

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 415084	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/02/2020
NAME OF PROVIDER OF SUPPLIER ELMHURST REHABILITATION & HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 50 MAUDE STREET PROVIDENCE, RI 02908	
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 0760 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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 3 sampled residents reviewed (Resident ID #1). Findings are as follows: Resident ID #1 was admitted to the facility with [DIAGNOSES REDACTED]. Review of Resident ID #1's progress notes dated 8/20/2020 revealed the resident not easily aroused by verbal stimuli . rescue medication given . ordered to send elder . for further evaluation . Review of the hospital record dated 8/20/2020 revealed the resident presented with [DIAGNOSES REDACTED] (low blood sugar). The record indicated the resident was accidentally given an [MEDICATION NAME] (emergency medication used to treat an acute allergic reaction) and hence sent in for assessment . Further record review revealed the resident was admitted for [DIAGNOSES REDACTED] (low magnesium level) and further monitoring . During an interview on 8/31/2020 at 5:35 PM with the Director of Nursing Services (DNS), it was revealed that on 8/20/2020 at approximately 5 PM, the resident was noted to be lethargic (tired, weary, fatigued, or a lack of energy) and with facial drooping. The resident's blood sugar was taken and was noted to be 23 mg/dl (normal blood sugar range between 70 - 125 mg/dl). The nurse on duty administered [MEDICATION NAME] (a hormone that raises blood sugar levels) as ordered. Another nurse on duty, (Staff F), then administered [MEDICATION NAME] ([MEDICATION NAME]), instead of an additional [MEDICATION NAME] injection as ordered by the physician. During a telephone interview with the resident's physician on 9/2/2020 at 1:11 PM, he stated the resident was sent to the hospital mainly because of low blood sugar and s/he also received [MEDICATION NAME]. When asked why the resident was admitted to the hospital, the resident's physician further stated, could be multiple reasons . [MEDICATION NAME] could be one of them.		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on surveyor observation, record review and staff interview, it has been determined that the facility failed to properly prevent and contain the potential spread and transmission of COVID-19 relative to personal protective equipment (PPE) and/or caring for residents with suspected COVID-19. Findings are as follows: The facility's policy and procedure for Transmission Precautions for Residents and Donning and Doffing Personal Protective Equipment (PPE) when caring for Residents with confirmed or Suspected COVID-19 dated March 2020 states in part: Remember: PPE must be donned correctly before entering the resident area . Special Droplet/Contact Precautions 1. Utilize Special Droplet/Contact Precautions signage at the entrance to the room . 3. Clean hands when entering and leaving room . 5. Wear eye protection (face shield or goggles) 6. Gown and gloves at the door . Surveyor tour of the facility with the Infection Control Nurse on 8/31/2020 between 5:50 PM and 7:00 PM revealed the following: Unit 4: - Nursing assistant (Staff A) was observed wearing an N95 mask, the bottom elastic was not secured around the back of his neck. Unit 5 (Quarantine Unit): -Nursing assistant (Staff B) was observed entering Resident's ID #2's room, his eye protection was noted to be on his forehead and was not wearing gloves or a gown. He was then observed placing linen (Johnny and face cloth) on the resident's bed. He then spoke to the resident while placing his hands on the edge of their bed. Staff B then left the room and retrieved clean linen from the linen cart in the hall and brought into the room of Resident ID #3. He again wore his eye protection on his forehead and did not wear a gown or gloves. Staff B was not observed performing hand hygiene when entering or exiting the rooms of Resident ID's #2 and #3. - Staff C and Staff D were observed entering Resident ID #2's room without gowns or gloves on. Staff C and D were not observed performing hand hygiene when entering or leaving Resident ID #2's room. A surveyor interview was conducted with Staff C and D following these observations, both Staff C and D acknowledged that they did not wear a gown or gloves when entering Resident ID # 2's room. They also acknowledged they did not perform hand hygiene when they entered or exited the room of Resident ID #2. Record review of Resident ID's #2 and #3 revealed they were recently admitted to the facility and currently on quarantine. Observations of their rooms revealed there were signs at each doorway indicating that full PPE (N95 mask, eye protection, gown and gloves) were required to enter the room. During a surveyor interview on 8/31/2020 at approximately 7:00 PM with the Infection Control Nurse, they were unable to explain why staff were not wearing appropriate PPE or following the facility's policy and procedure while caring for the residents.		
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.