

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  415079	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/01/2023
NAME OF PROVIDER OR SUPPLIER  Trinity Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4 St Joseph Street Woonsocket, RI 02895	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0580  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46338</p> <p>Based on record review and staff interview, it has been determined that the facility failed to immediately consult with the resident's physician, and notify, consistent with his or her authority, the resident representative(s) when there is a significant change in the resident's physical status or a need to alter treatment significantly for 2 of 2 residents reviewed, Resident ID #s 13 and 94.</p> <p>Findings are as follows:</p> <p>1. Record review revealed Resident ID #13 was admitted to the facility in August 2010 with a diagnosis including, but is not limited to, urinary incontinence.</p> <p>Record review revealed a progress note dated 11/11/2022 at 9:02 AM which states in part, Resident had minimal menstrual bleeding today after years of not .</p> <p>Additional record review failed to reveal evidence that the Nurse Practitioner (NP) or Physician were notified of the resident having bleeding.</p> <p>Additional record review revealed a progress note dated 12/26/2022 at 2:59 PM which states in part, 911 called due to resident showing signs of a stroke. [S/he] is being transported to [hospital]. [His/Her] [family] accompanied [him/her] to the hospital.</p> <p>Review of a hospital discharge summary revealed a note dated 12/26/2022 at 4:24 PM which states in part, Talked with [facility] .[DATE] .had .bleeding (no work up)</p> <p>Additional review of the hospital discharge summary revealed Resident ID #13's urine sample was positive for a urinary tract infection and s/he was discharged to the facility on an antibiotic.</p> <p>During a surveyor interview on 2/27/2023 at 11:26 AM with Nursing Assistant, Staff H, she revealed that the resident no longer has his/her menses.</p> <p>During a surveyor interview on 2/27/2023 at 12:49 AM with Register Nurse, Staff E, she was unable to provide evidence the NP or physician were notified of the bleeding on 11/11/2022.</p> <p>During a surveyor interview on 2/27/2023 at 1:29 PM with the Director of Nursing (DON), she revealed she would expect the staff to notify the practitioner if a resident was experiencing bleeding.</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a surveyor interview on 2/27/2023 at 4:14 PM with the NP, Staff O, she revealed that she was unaware the resident had bleeding on 11/11/2022 and that if she had been made aware she would have completed an assessment of the resident to attempt to find the source of the bleeding and complete a medical work up to rule out a urinary tract infection.</p> <p>During a surveyor interview on 2/28/2023 at 10:44 AM with the [NAME] President of Operations (VPO) and the DON, they were unable to provide evidence that the practitioner was made aware of the resident's bleeding.</p> <p>2. Record review of Resident ID #94 revealed s/he was admitted to the facility in July of 2020 with diagnoses including, but are not limited to, type 2 diabetes mellitus and chronic kidney disease.</p> <p>Review of a physician's order dated 7/15/2020 revealed Humalog solution 100 Unit/ML [Milliliter] (insulin Lispro) inject as per sliding scale (a term to determine insulin administration based on blood glucose level):</p> <p>if 100-140 = 6 units</p> <p>141- 180 = 8 units</p> <p>181- 220 = 10 units</p> <p>221- 260 = 12 units</p> <p>261- 300 = 14 units</p> <p>301- 340 = 16 units</p> <p>341- 380 = 18 units</p> <p>381+ = 20 units give 20 units, wait 1 hour then re-check, if still outside of parameters then call MD/NP .</p> <p>Review of January and February 2023 Medication Administration Records (MAR) failed to reveal evidence that the resident's blood glucose was obtained due to her/his refusals.</p> <p>Further record review failed to reveal evidence that the facility notified the provider regarding the resident's continuous refusals.</p> <p>During a surveyor interview with the NP, Staff I on 2/27/2023 at 1:50 PM, she was unable to provide evidence of notifications regarding the resident's refusal of blood glucose testing.</p> <p>During a surveyor interview with the VPO on 2/28/2023 at approximately 2:00 PM, she was unable to provide evidence of a provider notification of the resident's continuous refusals.</p>		

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<p>F 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>46539</p> <p>Based on record review and staff interview, it has been determined that the facility failed to properly provide notice to residents and/or representatives informing where changes in coverage are made to items and services covered by Medicare and/or the medical state plan related to the Skilled Nursing Facility Advanced Beneficiary Notice of Non-coverage (SNFABN) for 2 of 3 residents discharged from Medicare Part A Services, Resident ID#s 87 and 123.</p> <p>Findings are as follows:</p> <p>Review of the Center for Medicare and Medicaid Services (CMS) document (Form CMS-10055), titled, Form Instructions Skilled Nursing Facility Advanced Beneficiary Notice of Non-coverage (SNFABN), states in part:</p> <p>Medicare requires SNFs [Skilled Nursing Facilities] to issue the SNFABN to Original Medicare, also called fee-for-service (FFS), beneficiaries prior to providing care that Medicare usually covers, but may not pay for in this instance because the care is:</p> <ul style="list-style-type: none"> <li>- not medically reasonable and necessary;</li> <li>- or considered custodial.