

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415111	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/03/2025
NAME OF PROVIDER OR SUPPLIER St Clare Home		STREET ADDRESS, CITY, STATE, ZIP CODE 309 Spring Street 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)
<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on surveyor observation, record review, resident and staff interview, it has been determined that the facility failed to have sufficient nursing staff to assure resident safety and attain the highest practicable, physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care relative to insufficient staffing for 2 of 3 residents reviewed, Resident ID #s 2 and 3.</p> <p>Findings are as follows:</p> <p>Review of a community reported complaint submitted to the Rhode Island Department of Health on 6/30/2025 alleged that on 6/27 - 6/28/2025 during the 10:30 PM to 6:30 AM shift, the facility had a significant staffing issue. The complaint alleged that the nurse was left to provide nursing care for residents on two units, which were on two different floors. The complaint further alleged that during that shift, there were only two Nursing Assistants (NA) assigned to three units. Additionally, the complaint alleged that the facility was understaffed and unsafe.</p> <p>Review of a policy titled, Staffing Nursing states in part, .The facility provide sufficient numbers of nursing staff .to provide nursing and related care and services for all residents .Licensed nurses and certified nursing assistants are available 24 hours a day, seven (7) days a week to provide competent resident care services including .assuring resident safety .attaining or maintaining the highest practicable physical, mental, and psychosocial well-being of each resident .assessing, evaluating, planning, and implementing resident care plans .[and] responding to resident needs .</p> <p>1. During a surveyor interview with Licensed Practical Nurse (LPN), Staff A, she indicated that on 6/27 - 6/28/2025 during the 10:30 PM to 6:30 AM shift, the facility did not have sufficient staff, there were only two NAs and two nurses responsible for the three units in the facility. She indicated that a resident fell at approximately 5:20 AM, Resident ID #2. Additionally, she revealed that she did not have time to complete all of the residents' morning medications due to the short staffing, in particular, Resident ID #3's medications that were due at 6:00 AM. Furthermore, Staff A indicated that the [NAME] Unit was left without any staff just after the fall, because the NA assigned to that unit had to go to the downstairs unit to relieve her, before she could go up to the [NAME] Unit to assess and assist Resident ID #2 off of the floor.</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: 415111	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/03/2025
NAME OF PROVIDER OR SUPPLIER St Clare Home		STREET ADDRESS, CITY, STATE, ZIP CODE 309 Spring Street 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)		
<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a surveyor interview on 7/2/2025 at approximately 9:30 AM with an Ombudsman, she indicated that four families of residents residing at the facility contacted the Ombudsman's office following the weekend of 6/27/2025 with complaints of insufficient staffing. She further indicated that one of the anonymous complainants alleged that the residents were left alone, without any staff for an unknown period of time, which caused the resident to be fearful.</p> <p>Review of the facility's actual working schedule for the 10:30 PM - 6:30 AM shift on 6/27 - 6/28/2025 revealed only two nurses and two NAs worked in the facility during that night shift.</p> <p>Record review revealed the facility has 3 units and approximately 50 residents. The Gooseberry Unit is the short-term unit with approximately 22 residents, the [NAME] Unit has approximately 15 residents, and the [NAME] Point Unit, which is on a lower level of the facility, has approximately 12 residents.</p> <p>2a. Record review revealed Resident ID #2 was admitted to the facility in October of 2024 with diagnoses including, but not limited to, Parkinson's disease and a history of falling.</p> <p>Review of a Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 11 out of 15, indicating moderately impaired cognition.</p> <p>Record review revealed the resident required the assistance of one staff member for transfers.</p> <p>Record review revealed the following progress notes:</p> <p>-6/28/2025 at 6:14 AM- Resident had an unwitnessed fall approx .0525 [5:25 AM] in [his/her] room. [Resident ID #2] stated [s/he] was getting out of the bathroom and [his/her] leg buckled and [s/he] fell .denied any pain while on the floor but while getting [him/her] off the floor and putting [his/her] legs into [his/her] bed [his/her] pain became a 4/10 .</p> <p>-6/28/2025 at 7:48 AM- .reached out to [Director of Nursing Services (DNS)- Name redacted] regarding the resident fall .I also did make [DNS] aware of these unsafe staffing ratios which has played a big part in patient safety.</p> <p>-7/1/2025 at 6:34 AM- .resident did not sleep well but quiet. [Complained of] pain to right leg and medicated with scheduled Tylenol .</p> <p>During a surveyor interview on 7/2/2025 at approximately 10:40 AM with Resident ID #2, s/he indicated that s/he had fallen over the weekend and that .it wasn't fun, and it hurt . The resident further indicated that s/he was lying on the floor of his/her room for approximately an hour until staff found him/her.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415111	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/03/2025
