One medication cart narcotic drawer on [DATE] at 11:35 AM, in the presence of a LPN, Staff D revealed a packet of 31 tablets of Lorazepam 0.5 milligrams (mg- a medication used to treat anxiety) with a discontinue date of [DATE].</p> <p>During a surveyor interview immediately following this observation with Staff D, she acknowledged the medication should have been removed from the drawer.</p> <p>3. Surveyor observation of the [NAME] Two medication cart on [DATE] at 11:44 AM in the presence of Staff D revealed a Trelegy Ellipta 100 microgram (mcg)/62.5 MCG/25 MCG inhaler and a Incruse Ellipta 62.5 MCG inhaler (medications used to treat respiratory disease) opened and not dated. Manufacturer instructions indicate to discard 6 weeks after opening or when the counter reads 0 or whichever comes first.</p> <p>During a surveyor interview immediately following this observation with Staff D, she acknowledged the inhalers were opened and not dated.</p> <p>4. Surveyor observation of the medication storage room on [DATE] at 12:28 PM in the presence of the Director of Nursing Services (DNS), revealed the following:</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> - Two bottles of Vitamin E 400 international unit with an expiration date of ,d+[DATE] - One bottle of Mucus relief tablet 400 MG with an expiration date of ,d+[DATE] - Two bottles of Fish oil capsules with an expiration date of ,d+[DATE] <p>During a surveyor interview immediately following this observation with the DNS, she acknowledged the above-mentioned medications were expired and should have been discarded.</p> <p>During an additional interview on [DATE] at 2:05 PM with the DNS, she could not provide evidence the above-mentioned medications were stored appropriately as required.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>47279</p> <p>Based on surveyor observation and staff interview, it has been determined that the facility failed to prepare, store, and distribute food according to professional standards of food service safety, relative to 1 of 1 ice machine and 1 of 1 kitchenette observed.</p> <p>Findings are as follows:</p> <p>1. During a surveyor observation on 7/1/2024 at 8:40 AM of the ice machine, revealed an accumulation of a pink substance located on the bottommost edge of the ice dispenser shield. Additionally, the pink substance was easily removed by wiping it with a paper towel.</p> <p>During a surveyor interview immediately following the above observation with Licensed Practical Nurse, Staff D, she acknowledged the presence of the above-mentioned pink substance within the ice machine.</p> <p>2. Review of the Rhode Island Food Code, 2018 Edition, section 3-501.17 states in part, .(B) .refrigerated, ready-to-eat time/temperature control for safety food .shall be clearly marked, at the time the original container is opened in a food establishment .and: (1) the day the original container is opened in the food establishment shall be counted as Day 1; and (2) The day or date marked by the food establishment may not exceed a manufacturer's use-by date .</p> <p>Review of the High-calorie (Hi-Cal) oral supplement Product Information guide states in part, .Storage and Handling .Once opened, reclose, label with time and date, refrigerate, cover and use within 48 hours .</p> <p>During a surveyor observation on 7/1/2024 at approximately 8:40 AM of the kitchenette, revealed 1 opened bottle of Hi-Cal dated 5/7/2024, approximately 3/4th's full.</p> <p>During a surveyor interview immediately following the above observation with Staff D, she acknowledged that the Hi-cal supplement was dated 5/7/2024 and should have been discarded.</p> <p>During a surveyor interview on 7/1/2024 at 9:00 AM with the Food Service Director, he acknowledged the accumulation of the pink substance within the ice machine and the Hi-Cal supplement dated 5/7/2024. He further revealed the Hi-Cal supplement should be discarded and the ice machine needs to be cleaned.</p> <p>41729</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>41729</p> <p>50004</p> <p>Provide and implement an infection prevention and control program.</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 designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections related to the implementation of water system management control measures to mitigate the development of Legionella (a very serious type of lung infection caused by the bacteria called Legionella which can be found in water) and other opportunistic waterborne pathogens for 1 of 1 ice scoop and designated container. Additionally, the facility failed to maintain Enhanced Barrier Precautions (EBP; an infection control intervention designed to reduce transmission of multidrug-resistant organisms in nursing homes) for 2 of 3 residents reviewed, Resident ID #s 20 and 26.</p> <p>Findings as follows:</p> <p>1) Record review of the Centers for Disease Control and Prevention document titled, Developing a Water Management Program to Reduce Legionella Growth & Spread in Buildings, dated June 2021, states in part, . The key to preventing Legionnaires' disease is maintenance of the water systems in which Legionella may grow .Water stagnation: Encourages biofilm growth and reduces temperature and levels of disinfectant .