</li> </ul> <p>The SNFABN provides information to the beneficiary so that s/he can decide whether or not to get the care that may not be paid for by Medicare and assume financial responsibility. SNFs must use the SNFABN when applicable for SNF Prospective Payment System services (Medicare Part A) .</p> <p>1. Record review revealed that Resident ID #87's last covered day of Part A Services was on 6/14/2022. The facility initiated the discharge from Medicare Part A Services when benefit days were not exhausted. Additionally, the facility failed to provide the SNFABN form to the resident or resident representative.</p> <p>2. Record review revealed that Resident ID #123's last covered day of Part A Services was on 12/23/2022. The facility initiated the discharge from Medicare Part A Services when benefit days were not exhausted. Additionally, the facility failed to provide the SNFABN form to the resident or resident representative.</p> <p>During a surveyor interview on 2/27/2023 at 11:11 AM with the Minimum Data Set Nurse, she acknowledged that the SNFABN form was not provided to the above residents or their representatives.</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>21613</p> <p>Based on record review and staff interview, it has been determined that the facility failed to ensure that all alleged violations involving abuse, including injuries of unknown source are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or no later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to other officials (Department of Health), in accordance with State law for 2 of 3 residents reviewed for abuse and injury of unknown origin, Residents ID #s 100 and 21.</p> <p>Findings are as follows</p> <p>The facility policy and procedure titled, Abuse Prohibition revised on 10/31/2022, states in part; .All allegations of violations defined in this policy must be reported immediately to the Department of Health, Division of Facility Regulation .This means as soon as possible not to exceed 2 hours after the discovery .</p> <p>1. Record review for Resident ID #100 revealed the resident was admitted to the facility in June of 2022 with diagnoses including, but not limited to, paraplegia (paralysis of all or part of your trunk, legs, and pelvic organs) and Cauda Equina Syndrome (bundle of nerves below the end of the spinal cord that are damaged).</p> <p>Record review revealed a progress note dated 2/16/2023 at 10:47 PM that states in part, .resident showed nurse a fist size bruise to right upper ribs. With gentle palpation, [s/he] could feel some pain. Spoke with on call MD [physician] at .office who approved x-ray to ribs on 2-17-23 .</p> <p>Record review revealed x-ray results dated 2/17/2023 which stated in part, .Right rib bruising .Old fracture of the right eighth rib .</p> <p>Further record review failed to reveal evidence of the origin of the above-mentioned bruise and old rib fracture.</p> <p>During a surveyor interview on 2/28/2023 at 10:35 AM with the [NAME] President of Operations and the Director of Nursing (DON), they were unable to provide evidence that the cause of the bruise was investigated or reported immediately to the Department of Health, as required.</p> <p>2. Record review for Resident ID #21 revealed the resident was admitted to the facility in September of 2022 with diagnoses including, but not limited to, bipolar disorder, major depression and anxiety.</p> <p>Record review of a progress note dated 2/17/2023 revealed in part, .Resident caused a scene outside of [his/her] room. Verbally attacked one of the aids [Nursing Assistant (NA), Staff A], confessed to threatening the aid by slitting his throat and watching him bleed out . Further record review revealed the police came to speak with the resident and eventually, the resident was sent to the hospital to be evaluated.</p> <p>(continued on next page)</p>		

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F 0609  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>During a surveyor interview with the DON on 2/24/2023 at 9:11 AM, she revealed that on 2/17/2023 at approximately at 9:30 AM, they were in a conference room for a morning meeting. They overheard the resident yelling in the hall and when they left the conference room, the resident was observed yelling and threatening to kill Staff A. Additionally, the DON further revealed the resident left the area, and then stated Staff A pushed him/her.</p> <p>Additionally, the DON revealed that she spoke with the resident and the resident stated Staff A pushed him/her while s/he was in a wheelchair outside his/her room and the resident was hit by the door. The resident revealed the door hit both of his/her knees, left elbow and his/her head. The DON revealed she checked the resident and there were no marks, no redness, nothing, anywhere .</p> <p>During the same surveyor interview with the DON, she revealed that the above allegation of abuse was not reported to the Department of Health because they did not witness any physical contact between the resident and Staff A.</p> <p>During a surveyor interview with Staff A on 2/24/2023 at 9:56 AM, he revealed that on 2/17/2023, during the incident the resident was yelling, you pushed me. you pushed me. and said something about the door .I said I did not touch you .</p> <p>46539</p>		

