

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  04/17/2024
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 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>46539</p> <p>Based on surveyor observation, record review, staff and resident interview, it has been determined that the facility failed to meet professional standards of quality relative to following physician's orders for 1 of 1 resident reviewed for glucose gel and the utilization a Freestyle Libre (a continuous glucose monitoring system that's designed to replace fingersticks and lessen the need for test strips in people with diabetes) for 1 of 1 resident reviewed for implementing orders related to the use of an insulin pump, Resident ID #146.</p> <p>Findings are as follows:</p> <p>1. Review of the Omnipod Insulin Management System User Guide states in part, .Your Pod should be changed at least once every 48 to 72 hours (2 to 3 days) or after delivering 200 units of insulin .When using the extended bolus function, check your blood glucose levels more frequently to avoid hypoglycemia [low blood sugar] or hyperglycemia .Check with your healthcare provider before adjusting your Bolus Calculator settings .Warnings: Rapid-acting U-100 insulin: The Omnipod DASH(R) System is designed to use rapid-acting U-100 insulin. The following U-100 rapid-acting insulin analogs have been tested and found to be safe for use in the Pod: NovoLog(R) (insulin aspart), Fiasp(R) (insulin aspart), Humalog(R) (insulin lispro), Admelog(R) (insulin lispro), Lyumjev(R) (insulin lispro-aabc), and Apidra(R) (insulin glulisine). NovoLog, Fiasp, Humalog, Lyumjev, and Admelog are compatible with the Omnipod DASH(R) System for use up to 72 hours (3 days). Apidra is compatible with the Omnipod DASH(R) System for use up to 48 hours (2 days) .</p> <p>Review of the facility provided document titled Diabetes Skills Checklist Insulin Administration: Insulin Pump states in part, .1. Follows medical orders for blood glucose testing, insulin dosing if/when needed 2. Document any special circumstances 3. Monitor functionality of pump every shift .</p> <p>Record review revealed that Resident ID #146 was admitted to the facility in April of 2024 with diagnoses including, but not limited to, long term current use of insulin and influenza.</p> <p>Record review revealed a physician's order dated 4/12/2024 for Omnipod DASH Pods (Insulin Infusion Disposable Pump) for diabetes and to change the pod every 2 days.</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 - Few</p>	<p>During a surveyor interview with the resident on 4/15/2024 at 12:35 PM s/he revealed that s/he has an insulin pump. S/he revealed that s/he manages his/her own insulin pump including replacing the pump, refilling the insulin pump with Novolog and changing his/her bolus dose of insulin with his/her meals based on what s/he eats. S/he revealed that his/her pump is set to deliver a basal rate of 2 units of insulin per hour. S/he revealed that the pump does have alarms in place to alert him/her of any issues.</p> <p>Additional record review failed to identify the type of insulin in the resident's pump, the basal rate of insulin administration, and the amount of insulin delivered via a bolus if needed. This indicates that there is no documentation in the resident's record in regards to the amount of insulin the resident receives.</p> <p>Further review failed to reveal evidence of a physician's order to monitor the functionality of the pump every shift per the facility policy.</p> <p>During a surveyor interview with the Director of Nursing Services (DNS) on 4/16/2024 at 1:44 PM, she was unable to provide evidence that the facility maintained documentation of the type of insulin in the resident's pump, the basal rate of insulin administration, and the amount of insulin delivered via a bolus if needed. She was unable to explain how the facility would communicate the above information to another provider (hospital, primary care doctor, endocrinologist) as it is not documented in the record.</p> <p>2. Review of the Freestyle Libre Resources revealed to change the sensor every 14 days.</p> <p>During a surveyor interview with the resident on 4/16/2024 at 9:10 AM, s/he revealed that s/he has a Freestyle Libre. Additionally, s/he revealed that the Freestyle Libre needs to be changed every 14 days.</p> <p>Review of the record failed to reveal evidence of documentation indicating when to change the resident's Freestyle Libre sensor or the last time it had been changed.</p> <p>During a surveyor interview with the DNS on 4/16/2024 at 1:44 PM, she was unable to provide evidence of documentation indicating when to change the Freestyle Libre or when the last time was it had been changed.</p> <p>3. Record review of the physician's orders revealed an order dated 4/12/2024 for Glucose Oral Gel 40 % (Dextrose used for low blood sugar) Give 1 packet by mouth as needed for hypoglycemic event.</p> <p>Further record review of the resident's physicians order for glucose oral gel failed to reveal parameters for the resident's blood sugar related to when to administer the glucose gel.</p> <p>During a surveyor interview with the DNS on 4/16/2024 at 1:44 PM, she acknowledged that there were no parameters provided in the physician's order to indicate when the glucose oral gel should be administered to the resident.</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>47279</p> <p>Based on record review and staff interview, it has been determined that the facility failed to provide appropriate treatment and services for 1 of 1 resident reviewed with a suprapubic catheter (SP tube, a flexible tube inserted into your bladder via a surgical opening in the abdomen), Resident ID #1.</p> <p>Findings are as follows:</p> <p>Record review revealed the resident was admitted to the facility in May of 2019 with diagnoses including, but not limited to, multiple sclerosis (a chronic, disabling neurological disease that can affect any part of the body including the bladder) and neuromuscular dysfunction of the bladder.