

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  415123	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/11/2024
NAME OF PROVIDER OR SUPPLIER  Stillwater Assisted Living and Skilled Nursing Com		STREET ADDRESS, CITY, STATE, ZIP CODE 20 Austin Avenue Greenville, RI 02828	

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 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 1 of 3 residents reviewed for the use of insulin, Resident ID #65.</p> <p>Findings are as follows:</p> <p>Record review revealed that Resident ID #65 was admitted to the facility in January of 2024 with diagnoses including, but not limited to, type 2 diabetes mellitus and urinary tract infection.</p> <p>Review of the care plan dated 2/5/2024 revealed that s/he is at increased risk for hypo/hyperglycemia (low or high blood sugar) with an intervention which includes, but is not limited to, administer medication as ordered.</p> <p>Record review revealed a physician's order dated 2/3/2024 for insulin glargine-yfqn (a long-acting type of insulin that works slowly), insulin pen to administer 5 units subcutaneously daily.</p> <p>Review of the Medication Administration Report from 3/20/2024 through 4/10/2024 revealed the follow days the insulin was not administered and was held:</p> <ul style="list-style-type: none"> <li>- 3/21/2024</li> <li>- 4/6/2024</li> <li>- 4/7/2024</li> <li>- 4/8/2024</li> </ul> <p>Record review failed to reveal evidence of an order to hold the resident's insulin.</p> <p>Record review failed to reveal evidence that the provider was notified that the resident's insulin was held.</p> <p>During a surveyor interview on 4/11/2024 at 8:45 AM with the Nurse Practitioner, he revealed that he would expect the facility to notify him when a resident's insulin is not administered.</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 on 4/11/2024 at 9:57 AM with the Assistant Director of Nursing Services, she was unable to provide evidence that the resident's insulin was administered per the physician's order or that the provider was notified that the insulin was held on the above dates.</p>

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>46539</p> <p>Based on record review and staff interview, it has been determined that the facility failed to ensure that a resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing for 1 of 2 residents observed for wound care, Resident ID #32.</p> <p>Findings are as follows:</p> <p>Record review revealed that the resident was readmitted to the facility in February of 2024 with diagnoses including, but not limited to, pressure-induced deep tissue damage (pressure ulcer) and Methicillin Resistant Staphylococcus Aureus infection (multidrug resistant organism).</p> <p>Record review revealed a physician's order dated 3/26/2024 to cleanse the resident's left posterior calf unstageable (full thickness tissue loss in which actual depth of the ulcer is completely obscured by yellow, tan, gray, green, brown, or black tissue in the wound bed) pressure ulcer with Dakin's (wound cleanser) solution apply skin prep to the area surrounding the wound followed by medi-honey (wound treatment) and alginate (wound treatment) and wrap with kerlix (gauze wrap). The order further revealed to change the dressing every day and as needed.</p> <p>Review of the March and April 2024 Medication Administration Records revealed that the order was to be completed on Monday, Wednesday and Friday, and not daily which resulted in 9 missed dressing changes.</p> <p>During a surveyor interview on 4/10/2024 at 11:27 AM with the Infection Preventionist and the Regional Infection Preventionist, they acknowledged the wound order was transcribed incorrectly for the unstageable wound to the resident's left calf and that it should have been transcribed to be changed daily.</p>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48928</p> <p>Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to ensure a resident receives appropriate assistive devices to prevent accidents for 1 of 5 residents reviewed for falls, Resident ID #44.</p> <p>Findings are as follows:</p> <p>Record review revealed the resident was admitted to the facility in February of 2024 with diagnoses including, but not limited to, traumatic subdural hemorrhage (a type of bleeding near your brain that can happen after a head injury) with loss of consciousness and down syndrome.</p> <p>Record review of the progress notes revealed the following:</p> <ul style="list-style-type: none"> <li>- 2/4/2024: The resident was ambulating without assistance in hall outside of day room. S/he leaned over to give a staff member a hug, sustained a loss of balance, resulting in a fall.</li> <li>- 2/24/2024: While in the bathroom with a staff member the resident sustained a fall with a head strike and was sent to the emergency room for evaluation resulting in the resident being readmitted to the hospital. S/he returned to the facility on [DATE].</li> <li>- 3/17/2024: The resident ambulated with supervision, from unit dining room to bathroom in shower room, the resident washed his/her hands and started walking out of bathroom, s/he leaned backwards and fell on to his/her buttocks, the staff member witnessed fall.</li> <li>- 3/23/2024: S/he sustained a witnessed fall in his/her room.</li> </ul> <p>Record review of a document titled, Discharge Summary dated 2/26/2024, revealed the resident had an acute subdural hematoma that had increased in size since his/her prior subdural hematoma diagnosis.</p> <p>Review of an order for safe patient handling dated 2/2/2024, revealed the resident requires one assist for transfers and ambulation with the use of a gait belt.</p> <p>Surveyor observations on the following dates and times failed to reveal evidence that a gait belt was being used during ambulation and transfers with staff to aid in fall prevention:</p> <ul style="list-style-type: none"> <li>- 4/9/2024 at 1:44 PM</li> <li>- 4/9/2024 at 3:11 PM</li> <li>- 4/9/2024 at 3:38 PM</li> </ul> <p>(continued on next page)</p>