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F 0677  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46338</p> <p>Based on surveyor observation, record review, resident and staff interview, it has been determined that the facility failed to provide the necessary services to residents who are unable to carry out activities of daily living, relative to nail care for 1 of 3 residents observed, Residents ID #70.</p> <p>Findings are as follows:</p> <p>Record review of Resident ID #70 revealed s/he was admitted to the facility in March of 2022 with diagnoses including, but not limited to, muscle weakness, altered mental status and cerebral infarction (stroke).</p> <p>Record review of a quarterly Minimum Data Set assessment dated [DATE] revealed s/he is coded as requiring Total dependence for personal hygiene and requires one person physical assistance.</p> <p>During a surveyor observation on 2/22/2023 at approximately 10:00 AM, the resident was observed with all fingernails approximately 1 centimeter long. There was brown and black matter underneath all of the fingernails.</p> <p>During a surveyor interview immediately following the observation, the resident revealed s/he would like her/his fingernails cut.</p>		

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F 0686  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	Provide appropriate pressure ulcer care and prevent new ulcers from developing.  21613  46715  Based on surveyor observation, 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 4 residents reviewed for pressure ulcers, Resident ID #123.  Findings are as follows:  Record review revealed Resident ID #123 was admitted to the facility in December of 2022 with diagnoses including, but not limited to, dementia and type 2 diabetes mellitus.  A. Review of the documents titled, Wound Evaluation and Management Summary dated 1/31/2023, 2/7/2023, 2/14/2023 and 2/21/2023, revealed that the resident has an unstageable DTI (deep tissue injury) to the right lateral heel and right lateral foot. Additionally, the summaries revealed that s/he has an unstageable DTI to the left lateral heel, left lateral foot and left plantar foot with a recommendation to off-load wound, float heels in bed and elevate legs.  Review of the physician's orders revealed an order dated 1/24/2023 that stated, Apply bilat [bilateral] off-loading boots every shift for wounds.  During surveyor observations of the resident on the following dates and times revealed the resident's heels were resting directly on the mattress without offloading boots:  - 2/23/2023 at 1:16 PM and 1:31 PM  - 2/24/2023 at 10:49 AM  - 2/27/2023 at 8:03 AM, 8:48 AM and 1:28 PM  During a surveyor interview on 2/27/2023 at 8:55 AM, with Registered Nurse (RN), Staff C, she acknowledged the resident was not utilizing off-loading boots as ordered and did not have his/her feet elevated as recommended by the wound doctor.  During a surveyor interview on 2/27/2023 at 9:16 AM, with the [NAME] President of Operations (VPO), she acknowledged that the resident's heels should have been elevated off the mattress to promote healing of current pressure ulcers and prevent new pressure ulcers from forming.  B. During a surveyor observation on 2/23/2023 at 8:55 AM of RN, Staff D, providing wound care to Resident ID #123, revealed she cleansed the wounds on his/her right lateral heel and right lateral foot with normal saline and then placed the resident's foot on the floor without a barrier. She then cleansed the wounds on his/her left lateral heel, left lateral foot, and left plantar foot and then placed the resident's foot on the floor without a barrier.  (continued on next page)		

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F 0686  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	<p>During a surveyor interview with Staff D immediately following the above observation, she acknowledged that she should have provided a barrier between the floor and the resident's wounds to prevent potential infection.</p> <p>During a surveyor interview on 2/23/2023 at approximately 1:00 PM, with the Director of Nursing and the VPO they revealed they would have expected the nurse to utilize a barrier between the resident's wounds and the floor to help prevent infection of the pressure ulcers.</p>		



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F 0689  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<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> 46539</p> <p>Based on surveyor observation, record review and staff interview, it has been determined that the facility has failed to ensure that each resident receives adequate supervision and assistive devices to prevent accidents for 2 of 5 residents reviewed for falls, Resident ID #s 127 and 89.</p> <p>Findings are as follows:</p> <p>1. Review of a facility policy titled, Falls Prevention Program states in part, Procedure: .6. Any and all immediate fall prevention interventions are to be added to the resident's care plan at that time .</p> <p>Record review revealed that Resident ID #127 was admitted to the facility in January of 2023 with diagnoses including, but not limited to, unsteadiness on feet and lack of coordination.</p> <p>Review of a Morse Fall Scale dated 2/5/2023 revealed s/he is a high fall risk.</p> <p>Review of the resident's care plan revealed s/he is a high risk for falls related to confusion and poor comprehension.