

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 09/12/2024
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 - Some</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>21613</p> <p>Based on 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 following physicians' orders for 4 of 4 residents reviewed for intake and output (I&O), Resident ID #s 26, 30, 61, and 104.</p> <p>Findings are as follows:</p> <p>According to Mosby's 4th Edition, Fundamentals of Nursing page 314, 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>Review of the facility's policy and procedure for INTAKE AND OUTPUT MONITORING dated April, 2015 states in part, .Intake and Output will be monitored, as indicated by the resident's hydration status, risk for dehydration, and/or per physician's order .Intake and Output is documented for each shift, beginning with the 11 to 7 shift .Intake and Output is totaled daily by the 3 to 11 shift nurse and the 24 hour totals are transcribed to the Medication Administration Record .</p> <p>1. Record review revealed Resident ID #26 was readmitted to the facility in June of 2024 with diagnoses including, but not limited to, retention of urine and uropathy (a urinary tract blockage).</p> <p>Additional record review reveals the resident has a suprapubic catheter (a hollow flexible tube that is used to drain urine from the bladder).</p> <p>Further record review revealed a physician's order dated 6/13/2024 to document the resident's I&O on the paper flow sheet every shift for suprapubic catheter placement.</p> <p>Record review of the paper I&O flow sheets from 9/1/2024 through 9/10/2024. failed to reveal evidence that the resident's I&Os were documented every shift as ordered for 27 of 30 opportunities, indicating that the facility was not aware of the resident's I&Os.</p> <p>During a surveyor interview on 9/12/2024 at 1:54 PM with the Director of Nursing Services (DNS), she was unable to provide evidence that the physician's order to document the resident's I&O every shift, for suprapubic catheter placement, on the paper flow sheets were followed.</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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. Record review revealed Resident ID #30 was readmitted to the facility in September of 2023 with diagnoses including, but not limited to, chronic kidney disease, uropathy, and heart failure.</p> <p>Additional record review reveals the resident has a suprapubic catheter.</p> <p>Record review revealed a physician's order dated 3/20/2024 to document the resident's I&O on the paper flow sheet every shift.</p> <p>Record review of the paper I&O flow sheets from 9/1/2024 through 9/10/2024, failed to reveal evidence that the resident's I&Os were documented every shift, as ordered, for 26 of 30 opportunities.</p> <p>During a surveyor interview on 9/11/2024 at 8:50 AM with Registered Nurse, Staff B, she was unable to provide evidence that the I&Os were documented. Additionally, Staff B acknowledged that the order for I&Os was not followed.</p> <p>During a surveyor interview on 9/11/2024 at approximately 1:30 PM with the DNS, she revealed that she would expect staff to follow the physician's orders.</p> <p>3. Record review revealed Resident ID #61 was readmitted to the facility in May of 2024 with diagnoses including, but not limited to, high blood pressure, and prostatic hyperplasia (a condition in which the flow of urine is blocked due to the enlargement of prostate gland).</p> <p>Additional record review reveals the resident has a suprapubic catheter.</p> <p>Record review revealed the resident has a physician's order dated 3/20/2024 to document the resident's I&Os on the paper flow sheet every shift.</p> <p>Record review of the paper I&O flow sheets from 9/1/2024 through 9/10/2024, failed to reveal evidence that the resident's I&Os were documented every shift, as ordered, for 30 out of 30 opportunities.</p> <p>During a surveyor interview on 9/12/2024 at 1:50 PM with the DNS, she revealed that she would expect staff to follow the physician's orders.</p> <p>4. Record review revealed Resident ID #104 was admitted to the facility in July of 2024 with diagnoses including, but not limited to, acute kidney injury and chronic kidney disease.</p> <p>Record review revealed the resident has a physician's order dated 8/14/2024 to monitor I&Os every shift.</p> <p>Review of the September 2024 Treatment Administration Record revealed that staff documented an amount of fluid but failed to indicate if the amounts documented were the resident's intake or output. Furthermore, staff on the 11:00 PM-7:00 AM shift failed to document any amount of I&Os on the TAR for 9 out of 10 opportunities.</p> <p>Record review of the paper I&O flow sheets from 9/1/2024 through 9/10/2024, failed to reveal evidence that the resident's I&Os were documented every shift, as ordered, for 30 of 30 opportunities.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a surveyor interview on 9/11/2024 at approximately 2:00 PM with LPN, Staff C, she was unable to provide evidence that the I&Os were documented every shift. Staff C acknowledged that the order for I&Os was not followed.