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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 415110 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 08/28/2020 |
| NAME OF PROVIDER OF SUPPLIER OAKLAND GROVE HEALTH CARE CENTER | | STREET ADDRESS, CITY, STATE, ZIP 560 CUMBERLAND HILL ROAD WOONSOCKET, RI 02895 | |
| 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 0686 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few | <p>Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to provide necessary treatment and services, consistent with professional standards of practice, to promote healing and prevent new pressure ulcers from developing for 1 of 1 residents who have actual pressure ulcers (Resident ID #18). Findings are as follows: The facility's policy, Prevention & Management of Pressure Injuries, states, Pressure injuries are assessed and documented on at least weekly and with a significant change in the wound until resolved. Pressure injury assessment includes: -Location -Measurement in centimeters-Length, width and depth, undermining and tunneling -Stage -Presence of tunneling or undermining -Drainage Amount -Drainage color -Odor-If present after cleaning -Appearance of wound bed -Appearance of wound edges -Appearance of peri wound -Pain -Effectiveness of treatment . Clinical record review for Resident ID #18 revealed that the resident was admitted to the facility May 2020 with [DIAGNOSES REDACTED]. The admission MDS (Minimum Data Set) assessment, dated 6/2/2020, revealed that the resident is at risk for pressure ulcers. Additionally, the MDS revealed the resident is non-ambulatory and requires extensive assistance of two staff for bed mobility. Review of Resident ID #18's Norton Plus assessments (measures pressure ulcer risk) dated 5/27/2020, 6/5/2020, and 6/10/2020 revealed scores of 6, indicating s/he is at high risk for developing a pressure ulcer. Review of a 7/29/2020 nursing progress note states, .coccyx area appears to have re-opened necrotic area to center measures 4.7 x 1.2, will f/u (follow up) with MD . The record lacked evidence that a treatment to the coccyx was put into place at that time. Review of Wound Clinic consults revealed the following: -7/21/2020, .On right foot lateral malleolus, (s/he) has an unstageable small pressure ulcer, and on lateral forefoot, a resolving DTI (deep tissue injury) . -8/11/2020, .Wound #2 Coccyx is a Stage 2 Pressure Injury Pressure Ulcer and has received a status of Not Healed . -8/25/2020, .Wound #2 Coccyx is a Stage 2 Pressure Injury Pressure Ulcer and has received a status of Not Healed . Further review of the record reveals a current physician's orders [REDACTED]. The record lacked a physician's treatment order or evidence of treatment for [REDACTED]. The record lacked evidence that wound measurements were obtained or a complete description of the wound was documented at least weekly on 7/29/2020, 8/5/2020, and 8/19/2020. Surveyor observation on 8/26/2020 at 9:50 AM with the Wound Nurse, Staff B, of Resident ID #18's treatment revealed an open area on the coccyx. During a surveyor interview with the resident's primary physician, via telephone, on 8/27/2020 at 11:10 AM he revealed that the coccyx wound is most likely a pressure ulcer. During a surveyor interview with the Wound Clinic's Physician Assistant, via telephone, on 8/27/2020 at 2:30 PM, he stated that the wound was a pressure sore on the coccyx. During a surveyor interview with the former facility Wound Nurse, Staff C, via telephone, on 8/27/2020 at 1:38 PM she revealed that she did not see the documentation from the Wound Clinic diagnosing the resident's wound as a pressure ulcer and would have contacted the Wound Clinic and done a pressure ulcer investigation. During surveyor interviews with the Director of Nursing Services on 8/26/2020 at approximately 2:00 PM and 8/28/2020 at 1:53 PM she was unable to provide evidence that weekly wound assessments were completed on Resident ID #18's coccyx wound. Additionally, she revealed that despite Wound Clinic documentation of the resident's wounds being pressure related the facility documented that they were non-pressure wounds, possibly related to COVID-19.</p> | | |
| F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few | <p>Provide and implement an infection prevention and control program. Based on surveyor observation, staff interview and record review, it has been determined that the facility failed to ensure staff utilized Personal Protective Equipment (PPE) according to professional standards to prevent the potential of the transmission of Coronavirus Disease (COVID-19) for 1 of 4 units observed (4th floor/Quarantine Unit). Findings are as follows: Center for Disease Control and Prevention (CDC) document updated on 7/15/2020 titled Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic states in part .Remove and discard the gown in a dedicated container for waste or linen before leaving the patient room or care area. Disposable gowns should be discarded after use . During an entrance conference interview with the Director of Nursing Services (DNS) and the Infection Preventionist on 8/25/2020 at approximately 8:44 AM, both staff revealed that the facility has designated the 4th floor as their quarantine and isolation unit. Surveyor observation of the 4th floor quarantine unit on 8/26/2020 revealed the following: At approximately 12:30 PM Nursing Assistant, Staff A, exited Resident ID #19's room on the quarantine unit with a plate from the room wearing full PPE and did not remove PPE upon exiting the room. Staff A was observed putting the plate on a cart with other dishes, ambulating down the hall in the same PPE, proceeded to the nutrition room where she left the cart of dishes. Resident ID #19's room had signage at the doorway which revealed Droplet Precaution . An additional surveyor observation at approximately 12:35 PM revealed Staff A entering Resident ID #20's room, which had signage at the doorway stating, Droplet Precautions . wearing the same PPE from Resident ID #19's room, Staff A did not perform hand hygiene or put on new PPE. Staff A exited Resident ID #20's room without removing PPE. She went into the dining room, removed her gown and gloves, did not performed hand hygiene, exited the dining room, went into another room, disposed of the used PPE in a trash bin and did not perform hand hygiene. During an interview on 8/26/2020 at approximately 12:40 PM with Staff A, she acknowledged that she did not remove her PPE upon exiting the rooms and did not perform hand hygiene after removing her PPE. During an interview on 8/26/2020 at 1:00 PM with the DNS, she acknowledged that all staff entering the rooms on the quarantine unit should wear full PPE. She further acknowledged that PPE should be removing upon exiting each rooms and hand hygiene should be performed.</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.