

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 04/04/2024
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 0770</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely, quality laboratory services/tests to meet the needs of residents.</p> <p>46539</p> <p>Based on record review and staff interview, it has been determined that the facility failed to obtain laboratory services to meet the needs of its residents for 1 of 1 resident reviewed for a valproic acid level (a laboratory test that is monitored when a patient is receiving Depakote) Resident ID #83.</p> <p>Findings are as follows:</p> <p>Record review revealed the resident was admitted to the facility in April of 2023 with diagnoses including, but not limited to, bipolar disorder and violent behaviors.</p> <p>Record review revealed that the resident is prescribed Depakote (a drug used for those with bipolar disease or a seizure order. A person receiving this medication must have labs drawn to ensure appropriate therapeutic levels.</p> <p>Record review revealed a new order dated 3/5/2024 to check the resident's valproic acid level in 2 weeks, indicating that the lab should be drawn on 3/18/2024.</p> <p>Record review failed to reveal evidence that the lab was obtained as ordered.</p> <p>During a surveyor interview with Licensed Practical Nurse, Staff A, on 4/3/2024 at 10:38 AM, she acknowledged that the lab had not been obtained as ordered.</p> <p>During a surveyor interview with the Physician on 4/3/2024 at 11:44 AM, he revealed that he would have expected a valproic acid to have been obtained in 2 weeks as ordered.</p> <p>During a surveyor interview with the Director of Nursing Services on 4/3/2024 at 10:56 AM, she acknowledged the valproic acid level was not obtained per the physician's orders.</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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45263</p> <p>Based on surveyor observation and staff interview, it has been determined that the facility failed to serve and store food under sanitary conditions relative to food storage in 2 of 3 nursing unit refrigerators, the serving temperature of potentially hazardous cold food in 2 of 3 dining locations. The facility also failed to ensure staff were wearing hair restraints and beard covering in the main kitchen.</p> <p>Findings are as follows:</p> <p>1. The State of Rhode Island Food Code 2018 Edition 3-501.6 states in part, .Except during preparation cooking or cooling .temperature control for safety shall be maintained at 5 degrees C (Celsius) 41 degrees (Fahrenheit) or less .</p> <p>During a surveyor observation on 4/2/2024 of the 4th floor dining room at approximately 12:05 PM for the lunch meal, the serving temperature of the tuna salad sandwich had a cold holding temperature of 51.2 degrees F.</p> <p>An additional surveyor observation of the 5th floor dining room at approximately 12:15 PM for the lunch meal, the serving temperature of the ham on a Chef Salad plate had a cold holding temperature of 55.2 degrees F.</p> <p>2. The Rhode Island Food Code 2018 Edition 3.602.11 states in part, .label information shall include common name of the food .</p> <p>During a surveyor observation on 4/2/2024 at approximately 11:46 AM on the 5th floor unit kitchenette refrigerator the following was observed:</p> <ul style="list-style-type: none"> - a brown paper bag without a label of contents - 2 containers without a product label. <p>3. The Rhode Island Food Code 2018 Edition 3-501.17 states in part, food shall be discarded .and may not exceed a manufacturer's use by date .</p> <p>Based on surveyor observation on 4/2/2024 at approximately 11:40 AM of the 4th floor unit kitchenette refrigerator revealed 5 containers of Dannon Light +Fit yogurt had a manufacturer use by date of 3/11/2024.</p> <p>4. Record review of a facility policy posted on refrigerators on all 3 nursing units for the storage of resident food, reads in part, .any food or drink placed in fridge or freezer must be labeled and dated. Food will be discarded after 3 days or upon expiration date .</p> <p>During a surveyor observation on 4/2/2024 at approximately 11:40 AM of the 4th floor unit kitchenette refrigerator the following was observed:</p> <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>-1 container of Panera [NAME] Squash Soup with a date of 3/30.</p> <p>An additional surveyor observation on 4/2/2024 at approximately at 11:46 AM on the 5th floor unit kitchenette refrigerator 2 containers of food were stored with dates of 3/27.</p> <p>5. The Rhode Island Food Code 2018 Edition 2-402.11 reads in part, .food employees shall wear hair restraints, such as hair nets .beard restraint that covers body hair .</p> <p>During surveyor observations on all days of survey from 4/1/2024 through 4/4/2024 at the lunch meal Dietary Aide, Staff B, was serving food on the 4th floor dining room with her hair net only covering the back portion of her head, leaving the front of her hair unrestrained.