</p> <p>Review of a Minimum Data Set (MDS) assessment dated [DATE] revealed the resident utilized a walker and required limited assistance of one staff member for ambulation.</p> <p>During surveyor observations on the following dates and times the resident was observed ambulating around the unit without the use of a walker or staff assistance:</p> <ul style="list-style-type: none"><li>- 2/23/2023 at 11:38 AM and 11:56 AM</li><li>- 2/24/2023 at 7:44 AM</li><li>- 2/28/2023 at 9:11 AM</li></ul> <p>During a surveyor interview on 2/23/2023 with Registered Nurse (RN), Staff E, she acknowledged that the resident was ambulating without his/her walker and told the surveyors they could get the resident's walker if they wanted to.</p> <p>Review of a progress note dated 2/26/2023 at 11:39 AM revealed that the resident sustained an unwitnessed fall and was transferred to the hospital to rule out injury.</p> <p>Review of a progress note dated 2/27/2023 at 3:35 PM revealed that the resident sustained a fall while attempting to self-transfer.</p> <p>Review of the resident's care plan following the above-mentioned falls failed to reveal evidence that the care plan had been updated with interventions to prevent further falls per the facility policy.</p> <p>(continued on next page)</p>		

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F 0689  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>During a surveyor interview with the Director of Nursing and the [NAME] President of Operations (VPO), they acknowledged that the resident should be utilizing a walker when ambulating and that the staff should assist him/her to obtain his/her walker or redirect the resident to a safe place. Additionally, they acknowledged that the resident's care plan had not been updated immediately following the falls as the policy states.</p> <p>2. Record review revealed that Resident ID #89 was admitted to the facility in December of 2019 with diagnoses including, but not limited to, Alzheimer's disease and stroke.</p> <p>Review of a MDS assessment dated [DATE] revealed that the resident required extensive assistance of one staff member to get dressed.</p> <p>Review of the resident's care plan revealed s/he is a high risk for falls related to poor insight and being unaware of his/her safety needs with an intervention dated 5/26/2022 to ensure the resident is wearing appropriate footwear including shoes/slippers or gripper socks.</p> <p>Review of a Morse Fall Scale dated 6/02/2022, revealed the resident is at high risk for falls.</p> <p>During surveyor observations on the following dates and times the resident was observed with regular socks on without shoes/slippers or gripper socks:</p> <ul style="list-style-type: none"><li>- 2/22/2023 at 9:54 AM and 11:51 AM</li><li>- 2/23/2023 at 8:32 AM, 9:07 AM and 11:18 AM</li><li>- 2/24/2023 at 10:52 AM</li></ul> <p>During a surveyor interview on 2/24/2023 at 10:55 AM with RN, Staff C, she acknowledged that the resident was wearing regular socks and should be wearing shoes/slippers or gripper socks according to his/her care plan.</p> <p>During a surveyor interview on 2/27/2023 at 9:16 AM, with the VPO she revealed that the resident should have on shoes/slippers or gripper socks to prevent an accident per the resident's care plan.</p> <p>46715</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 44350</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 care of a resident for 3 of 7 residents reviewed with an indwelling catheter, Resident ID #s 41, 32 and 5.</p> <p>Findings are as follows:</p> <p>1. The Center for Disease Control and Prevention (CDC) document titled, Guideline for Prevention of Catheter Associated Urinary Tract Infections 2009, states in part, .Proper techniques for Urinary Catheter Maintenance .Do not rest the bag on the floor .</p> <p>Record review for Resident ID #41 revealed that s/he was readmitted to the facility in April of 2020 and has diagnoses including, but not limited to, hydronephrosis with renal and ureteral calculous obstruction (swelling of the kidney due to build up of urine), urinary tract infections, and retention of urine.</p> <p>During surveyor observations revealed the resident's urinary drainage bag was resting on the floor on the side of the bed on 2/23/2023 at 9:01 AM, 1:09 PM, and 1:18 PM.</p> <p>During a surveyor interview with the Assistant Director of Nursing during the 1:18 PM observation, she acknowledged that the urinary bag was resting directly on the floor.</p> <p>Additional surveyor observations revealed the resident's urinary drainage bag was resting on the floor on the side of the bed on the following dates and times:</p> <p>- 2/24/2023 at 9:32 AM</p> <p>- 2/27/2023 at 8:32 AM</p> <p>- 2/28/2023 9:47 AM and 9:53 AM</p> <p>During a surveyor interview with Registered Nurse (RN), Staff G, during the 2/28/2023 at 9:53 AM observation, he acknowledged the urinary bag was resting on the floor and revealed that it shouldn't be.</p> <p>During a surveyor interview with the [NAME] President of Operations (VPO) on 2/28/2023 at 10:05 AM, she revealed that she would expect that urinary drainage bags should not be resting directly on the floor.</p> <p>2. Record review revealed Resident ID #32 was admitted to the facility in March of 2014 with diagnoses including, but not limited to, heart failure and chronic kidney disease.