

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 415062	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/11/2020
NAME OF PROVIDER OF SUPPLIER MORGAN HEALTH CENTER		STREET ADDRESS, CITY, STATE, ZIP 80 MORGAN AVENUE JOHNSTON, RI 02919	
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 0656 Level of harm - Potential for minimal harm Residents Affected - Some	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to implement a comprehensive person-centered care plan for 1 out of 6 residents reviewed for abuse and neglect (ID #3). Findings are as follows: Resident ID #3 was admitted to the facility in October 2017 and has [DIAGNOSES REDACTED]. Record review revealed a care plan for a history of abusive, demanding and accusatory behavior towards staff. Interventions (approach start date: 11/19/2019) include the following: - 2 staff members in room with personal cares and transfers. - Per recommendation of the social worker, a journal will be kept in the resident's room to identify care needs met as well as behaviors. Surveyor observation of the resident's journal, located at the nurses' station, on 3/11/2020 at approximately 1:17 PM revealed entries from 12/26/2019 to 1/6/2020. There was no evidence of a journal entry from 1/7/2020 through 3/11/2020. During a surveyor interview with the Nurse, Staff A, at the time of the above observation, she acknowledged that the last entry in the journal was on 1/6/2020. Review of the progress notes from 1/7/2020 to 3/11/2020 revealed documentation of behavior such as yelling out, accusatory behavior, and/or attention-seeking behavior on 24 days. During a surveyor interview with a Nursing Assistant, Staff B, on 3/11/2020 at 12:09 PM (who was assigned to the resident at the time), she indicated that the resident can be accusatory towards staff and that she only uses two staff members for personal care when the resident is exhibiting behaviors. Additionally, she was unaware of a journal used to document the resident's behaviors. During a surveyor interview with a Nursing Assistant, Staff C, on 3/11/2020 at 12:17 PM, she indicated that the resident has accusatory behaviors. She further indicated that they can provide care to the resident using one staff member if the resident is not exhibiting behaviors. Additionally, she revealed that they were using a journal in the past to document the resident's behaviors; however, she was not sure if it was still being used. During a surveyor interview with the Director of Nursing Services and Assistant Director of Nursing Services on 3/11/2020 at 2:43 PM, they indicated that there should always be two staff members while providing care to the resident as the resident has accusatory behaviors towards staff. Additionally, they revealed that staff should be documenting any behaviors in the journal and were unaware that staff were no longer utilizing the journal.</p>		
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.