</p> <p>During a surveyor interview on 9/12/2024 at approximately 11:30 AM, with the DNS, she revealed that she would expect staff to follow the physician's orders.</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>42399</p> <p>Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to ensure that residents maintain acceptable parameters of nutritional status, such as usual body weight, for 3 of 6 residents reviewed for significant weight loss and/or gain, Resident ID #s 76, 96, and 104.</p> <p>Findings are as follows:</p> <p>Record review of the policy titled, Weights, last revised in August 2015, states in part, The following residents/patients are weighed weekly X4 [for four weeks] .Residents/patients with an MD [doctor] order for weekly weights .The same scale should be used for each weighing of a particular resident/patient to ensure consistency and more accurate weights .All weight loss/gain of 3 pounds or more on a resident weighing 100 pounds or less and weight loss/gain of 5 pounds or more on a resident weighing 100 pounds or more requires a reweigh for verification. A reweigh is done on the same scale with a licensed nurse present. Weights are documented in the resident's/patient's medical record and/or weight book. If a significant weight loss/gain is identified (> [greater than] 5% in 30 days or >10% in 6 months), the IDT [interdisciplinary team], Dietitian, Physician and Family are notified .</p> <p>1. Review of Resident ID #76's record revealed s/he was admitted to the facility in May of 2021 with diagnoses including, but not limited to, Alzheimer's disease, adult failure to thrive, dysphagia (difficulty swallowing), and gastrostomy status (g-tube, an opening from the abdomen into the stomach that allows a feeding tube to deliver food, fluids and medications directly into the stomach).</p> <p>Record review revealed a physician's order to obtain weekly weights.</p> <p>Record review revealed the following documented weights:</p> <ul style="list-style-type: none"> - 8/6/2024 90.5 pounds (lbs.) - 8/13/2024 90.8 lbs. - 9/4/2024 83.0 lbs. - 9/10/2024 80.0 lbs. <p>Record review of the August 2024 Treatment Administration Record (TAR) revealed that the order for weekly weights was signed as completed on 8/20/2024 and on 8/27/2024. Additional record review failed to reveal evidence of documented weights for 8/20/2024 and 8/27/2024.</p> <p>Record review revealed the resident lost 7.8 pounds from 8/13/2024 to 9/4/2024, which is a significant weight loss of 8.59% in less than one month. A subsequent weight taken on 9/10/2024 revealed the resident lost an additional 3 pounds, resulting in a severe weight loss of 11.89% in a one-month period.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a surveyor interview with Licensed Practical Nurse, Staff D, on 9/12/2024 at 11:12 AM, she revealed that nurses document weights in the record and note if there are any significant changes in weight. She indicated she would have expected the nursing assistant to reweigh the resident the same day if there was a discrepancy, to verify the accuracy of the weight. If a discrepancy is identified on the reweigh, she would then contact the Registered Dietitian (RD) and the resident's provider. Additionally, she indicated that she was not aware of Resident ID #76's weight loss on 9/4/2024 or 9/10/2024 and that she would have contacted the RD and provider if she was had been aware.</p> <p>During a surveyor observation in the presence of Staff D on 9/12/2024 at 11:29 AM, Resident ID #76's weight was obtained via mechanical lift after the surveyor brought this concern to the facility's attention. The resident weighed 83.6 lbs., which verified a significant weight loss of 7.9% in approximately one month.</p> <p>During a surveyor interview with the RD on 9/12/2024 at 11:38 AM, she revealed she was not made aware of the resident's significant weight loss on 9/4/2024 or 9/10/2024 until it was brought to her attention by Staff D shortly before this interview.</p> <p>During a surveyor interview with the Physician, Staff E, on 9/12/2024 at 12:02 PM, he revealed that he last saw Resident ID #76 on 9/1/2024 or 9/2/2024 and that he and his Nurse Practitioner were not notified by the facility of the resident's weight loss on 9/4/2024 or 9/10/2024 until it was brought to his attention shortly before this interview.</p> <p>During surveyor interviews with the Director of Nursing Services (DNS) on 9/12/2024 at 1:04 PM and at 1:50 PM, she was unable to provide evidence weekly weights were obtained, as ordered, on 8/20/2024 and 8/27/2024. She also revealed that following a weight change of 3 pounds or more for a resident who is under 100 pounds, she would expect that a reweigh would be completed to verify the weight. Additionally, she revealed that she would expect that the RD and the Physician to have been notified following the resident's significant weight loss on 9/4/2024 and 9/10/2024.</p> <p>2. Record review revealed Resident ID #96 was admitted to the facility in October of 2023, with diagnoses including, but not limited to, post-traumatic stress disorder, bipolar disorder, and anxiety disorder.