

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 01/06/2023
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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46338</p> <p>Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to ensure that residents receive treatment and care in accordance with professional standards of practice for 1 of 2 residents reviewed for falls, Resident ID #4.</p> <p>Findings are as follows:</p> <p>Record review of a facility reported incident submitted to the Rhode Island Department of Health on 12/28/2022 states in part, CNA [Nursing Assistant] .reported to this writer today that on 12/25/2022 . [Resident ID #4] had a fall at the nurse's station and states that patient was not attended to by nurses that were at the nurse's station for 20 minutes.</p> <p>Record review of a policy titled Falls-Clinical Protocol states in part .In addition, the nurse shall assess and document/report the following:</p> <ol style="list-style-type: none"> a. Vital signs; b. Recent injury, especially fracture or head injury; c. Musculoskeletal function, observing for change in normal range of motion .; d. Change in cognition or level of consciousness; e. Neurological status; f. Pain . <p>Record review revealed the resident was admitted to the facility in May of 2021 with diagnoses including, but not limited to, cognitive communication deficit, unspecified dementia, anxiety disorder and mood disturbance.</p> <p>Record review of a progress note dated 12/25/2022 at 3:28 PM authored by Registered Nurse, Staff D, revealed Resident was sitting in the w/c [wheelchair] at nurse' station, while counting narcotics, resident attempted to get up out of bed and fell to the floor at nurses' station, Resident claims [s/he] did hit [his/her] head.</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
---	-------	-----------

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 01/06/2023
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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Additional review of the progress notes revealed an entry authored by Staff D on 12/25/2022 at 3:49 PM which states in part, Supervisor on floor and aware. Voicemail left with [family member] and TrueCare on call [on call provider].</p> <p>During a surveyor interview with Staff D on 1/6/2023 at approximately 10:00 AM she acknowledged working at the facility on 12/25/2022 on the unit in question although she could not recall a fall that occurred on 12/25/2022 at the change of shifts. The surveyor read her the progress notes she had entered into the resident's record on 12/25/2022 and she again she stated, I don't know that resident .there were no falls on Christmas day .I don't remember writing those notes or assessing anyone that fell . The surveyor then asked Staff D if she had given her username and password to the electronic medical system (EMAR) to anyone else and she replied that she had not. Additionally, she was unable to explain how those notes were entered into the system under her name.</p> <p>During an interview on 12/30/2022 at approximately 10:00 AM with Licensed Practical Nurse, Staff F, she indicated that she was the supervisor on call on 12/25/2022 and did not receive any phone calls regarding Resident ID #4. She indicated if she had received the phone call concerning the resident sustaining a fall, she would have ensured that the facility spoke to the resident's physician so they could direct care for the resident.</p> <p>During a surveyor interview with the Nurse Practitioner (NP) on 1/3/2023 at 10:15 AM, she indicated that she was not notified about the fall or any injuries until 12/28/2022, despite her being in the facility on 12/27/2022. Additionally, she revealed that she would expect the nurse to follow the facility's fall protocols following a resident's fall. She also revealed that if a resident was known to have hit their head, she would have ordered neurological checks on the resident.</p> <p>During a surveyor interview with the Medical Director on 1/6/2023 at approximately 1:00 PM he revealed that he did not receive any phone calls or voice messages regarding the resident's fall or injury on 12/25/2022. He revealed his NP was made aware of the fall on 12/28/2022 and she ordered an x-ray of his/her clavicle. He indicated that he would expect that if a nurse had called him and left a message and no one called back that the nurse would attempt to call the physician again for orders etc.</p> <p>During an interview on 12/30/2022 at approximately 9:00 AM with the Director of Nursing (DON), she revealed that the facility utilizes Point Click Care (PCC) as their EMAR. She then went into the resident's record in PCC to the Assessment tab and she was unable to find an assessment for Resident ID #4 relative to his/her fall on 12/25/2022.</p> <p>Although there were nursing notes indicating the resident's vital signs were stable and that the resident was alert and responsive with no visible injuries on 12/26 and 12/27/2022, the record failed to reveal evidence that a full body assessment was completed, including musculoskeletal function, observing for a changes in range of motion and neurological status had been completed for the resident.</p> <p>(continued on next page)</p>		