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<p>F 0689</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 Director of Rehabilitation on 4/9/2024 at 3:40 PM, she revealed that the resident's safe patient handling is determined by the Rehabilitation Department and communicated with the staff in writing in the following three areas: The facility electronic medical records in Matrix, in a 3-ring binder at the nurses' stations, and on a form that is filled out and hung inside the resident's closet doors.</p> <p>During a surveyor interview on 4/9/2024 at 3:50 PM with Physical Therapist, Staff A, she revealed it is her expectation that the staff would use a gait belt for all transfer and ambulation when assisting the resident. Additionally, she was unable to explain why the staff was not utilizing a gait belt on the above observations with Resident ID #44.</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>46539</p> <p>Based on surveyor observation, 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 (a flexible rubber or plastic tube inserted into your bladder via a surgical opening in the abdomen), Resident ID #1.</p> <p>Findings are as follows:</p> <p>Review of a facility policy titled, Foley Catheters dated 1/16/2024 states in part, .Keep the bag below the resident's waist/bladder .</p> <p>Record review revealed that Resident ID #1 was admitted to the facility in February of 2024 with diagnoses including, but not limited to, obstructive and reflux uropathy (a blockage of urinary flow), and chronic kidney disease stage 3 (mild to moderate damage to the kidneys which may lead to fluid build up).</p> <p>Further record review revealed that the resident has a suprapubic catheter (SP) tube in place.</p> <p>During multiple surveyor observations on 4/10/2024 the resident was observed with his/her drainage bag hung on the back of his/her wheelchair near his/her shoulders above the level of his/her bladder in the common area:</p> <ul style="list-style-type: none"> <li>- 9:03 AM</li> <li>- 9:25 AM</li> <li>- 9:41 AM</li> <li>- 10:04 AM</li> <li>- 12:16 PM</li> </ul> <p>During a surveyor interview on 4/10/2024 at 12:18 PM, with Registered Nurse Staff B, she acknowledged that the resident's drainage bag was hung on the back of his/her wheelchair near his/her shoulders above the level of his/her bladder and that it should be moved below the resident's waist/bladder.</p> <p>During a surveyor interview on 4/10/2024 at 1:39 PM with the Infection Preventionist and Regional Infection Preventionist, they revealed that they would expect the resident's drainage bag to be below the resident's waist/bladder.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>48928</p> <p>Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to ensure that food is stored and distributed in accordance with professional standards for food service safety, relative to the main kitchen and 2 of 2 kitchenettes observed.</p> <p>Findings are as follows:</p> <p>1. Record review of Rhode Island Food Code, 2018 Edition, Section 3-501.17 states in part, .READY -TO-EAT-TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and held in a FOOD ESTABLISHMENT for more than 24 hours shall be clearly marked to indicate the date or day by which the FOOD shall be consumed on the premises, sold, or discarded when held at a temperature of 5 degrees Celsius or 41 degrees Fahrenheit or less for a maximum of 7 days. The day of preparation shall be counted as Day 1 .</p> <p>During the initial tour of the kitchen in the presence of the Food Service Director (FSD), on 4/8/2024 at 8:15 AM, the following was observed in the main kitchen:</p> <ul style="list-style-type: none"> <li>- A 1.5-quart pan containing approximately 12 muffins, individually wrapped in plastic wrap, unlabeled and undated in the walk-in freezer</li> <li>- A box with a manufacturer's label of Shells with a use by label of 4/1/2024 in the walk-in freezer</li> <li>- A white pitcher labeled ice coffee with a use by date of 4/7/2024 in the reach in refrigerator</li> </ul> <p>During a surveyor interview, immediately following the above observations, the FSD acknowledged the above-mentioned items and indicated they should be discarded.</p> <p>2. Record review of facility policy titled Food &amp; Nutrition Services revealed in part .Food brought from other sources, such as restaurant leftovers or family home cooking, must be labeled with the residents name, date and will be destroyed upon reaching the 72-hour mark .</p> <p>During a surveyor observation of the 2nd floor kitchenette on 4/8/2024 in the presence of the FSD at approximately 9:07 AM, the following was observed:</p> <ul style="list-style-type: none"> <li>- A white pitcher labeled juice with use by date of 4/7/2024</li> <li>- An undated loaf of bread</li> <li>- A container of yogurt with a manufacturer use by date of 3/31/2024</li> <li>- A large paper plate containing food wrapped in aluminum foil dated 4/1/2024</li> <li>- A 1.5-quart container of food with a red lid dated 4/3/2024</li> </ul> <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>- A black to-go style container of food undated</p> <p>- A plastic container of food with a purple lid dated 4/4/2024</p> <p>During a surveyor observation of the 3rd floor kitchenette on 4/8/2024 in the presence of the FSD at approximately 9:25 AM, the following was observed:</p> <p>- 3 undated and unlabeled blue bowls with lids containing dry cereal</p> <p>During a surveyor interview, immediately following the above observations, the FSD acknowledged the above-mentioned items and indicated they should be discarded.