

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 415106	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/04/2020
NAME OF PROVIDER OF SUPPLIER ST ANTOINE RESIDENCE		STREET ADDRESS, CITY, STATE, ZIP 10 RHODES AVENUE NORTH SMITHFIELD, RI 02896	
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 0600 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. Based on staff interview and record review, it was determined that the facility has failed to ensure that a resident is free from neglect for 1 of 4 sample residents, pertaining to incontinence care (ID #4). Findings are as follows: Review of the facility's internal investigation summary report, dated 10/15/2019, revealed that on the evening of 10/9/2019 at 8:30 PM, Resident ID #4 had informed the nurse supervisor on the unit that he/she had been waiting over 5 hours for care. The Resident initially informed a nursing assistant (NA) (Staff A) at 3:20 PM that he was incontinent of feces and was in need of care. Further review of the facility's internal investigation summary as well as review of numerous employee written statements, revealed that between 3:20 PM and 8:30 PM, four additional NA's (Staff B - Staff E), as well as the unit nurse supervisor (Staff F) became aware of Resident ID #4's need for incontinence care. During interview on 3/4/2020 at 2:00 PM, the Director of Nursing (DON) acknowledged that on the evening of 10/9/2019, Resident ID #4 had not received incontinence care for over five hours, despite six staff members being made aware of this resident's need for care. The DON indicated that she would expect a nursing staff member to change an incontinent resident timely, even if they were not on their primary assignment.		
F 0689 Level of harm - Minimal harm or potential for 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** Based on surveyor observation, staff interview and record review, it was determined that the facility has failed to ensure that each resident receives assistive devices to prevent accidents for 1 of 1 sample residents with falls (ID #1). Findings are as follows: Review of the clinical record for Resident ID #1 revealed [DIAGNOSES REDACTED]. Review of the Brief Interview for Mental Status (BIMS) assessment revealed a score of 99, indicating the assessment was unable to be completed and that this resident has impaired cognition. Review of February 2020 progress notes revealed: 2/5/2020 at 11:29 AM, Reviewed resident's fall of 2/4/20 at morning IDT (interdisciplinary team) meeting on 2/4/20. Resident got (him/herself) OOB (out of bed), .Fall unwitnessed .In order to prevent another fall we will apply a DPM (Disperse Pressure Mattress) mattress .Care Plan updated . 2/9/2020 at 10:31 PM, .At around 9:55 PM this writer was summoned to room by medication aide (MA) regarding resident being on the floor. Upon entering bedroom writer observed resident lying on the bathroom floor in the supine position, .when questioned resident smiled and stated that he/she was trying to get back to bed, and fell . 2/15/2020 at 2:16 AM, 1:55 AM on February 2020, resident found sitting on floor by door to his/her room . Surveyor observation of Resident ID #1's bed, on 3/4/2020 at approximately 12:30 PM, revealed a flat mattress with no raised perimeter edges. Review of the Care Plan, updated [DATE]20, revealed no evidence of a DPM intervention for fall prevention. During interview on 3/4/2020 at 12:50 PM, Staff Nurse G acknowledged that the mattress on Resident ID #1's bed is not a DPM mattress and that he/she has not had a DPM in place. Furthermore, she was unaware that the DPM mattress was a recommended care plan intervention for prevention of falls. Review of a work order, signed and dated 2/4/2020, revealed a request stating, .need DPM mattress for Resident ID #1 . and a response, signed and dated 2/5/2020, stating .not available . During interview regarding the 2/4/2020 progress note, on 3/4/2020 at approximately 1:00 PM, Staff Nurse H stated that the DPM scoops in the middle and has built-in perimeter bolsters. The IDT decided to implement this type of mattress to prevent the resident from having any further falls out of bed because of the raised perimeter edge design. Staff Nurse H acknowledged submitting the request to maintenance for the DPM on 2/4/2020 and was unaware that Resident ID #1 did not receive the mattress. During interview on 3/4/2020 at 1:58 PM, the DON acknowledged the maintenance work order was never processed correctly and would have expected that the DPM intervention would have been implemented to prevent the resident from having any further falls out of bed.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE (X6) DATE	

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.