

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415064	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/21/2022
NAME OF PROVIDER OR SUPPLIER Pawtucket Falls Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 70 Gill Avenue Pawtucket, RI 02861	

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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>46240</p> <p>Based on record review and staff interview, it has been determined that the facility failed to ensure that residents are free of any significant medication errors for 1 of 6 residents reviewed, Resident ID #1.</p> <p>Findings are as follows:</p> <p>Record review of a facility policy titled Administering Medications revised in April of 2019 states in part, .9. The individual administering medications verifies the resident's identity before giving the resident his/her medications .10. The individual administering the medication checks the label THREE (3) times to verify the right resident, right medication, right dosage, right time and right method (route) of administration before giving the medication .</p> <p>Record review of a facility-reported incident submitted to the Rhode Island Department of Health on 10/14/2022, alleges in part, .Medication Technician was administering AM [morning] medications she accidentally gave this resident another resident's medications .</p> <p>Record review revealed the resident was admitted to the facility in February of 2022 with diagnoses including, but not limited to, type 2 diabetes mellitus [chronic disease that impairs the way the body regulates and uses sugar] with diabetic chronic kidney disease, muscle weakness, and history of falling.</p> <p>Review of a progress note dated 10/14/2022 at 12:21 PM states in part, Around 11:30 AM, this nurse was called by a CNA [Certified Nursing Assistant] to patient room because [s/he] was complaining about not feeling well. [S/he] complained of nausea blurred vision and seem a lot more anxious .BP [blood pressure] . slightly low at 96/48 .Patient had received the wrong medications from the medtech [medication technician] which included baclofen [medication used to relax muscles] 20mg [milligrams], fluoxetine [antidepressant medication] 90 mg, gabapentin [medication used to treat seizures and nerve pain] 800mg, keppra [medication used to treat seizures] 750mg, propranolol [medication used to treat high blood pressure] 20mg, vit [vitamin] D 2000 units .Patient was sent to ER [emergency room] .</p> <p>Record review of a document titled RI EMS [Rhode Island Emergency Medical Services] Patient Care Report dated 10/14/2022, states in part, .patient .reportedly given the wrong medication by staff .Patient states [s/he] does not feel well, is sick to [his/her] stomach and very dizzy .patient also reports hallucinations and seeing 'monsters' .</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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NAME OF PROVIDER OR SUPPLIER Pawtucket Falls Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 70 Gill Avenue Pawtucket, RI 02861	
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<p>F 0760</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Review of the hospital paperwork reveals an emergency department provider note dated 10/14/2022 at 6:30 PM which states in part, .Patient was admitted to intermediate level of care. However, while awaiting a bed, patient became more lethargic and sedated. Sats [oxygen saturation] dropped to high 60's. Patient was intubated for airway protection . The resident was then transferred to a medical intensive care unit.</p> <p>During a surveyor interview on 10/20/2022 at 10:46 AM with Certified Medication Technician (CMT), Staff A, in the presence of the acting Director of Nursing Services, she revealed she was distracted and administered the wrong morning medications to the resident on 10/14/2022.</p> <p>During an interview with the Administrator and acting Director of Nursing Services on 10/19/2022 at 2:00 PM, they revealed the CMT administered the wrong medications to the resident. They further revealed, the CMT failed to verify the right medications and the right resident.</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>46240</p> <p>Based on record review and staff interview, it has been determined that the facility failed to ensure that the medical records for each resident are maintained in accordance with professional standards and practices regarding accurate documentation for 2 of 6 residents reviewed, Resident ID #s 1 and 2.</p> <p>Findings are as follows:</p> <p>1. Record review revealed Resident ID #1 was admitted to the facility in February of 2022 with diagnoses including, but not limited to, type 2 diabetes mellitus [chronic disease that impairs the way the body regulates and uses sugar] with diabetic chronic kidney disease, muscle weakness, and history of falling.</p> <p>Further record review revealed the resident was discharged from the facility on 10/14/2022.</p> <p>Record review revealed a weekly skin assessment completed and dated 10/15/2022 at 2:23 PM.</p> <p>Record review revealed a COVID-19 symptom screening completed and dated 10/15/2022 at 7:43 AM.</p> <p>2. Record review revealed Resident ID #2 was admitted to the facility in July of 2022 with diagnoses including, but not limited to, acute and chronic respiratory failure, and muscle weakness.</p> <p>Further record review revealed the resident was discharged from the facility on 10/14/2022.</p> <p>Record review revealed a COVID-19 symptom screening completed on the following dates and times:</p> <p>-10/15/2022 at 12:53 AM</p> <p>-10/15/2022 at 12:53 PM</p> <p>-10/16/2022 at 12:53 AM</p> <p>-10/16/2022 at 12:53 PM.</p> <p>During a surveyor interview on 10/19/2022 at 2:00 PM with the Administrator and the acting Director of Nursing Services, they were unable to explain why staff documented the above-mentioned assessments for Resident ID #s 1 and 2 as completed after they were discharged from the facility.</p>