</p> <p>During a surveyor observation of the nourishment area on 7/1/2024 at 8:57 AM, the ice scoop was observed submerged in approximately 2 inches of stagnant water in the designated ice scoop container.</p> <p>During a surveyor interview immediately following the above observation on 7/1/2024 at 8:59 AM with Licensed Practical Nurse, Staff D, she acknowledged the ice scoop was submerged in approximately 2 inches of stagnant water.</p> <p>During a surveyor interview with the Food Service Director, on 7/1/2024 at 9:05 AM, he acknowledged the above-mentioned observations and stated, It should not be in standing water, he then removed the ice scoop container from the wall to empty the stagnant water from the container. Additionally, he indicated this was the only ice machine and scoop for the entire facility.</p> <p>2) 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: August 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. Examples of high-contact resident care activities requiring gown and glove use for Enhanced Barrier Precautions include:</p> <p>-Dressing</p> <p>(continued on next page)</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>-Bathing/showering</p> <p>-Transferring</p> <p>-Providing hygiene</p> <p>-Changing linens</p> <p>-Changing briefs or assisting with toileting</p> <p>-Device care or use of a device (i.e central lines, urinary catheters, feeding tubes .</p> <p>2a) Record review revealed Resident ID #20 was readmitted to the facility in May of 2024 with diagnoses including, but not limited to, dementia and a wound on the right great toe.</p> <p>Surveyor observation of signage posted on the resident's door on 7/2/2024 at approximately 1:40 PM revealed in part, Enhanced Barrier Precautions; Attention: Caregivers, staff and visitors .Wear Gown and Gloves prior to these activities .During high-contact resident care activities .transferring, changing linen .</p> <p>During a surveyor observation on 7/2/2024 at approximately 1:44 PM, a Nursing Assistant (NA) Staff E, was observed not wearing a gown as required while in the resident's room changing his/her linens.</p> <p>During a surveyor interview immediately following the above observation with Staff E, she acknowledged that she was changing the resident's linens and failed to wear a gown.</p> <p>2b) Record review revealed Resident ID #26 was admitted to the facility in May of 2014 with diagnosis including, but not limited to schizoaffective disorder (a mental health condition that is marked by a mixed of symptoms).</p> <p>Surveyor observation of signage posted on the resident's door on 7/2/2024 at approximately 1:50 PM revealed in part, Enhanced Barrier Precautions; Attention: Caregivers, staff and visitors .Wear Gown and Gloves prior to these activities .During high-contact resident care activities .transferring .providing hygiene . changing linen .</p> <p>During a surveyor observation on 7/2/2024 at approximately 1:51 PM, Staff E, she was observed not wearing a gown as required while in the resident's room providing assistance with personal hygiene and toileting.</p> <p>During a surveyor interview immediately following the above observation with Staff E, she acknowledged that she had entered the resident's room and had assisted the resident with personal hygiene and toileting and failed to wear a gown.</p> <p>During a surveyor interview on 7/3/2024 at 2:40 PM with the Director of Nursing Services (DNS) in the presence of the Administrator, she acknowledged that Resident ID #s 20 and 26 are on EBP. She further indicated that she would expect the staff to wear gowns when assisting the residents with toileting, changing linens, and personal hygiene as indicated on the signage posted.</p>		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47279</p> <p>Based on surveyor observation and staff interview, it has been determined that the facility failed to maintain a safe, functional, and comfortable environment for residents, staff, and the public relative to resident rooms and furnishings in disrepair on 3 of 6 units observed.</p> <p>Findings are as follows:</p> <p>1) During a surveyor observation on 7/3/2024 at 8:38 AM of the 2nd floor common area revealed an entertainment center with scattered chip marks and pieces of wood that were lifting, resulting in an uneven surface.</p> <p>During a surveyor interview immediately following the above observation with the Operations Manager, he acknowledged that the entertainment center was in disrepair.</p> <p>2) During a surveyor observation on 7/3/2024 at 1:19 PM of room [ROOM NUMBER] on the [NAME] 1 Unit, revealed 3 holes in the drywall measuring approximately 7 x 6 inches, 7 x 5 inches, and 19 x 5 inches. Additionally, the paint on the wall over the resident's bed was observed to be chipped.</p> <p>3) During a surveyor observation on 7/3/2024 at 1:23 PM of room [ROOM NUMBER] on the Annex 1 Unit, revealed that the call light system box that was affixed to the wall had exposed wiring coming from the channel. Additionally, the paint was chipped on the wall behind the resident's bed and recliner.</p> <p>During a surveyor interview on 7/3/2024 at approximately 1:25 PM with the Director of Nursing Services, she acknowledged the above findings and indicated they needed to be repaired.</p> <p>41729</p>