

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 01/17/2025
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>48928</p> <p>Based on record review and staff interview, it has been determined that the facility failed to ensure a resident's drug regimen is free from significant medication errors for 1 of 3 residents reviewed for medication administration, Resident ID #1.</p> <p>Findings are as follows:</p> <p>Record review revealed Resident ID #1 was admitted to the facility in December of 2024 with diagnoses including, but not limited to, nontraumatic subarachnoid hemorrhage (bleeding in the brain) and essential hypertension (high blood pressure).</p> <p>Record review revealed a physician's order for Nimodipine (a medication prescribed to treat high blood pressure) 30 MG (milligrams), give 2 tablets orally every 4 hours.</p> <p>Record review of the resident's Medication Administration Record for January 2025 revealed that s/he had not received his/her Nimodipine every 4 hours as ordered by the physician on the following dates:</p> <ul style="list-style-type: none"> - 1/2/2025 s/he missed 6 doses, indicating that s/he did not receive any Nimodipine - 1/3/2025 s/he missed 5 doses - 1/4/2025 s/he missed 2 doses - 1/7/2025 s/he missed 1 dose - 1/10/2025 s/he missed 2 doses - 1/11/2025 s/he missed 2 doses - 1/12/2025 s/he missed 3 doses - 1/15/2025 s/he missed 2 doses <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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of the progress notes revealed the medication was not administered as the facility was waiting for pharmacy delivery on 19 separate occasions and the resident refused the medication on 4 occasions.</p> <p>Further review of the progress noted failed to reveal documentation that the provider was notified that the resident did not receive all prescribed daily doses of his/her Nimodipine.</p> <p>During a surveyor interview on 1/16/2025 at 2:35 PM with Director of Nursing, she revealed that upon admission the facility was unable to obtain all of Resident ID #1's prescribed medications due to pharmacy approval. She revealed that some of the resident's medications had to be brought in from home by the family for the facility to administer. Additionally, she acknowledged that the physician's order for Nimodipine was initiated while the resident was in the hospital and would not have come from home. She further indicated that it was her expectation that if a resident refused any medications or if a medication was unavailable, there would be documentation in the resident's record that the provider was notified.</p> <p>During a surveyor interview on 1/16/2025 at 3:10 PM with Advanced Practice Registered Nurse (APRN), Staff A, he indicated he was aware that some of the resident's medications were unavailable due to awaiting pharmacy approval. He was unable to provide evidence that he was made aware that the prescribed Nimodipine was not available for administration for Resident ID #1 on 19 occasions due to unavailability of the medication or that he was notified of the 4 opportunities that were documented as refusals.</p> <p>During a surveyor interview on 1/17/2025 at 10:08 AM with the facility's Medical Director, he revealed that the facility had issues procuring some medications for Resident ID #1, however he was unaware of the duration or the specific medications in question.</p>		