</p> <p>Review of the physician's orders revealed an order dated 2/15/2023, that stated, daily weight in the morning for CH [congestive heart failure] monitoring.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review revealed a care plan revised on 4/20/2022 for [Resident] has Suprapubic Catheter (a urinary catheter used to drain urine from the bladder through a small incision just above the pubic bone): Neurogenic bladder (a condition caused by the nerves along the pathway between the bladder and the brain not working properly) with an intervention including but not limited to monitor and document intake and output as per facility policy .</p> <p>Record review of the facility's policy and procedure titled, Urinary Incontinence and Indwelling Catheters dated 1/1/2016 failed to specify how often staff will monitor fluid intake and/or urine output.</p> <p>Record review failed to reveal evidence that the fluid intake was monitored.</p> <p>Further record review revealed that the resident's output was not monitored every shift.</p> <p>During a surveyor interview with the Director of Nursing (DON) on 3/1/2023 at 8:57 AM, she was unable to provide evidence that the resident's fluid intake was monitored or that the resident's output was monitored every shift. The DON also acknowledged that the above policy failed to specify how often the fluid intake and/or urine output should be monitored.</p> <p>3. Record review revealed Resident ID #5 was admitted to the facility in December of 2022 with diagnoses including, but not limited to, generalized anxiety and weakness.</p> <p>Record review of an admission Minimum Data Set (MDS) assessment dated [DATE] revealed the resident was coded for Indwelling catheter and Ostomy. Review of the Outcome Summary Report dated 1/9/2023 revealed Urinary Incontinence and Indwelling Catheter will be addressed in a care plan.</p> <p>Further record review failed to reveal evidence to support the usage (diagnosis), physician's order and/or a care plan relative to catheter use.</p> <p>During a surveyor interview with the resident on 2/23/2023 at 11:01 AM, the resident revealed s/he has been self catheterizing prior to and since s/he was admitted to the facility. The resident further revealed s/he self catheterizes approximately 8 times per day.</p> <p>During a surveyor interview with Licensed Practical Nurse (LPN), Staff F, on 2/23/2023 at 11:28 AM, she revealed the resident has been self catheterizing but is unaware of the medical necessity. When further questioned, Staff F stated she does not know how often the resident does the self catheterization.</p> <p>During a surveyor interview with the MDS Coordinator on 2/23/2023 at 1:33 PM, she acknowledged that there is no diagnosis, no physician's order and/or a care plan in place for self catheterization.</p> <p>46539</p> <p>21613</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>46715</p> <p>Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to ensure residents maintain acceptable parameters of nutritional and hydration status, such as usual body weight and failed to follow their policy relative to weight loss and weight gain for 2 of 9 residents reviewed, Resident ID #s 123 and 32.</p> <p>Findings are as follows:</p> <p>1. Review of a facility policy titled, Weight Monitoring Policy dated 2/24/2017, states in part, All residents are to be weighed at least monthly so as to monitor for weight loss, to assess for underlying causes of weight loss and to intervene accordingly in a timely manner to allow for an optimal level for well-being .if the weight is +/-3 pounds from previous month, the resident is to be removed from scale and reweighed immediately .If the re-weight is accurate and there has been a significant weight loss, nursing must notify the following: physician, dietician .After the unit manager reviews the report and a weight loss has been confirmed, the resident will be placed on weekly weights. The dietician will review the weights and determine if additional intervention may need to be added .</p> <p>Record review revealed Resident ID #123 was admitted to the facility in December of 2022 with diagnoses including, but not limited to, dementia and type 2 diabetes mellitus. The resident's weight on admission was 170 pounds.</p> <p>Review of the Weights and Vitals Monitoring revealed a weight recorded on 1/1/2023 of 172.4 pounds and a weight recorded on 2/16/2023 of 149.6 pounds. This is a 22.8 pound weight loss or a 13.23% weight loss in one month, which constitutes a significant weight loss.</p> <p>Further record review failed to reveal evidence of a re-weight after the significant weight loss from 1/2/2023 to 2/16/2023 per facility policy.</p> <p>Additionally, record review failed to reveal evidence that the physician or dietician were notified until 2/23/2023 when the surveyor brought the significant weight loss to the facility's attention.</p> <p>During a surveyor interview on 2/23/2023 at 12:55 PM with the Director of Nursing (DON) and the [NAME] President of Operations (VPO), they were unable to provide evidence that the physician or dietician had been notified of the significant weight loss or that a reweigh had been obtained per the facility policy.</p> <p>During a surveyor interview on 2/23/2023 at 1:12 PM, with Nursing Assistant (NA), Staff J, she revealed that she obtained the residents weight that day and it was 150.2 pounds.</p> <p>During a surveyor interview on 2/24/2023 at approximately 10:00 AM with the Dietician, she revealed that she was not made aware of the resident's significant weight loss until 2/24/2023. Additionally, she revealed that she would have expected to be made aware on 2/16/2023 to be able to implement interventions.</p> <p>(continued on next page)</p>		