</p> <p>Review of a care plan focus area dated 4/11/2022 revealed that the resident has an SP tube and is at risk for complications with an intervention to follow up with urology as indicated.</p> <p>Record review revealed the following physician orders relative to the SP tube:</p> <ul style="list-style-type: none"> <li>- 2/27/2024 Renacidin irrigation solution (prevents clogging in catheters) instill 30 milliliters (mL) daily every Tuesday, Thursday, and Saturday for maintenance.</li> <li>- 2/28/2024 Irrigate SP tube with 30 mL of normal saline (NS) every evening shift on Monday, Wednesday, Friday, and Sunday for occlusion prevention.</li> </ul> <p>Review of a progress note dated 4/11/2024 at 1:16 PM revealed that the resident went to a urology appointment.</p> <p>Review of a document titled, Continuity of Care [COC] Consultation and Referral Form dated 4/11/2024 signed by the Urologist, revealed in part that the resident has recurrent leakage around the SP tube. It further revealed that the SP tube was exchanged and the preexisting SP tube was noted to have an encrusted tip. Additionally, the new SP tube was irrigated for mucus-like debris, and it was recommended to continue irrigating the SP tube every evening, but to use 60 mL of NS and irrigate and aspirate (flush and draw back with a syringe) on Monday, Wednesday, and Friday.</p> <p>Record review failed to reveal evidence that the above-mentioned recommendations were addressed by the facility or provider.</p> <p>During a surveyor interview on 4/16/2024 at 10:47 AM, with Licensed Practical Nurse, Staff A, she revealed that the resident has recurrent blockages and drainage problems with his/her SP tube. She revealed that the resident recently had a urology follow up and staff are continuing to flush his/her SP tube every Monday, Wednesday, and Friday with 30 mL of NS. Additionally, she revealed that staff only flush the SP tube and do not aspirate. Furthermore, she acknowledged that the resident's current orders to irrigate the SP tube do not reflect the recommendations from the recent urology appointment and indicated that the facility had yet to address the recommendations with the provider.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a surveyor interview on 4/16/2024 at 2:07 PM with the Director of Nursing Services, she revealed that she would have expected the staff to have addressed the Urologist's recommendations with the provider on the day s/he returned from his/her appointment. She was unable to explain why the recommendations were not addressed by the facility prior to being brought to the facility's attention by the surveyor.</p> <p>Further record review revealed a progress note dated 4/16/2024 at 11:17 AM states in part, .Follow up from 4/11 .Suggested to increase NS flush from 30 mL nightly to 60 mL nightly and to aspirate after .NP [Nurse Practitioner] approved order and order changed .</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>46241</p> <p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>Based on record review and staff interview, it has been determined that the facility failed to ensure the resident's medical record includes documentation that the resident either received the influenza or pneumococcal vaccination or did not receive the vaccination due to medical contraindications or refusal, for 4 of 6 residents reviewed for pneumococcal vaccination, Residents ID #s 1, 6, 23, and 26 and for 3 of 6 residents reviewed for the influenza vaccination, Resident ID #s 23, 26, and 29.</p> <p>Findings are follows:</p> <p>1a. Record review for Resident ID #1 revealed the resident was admitted to the facility in May of 2019. Record review of the resident's immunization record failed to reveal evidence that the PPSV23 or PCV20 was offered, received, or declined.</p> <p>1b. Record review for Resident ID #6 revealed the resident was admitted to the facility in July of 2023. Record review of the resident's immunization record failed to reveal evidence that the PPSV23 or PCV20 was offered, received, or declined.</p> <p>1c. Record review for Resident ID #23 revealed the resident was admitted to the facility in January of 2024. Record review of the resident's immunization record failed to reveal evidence that the PVC13, PCV15, or PCV20 was offered, received, or declined.</p> <p>1d. Record review for Resident ID #26 revealed the resident was admitted to the facility in October of 2022. Record review of the resident's immunization record failed to reveal evidence that the PVC13, PCV15, PPSV23 or PCV20 was offered, received, or declined.</p> <p>2a. Record review for Resident ID #23 revealed the resident was admitted to the facility in January of 2024. Record review of the resident's immunization record failed to reveal evidence that the influenza vaccine was offered, received, or declined.</p> <p>2b. Record review for Resident ID #26 revealed the resident was admitted to the facility in October of 2022. Record review of the resident's immunization record failed to reveal evidence that the influenza vaccine was offered, received, or declined.</p> <p>2c. Record review for Resident ID #29 revealed the resident was admitted to the facility in May of 2022. Record review of the resident's immunization record failed to reveal evidence that the influenza vaccine was offered, received, or declined.</p> <p>During an interview on 4/17/2024 at 10:57 AM , with the Infection Preventionist, she acknowledged there were no consent or declination forms for the above-mentioned residents, relative to the pneumococcal vaccine or influenza vaccine. Additionally, she was unable to provide evidence that the above-mentioned resident's medical records included documentation that indicates, at a minimum, if the residents either received the pneumococcal immunization or influenza vaccine or did not receive the pneumococcal immunization or influenza vaccine due to medical contraindication or refusal, until brought to the attention of the facility by the surveyor.</p> <p>(continued on next page)</p>

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