

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415110	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/08/2024
NAME OF PROVIDER OR SUPPLIER Oakland Grove Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 560 Cumberland Hill Road Woonsocket, RI 02895	

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 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** 46671</p> <p>Based on record review and staff interview, it has been determined that the facility failed to meet professional standards of quality relative to evaluating a resident after a suspected medication error occurred for 1 of 1 resident reviewed, Resident ID #1.</p> <p>Findings are as follows:</p> <p>Record review of a facility reported incident submitted to the Rhode Island Department of Health on 10/5/2024 indicated that Resident ID #1 was transferred to an acute care hospital because s/he potentially received antipsychotic medication intended for another resident and was noted with a change in his/her mental status.</p> <p>Review of a facility policy and procedure dated April 2015 titled, MEDICATION ERROR REPORTING states in part, .A Medication error is any preventable event that may cause or lead to inappropriate medication use, which the medication is in the control of the health care professional .</p> <p>- A licensed nurse makes an immediate evaluation of the resident in relation to the nature of the error .</p> <p>- Follow-up notes are written related to event base on evaluation per facility policy .</p> <p>Record review revealed that Resident ID #1 was admitted to the facility in July of 2019 with diagnoses including, but not limited to, cirrhosis (liver disease) and alcoholic cardiomyopathy (a type of heart disease caused by long-term alcohol consumption that weakens the heart muscle and impairs its ability to pump blood).</p> <p>Review of a Quarterly Minimum Data Set assessment dated [DATE] revealed a Brief Interview for Mental Status score of 7 out of 15, indicating severely impaired cognition.</p> <p>Record review of a progress note authored by Licensed Practical Nurse (LPN), Staff A, dated 10/5/2024 created at 6:01 PM, indicates that the nurse suspected a possible medication error after the resident was noted to be difficult to arouse after s/he was administered his/her medication. Additionally, the note indicates that the physician was notified and gave an order for the resident to be transferred to the hospital.</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: 415110	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/08/2024
NAME OF PROVIDER OR SUPPLIER Oakland Grove Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 560 Cumberland Hill Road Woonsocket, RI 02895	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During surveyor interviews on 10/7/2024 at 12:20 PM and 12:40 PM, with Staff A, she stated the following:</p> <ul style="list-style-type: none"> - She was assigned to care for and administer medications to Resident ID #s 1 and 2 on 10/5/2024 during the 7:00 AM - 3:00 PM shift. - At some time between 8:00AM - 9:00 AM, she prepared medications for both Resident ID #1 and Resident ID #2 at the same time, while they were out in the corridor near her medication cart and another resident was yelling in the background. - Resident ID #1's medication was in a medication cup on top of the medication cart along with a medication cup containing Clozaril 125 milligram (mg) for Resident ID #2. - Staff A stated that she administered Resident ID #1's scheduled medications, which included, but was not limited to, lorazepam 0.5 mg (antianxiety) and Lexapro 10 mg (antidepressant). - Staff A believes that during the interruption, she may have administered Clozaril to Resident ID #1, which was intended for Resident ID #2, because the cup containing the Clozaril was no longer there. - Staff A checked on Resident ID #1 several times and obtained his/her vital signs several times. - Staff A placed a call to the on-call provider line immediately at the time of suspecting she administered the Clozaril to Resident ID #1. She waited on hold for an hour, continued her medication pass, then placed another call when Resident ID #1 was difficult to arouse. - Staff A received a physician's order to send the resident to the hospital via Emergency Medical Services (EMS). <p>Further record review failed to reveal evidence that Resident ID #1 was evaluated immediately after the medication error was suspected or documentation that additional follow up evaluations of the resident occurred.</p> <p>During a surveyor interview on 10/8/2024 at 10:59 AM, with Resident ID #1's Nurse Practitioner (NP) along with her Clinical Manager via the telephone, she reviewed the electronic documentation of the weekend on-call provider log. The NP stated that on 10/5/2024 at 10:48AM, Staff A left a voicemail reporting a medication error for Resident ID #1 was very sleepy after s/he was administered Clozapine 125 mg intended for another resident. Furthermore, the NP indicated that the resident's physician was notified and gave an order for the resident to be transferred to the hospital. The NP acknowledged that she would have expected that Staff A would have contacted the on-call provider immediately after the medication error was suspected.</p> <p>During a surveyor interview on 10/8/2024 at 1:21 PM, with the Director of Nursing Services (DNS), she was unable to provide evidence that Staff A evaluated Resident ID #1 immediately after the medication error was suspected, or documentation that additional follow up evaluations of the resident occurred.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415110	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/08/2024