</p> <p>3. Record review of the Rhode Island Food Code, 2018 Edition, section 4-601.11 states in part, .(B) The FOOD-CONTACT SURFACES of cooking EQUIPMENT .shall be kept free of encrusted grease deposits and other soil accumulations. (C) NON-FOOD CONTACT SURFACES of EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other debris .</p> <p>During a surveyor observation of the 2nd floor kitchenette on 4/8/2024 in the presence of the FSD at approximately 9:20 AM, the following was observed:</p> <p>- A microwave that was noted to have splattered dried food particles, black and red in color on the inside of the door window along with spots of dried food debris on the glass rotating dish and walls.</p> <p>During a surveyor interview, immediately following the above observations, the FSD acknowledged the above-mentioned microwave needed to be cleaned.</p> <p>4. The Rhode Island Food Code 2018 Edition 5-202.13 reads in part, .an airgap between the water supply inlet and the flood level rim of the plumbing fixture equipment .shall be at least twice the diameter of the water supply inlet and may not be less than 25 mm (1 inch) .</p> <p>During the initial tour of the main kitchen in the presence of the FSD, on 4/8/2024 at 8:30 AM, revealed the ice machine did not have an air gap twice the diameter of the water supply inlet and 1 inch. Additionally, the drain below the pipe was noted to be overflowing and spilling onto the floor.</p> <p>During a surveyor interview with the FSD on 4/8/2024 immediately following the observation of the ice machine, he acknowledged the ice machine did not have an air gap of at least twice the diameter of the water supply inlet and 1 inch.</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement a program that monitors antibiotic use.</p> <p>46539</p> <p>Based on record review and staff interview, it has been determined that the facility failed to establish an Infection Prevention and Control Program (IPCP) that must include, at a minimum, an antibiotic stewardship program which includes antibiotic use protocols and a system to monitor antibiotic use to ensure that residents who require an antibiotic, are prescribed the appropriate antibiotic for 2 of 3 residents reviewed for antibiotic use, Resident ID #s 124 and 129.</p> <p>Findings are as follows:</p> <p>Review of a facility provided policy titled Antibiotic Stewardship Program states in part, .The antibiotic stewardship program is directed toward the correct use of antibiotic- the five D's -right diagnosis, the right medication, the right dose, the right duration, and the right deceleration .</p> <p>1. Record review revealed that Resident ID #124 was admitted to the facility in April of 2024 with diagnoses including, but not limited to, urinary tract infection and vascular dementia.</p> <p>Record review revealed a physician's order for Macrobid (an antibiotic) 100 milligram (mg) capsule every 12 hours from 4/2/2024 through 4/10/2024.</p> <p>Record review failed to reveal evidence of a urine culture and sensitivity from the hospital or facility to determine if the antibiotic is still indicated, adjustments should be made, or if the resident was on the correct antibiotic related to the infectious organism.</p> <p>2. Record review revealed that Resident ID #129 was admitted to the facility in April of 2024 with diagnoses including, but not limited to, urinary tract infection and cough.</p> <p>Record review revealed a physician's order for cefuroxime axetil (an antibiotic) 500 mg tablet every 8 hours from 4/9/2024 through 4/15/2024.</p> <p>Review of the hospital discharge summary dated 4/9/2024, revealed that Resident ID #129 was discharged from the hospital to the facility on cefuroxime axetil for the treatment of a urinary tract infection and pneumonia. Additional review of the hospital documents failed to reveal evidence of a urine culture and sensitivity result.</p> <p>Record review failed to reveal evidence of a urine culture and sensitivity to determine if the antibiotic is still indicated, adjustments should be made, or if the resident was on the correct antibiotic related to the infectious organism.</p> <p>During a surveyor interview on 4/11/2024 at 8:51 AM with the Nurse Practitioner, he revealed that if the resident is on an antibiotic and there are no sensitivities, the staff should either call the hospital to obtain the results or repeat the cultures in house to determine if the resident is on the correct antibiotic or if the antibiotic should be adjusted.</p> <p>(continued on next page)</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a surveyor interview on 4/11/2024 at 9:28 AM with the Infection Preventionist, she was unable to provide evidence that the facility had a process related to the review of, or obtaining of laboratory or diagnostic testing to determine if the antibiotic is still indicated or adjustments should be made when the resident is new to the facility or when the resident returns or is admitted from the hospital.</p>		