STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415123	A. Building B. Wing	03/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stillwater Assisted Living and Skilled Nursing Com	20 Austin Avenue Greenville, RI 02828

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. 45855 Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to respect the residents' right to personal privacy for 1 of 1 resident observed relative to his/her weight, Resident ID #10, and for 1 of 1 resident observed during a wound dressing change, Resident ID #52. Findings are as follows: 1. Record review of a policy titled POLICY/PROCEDURE PRIVACY states in part, .The resident has a right to secure and confidential personal and medical records . Surveyor observations of Resident ID #10 revealed his/her name and weight was posted at the entrance of his/her room, which was visible from the hallway on the following dates and times: - 3/17/2025 at approximately 9:30 AM and 2:00 PM - 3/18/2025 at 9:15 AM During a surveyor interview on 3/18/2025 at 10:11 AM with the Assistant Director of Nursing Services, she acknowledged that Resident ID #10's weight was posted at his/her doorway and visible to anyone who walked by. 2. Additional record review of the policy titled POLICY/PROCEDURE PRIVACY states in part, .Personal privacy includes accommodations, medical treatment . Record review revealed Resident ID #52 was admitted to the facility in October of 2023 with a diagnosis including, but not limited to, pressure ulcer of the left heel, stage 3 (a wound caused by pressure with full-thickness skin loss with damage to subcutaneous tissue without visible bone, tendon, or muscle). During a surveyor observation on 3/18/2025 at 2:37 PM of a wound dressing change to the resident's left heel pressure ulcer, Registered Nurse, Staff A, failed to close the privacy curtain between Resident ID #52 and his/her roommate, prior to starting the wound treatment. (continued on next page)

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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F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a surveyor interview with Staff A following the above observation, she was unable to provide evidence that the resident's privacy was protected, as the privacy curtain remained open during the wound dressing change. During a surveyor interview on 3/18/2025 at 4:17 PM with the Director of Nursing Services, she revealed that she would expect staff to provide privacy for the residents.

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. 37158 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 physician's orders relative obtaining laboratory test panels for 1 of 3 residents receiving Atorvastatin (a medication prescribed to treat high cholesterol, without proper monitoring Atorvastatin can lead to liver and kidney damage), Resident ID #52. Findings are as follows: Record review revealed the MRR dated 12/18/2024 had recommendations made by the pharmacist to consider an annual lipid panel (a blood test that measures the levels of various fats in the bloodstream) and a hepatic function panel (a blood test that assess liver health and function) to monitor for therapeutic effects and side effects of Atorvastatin. Additional review of the report indicated the provider signed in agreement on 1/3/2025. Record review revealed a physician's order dated 1/13/2025, to obtain a laboratory test for the lipid panel and hepatic function panel. Record review failed to reveal evidence that the above-mentioned laboratory tests were obtained. During a surveyor interview on 3/19/2025 at 10:58 AM with the Director of Nursing Services, she was unable to provide evidence that a lipid panel and a hepatic function panel were obtained, as ordered.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37158 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 1 of 3 residents reviewed with a wound, Resident ID #66. Findings are as follows: Record review revealed the resident was readmitted to the facility on [DATE] with diagnoses including, but not limited to, a history of a right ankle fracture involving both the middle and the outer ankle bones, which required a surgical procedure involving the removal of the right ankle hardware (surgical screws, plates or rods that hold bones together) and debridement (the process of removing dead, damaged or infected tissue) of wounds. Review of the hospital Continuity of Care document dated 3/5/2025 indicates the resident was readmitted to the facility with right lower extremity wounds. Record review of the facility's Admission Skin assessment dated [DATE], which was completed by Registered Nurse, Staff B, identified that the resident had surgical wounds and that the wound was to be described in detail on the assessment. Additional review of the skin assessment failed to reveal evidence that the resident's surgical wounds were assessed or that a description of the wounds were provided on the assessment. Review of the admission nursing progress note dated 3/5/2025, authored by Staff B, indicated that the resident was readmitted with a dressing to his/her right lower extremity, which was noted to be clean, dry and intact. Further review of the progress note failed to reveal evidence that the right lower extremity wounds were assessed or that a wound treatment was implemented. Record review of the physician's orders failed to reveal evidence of a treatment order for the resident's right lower extremity wounds from his/her admission until 3/7/2025. Further review of the progress notes revealed a note dated 3/7/2025, authored by the Director of Nursing Services (DNS), indicating the resident had multiple wounds to his/her right lateral (outer) ankle, right top of foot, right medial (inner) ankle and a pressure wound (a wound caused by prolonged pressure to an area on the body, usually over a bony prominence) to his/her right heel. Further review of the physician's orders revealed a treatment order dated 3/7/2025 to cleanse the wound daily with wound cleanser and apply Medi-Honey (a wound treatment with antibacterial properties) to the right lateral ankle, right top of foot, right medial ankle, and the right heel pressure wounds, followed by a border gauze dressing. During a surveyor interview on 3/19/2025 at 12:05 PM with Staff B, she revealed that she received in report that the resident had wounds, but was not made aware of any treatments for the wounds. Additionally she acknowledged that the resident had a dressing to his/her right foot which was dated 3/5 and that she did not remove the dressing to assess it, or inquire about any treatment orders. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	During a surveyor interview on 3/19/2025 at 8:57 AM and 11:44 AM with the DNS, she acknowledged that Staff B failed to assess the resident's right lower extremity wounds upon re-admission to the facility. Additionally, she indicated she would have expected the nurse to have assessed the wounds upon re-admission and obtain treatment orders.

