| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 415111 | A. Building<br>B. Wing | 05/16/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| St Clare Home | 309 Spring Street<br>Newport, RI 02840 |

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) |
|---|---|
| F 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide appropriate treatment and care according to orders, resident's preferences and goals.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47939<br><br>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 for 3 of 5 residents reviewed with constipation, Resident ID #s 2, 3 and 4.<br><br>Findings are as follows:<br><br>Review of a facility policy titled Bowel Protocol states in part, .maintain a healthy bowel regime for each resident .After 48 hours with no [Bowel Movement] BM the resident will be placed on the laxative list by the evening [3:00 PM to 11:00 PM] shift Licensed nurse to document GI [Gastrointestinal] assessment .[For example] (BS [bowel sounds], N/V [Nausea and vomiting], abdominal pain/distention) .The resident will be given MOM [Milk of Magnesia; a laxative] on the next evening shift .If no BM by the following morning, a suppository will be given upon waking .If no BM following the suppository, a fleet [enema] is to be given .If still no BM a complete assessment is done by the nurse and MD [medical doctor] to be called if indicated .<br><br>1. Record review revealed Resident ID #2 was admitted to the facility in February of 2025 with a diagnosis including, but not limited to, right side hemiplegia (paralysis) and hemiparesis (weakness) following a stroke.<br><br>Review of the Admission Minimum Data Set (MDS) assessment dated [DATE] revealed that the resident is incontinent of bowels and is dependent on staff for toileting.<br><br>Record review of the bowel records revealed the following:<br><br>- last documented BM was on 5/3/2025, indicating that s/he did not have a BM for 4 days.<br><br>- last documented BM was on 5/10/2025, indicating that s/he did not have a BM for 4 days.<br><br>Record review of the Laxative list dated 5/4/2025 indicates the resident refused MOM on two occasions despite not needing the MOM on 5/4/2025 as s/he had a documented BM on 5/3/2025.<br><br>Record review failed to reveal evidence that the resident received bowel interventions on 5/6 and 5/7/2025, that a GI assessment was completed or that the MD was notified that the resident had not had a bowel movement for 4 days, per the bowel protocol.<br><br>(continued on next page) |



| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|
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| F 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | 2. Record review revealed Resident ID #3 was admitted to the facility in April 2025 with diagnoses including, but not limited to, Alzheimer's disease and urinary incontinence.<br><br>Review of an Admission MDS assessment dated [DATE] revealed the resident is incontinent of bowels and requires assistance from staff for toileting.<br><br>Review of the bowel records revealed that the resident had no BM documented from 4/30/2025 until 5/5/2025, indicating that s/he did not have an BM for 5 days.<br><br>Record review failed to reveal evidence that the resident received bowel interventions per the facility's bowel protocol on 5/2/2025. On 5/2/2025 the resident should have received MOM. Additional review revealed the was offered MOM on 5/3/2025 but refused it. Further the resident received MOM and a suppository on 5/4/2025 with no result and no further interventions were completed by the facility.<br><br>Record review failed to reveal evidence of a completed GI assessment or that the MD was notified that the resident had refused MOM on 5/3/2025 and had no results from the MOM and suppository administered on 5/4/2025. Further the record failed to reveal evidence that the provider was notified that the resident had not had a bowel movement for 5 days.<br><br>3. Record review revealed Resident ID #4 was admitted to the facility in April 2025 with diagnoses including, but not limited to, mild cognitive impairment and malignant neoplasm of the urinary organ (a cancer of the urinary system).<br><br>Review of an Admission MDS assessment dated [DATE] revealed that the resident is continent of bowels and requires supervision or touching assistance from staff for toileting.<br><br>Review of the bowel records revealed the resident had one small BM documented from 5/1/2025 until 5/5/2025, indicating that s/he did not have an adequate BM for 4 days.<br><br>Record review revealed a physician's order dated 4/29/2025 for Polyethylene Glycol powder (a medication used for constipation), give 17 grams by mouth every 24 hours as needed for constipation.<br><br>Record review of the May 2025 Medication Administration Record failed to reveal evidence that the Polyethylene Glycol was administered to the resident as ordered.<br><br>Record review failed to reveal evidence that the resident received bowel interventions per the facility's bowel protocol on 5/3 and 5/4/2025. The resident should have received MOM on 5/3 and a suppository on 5/4/2025.<br><br>Record review failed to reveal evidence of a completed GI assessment or that the MD was notified that the resident had not had a BM for 4 days.<br><br>During a surveyor interview on 5/16/2025 at approximately 10:10 AM with Registered Nurse, Staff A, she indicated that a small bowel movement is not adequate, and that the bowel protocol should be implemented following three days without an adequate bowel movement.<br><br>(continued on next page) |

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| F 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | During a surveyor interview on 5/16/2025 at 2:50 PM with the Director of Nursing Services, she acknowledged that an adequate bowel movement had not been documented for Resident ID #'s 2, 3 and 4 on the above-mentioned dates. Additionally, it would be her expectation to notify the provider if there is a refusal or no result from interventions. Further, she could not provide evidence that the facility completed a GI assessment per the facility protocol for Resident ID #'s 2, 3, and 4. |