NAME OF PROVIDER OR SUPPLIER Oakland Grove Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 560 Cumberland Hill Road Woonsocket, RI 02895	
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 0760</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46671</p> <p>Based on record review and staff interview, it has been determined that the facility failed to ensure that residents are free from significant medication errors for 1 of 1 resident reviewed who was administered antipsychotic medication (Clozaril) which was intended for another resident (Resident ID #2), Resident ID #1.</p> <p>Findings are as follows:</p> <p>Record review of a facility reported incident submitted to the Rhode Island Department of Health on 10/5/2024 indicated that Resident ID #1 was transferred to an acute care hospital due a change in his/her mental status related to a potential medication error.</p> <p>Review of the manufacturer's guidance, last revised September 2024, revealed that Clozaril (clozapine) is an antipsychotic medication used to treat severe psychotic disorders. The starting dose is 12.5 milligrams (mg) and the peak (when the medication reaches the highest concentration in a person's blood) time can occur between 1 - 6 hours after administration. Warnings, precautions, and adverse reactions include, but are not limited to the following:</p> <ul style="list-style-type: none"> - Hypersalivation (too much saliva or difficulty with properly clearing the saliva a person produces). - Severe neutropenia (low white blood cells which can lead to serious or fatal infections). For this reason, Clozaril is only available through a restricted risk evaluation program. - low blood pressure - low heart rate - syncope (fainting) - myocarditis (inflammation of the heart muscle) - cardiomyopathy (disorder affecting the heart muscle) - QT prolongation (an irregular heart rhythm or a change in how the heart's bottom chambers send signals, resulting in a longer time for the heart to recharge between beats). <p>According to the National Library of Medicine's online article, last updated 12/26/2022 titled, Long QT Syndrome, a QTc greater than 500 is associated with an increased risk of torsade de pointes (a specific type of abnormal heart rhythm that can lead to sudden cardiac death).</p> <p>Review of the facility's medication administration policy and procedure dated June 2015 revealed the following procedural steps in part:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415110	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/08/2024
NAME OF PROVIDER OR SUPPLIER Oakland Grove Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 560 Cumberland Hill Road Woonsocket, RI 02895	
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 0760</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> - Verify the medication order on the Medication Administration Record (MAR) and check against the physician's order. - Identify the resident. - Avoid distractions and interruptions when preparing and administering medications to reduce the risk of medication errors. - Only prepare medication for one resident at a time. <p>Record review revealed that Resident ID #1 was admitted to the facility in July of 2019 with diagnoses including, but not limited to, cirrhosis (liver disease) and alcoholic cardiomyopathy (a type of heart disease caused by long-term alcohol consumption that weakens the heart muscle and impairs its ability to pump blood).</p> <p>Review of a Quarterly Minimum Data Set assessment dated [DATE] revealed a Brief Interview for Mental Status score of 7 out of 15, indicating severely impaired cognition.</p> <p>Record review of a progress note authored by Licensed Practical Nurse (LPN), Staff A, dated 10/5/2024 created at 6:01 PM, indicates that the nurse suspected a possible medication error after the resident was noted to be difficult to arouse after s/he was administered his/her medications. Additionally, the note indicates that the physician was notified and gave an order for the resident to be transferred to the hospital.</p> <p>During surveyor interviews on 10/7/2024 at 12:20 PM and 12:40 PM, with Staff A, she stated the following:</p> <ul style="list-style-type: none"> - She was assigned to care for and administer medications to Resident ID #s 1 and 2 on 10/5/2024 during the 7:00 AM - 3:00 PM shift. - At some time between 8:00AM - 9:00 AM, she prepared medications for both Resident ID #1 and Resident ID #2 at the same time, while they were out in the corridor near her medication cart and was interrupted by another resident who was yelling in the background. - Resident ID #1's medication was in a medication cup on top of the medication cart along with a medication cup containing Clozaril 125 mg for Resident ID #2. - Staff A stated that she administered Resident ID #1's scheduled medications, which included, but was not limited to, lorazepam 0.5 mg (antianxiety) and Lexapro 10 mg (antidepressant). - Staff A believes that during the interruption, she may have administered Clozaril to Resident ID #1, which was intended for Resident ID #2, because the cup containing the Clozaril was no longer there. - Staff A checked on Resident ID #1 several times and obtained his/her vital signs several times. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415110	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/08/2024
