

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 415108	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/19/2020
NAME OF PROVIDER OF SUPPLIER HARRIS HEALTH CARE CENTER NORTH		STREET ADDRESS, CITY, STATE, ZIP 60 EBEN BROWN LANE CENTRAL FALLS, RI 02863	
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 0609 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interview, it has been determined that the facility has failed to ensure that all alleged violations involving abuse are reported immediately (but not later than 2 hours after the allegation is made) to the administrator of the facility and to the State Survey Agency in accordance with State law for 1 out of 4 reportable allegations of abuse (involving Resident ID #2). Findings are as follows: Review of the Facility Policy, titled, Abuse prohibition, states in part, .Abuse: Willful infliction of injury, unreasonable confinement, intimidation, or punishment resulting in physical harm, pain, or mental anguish and includes physical, verbal, sexual, and mental abuse .Any instance of actual or suspected abuse, neglect, mistreatment .must be reported immediately to the DNS (Director of Nursing Services)/designee .All allegations of violations defined in this policy must be reported immediately to the Department of Health, Division of Facility Regulation (State Survey Agency). This means allegations are reported within 2 hours of the allegation if the events that led to the allegation involve abuse . Record review for Resident ID #2 revealed [DIAGNOSES REDACTED]. Further review revealed an 8/12/2020, 4:25 AM, nursing progress note, written by Staff Nurse A, stating, Resident returned in WC (wheelchair) to nursing desk to report an incident involving .(Resident ID #3). This person entered .(Resident ID #2's room) at 3:25AM and approached a still (Resident ID #2) sleeping on (his/her) bed. (S/he) reached out and touched (Resident ID #2's) groin Review of the facility-reported incident, alleging abuse, to the State Survey Agency on 8/12/2020, revealed that on 8/12/2020, Resident ID #2 (alleged victim), reported that s/he was touched inappropriately by Resident ID #3. Additionally, the DNS states, in part, An incident occurred during the night that was just brought to our attention at 11:30 am when I arrived at the facility . During a surveyor interview with Staff A on 8/14/2020 at 11:03 AM, he revealed that on 8/12/2020 Resident ID #2 reported to him that Resident ID #3 touched his/her groin on top of clothing. Additionally, he revealed that he did not report this allegation to the DNS or Administrator, nor was he aware that he had to report this incident within two hours. Review of an employee warning recorded, signed by the DNS and Staff Nurse A on 8/14/2020, states in part, .It was brought to (Staff Nurse A's) attention a resident was inappropriately touched by another resident and he did not notify the DON (Director of Nursing) or report it in the shift to shift report to the oncoming nurse, resident to resident abuse needs to be reported to the DOH (Department of Health, State Survey Agency) within 2 hours of the allegations . During a surveyor interview with the DNS on 8/14/2020 at 12:50 PM, she revealed that she expects staff to notify herself or the Administrator of all abuse allegations. She was unable to provide evidence that the allegation was reported to herself or the Administrator immediately or the state agency within 2 hours of the Resident ID #2's allegation to staff.		

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.