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 01/06/2023
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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During a surveyor interview with NA, Staff E on 12/29/2022 at 11:23 AM he revealed he was the resident's primary NA and that he was present at the time the resident fell on [DATE]. He indicated that the resident was on the floor for 10 to 15 minutes before any of the licensed nurses responded to the resident. He indicated that he had not cared for the resident since his/her fall on 12/25/2022 until he returned to work on 12/28/2022, which is when he observed a large bruise on the resident's shoulder. He further revealed that he reported this bruise to the unit manager and at that point he questioned what had been done for this resident after s/he had fallen on 12/25/2022.</p> <p>Additional record review failed to reveal evidence that any interventions, assessments including musculoskeletal function, observing for change in range of motion and neurological status, or treatments were provided to Resident ID #4, prior to Staff E's return to work on 12/28/2022.</p> <p>Review of a Radiology report dated 12/28/2022 revealed Nondisplaced fracture of the clavicle (collarbone) laterally .acute fracture .</p> <p>During a surveyor observation on 12/29/2022 at 1:53 PM in the presence of Registered Nurse Staff A, the resident was observed in bed with a large bruise covering his/her left shoulder.</p> <p>During an additional surveyor observation on 12/30/2022 at approximately 9:30 AM the resident was observed in bed, difficult to arouse and had a large yellow, green, purple, and blue bruise covering his/her left shoulder, left chest wall, and extending down to his/her left shoulder blade. The resident was observed to be grimacing in pain when being repositioned by staff.</p> <p>During a surveyor interview on 1/3/2023 with the Director of Nursing Services and the Administrator at approximately 3:00 PM, they were unable to provide evidence of a completed post fall assessment including musculoskeletal function, observing for change in range of motion and neurological status as indicated by the facility policy. Additionally, they were unable to provide evidence of any documentation of the bruise in the resident medical record.</p> <p>During a surveyor interview with the DON on 12/30/2022 at approximately 9:00 AM she revealed that the resident was diagnosed with a fractured clavicle, and she indicated that the resident's family opted to place him/her on hospice services, as s/he was not a surgical candidate.</p> <p>Further record review revealed the resident was admitted to hospice services on 1/1/2023 and passed away on 1/2/2023.</p> <p>39495</p>		

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 01/06/2023
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 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>37158</p> <p>Based on record review and staff interview, it has been determined that the facility failed to ensure that the resident's drug regimen is free from unnecessary drugs for 1 of 3 residents reviewed for medication administration, Resident ID #1.</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, diastolic congestive heart failure, cardiomyopathy, venous insufficiency, and atrial fibrillation.</p> <p>Record review revealed the following physician orders with parameters to hold the medication for systolic blood pressure less than 110 and for a heart rate less than 60.</p> <ol style="list-style-type: none"> 1. Spironolactone (medication to treat high blood pressure and excess fluid) 50 milligrams (mg) by mouth in the morning. 2. Spironolactone 25 mg by mouth in the evening. 3. Carvedilol (medication to treat high blood pressure and heart failure) 6.25 mg by mouth two times a day. 4. Torsemide (medication to treat high blood pressure and heart failure) 100 mg by mouth one time a day. 5. Torsemide 50 mg by mouth in the evening. <p>Record review of the December 2022 Medication Administration Record revealed the above-mentioned medications were administered on 12/18/2022 for the day time doses with a documented blood pressure of 103/59, which was outside of the ordered parameters.</p> <p>Additionally, the record failed to reveal a documented blood pressure or heart rate for the evening of 12/18/2022 and the above medications were administered.</p> <p>During a surveyor interview with the Director of Nurses on 12/27/2022 at approximately 4:30 PM, she acknowledged the medications were administered outside the ordered parameters and without monitoring of the blood pressure or heart rate. Additionally, she could not provide documented evidence of a blood pressure or heart rate for the evening shift on 12/18/2022.</p>

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 01/06/2023
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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>37158</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 the resident was admitted to the facility in December of 2022 with diagnoses including, but not limited to, diastolic congestive heart failure, cardiomyopathy, venous insufficiency, and atrial fibrillation.</p> <p>Record review of the resident's Hospital Continuity of Care document dated 12/8/2022, revealed a list of the following physician orders that were prescribed for the resident to continue at the facility:</p> <ul style="list-style-type: none"> -Enoxaparin (Lovenox) (medication to thin the blood and prevent blood clots) injection 120 milligrams (mg) /0.8 milliliter (ml) inject 115.5 mg under the skin every 12 hours for 4 days. -Potassium chloride (medication to treat low potassium) 80 milliequivalents (mEq) twice daily. -Spironolactone (medication to treat heart failure) 50 mg by mouth in the AM. -Spironolactone 25 mg by mouth in the PM. <p>Record review of the December 2022 Medication Administration Record (MAR) revealed the following orders:</p> <ol style="list-style-type: none"> 1. Lovenox Solution Prefilled Syringe 120 mg/0.8 ml .Inject 1 vial subcutaneously (under the skin) every 12 hours .for 4 days, dated 12/9/2022. <p>Review of the record revealed Lovenox was administered 6 times during the day shift and 5 times during the evening shift, a total of 11 times, indicating 3 additional doses were administered to the resident.</p> <ol style="list-style-type: none"> 2. Potassium tablet Give 80 mEq by mouth two times a day for Hypokalemia [a lower than normal potassium level in your bloodstream] . dated 12/9/2022 and discontinued on 12/9/2022. <p>-A subsequent order dated 12/10/2022 for Potassium tablet Give 40 mEq by mouth two times a day for Hypokalemia .</p> <p>This indicates that the order for Potassium 80 mEq twice a day was transcribed incorrectly as Potassium 40 mEq twice a day.</p> <p>Additional review of the MAR failed to reveal evidence that the Potassium was administered on 12/9/2022, indicating the resident missed 2 doses of potassium.</p> <p>(continued on next page)</p>		