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F 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide for the safe, appropriate administration of IV fluids for a resident when needed. 37158 43987 Based on record review and staff interview, it has been determined that the facility failed to meet professional standards of practice in accordance with physician orders and the comprehensive person-centered care plan, for 1 of 1 resident reviewed receiving antibiotics via a peripherally inserted central catheter (PICC; a long flexible tube that is inserted into a vein in the arm and threaded through a larger vein leading to the heart, used to administer intravenous (IV) fluids and medications), Resident ID #125. Findings are as follows: Review of a facility pharmacy policy titled, IV Site Care and Maintenance Flush Chart, indicates that a 10 milliliter (ml) IV flush with a normal saline solution (a sterile fluid containing salt and water) is required before and after using the PICC line. Additionally, the policy indicates minimum intervals for flushing each lumen (an internal tube within the catheter that allows for the administration of fluids and medications) with 10 ml of saline, every 8 hours and as needed. Record review revealed the resident was admitted to the facility in March of 2025 with a diagnosis including, but not limited to, sepsis due to methicillin resistant staphylococcus aureus (MRSA, a bacterial infection caused by a type of staph bacteria that has become resistant to commonly prescribed antibiotics). Record review revealed the resident had a PICC line placed on 3/6/2025. Record review revealed the resident was receiving Vancomycin (an antibiotic prescribed to treat various infections) solution 1.5 grams intravenously, every 12 hours. Further record review failed to reveal evidence of a physician's order for a 10 ml saline flush, before and after administering the Vancomycin. During a surveyor interview on 3/19/2025 at 1:45 PM with Registered Nurse, Staff C, she acknowledged that the resident did not have an order for a 10 ml saline flush for his/her PICC line before and after administering the Vancomycin antibiotic. During a surveyor interview on 3/19/2025 at 1:36 PM with the pharmacist, from the facility's contracted pharmacy, he revealed that a 10 ml saline flush is indicated before and after administering a medication via the PICC line. Additionally, he indicated that an additional 10 ml saline flush should be administered on the shift that the resident is not receiving the antibiotic.

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. 43987 Based on record review and staff interview, it has been determined that the facility failed to ensure that nursing staff have the appropriate competencies and skill sets to provide nursing and related services to assure resident safety, relative to a peripherally inserted central catheter (PICC; a long flexible tube that is inserted into a vein in the arm and threaded through a larger vein leading to the heart, used to administer intravenous (IV) fluids and medications) for 1 of 1 resident reviewed with a PICC, Resident ID #125. Findings are as follows: According to the Lippincott Nursing Procedures Ninth Edition (2023), states in part, .Peripherally Inserted Central Catheter Use .Use a sterile measuring tape or the incremental markings on the catheter to measure the external length of the catheter from hub to skin entry to make sure that the catheter hasn't migrated . Troubleshooting a PICC .if external PICC migration [unintended movement from it's intended position] is greater than 3/4 inches (2 [centimeter] cm), notify the practitioner. Obtain an order for an X-ray or other diagnostic test to confirm tip placement [ensuring that the catheter's tip internally is still located in the optimal place for PICC line use] . Record review revealed the resident was admitted to the facility in March of 2025 with a diagnosis including, but not limited to, sepsis due to methicillin resistant staphylococcus aureus (MRSA, a bacterial infection caused by a type of staph bacteria that has become resistant to commonly prescribed antibiotics). Record review of a document titled, PICC Insertion Record indicated that the resident's PICC line was placed on 3/6/2025 at 4:45 PM. Additionally, the external catheter length measurement (the length of the visible portion of the PICC line outside the body) had a measurement of 0 cm. Record review of a progress note dated 3/13/2025, authored by Registered Nurse (RN), Staff D, revealed that during the dressing change, he obtained an external catheter measurement of 8 cm. During a surveyor interview on 3/19/2025 at 1:25 PM with Staff D, he revealed by demonstration, that he measured the external catheter length from the insertion site on the resident's arm to the beginning of the hub located at the end of the PICC lumen (the internal opening or channel within the catheter tubing that allows for fluids or medications to flow). When asked further about the difference in the external catheter length measurement documented from the day the PICC line was placed, and his documented external catheter measurement obtained on 3/6/2025, he could not explain why the measurement had a difference of 8 cm in length. During a subsequent interview with Staff D, approximately 15 minutes later, he revealed that he had just obtained an additional measurement of the external catheter length and indicated that the measurement is less than 0.5 cm. Staff D acknowledged that he initially measured the external catheter length incorrectly on 3/13/2025 and that he did not review the previous external catheter length measurement prior to obtaining the 3/13/2025 measurement. (continued on next page)