NAME OF PROVIDER OR SUPPLIER Oakland Grove Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 560 Cumberland Hill Road Woonsocket, RI 02895	
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 0760</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>- Staff A placed a call to the on-call provider line immediately at the time of suspecting she administered the Clozaril to Resident ID #1. She waited on hold for an hour, continued her medication pass then placed another call when Resident ID #1 was difficult to arouse.</p> <p>- Staff A received a physician's order to send the resident to the hospital via Emergency Medical Services (EMS).</p> <p>Additional record review for Resident ID #1 failed to reveal evidence of a physician's order for Clozaril 125 mg.</p> <p>Record review for Resident ID #2 revealed a physician's order dated 5/29/2024 for Clozaril 100 mg tablet to be administered along with a 25 mg tablet to total 125 mg twice daily at 8:00 AM and 8:00 PM.</p> <p>Record review of the EMS patient care report document dated 10/5/2024 revealed that dispatch was notified at 11:10 AM and the EMS Unit arrived at the nursing facility at 11:15 AM for a report of Resident ID #1 being administered the wrong medication. S/he was noted to be in his/her bed, unresponsive, alert to pain only. Additionally, the resident required oxygen via a non-rebreather mask (an oxygen mask that delivers high concentrations of oxygen when a person needs oxygen quickly in emergencies) because his/her blood oxygen level was found to be 85% on room air (normal blood oxygen level is greater than 92% on room air). Additionally, his/her airway required suctioning (mechanical removal) to clear his/her airway. His/her respirations (breathing rate) were noted to be 11 (normal range is 12 - 20) and s/he was transported to the hospital.</p> <p>Review of the hospital document dated 10/5/2024 revealed Resident ID #1 presented to the Emergency Department (ED) for an accidental Clozaril overdose. Additionally, s/he was noted to be minimally arousable, was unable to articulate speech and was making gurgling sounds. The document further indicates that s/he was transferred to the Critical Care Unit where s/he required intubation (a medical procedure when a breathing tube is inserted through the mouth or nose into the windpipe allowing air to get into the lungs. The tube connects to a machine for automated air delivery or a bag for manual air delivery) to protect his/her airway. Furthermore, s/he was noted to have a QTc of 520 (normal range is 360 to 460) which required a consult with poison control who recommended s/he be treated with a higher dose of intravenous (IV) Magnesium (magnesium is an electrolyte used to treat abnormal heart rhythms. IV Magnesium administration requires strict medical monitoring in the hospital setting). S/he was admitted for further management. The treatment plan included but is not limited to the following: acute toxic encephalopathy (altered mental status) secondary to Clozaril overdose, toxicity secondary to accidental overdose, and acute respiratory failure secondary to inability to protect airway.</p> <p>During a surveyor interview on 10/8/2024 at 10:59 AM, with Resident ID #1's Nurse Practitioner (NP) along with her Clinical Manager via the telephone, she reviewed the electronic documentation for weekend on-call provider log. The NP stated that on 10/5/2024 at 10:48 AM, Staff A left a voicemail reporting a medication error for Resident ID #1; s/he was very sleepy after s/he was administered Clozapine 125 mg, which s/he does not receive. Furthermore, the NP indicated that the resident's physician was notified and gave an order for the resident to be transferred to the hospital.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415110	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/08/2024
NAME OF PROVIDER OR SUPPLIER Oakland Grove Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 560 Cumberland Hill Road Woonsocket, RI 02895	

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 0760</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During a surveyor interview on 10/8/2024 at 1:21 PM, with the Director of Nursing Services (DNS), she acknowledged that she would have expected Staff A to administer and prepare medications for one resident at a time, per the facility's policy. Additionally, she was unable to provide evidence that Resident ID #1 was kept free from significant medication error.</p> <p>As a result of this survey, it has been determined that Resident ID #1 was placed at risk for serious harm or injury due to Staff A's failure to administer medication according to the facility's policy, when she prepared and administered medications for both Resident ID #'s 1 and 2. Resident ID #1 was administered medication intended for Resident ID #2 which resulted in Resident ID #1 exhibiting adverse effects of Clozaril which required transfer to the hospital's Critical Care Unit.</p>