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 01/06/2023
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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. Spironolactone Tablet 25 mg Give 2 tablet by mouth one time a day .scheduled for administration from 7:00 AM-12:00 PM, dated 12/9/2022.</p> <p>Spironolactone Tablet 25 mg Give 25 mg by mouth in the afternoon .scheduled for administration from 1:00 PM-3:00 PM, dated 12/9/2022.</p> <p>Spironolactone Tablet 25 mg Give 50 mg by mouth one time a day .scheduled for administration at 6:00 AM, dated 12/10/2022.</p> <p>Further review of the record revealed the order for Spironolactone 50 mg dated 12/10/2022 was transcribed in error, resulting in the resident receiving additional doses of Spironolactone 50 mg on 12/10, 12/11, and 12/12/2022.</p> <p>During an interview on 12/28/2022 at approximately 4:30 PM with the Director of Nursing Services, she could not explain why the above-mentioned medications were transcribed incorrectly. Additionally, she was unable to explain why additional doses of Lovenox and Spironolactone were administered to the resident, or why the resident missed two doses of Potassium. Furthermore, she was unable to provide evidence that the facility ensured Resident ID #1's drug regimen was free from significant medication errors.</p>

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 01/06/2023
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>37158</p> <p>Based on surveyor observation, record review and staff interview, it has been determined that the facility failed to store all drugs and biological's in locked compartments for 1 of 1 resident reviewed relative to medications left at the bedside, Resident ID #3.</p> <p>Findings are as follows:</p> <p>Record review of the electronic medication administration record revealed the following medications were signed off as administered by the Licensed Practical Nurse, Staff G, on 12/28/2022 at 11:21 AM:</p> <ol style="list-style-type: none"> 1. Amiodarone 200 mg, one tablet 2. Acidophilus one capsule 3. Imuran 50 mg, two tablets 4. Calcium Carbonate Chew, one tablet 5. Calcium-Vitamin D Chew, one tablet 6. Eliquis 2.5 mg, one tablet 7. Docusate Sodium 100 mg, one tablet 8. Ferrous Sulfate 325 mg, one tablet 9. Cyclosporine 100 mg, one capsule 10. Folic Acid 1 mg, one tablet 11. Multivitamin-minerals, one tablet 12. Prednisone 10 mg, one tablet 13. Vitamin B12 500 mcg one tablet 14. Vitamin D 5000 units 15. Valtrex 1 gram one tablet 16. Loratadine 10 mg one tablet <p>(continued on next page)</p>

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 01/06/2023
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a surveyor observation on 12/28/2022 at 11:51 AM revealed the resident was in his/her room without staff being present. Two medication cups were noted to be on his/her bedside table. One cup contained 16 pills and the other cup contained 1 pill.</p> <p>During an interview on 12/28/2022 at 3:08 PM with Staff G, she acknowledged leaving the medications at the bedside and she further revealed the medications were all the resident's morning medications.</p> <p>Record review failed to reveal evidence of an assessment for the resident to self-administer medications.</p> <p>During a surveyor interview with the Director of Nursing Services and the Administrator on 12/29/2022 at 3:54 PM, they acknowledged that the medications should not have been left unattended at the resident's bedside. Additionally, they were unable to provide evidence that the resident's drugs and biological's were stored in a locked compartment.</p>

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 01/06/2023
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 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>37158</p> <p>Based on record review and staff interview it has been determined that the facility failed to maintain medical records for each resident that are complete and accurately documented, in accordance with accepted professional standards and practice for 1 of 4 residents reviewed, Resident ID #1.</p> <p>Findings are as follows:</p> <p>1. Record review revealed Resident ID# 1 was admitted to the facility in December of 2022 with diagnoses including, but not limited to, diastolic congestive heart failure, cardiomyopathy, venous insufficiency, and atrial fibrillation.</p> <p>Record review revealed a physician's order dated 12/21/2022 which states in part, Potassium Tablet Give 20 mg [milligrams] by mouth one time a day .</p> <p>According to GoodRx Health potassium supplements are ordered in milliequivalents (mEq) and not milligrams (mg).</p> <p>During a surveyor interview with the Director of Nurses on 12/27/2022 at approximately 4:30 PM, she was unable to explain why the potassium order was transcribed in milligrams and further acknowledged that potassium should have been transcribed as milliequivalents and not milligrams.</p> <p>46338</p>