NAME OF PROVIDER OR SUPPLIER St Clare Home		STREET ADDRESS, CITY, STATE, ZIP CODE 309 Spring Street 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)		
<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a surveyor interview on 7/2/2025 at 11:45 AM with NA, Staff B, she indicated that she worked on the 6/27 - 6/28/2025 10:30 PM - 6:30 AM shift and was told that she had to switch from the [NAME] Unit to the downstairs [NAME] Point Unit because the facility was short staffed. She indicated that she was the only staff member on the [NAME] Unit for most of the shift and that many of the residents require two staff members for care, bed mobility, and transfers. She further indicated that she had to leave the unit unstaffed to go downstairs so the nurse could come upstairs to administer the residents medications. Additionally, she indicated that she asked an Assisted Living staff member to come to the unit to assist with turning one of the residents, and when she exited that resident's room to obtain more hygiene supplies, she noticed Resident ID #2 lying on the floor of his/her room. Furthermore, she indicated that she feels the facility's staffing is inadequate to properly care for the acuity of the residents.</p> <p>During a surveyor interview on 7/3/2025 at approximately 10:30 AM with NA, Staff C, she indicated that she was originally scheduled to work on the downstairs [NAME] Point Unit for the 10:30 PM - 6:30 AM shift on 6/27 - 6/28/2025, however, when she realized the facility was short an NA, she had to complete patient care on all of the residents residing on the [NAME] Point Unit and on the Gooseberry Unit, a total of approximately 37 residents. She indicated that being short staffed has happened in the past and it is difficult to do, however, she was able to complete two rounds of care on both units during that shift. Additionally, she revealed when the facility is short staffed, staff members from the Assisted Living Residence will come to help the units when needed.</p> <p>2b. Record review revealed Resident ID #3 was readmitted to the facility in October of 2024 with diagnoses including, but not limited to, hemiplegia and hemiparesis following a cerebral infarction (weakness and loss of function on one side of the body following a stroke), repeated falls, and hypertension (high blood pressure).</p> <p>Review of an MDS assessment dated [DATE] revealed a BIMS score of 14 out of 15, indicating intact cognition. Further review revealed the resident was dependent on the assistance of staff for activities of daily living and the assistance of two staff members for transfers.</p> <p>Record review revealed a care plan with a focus of hypertension and a goal for the resident's blood pressure to be within normal limits. Further review revealed an intervention to administer cardiac medications as ordered.</p> <p>Record review revealed the following orders:</p> <ul style="list-style-type: none"> - Acetaminophen 1000 milligrams (mg) every 8 hours - Hydralazine (a cardiac medication) 50 mg every 8 hours <p>Record review of the June 2025 Medication Administration Record revealed the 6:00 AM scheduled dose of the Acetaminophen and the Hydralazine was not administered on 6/28/2025.</p> <p>During a surveyor interview on 7/2/2025 at approximately 10:55 AM with Resident ID #3, s/he indicated that s/he feels that the facility does not have enough staff. The resident further indicated that s/he waits 30 minutes for staff to answer his/her call bell at times.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415111	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/03/2025
NAME OF PROVIDER OR SUPPLIER St Clare Home		STREET ADDRESS, CITY, STATE, ZIP CODE 309 Spring Street 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)		
<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a surveyor interview on 7/2/2025 at approximately 11:00 AM with Certified Medication Technician, Staff D, she indicated that she sometimes feels like the facility could use more staff but the staff members work well as a team. She further acknowledged that Resident ID #3's Acetaminophen and Hydralazine were not documented as administered for the 6:00 AM dose on 6/28/2025.</p> <p>During a surveyor interview on 7/2/2025 at 2:25 PM with the Administrator, she indicated that she was aware that Resident ID #2 had an unwitnessed fall on 6/28/2025. She further indicated that she was unaware that Resident ID #3 had not received his/her 6:00 AM scheduled Acetaminophen and Hydralazine on 6/28/2025.</p>		