</p> <p>Record review of a document titled Nutrition Evaluation dated 7/8/2024, revealed the resident's weight was 160.4 [lbs.] up 18.9% in the past six months. This was not planned. [Weight] gain was anticipated with previous supplement, but this amount of weight gain was not anticipated. [weight] loss is anticipated.</p> <p>Review of the Weight Summary revealed on 7/16/2024 the resident weighed 157.4 lbs. and on 8/5/2024 s/he weighed 174 lbs., indicating a 16.6 lb. weight gain, a significant gain of 10.55% in less than 30 days. Additionally, the resident was weighed on 9/1/2024 and the weight obtained was also 174 lbs.</p> <p>Record review failed to reveal evidence that a reweigh was obtained on 8/5/2024 per the facility policy.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a surveyor interview on 9/12/2024 at 9:52 AM with the Nurse, Staff F, she revealed that weights are done by nursing assistants and if a weight reveals an increase or decrease of 3 lbs., a reweigh is indicated, and the changes in weights are documented and reported to the physician or nurse practitioner. Staff F, was unable to provide evidence that the above-mentioned weights obtained were documented and reported, per policy.</p> <p>During a surveyor interview on 9/12/2024 at 10:03 AM with the Nurse Practitioner, Staff G, she revealed she was not aware of the resident's weight gain.</p> <p>During a surveyor interview on 9/12/2024 at 11:41 AM with the RD, she revealed that she was not aware of Resident ID #96's significant weight gain.</p> <p>3. Record review revealed Resident ID #104 was admitted to the facility in July of 2024 with diagnoses including, but not limited to, diabetes mellitus, acute kidney injury, and chronic kidney disease.</p> <p>Review of the Weight Summary revealed the resident's weight was 248.3 lbs. on 8/6/2024 and 231.2 lbs. on 9/1/2024, indicating a 17.1 lb. weight loss in less than a month.</p> <p>Record review failed to reveal evidence that the reweigh was obtained, per the facility policy, on 9/1/2024.</p> <p>During a surveyor interview on 9/12/2024 at 11:46 AM with the LPN, Staff C, she was unable provide evidence that the reweigh was obtained on or after 9/1/2024.</p> <p>During a surveyor interview on 9/12/2024 at 12:21 PM with the DNS, she revealed that the reweigh should be obtained within the next day. She acknowledged the weight was not obtained per the facility's policy.</p> <p>During a surveyor interview on 9/12/2024 at 12:51 PM with the RD, she revealed she would expect staff to reweigh the resident after a significant weight change.</p> <p>21613</p> <p>48928</p>		

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>45855</p> <p>Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to ensure that residents who are fed by a feeding tube receive the appropriate treatment and services to prevent complications for 1 of 2 residents reviewed relative to a gastrostomy tube (G-tube, which is a surgically placed device used to give direct access to the stomach for supplemental feeding, hydration or medicine), Resident ID #76.</p> <p>Findings are as follows:</p> <p>Review of the policy titled Enteral Feeding dated April 2015 states in part, PROCEDURE .Elevate head of bed 30-45 degrees .</p> <p>Record review revealed the resident was readmitted to the facility in February of 2024 with diagnoses including, but not limited to, dysphagia (difficulty swallowing) and Alzheimer's disease.</p> <p>Record review revealed a physician's order dated 2/17/2024 to elevate the resident 30-45 degrees at all times during feeding and for one hour after gravity feeds or resident must be elevated at all times with continuous feeding.</p> <p>Further record review revealed a physician's order dated 8/1/2024 to receive Nepro Carb Steady (a therapeutic nutrition specifically designed to help meet the nutritional needs of people with chronic kidney disease) 237 milliliters via g-tube four times a day at 9:00 AM, 1:00 PM, 5:00 PM, and 9:00 PM.</p> <p>During a continuous surveyor observation on 9/11/2024 from 8:57 AM through 9:17 AM, it was revealed that the resident's head of the bed was not elevated to a position of at least 30 degrees for one hour after receiving his/her therapeutic nutrition.</p> <p>During a surveyor interview on 9/11/2024 at 9:17 AM with Licensed Practical Nurse, Staff H, she revealed that the resident completed his/her therapeutic nutrition at approximately 8:30 AM and acknowledged that the resident's head of the bed should have been elevated at least 30 degrees, as ordered.</p> <p>During a surveyor interview on 9/11/2024 at 2:38 PM with the Director of Nursing Services, she acknowledged that the resident's head of the bed should have been elevated to 30-45 degrees for 1 hour after receiving his/her therapeutic nutrition.</p> <p>42399</p>		