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F 0692  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>During a surveyor interview on 2/28/2023 at approximately 9:30 AM with the VPO, she acknowledged that weekly weights had not been implemented and that the facility did not follow the policy regarding a significant weight loss.</p> <p>2. Record review revealed Resident ID #32 was admitted to the facility in March of 2014 with diagnoses including, but not limited to, heart failure and chronic kidney disease.</p> <p>Additionally, record review revealed a care plan revised on 12/27/2022 for The resident has nutritional problem or potential nutritional problem r/t [related to] leaves &gt;25 % food uneaten at meals . with interventions including but not limited to .Monitor weight/report weight .</p> <p>Review of a document titled, Weights and Vitals Summary revealed a weight recorded on 1/6/2023 of 120.8 pounds and a weight recorded on 2/6/2023 of 128 pounds, which indicates a 7.1 pound or 5.9% weight gain in one month.</p> <p>Further record review of the physician's orders revealed an order dated 2/15/2023, that states, daily weight in the morning for CHF [congestive heart failure] monitoring.</p> <p>Record review failed to reveal evidence that daily weights were obtained as ordered.</p> <p>During a surveyor interview with the DON on 2/28/2023 at 11:50 AM, she was unable to provide evidence that daily weights were obtained from 2/16/2023 until 2/23/2023 per the physician's order.</p> <p>21613</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>46539</p> <p>Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to provide respiratory care consistent with professional standards of practice for 1 of 2 residents reviewed for oxygen therapy, Resident ID #43.</p> <p>Findings are as follows:</p> <p>Record review of a facility policy titled Oxygen Administration states in part, .Procedure .Check the physician's order for liter flow and method of administration .Documentation .Ensure that a physician's order has been obtained .</p> <p>Record review revealed the resident was admitted to the facility in April 2022 with a diagnosis including, but not limited to, chronic obstructive pulmonary disease (COPD, chronic inflammatory lung disease that causes obstructed airflow from the lungs).</p> <p>Record review revealed a care plan dated 4/20/2022 which states in part, .has oxygen therapy r/t [related to] COPD .Give medications as ordered by physician .</p> <p>During surveyor observations on 2/22/2023 at 9:04 AM, 2/23/2023 at 8:21 AM, and 2/24/2023 at approximately 8:20 AM revealed the resident receiving oxygen therapy at 2 liters via nasal cannula (a device to deliver oxygen).</p> <p>Record review failed to reveal evidence of a physician's order for oxygen therapy.</p> <p>During a surveyor interview on 2/24/2023 at 8:52 AM with Registered Nurse, Staff E, she acknowledged that the resident was receiving 2 liters of oxygen via nasal cannula and there was no physician's order in place.</p> <p>During a surveyor interview on 2/24/2023 at 12:40 PM with the [NAME] President of Operations, she revealed that she would expect the resident to have a physician's order when receiving oxygen therapy.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>21613</p> <p>Based on record review and staff interview, it has been determined that the facility failed to provide routine medication to its residents for 1 of 26 residents reviewed, Resident ID #5.</p> <p>Findings are as follows:</p> <p>Record review revealed the resident was admitted to the facility in December of 2022 with diagnoses including, but not limited to, generalized anxiety and weakness.</p> <p>Record review revealed a physician's order dated 1/2/2023 for Fluticasone Propionate Nasal Suspension 50 MCG [micrograms]/ACT (fluticasone Propionate Nasal) 1 spray in each nostril in the morning for nasal congestion .</p> <p>Record review for January and February 2023 revealed the medication was not administered per the physician's order.</p> <p>During a surveyor interview with Licensed Practical Nurse, Staff F on 2/27/2023 at 9:57 AM, she revealed the above medication has not been administered since it was ordered on 1/2/2023.</p> <p>During a surveyor interview with the Director of Nursing on 2/27/2023 at 12:17 PM, she acknowledged that the medication was unavailable and it was not administered as ordered.</p> <p>During a surveyor interview with the Pharmacist on 2/28/2023 at 1:48 PM, he revealed that the pharmacy received the prescription for the medication on 1/3/2023. The Pharmacist further revealed that the resident had an allergy to steroids according to a pharmacy document. The pharmacy contacted the facility on 1/3/2023 but did not receive a response until 2/16/2023. Additionally, he indicated that the medication was supposed to be delivered on 2/16/2023 but was not.</p>		