</p> <p>During surveyor observations of the main kitchen on 4/1/2024 at 9:45 AM, 4/2/2024 at 10:00 AM and 4/4/2024 at 9:45 AM Dietary Aide, Staff C was observed without a beard net while washing dishes and performing diet aide tasks in the main kitchen.</p> <p>Further observation of the of the main kitchen on 4/1/2024 at 9:40 AM, 4/2/2024 at 10:00 AM and 4/3/2024 at 2:00 PM, Cook, Staff D, was observed without a beard net while preparing resident food.</p> <p>During a surveyor interview on 4/3/2024 at approximately 2:30 PM with the Dining Director he acknowledged beard nets were not worn by the dietary staff members and hair nets were not worn properly</p> <p>Additionally, he acknowledged the cold holding temperatures were not within acceptable parameters and that the food storage and labeling on the nursing unit refrigerators were not stored per facility policy.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>46539</p> <p>46715</p> <p>Based on record review and staff interview, it has been determined that the facility failed to maintain an infection prevention and control program designed to provide a sanitary environment and to help prevent the development of infections for 3 of 4 residents reviewed relative to the use of positive airway pressure devices; Continuous positive airway pressure (CPAP) and Bilevel positive airway pressure (BIPAP). These devices provide breathing support which is administered through a face mask or nasal mask, Resident ID #s 5, 21 and 38.</p> <p>Findings are as follows:</p> <p>Review of a facility policy titled CPAP/BIPAP Management dated April 2015, states in part, .Cleaning of equipment: CPAP or BIPAP system/ machine cleaning - wipe machine off twice monthly with damp cloth, replace disposable filters per manufacturer guidelines, clean non-disposable filters weekly and replace when needed, use warm soapy water and let air dry before inserting back into machine. Headgear- wash as needed .masks and nasal pillows- wash daily with mild detergent or white vinegar solution, rinse with warm water and air dry between uses .add the wearing and cleaning routine of the equipment on the TAR (treatment administration record).</p> <p>1. Record review revealed that Resident ID #5 was readmitted to the facility in October of 2023 with diagnoses including, but not limited to, sleep apnea (a sleep disorder where breathing is interrupted repeatedly) and chronic obstructive pulmonary disorder (COPD- a chronic inflammatory lung disease that causes obstructed airflow from the lungs).</p> <p>Review of the Treatment Administration Record (TAR) for March and April 2024 revealed that the resident has an order to use a BIPAP machine every night at bedtime. Additional review revealed that the order was signed off as in use every night.</p> <p>Record review failed to reveal evidence of the BIPAP machine including the mask were cleaned or disinfected in March or April of 2024 per the facility policy.</p> <p>2. Record review revealed that Resident ID #21 was readmitted to the facility in May of 2023 with diagnoses including, but not limited to, obstructive sleep apnea and COPD.</p> <p>Review of the TAR for April and March 2024 revealed that the resident has an order for a CPAP machine to be used every night at bedtime for sleep apnea. Additional review revealed that the order was signed off as in use every night in March and April of 2024.</p> <p>Record review failed to reveal evidence that the CPAP machine including the mask were cleaned or disinfected in March or April of 2024 per the facility policy.</p> <p>3. Record review revealed that Resident ID #38 was readmitted to the facility in February of 2024 with diagnoses including, but not limited to, obstructive sleep apnea and COPD.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the TAR for March and April 2024 revealed that the resident has an order for a BIPAP machine to be used every night at bedtime for respiratory assistance. Additional record review revealed that the BIPAP was signed off as used three times in March of 2024 and once in April of 2024. The other dates were documented as the resident refused to use the BIPAP machine.</p> <p>Record review failed to reveal evidence of the BIPAP machine including the mask were cleaned or disinfected in March or April of 2024.</p> <p>During a surveyor interview on 4/3/2024 at 8:31 AM with the Infection Preventionist (IP) in the presence of Registered Nurse, Staff E, she revealed that she would expect the staff to clean the BIPAP and CPAP equipment per the facility policy to prevent infection.</p> <p>During a surveyor interview on 4/3/2024 at 12:31 PM with the Director of Nursing Services (DNS) she revealed that the above-mentioned residents do not have orders to clean their machines. Additionally, she was unable to provide evidence that the machines get cleaned per the facility policy. The DNS was unable to provide evidence that the facility maintained an infection control program that provided a sanitary environment to help prevent the development of infections.</p>		