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<p>F 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care or services that was trauma informed and/or culturally competent.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48928</p> <p>Based on surveyor observation, 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 for 1 of 1 resident reviewed, relative to a resident with history of post traumatic stress disorder (PTSD), Resident ID #96.</p> <p>Findings are as follows:</p> <p>Record review revealed the resident was admitted to the facility in October of 2023, with diagnoses including, but not limited to, PTSD, bipolar disorder, and anxiety disorder.</p> <p>Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status score of 14 out of 15, indicating intact cognition.</p> <p>Review of a document titled Social Service Trauma-Informed Care Screening Tool dated 10/3/2023, revealed a series of 7 questions designed to identify a resident with a history of trauma. Question number 2 asked if the resident had ever experienced any of the following: serious accident, sexual or physical assault, life threatening illness, natural disaster, or violent loss of a family member or close friend, and the resident answered yes. Further review of this document failed to identify precisely what type of trauma the resident had experienced, or resident preferences to be implemented, in order to eliminate or mitigate triggers that may cause re-traumatization of the resident.</p> <p>Record review on 9/9/2024 at approximately 1:00 PM, failed to reveal evidence that the facility completed an assessment or used a multifaceted approach to identify the resident's history of trauma as well as his/her preferences that include the triggers (defined as a psychological stimulus that prompts recall of a previous traumatic event, even if the stimulus itself is not traumatic or frightening), that may be stressors for him/her.</p> <p>During surveyor interviews on 9/9/2024 at 1:20 PM, and 9/11/2024 at 9:08 AM, with the resident, s/he was noted to avoid making eye contact with the surveyor when speaking. Additionally, s/he indicated that s/he was willing to participate in a conversation regarding her care.</p> <p>During a surveyor interview on 9/9/2024 at 1:20 PM with the Medication Technician , Staff N, she revealed that she was unaware of the resident's history of trauma or his/her potential triggers.</p> <p>During a surveyor interview on 9/11/2024 at 11:53 AM with Licensed Practical Nurse (LPN), Staff A, she indicated that she was unaware of any triggers the resident may have.</p> <p>During a surveyor interview on 9/12/2024 at 9:52 AM with the LPN, Staff F, she indicated that she was unaware of the resident's history of trauma or his/her potential triggers.</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>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50004</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 implement appropriate precautions, documentation of follow-up activity in response and comply with state and local public health authority requirements for identification, reporting, and containing communicable diseases and outbreaks. Furthermore, the facility failed to don [put on] the required Personal Protective Equipment (PPE) prior to entering resident rooms that required precautions for 1 of 2 units reviewed.</p> <p>Findings are as follows:</p> <p>1. Review of a facility policy titled, RI CORONAVIRUS (COVID-19) exposure states in part, This facility follows the professional standards and recommendations set forth by the Center of Disease Control [CDC], CMS [Centers for Medicare and Medicaid Services] and state health care agencies regarding coronavirus . The facility will actively screen all employees, vendors, and delivery personnel upon entrance to the facility during outbreak periods .The facility will monitor residents for COVID-19 symptoms daily and will increase monitoring to QS [every shift] on affected units during an outbreak .The facility will follow all CDC and State specific guidance for vaccinations and testing .All residents will be screened for COVID-19 symptoms daily .</p> <p>Upon surveyor entrance to the facility on [DATE] at approximately 8:00 AM the survey team was informed by the Receptionist, Staff O, that the facility is experiencing a COVID-19 outbreak. The survey team was not screened for COVID-19 and was directed to the conference room.</p> <p>Surveyor observations between 9/9-9/11/2024 and record review, failed to reveal evidence that employees and/or visitors were screened for COVID-19 symptoms upon entering the building per the local public health authority recommendations.</p> <p>During a surveyor interview on 9/10/2024 at 9:15 AM with Nursing Assistant (NA), Staff K, NA Staff L, and the unit secretary, Staff M, they indicated they have not been screened for signs and symptoms of COVID-19 upon entering the building for the last several weeks.</p> <p>During a surveyor interview on 9/9/2024 at approximately 9:00 AM with the Director of Nursing Services (DNS), she revealed that during an outbreak, it is the facility's policy to follow the recommendations provided by the CDC and the local public health authority. She further revealed that the local public health authority was contacted via email on 9/1/2024 relative to the facility's COVID-19 outbreak.