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F 0770  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Provide timely, quality laboratory services/tests to meet the needs of residents.</p> <p>46338</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 relative to the timeliness of the services for 1 of 5 residents reviewed, Resident ID #98.</p> <p>Findings are as follows:</p> <p>Record review revealed the resident was admitted to the facility in November of 2022 with diagnoses including, but not limited to, dementia and major depressive disorder.</p> <p>Review of a pharmacy consultation report dated 12/23/2022 revealed a recommendation to obtain a Fasting A1C (a blood test to obtain the three-month average of blood sugar) on the next convenient lab day and then annually following that result. Additionally, the recommendation was signed by the physician on 12/31/2022 to be implemented with added instruction to check the A1C every six months following the initial test.</p> <p>Review of a physician's order dated 1/17/2023 revealed an order to obtain a fasting A1C on 2/1/2023.</p> <p>Record review failed to reveal evidence that the fasting A1C was obtained as ordered.</p> <p>During a surveyor interview on 2/27/2023 at 11:45 AM with the Director of Nursing, she acknowledged that the lab was not drawn as ordered and the facility failed to obtain laboratory services in a timely manner.</p>		

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<p>F 0777</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or obtain x-rays/tests when ordered and promptly tell the ordering practitioner of the results.</p> <p>46539</p> <p>Based on record review and staff interview, it has been determined the facility failed to promptly notify the practitioner of results that fall outside of clinical reference ranges for 1 of 1 residents reviewed relative to abnormal X-ray results, Resident ID #100.</p> <p>Findings are as follows:</p> <p>Record review revealed the resident was admitted to the facility in June 2022 with diagnoses including, but not limited to, paraplegia (paralysis of all or part of your trunk, legs, and pelvic organs) and Cauda Equina Syndrome (when a bundle of nerves below the end of the spinal cord is damaged).</p> <p>Record review revealed a progress note dated 2/16/2023 at 10:47 PM that states in part, .resident showed nurse a fist size bruise to right upper ribs. With gentle palpation, [s/he] could feel some pain. Spoke with on call MD [physician] at .office who approved x-ray to ribs on 2-17-23 .</p> <p>Record review of x-ray results dated 2/17/2023 revealed in part, .Right rib bruising .Old fracture of the right eighth rib .</p> <p>Additional record review failed to reveal evidence that the x-ray results dated 2/17/2023 were reported to the practitioner.</p> <p>During a surveyor interview on 2/27/2023 at 12:45 PM with Licensed Practical Nurse, Staff K, she acknowledged that the X-ray results were not reported to the practitioner.</p> <p>During a surveyor interview on 2/27/2023 at 1:21 PM with the Nurse Practitioner, Staff I, she revealed that if she had been made aware of the results, she would have completed an assessment for the resident.</p> <p>During a surveyor interview on 2/27/2023 at 1:33 PM with the Director of Nursing, she acknowledged that the results were not reported to the practitioner.</p>		

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F 0812  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Many	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>44350</p> <p>Based on surveyor observation 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.</p> <p>Findings are as follows:</p> <p>During the initial tour of the main kitchen on 2/22/2023 at 8:42 AM in the presence of the Food Service Director (FSD) revealed the following observations:</p> <ul style="list-style-type: none"><li>- 1 black hot beverage pitcher shelved with all clean ready to use pitchers which had approximately 1 inch of brown liquid inside of it.</li><li>- 1 La Choy 1 gallon Soy sauce bottle, opened, in use and not dated</li><li>- Scrambled eggs in a metal hotel pan dated 2/15 in the walk-in refrigerator</li><li>- Tuna salad in a metal hotel pan dated 2/14 in the walk-in refrigerator</li><li>- Ice build-up approximately 8 inches in length and 5 inches in width on top of plastic covered pies.</li></ul> <p>The unit with fan above the pies had noted icicles formed approximately 2 inches in length dripping towards the pies.</p> <p>During a surveyor interview with the FSD immediately following each observation, she acknowledged the pitcher with a brown liquid being stored with the clean ready to use pitchers. The FSD further revealed that the gallon bottle of Soy Sauce should have been dated when opened. She also indicated that the scrambled eggs and tuna salad should have been discarded stating that she only keeps prepared food in refrigerator for 3 days at the most. Additionally, the FSD acknowledged the ice formation on top of the pies in the freezer and the unit above leaking, stating that it needs to be fixed.</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>21613</p> <p>Based on record review and staff interview, it has been determined that the facility failed to ensure that medical records on each resident are accurately documented for 1 of 26 residents reviewed relative to medication administration, Resident ID #5.</p> <p>Findings are as follow:</p> <p>Record review revealed the resident was admitted to the facility in December of 2022 with diagnoses including, but not limited to, generalized anxiety and weakness.</p> <p>Record review revealed a physician's order dated 1/2/2023 for Fluticasone Propionate Nasal Suspension 50 MCG [micrograms]/ACT (fluticasone Propionate Nasal) 1 spray in each nostril in the morning for nasal congestion .