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a surveyor interview on 3/19/2025 at 1:45 PM with RN, Staff C, when asked how she measures the external catheter length of a PICC line, she was unable to accurately explain how to obtain the measurement of the external catheter length. During a surveyor interview on 3/19/2025 at 2:11 PM with RN, Staff A, when asked how she measures the external catheter length of a PICC line, she was unable to accurately explain how to measure the external catheter length. During a surveyor interview on 3/19/2025 at approximately 3:00 PM with the Nursing Staff Educator, Staff E, she revealed that the external portion of a PICC line has small lines indicating a measurement and that she would expect staff to utilize those lines to measure the external catheter length. 37158

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 42399 Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to prepare, serve and distribute food in accordance with professional standards for food service safety relative to the main kitchen. Additionally, the facility failed to ensure a certified food protection manager was available during the preparation of all meals. Findings are as follows: 1. Review of the Rhode Island Food Code, 2018 Edition, section 3.501.16 states in part, .Time/Temperature Control for Safety Food, Hot and Cold Holding .shall be maintained at .5 degrees ( ) C [Celsius] (41 Fahrenheit [F]) or less . During surveyor observations of the lunch meal tray service on 3/17/2025 at 11:49 AM in the presence of the Food Service Director (FSD) the following was revealed: - [NAME] bean salad on a tray set in ice, with a cold holding temperature of 53 F. - Turkey salad sandwiches on a tray set in ice, with a cold holding temperature of 49.3 F. Following the above observation, the surveyor asked the FSD if there were any other sandwiches. The following food items and temperatures were then observed in the walk-in refrigerator: - 24 prepared turkey salad sandwiches, with a temperature of 48.9 F. - A four quart container, approximately half filled with turkey salad dated 3/13, with a temperature of 43 F. - A four quart container with egg salad, dated 3/13, with a temperature of 44.2 F. During a surveyor interview on 3/17/2025 at 12:05 PM with the FSD and Cook, Staff F, who had prepared the lunch meal, they acknowledged the above mentioned items were not at the appropriate cold holding temperatures and immediately discarded. During a follow-up visit to the main kitchen on 3/18/2025 at 11:40 AM, the following was observed in the walk-in refrigerator in the presence of the FSD: - A four quart container, approximately 3/4 filled with chicken salad, dated 3/17, with a cold holding temperature of 59.4 F. An additional temperature was obtained using the surveyor's thermometer which indicated the chicken salad was 58.8 F. During a surveyor interview immediately following the observation with the FSD, he was unsure why the prepared chicken salad was not at a cold holding temperature of 41 F or below. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	2. Review of the Rhode Island Food Code, 2018 Edition, section 2-102.12, Certified Food Protection Manager states in part, (A) At least one employee that has supervisory and management responsibility and the authority to direct and control food preparation and service shall be a certified food protection manager who has shown proficiency of required information through passing a test that is part of an accredited program . During a subsequent tour of the main kitchen on 3/18/2025 at 11:28 AM, surveyor observation failed to reveal evidence of a Food Safety Manager certification for Cook, Staff G. During a surveyor interview with the FSD at the time of the above observation, he indicated that when he reports to work he arrives in the kitchen at 6:00 AM and leaves at approximately 3:30 PM. During a surveyor interview with Staff G, in the presence of the FSD on 3/18/2025 at 1:35 PM, he revealed that his responsibilities as a cook include preparing, cooking, and serving the evening meal. Additionally, he was unable to provide evidence that he has a Food Safety Manager certification, as required. Record review of the kitchen staff schedule from 3/2/2025 through 3/18/2025 revealed that Staff G was the only cook working during the evening meal service on the following dates and times: - Sunday, 3/2/2025, 2:00 PM - 7:30 PM - Tuesday, 3/4/2025, 3:30 PM - 7:30 PM - Wednesday, 3/5/2025, 3:30 PM - 7:30 PM - Thursday, 3/6/2025, 3:30 PM - 7:30 PM - Friday, 3/7/2025, 3:30 PM - 7:30 PM - Monday, 3/10/2025, 4:00 PM - 7:30 PM - Tuesday, 3/11/2025, 4:00 PM - 7:30 PM - Wednesday, 3/12/2025, 3:30 PM - 7:30 PM - Thursday, 3/13/2025, 3:30 PM - 7:30 PM - Saturday, 3/15/2025, 1:45 PM - 7:30 PM - Sunday, 3/16/2025, 2:00 PM - 7:30 PM During a surveyor interview with the FSD on 3/18/2025 at 1:45 PM, he was unable to provide evidence that a certified Food Safety Manager was on the premises during all meal service and preperation on the above-mentioned dates and times. 41729