</p> <p>During a surveyor telephone interview on 9/10/2024 at approximately 10:29 AM with the local public health authority, they indicated the following recommendations were given to the facility in response to the facility's COVID-19 outbreak through email correspondence on 9/1/2024:</p> <ul style="list-style-type: none"> - Screen visitors and employees for signs and symptoms of COVID-19 upon entering the building - All staff to wear a N95 in the resident care areas <p>(continued on next page)</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>- COVID-19 testing two times a week for staff and residents</p> <p>- Monitor residents for signs and symptoms of COVID-19</p> <p>Record review of an undated facility document titled, Residents revealed a list of 21 residents who tested positive for COVID-19 from 9/1/2024 through 9/8/2024.</p> <p>Record review failed to reveal evidence that the facility's staff were being tested for COVID-19 twice a week per the recommendations.</p> <p>Record review revealed Resident ID #71 tested positive for COVID-19 on 9/5/2024.</p> <p>A surveyor observation on 9/9/2024 at 11:29 AM, revealed that NA, Staff J, was wearing two surgical masks and not a N95 mask upon entering Resident ID #71's room.</p> <p>Further observation revealed Resident ID #71 had an isolation cart outside of the room with a droplet/contact precaution sign that states in part, Isolation Droplet/Contact .clean hands .gowns .N95 Respirator .Eye protection (goggles or face shield) .Gloves .</p> <p>During an interview following the above observation with Staff J, she acknowledged that Resident ID #71 was positive for COVID-19 and that there was a sign indicating the proper PPE use which includes a N95 mask. Staff J acknowledged that she was not wearing a N95 mask when she entered Resident ID #71's room.</p> <p>During a surveyor interview on 9/10/2024 at 12:27 PM with the Regional Director of Clinical Services in the presence of the Regional Director of Infection Control, the Infection Preventionist, and the DNS, she acknowledged that the facility was not following the facility policy, or the recommendations provided by the public health authority to screen visitors and employees for signs and symptoms of COVID-19. Additionally, she could not provide evidence that the staff were being tested for COVID-19 twice weekly.</p> <p>During a surveyor interview on 9/10/2024 at approximately 2:00 PM with the DNS, she was unable to provide evidence that the facility implemented appropriate precautions to prevent further transmission of the illness, as well as documentation of follow-up activity in response, and comply with state and local public health authority requirements for identification, reporting, and containing COVID-19.</p> <p>2. Review of a facility policy titled, Enhanced Barrier Precautions Policy states in part, Enhanced barrier precautions (EBP) require the use of a gown and gloves for certain residents during specific high-contact resident care activities in which there is risk for transmission of multidrug-resistant organisms. High-contact resident care activities include bathing/showering, providing hygiene, dressing, transferring, linen changes .</p> <p>Record review revealed that Resident ID #104 was admitted to the facility in July of 2024 with diagnoses including but not limited to, diabetes, hyperlipidemia, and Methicillin-resistant Staphylococcus aureus (MRSA, a type of infection resistant to several antibiotics).</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 09/12/2024
NAME OF PROVIDER OR SUPPLIER Oakland Grove Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 560 Cumberland Hill Road Woonsocket, RI 02895	

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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>Record review revealed the resident has a physician's order dated 8/14/2024, which states enhanced barrier precautions related to history of MRSA.</p> <p>During a surveyor observation on 9/11/2024 at approximately 9:05 AM, two nursing students, Students 1 and 2, were observed assisting Resident ID #104 change his/her hospital clothes and assist him/her to transfer to a wheelchair. The students then changed the residents' linens and brought the dirty linens outside of the room.</p> <p>During the above observation both students failed to wear a gown.</p> <p>Further surveyor observation of the signage posted on the resident's door revealed in part, Enhanced Barrier Precautions; Attention: Caregivers, staff and visitors .Wear gloves and a gown for the following High-Contact Resident Care Activities:</p> <p>Dressing</p> <p>Bathing/Showering</p> <p>Transferring</p> <p>Changing linens .</p> <p>During a surveyor interview on 9/11/2024 with Student 1 at 9:08 AM, and Student 2 at 9:14 AM, they both acknowledged that they failed to wear a gown.</p> <p>During a surveyor interview on 9/11/2024 at 12:27 PM with the Infection Preventionist in the presence of the DNS, she stated that she would expect for staff and visitors to follow infection control practices and wear all required PPE to enter rooms under isolation precautions.</p> <p>21613</p>