</p> <p>During a surveyor interview with Licensed Practical Nurse, Staff L, on 2/27/2023 at 9:33 AM, she revealed that the resident did not receive the medication due to it not being available but she documented it as being administered.</p> <p>During a surveyor interview with Licensed Practical Nurse, Staff I, on 2/27/2023 at 9:57 AM, she revealed the Fluticasone Propionate has not been administered since it was ordered on 1/2/2023 because it was unavailable. Additionally, she acknowledged that she has documented that she administered the medication on the morning of 2/27/2023 and she had not.</p> <p>Record review of the Medication Administration Records (MAR) revealed staff inaccurately documented that the medication was administered 14 of 29 opportunities in January 2023 and 9 of 27 opportunities in February 2023.</p> <p>During a surveyor interview with the Director of Nursing on 2/27/2023 at 12:17 PM, she was unable to explain why staff inaccurately documented on the MAR that they administered the medication when the medication was not available in the facility.</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</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.</p> <p>Findings are as follows:</p> <p>Review of the antibiotic stewardship monthly records failed to reveal documentation of tracking information for the months of October, November, December of 2022 and January 2023, which included diagnostic tests including, but not limited to, laboratory results, x-rays, or cultures and test results to ensure the appropriate antibiotics were prescribed. Further review failed to reveal evidence of a system for monitoring or reviewing each resident's response to antibiotics.</p> <p>During a surveyor interview on 2/27/2023 at 10:40 AM with the Acting Infection Control Nurse, she was unable to provide evidence of an antibiotic stewardship program from October 2022 through January 2023.</p>		

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<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46338</p> <p>Based on surveyor observation, record review, staff and resident interview, it has been determined that the facility failed to be adequately equipped to allow residents to call for staff assistance through a communication system which relays the call directly to a staff member or to a centralized staff work area for 2 of 26 residents reviewed, Resident ID #s 107 and 94.</p> <p>Findings are as follows:</p> <p>Record review of the facility's policy titled Call Light Policy states in part .The purpose of this procedure is to respond to the resident's request and needs .when the resident is in bed or confined to a chair be sure the call light is within easy reach of the resident .</p> <p>1. Record review for Resident ID #107 revealed s/he was originally admitted to the facility in November of 2020 and has diagnoses including, but not limited to, hemiplegia (paralysis of one side one the body), muscle weakness and chronic respiratory failure.</p> <p>Review of the resident's quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 11 indicating moderate cognitive impairment.</p> <p>During a surveyor observation on 2/23/2023 at approximately 8:45 AM, the resident asked the surveyor for the call light stating, they don't .hook it up, I have to scream all day long . The call light was observed to be tied to the bottom of the bed rail and out of the resident's reach.</p> <p>During a surveyor observation on 2/23/2023 at 8:45 AM with Licensed Staff Nurse, Staff M, she acknowledged that the call light was out of the resident's reach. She further indicated that the surveyor will find more call lights that will not be within the resident's reach.</p> <p>During a surveyor observation in the presence of Certified Nursing Assistant, Staff N, on 2/24/2023 at 9:24 AM, Resident ID #107's call light was observed to be attached to the wall, out of the resident's reach.</p> <p>During a surveyor interview with Staff N immediately following the observation, she revealed that the 3rd shift staff must have attached the call light to the wall.</p> <p>2. Record review for Resident ID #94 revealed s/he was admitted to the facility in July of 2020 with diagnoses including, but not limited to, type 2 diabetes mellitus and chronic kidney disease.</p> <p>Review of the resident's quarterly MDS assessment dated [DATE] revealed a BIMS score of 12 indicating moderate cognitive impairment.</p> <p>During a surveyor observation of the resident on 2/24/2023 at approximately 8:50 AM, revealed the resident laying in bed and the call light was behind the nightstand, out of the resident's reach.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  415079	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/01/2023
NAME OF PROVIDER OR SUPPLIER  Trinity Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4 St Joseph Street Woonsocket, RI 02895	
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)		
F 0919  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	During a surveyor interview on 2/24/2023 at approximately 9:30 AM with Staff N, she acknowledged that the call light was out of the resident's reach. She further revealed the 3rd shift staff must have placed it there.  During a surveyor interview with the [NAME] President of Operations on 2/28/2023 at approximately 2:00 PM, she indicated that the call lights should be placed within the residents reach to be able to call staff for assistance.		