

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415106	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2025
NAME OF PROVIDER OR SUPPLIER St Antoine Residence		STREET ADDRESS, CITY, STATE, ZIP CODE 10 Rhodes Avenue North Smithfield, RI 02896	

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 0838</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies.</p> <p>Based on record review and staff interview, it has been determined that the facility failed to conduct and document a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations (including nights and weekends) and emergencies. The facility must also review and update this assessment whenever there is, or the facility plans for, any change that would require a substantial modification to any part of this assessment.</p> <p>Findings are as follows:</p> <p>Record review of a community reported complaint submitted to the Rhode Island Department of Health on 6/26/2025, alleges that Resident ID #1 reported that s/he had a wound vac (a medical device that uses suction to help wounds heal faster) and due to improper care provided by the facility, led to the resident requiring his/her toes to be amputated.</p> <p>Record review revealed Resident ID #1 was originally admitted to the facility in April of 2025 with diagnoses including, but not limited to, osteomyelitis (a bone infection), enterococcus (a bacteria that can cause a variety of infections), and encounter for change and removal of surgical wound dressing.</p> <p>Record review revealed that Resident ID #1 was receiving wound vac therapy to his/her left foot.</p> <p>Review of a facility provided document titled, Facility Assessment dated 1/30/2025, states in part, .Special Treatments and Conditions .</p> <ul style="list-style-type: none"> - Chemotherapy - Radiation - Oxygen Therapy Suctioning - Tracheostomy care - Ventilator or respirator - BiPAP/CPAP <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 0838</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> - Behavioral health needs - Active/current substance use disorders - IV medications - Injections - Transfusions - Dialysis - Ostomy Care - Hospice Care - Respite Care\Isolation or quarantine for active infectious disease <p>Further review of the Facility Assessment failed to reveal evidence that services provided included wound vac treatment.</p> <p>During a surveyor interview on 7/1/2025 at approximately 12:15 PM with the Administrator, he revealed that the facility does not provide all the special care services listed in the Facility Assessment. Additionally, he could not provide evidence that the Facility Assessment was updated to include services and resources the facility provided to care for wound vac treatments during Resident ID #1's admission to the facility.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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 follow standard precautions to prevent the spread of infection and to ensure a sanitary environment to help prevent the transmission of infections for 1 of 1 resident reviewed with a surgical wound, and an indwelling medical device, Resident ID #1.</p> <p>Findings are as follows:</p> <p>Record review of a facility policy titled Enhanced Barrier Precautions [EBP] Policy and Procedure dated March 27, 2024, states in part .EBP are recommended for residents with indwelling medical devices or wounds .a physician order is obtained for EBP for residents with .wounds and/or indwelling medical devices . gown and gloves will be available immediately near or outside the residents room .position a trash can inside the residents room and near the exit to discard PPE [protective personal equipment- such as gown,gloves and masks] after removal and prior to exit of the room .</p> <p>Record review revealed Resident ID #1 was readmitted to the facility in June of 2025 with diagnoses including, but not limited to, osteomyelitis (a bone infection), enterococcus (bacteria that can cause a variety of infections) as the cause of diseases, and encounter for change and removal of surgical wound dressing.</p> <p>Record review of physician's orders revealed the following:</p> <ul style="list-style-type: none"> - Ceftriaxone sodium (an antibiotic prescribed to treat bacterial infections) 2 grams intravenously once daily for antibiotic treatment. - Vancomycin HCl Intravenous Solution (an antibiotic prescribed to treat serious bacterial infections) 750 milligrams per 150 milliliters solution once daily for osteomyelitis - Cleanse abdominal wound with normal saline, apply Xeroform (a type of wound dressing) and then primapore (a water-resistant adhesive dressing designed for wound care) over wound and change the dressing daily <p>Additional review of physician orders failed to reveal evidence of an order for EBP, as indicated, per the facility policy.</p> <p>Record review of a progress note dated 6/28/2025 at 10:56 PM revealed, the resident was receiving care for a below the ankle amputation. S/he had a peripherally inserted central catheter (PICC, a long, thin, flexible tube inserted into a vein in the arm, usually above the elbow, and guided into a large vein near the heart) on his/her right arm, and receives Vancomycin and Ceftriaxone antibiotic treatments intravenously through the PICC.</p> <p>Surveyor observations on 7/1/2025 failed to reveal evidence that gowns and gloves were immediately available near or outside of the resident's room, or that a trash can was inside the residents room and near the exit to discard PPE after removal and prior to exiting the residents room.</p> <p>During a surveyor interview with the resident on 7/1/2025 at 2:17 PM, s/he revealed that staff have not worn gowns when providing personal care to him/her.</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 - Few</p>	<p>During a surveyor interview on 7/1/2025 at approximately 3:40 PM with Registered Nurse, Staff A, she revealed that the resident should have been on EBP due to his/her wounds and the presence of a PICC line.</p> <p>During a surveyor interview on 7/1/2025 at 4:02 PM with the Director of Nursing Services, she revealed it would be her expectation that the resident would have EBP in place as indicated by the presence of wounds and an indwelling medical device.</p>		