

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415129	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/17/2024
NAME OF PROVIDER OR SUPPLIER Summit Commons Rehabilitation and Health Care Cnt		STREET ADDRESS, CITY, STATE, ZIP CODE 99 Hillside Avenue Providence, RI 02906	

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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>43987</p> <p>Based on record review and staff interview it has been determined that the facility failed to keep residents free from significant medication errors for 1 of 3 residents reviewed, Resident ID #1.</p> <p>Findings are as follows:</p> <p>Record review of a community reported complaint received at the Rhode Island Department of Health on 5/15/2024 alleges that Resident ID #1 received Suboxone (a medication that is used to treat pain) in error.</p> <p>Record review of the facility policy titled, MEDICATION ADMINISTRATION BY ROUTE OR DOSAGE, revealed in part, .Sublingual Medications .Procedure Verify medication order on MAR [Medication Administration Record]. Check against physician order. Ask resident his/her name.</p> <p>Record review revealed that Resident ID #1 was admitted to the facility in May of 2024 with diagnoses including, but not limited to, multiple myeloma (a cancer that forms in a type of white blood cell), atrial fibrillation (irregular heartbeat) and chronic obstructive pulmonary disease.</p> <p>Record review of a telehealth evaluation authored by Advanced Practice Nurse, Staff C, dated 5/14/2024 revealed that a nurse from the facility paged her to report that Resident ID #1 received an accidental dose of Suboxone, which s/he does not have an order for.</p> <p>Record review of the 2nd Floor Unit Controlled Substance Log Book revealed that on 5/15/2024 Suboxone was removed from the medication cart by License Practical Nurse, Staff A.</p> <p>During a surveyor interview on 5/16/2024 at 11:29 AM with the Unit Manager, Staff B, she revealed that Staff A, accidentally administered Suboxone to Resident ID #1. Additionally, she revealed that the medication was prescribed for another resident.</p> <p>During a surveyor interview with the Director of Nursing Services on 5/16/2024 at 1:00 PM, she acknowledged that the Resident ID #1 received Suboxone in error. She indicated that during her investigation Staff A failed to properly identify Resident ID #1 before administering the medication.</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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