Department of Health & Human Services Centers for Medicare & Medicaid Services

Printed: 11/22/2024 Form Approved OMB No. 0938-0391

NAME OF PROVIDER OR SUPPLIER					
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.					
,	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)				
Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. ***NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46118 Based on surveyor observations, record review, staff and resident interview, it has been determined that the facility failed to ensure that a resident's environment remains as free from accident hazards as possible for 1 of 3 residents reviewed, resulting in a burn, Resident ID #1. Findings are as follows: Review of a facility reported incident submitted to the Department of Health on 3/8/2023 revealed the resident was seen by rehab on 3/4/2023, .was treated with a hydrocollator pack and sustained a burn as a result. Review of the Hydrocollator Heating Units Service/User Manual revealed The hydrocollator Heating Unit is equipped with an immersion type heating element and a hydraulic capillary-type thermostat which evenly maintains the HolPac temperature in the water and provides a ready supply of heated packs. Further review revealed the recommended operating temperature is 160 -165 degrees Fahrenheit (a temperature hot enough to cause skin injury). Review of the policy last updated 10/28/2022 titled Policy: 8.25 - Physical Agent Modalities revealed. Hot Packs Procedure Screen for precautions or contraindications to hot pack use. Ensure skin is clean and dry. Remove topical analgesics, if applicable, prior to applying hot packs. Fold 4 towels in half, width-wise forming 8 layers of toweling. If using a [NAME] cloth hot pack cover, the [NAME] cloth acts as two layers . When using a hot pack, clinicians must document a pre/post skin assessment . Record review revealed that the resident was admitted to the facility in August of 2022 with diagnoses including, but not limited to, diabetes mellitus type 2, muscle weakness and pain in left shoulder. Record review of the Minimum Data Set (MDS) assessment dated [DATE] revealed s/he has a Brief Interview for Mental Status (BIMS) score of 12 out of 15, indicating moderat				

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

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 415064

If continuation sheet Page 1 of 2

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415064	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/10/2023	
NAME OF DROVIDED OR SURDIUS		STREET ADDRESS CITY STATE 71	D CODE	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 70 Gill Avenue		
Pawtucket Falls Healthcare Center		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)			
F 0689 Level of Harm - Actual harm Residents Affected - Few	Review of an Occupational Therapy Treatment Encounter Note(s) with the date of service of 3/4/2023 states in part, .placement of hot pack on L [left] shoulder for 15 minutes prior to deep tissue massage to L shoulder deltoid area . Further review failed to reveal documentation of a skin assessment before or after the application of the hot pack, per the facility policy.			
Residente Allected - Lew	Additional review of the March 2023 MAR revealed the resident reported a pain level of 10 on 3/4/2023 at 4:00 PM following the application of the hot pack.			
	Review of a progress note dated 3/4/2023 at 9:39 PM revealed a new skin alteration was discovered to the resident's left shoulder. Further review revealed .First degree burn .7.5cm [centimeter] x[by] 4cm. Resident states burn happened during therapy with warm compress. Area cleansed with normal saline, then covered with xeroform [a sterile petroleum gauze] and bordered foam dressing.			
	Review of an initial wound evaluation and management summary from VOHRA Wound Physicians (an outpatient wound specialty group) dated 3/8/2023 revealed the resident had a focused wound exam to a burn wound of the left, posterior shoulder. Further review revealed the wound was described as partial thickness (a second degree burn that affects the top two layers of skin and can continue to evolve to a full thickness burn, even after initial treatment), with light serous exudate (draining of liquid from an open wound) measuring 7.2 cm in length, 3.6 cm in width and an unmeasurable depth. Additional review revealed a dressing treatment plan including Silver sulfadiazine [a treatment for significant second and third degree burns].			
	Record review of the OT [Occupational Therapy] Evaluation & Plan of Treatment for the resident's OT certification period of 2/22/2023-4/22/2023 does not specify the use of a physical modality such as a hot pack.			
	During a surveyor interview on 3/9/2023 at 12:04 PM with the Certified Occupational Therapist Assistant (COTA), Staff A, she revealed she did not cleanse the resident's skin or remove the topical analgesic prior to administering the hot pack for approximately 15 minutes. She further revealed the temperature of the hydrocollator that she obtained prior to use was approximately 165 degrees Fahrenheit. She revealed that she used 2 towels folded to make 4 layers and the hot pack cover totaling only 6 layers between the resident's skin and the hot pack. Additionally, she could not provide evidence that a pre/post skin assessment was completed.			
	During a surveyor observation on 3/9/2023 at 1:18 PM in the presence of Licensed Practical Nurse (LPN) Staff B, the resident's left shoulder wound was observed to have an open area with a red and yellow wound bed. The resident was observed to wince when the wound dressing was removed by the LPN at that time.			
	During a surveyor interview on 3/9/2023 at 2:25 PM with a telephone interpreter and the resident, s/he revealed the burn was sustained on 3/4/2023 during therapy after a staff member applied wet hot cloths on my shoulder.			
	During a surveyor interview on 3/9/2023 at approximately 1:30 PM with the Occupational Therapist, Staff C, he indicated that a hot pack is considered a physical modality. Additionally, he acknowledged that the use of a hydrocollator hot pack was not part of the resident's plan of treatment.			