

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 415098	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/21/2020
NAME OF PROVIDER OF SUPPLIER HARRIS HEALTH CENTER LLC		STREET ADDRESS, CITY, STATE, ZIP 833 BROADWAY EAST PROVIDENCE, RI 02914	
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 0684 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on record review and staff interview, it was determined that the facility failed to ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices for 1 of 10 sample residents reviewed for quality of care (ID #6). Findings are as follows: Record review for Resident ID #6 revealed a 12/14/2019 admitted and [DIAGNOSES REDACTED]. Record review of an admission progress note written by the physician dated 12/16/2019 revealed in part, that the resident, had a recent admission for hematoma evacuation of the left lower extremity .The large hematoma of the left lower extremity was skin necrosis (tissue death) . (s/he) was taken to the operating room .for debridement (removal of damaged tissue). (S/he) had a split thickness skin graft (removing skin from one area and transplanting it to another) placed . It further revealed that the resident was admitted to the facility for rehabilitation and post hospital care. 1) Review of a Continuity of Care Form from the burn Clinic, dated 12/23/2019, revealed that the resident had a follow up visit for the skin graft sites. Further review of the form, revealed in part, .Dressing instructions . 3. Shower daily . Review of a physician order [REDACTED]. This order was in place until the resident was discharged from the facility on 1/13/2020. Record review of the Activities of Daily Living (ADL) Administration History revealed only 1 out of 22 opportunities of a shower signed off as given. Record review of the Point of Care History for the time period 12/14/2019-1/13/2020 revealed 10 entries under the section How did the resident bathe all 10 entries stated, .Activity did not occur During surveyor interview on 8/21/2020 at 8:45 AM with Staff Occupational Therapist A, she revealed that she was unaware of the resident's order to shower daily, and that she had not assisted the resident with showering during his/her time at the facility. She further revealed that the resident would have been able to transfer from the wheelchair to the shower chair. Review of a progress note dated 1/11/2020 at 11:41 PM, revealed in part, .The lower left leg .some blistering on the inner aspect of (his/her) leg, visible beneath the xeroform dressing . During surveyor interview on 8/21/2020 at 11:56 AM with a staff nurse from the Burn Center, she revealed that the daily shower was an order because it helps healing by preventing the wound from becoming infected. Review of an office visit note from the Burn Center dated 1/13/2020 revealed, .Given the poor condition of the wounds and the general symptoms of the patient will admit to the burn service . Record review of a progress noted dated 1/13/2020 at 1:40 PM by Staff Nurse B, revealed, This RN was notified by residents family that he has been admitted to (the hospital) from his Nursing burn clinic appointment . Review of the Hospital Discharge summary dated 1/20/2020 revealed the following: - .Hospital Course: .On admission left leg graft site was moist malodorous (smelling very unpleasant). Left anterior thigh site with [DIAGNOSES REDACTED] (enlargement/overgrowth) area and moist diffuse (spread over an area) area that was malodorous . - a progress note dated 1/20/2020 at 11:58 AM by the Nurse Practitioner, and attested by the physician, revealed in part, .Assessment and Plan: .readmitted (1/13) 2/2 (secondary to) poor wound care management at SNF (Skilled Nursing Facility) . 2)Additional review of the Continuity of Care Form from the burn Clinic, dated 12/23/2019, revealed, . 4. Obtain CBC (Complete Blood Count) with Type and Screen given weakness may need blood transfusion if HGB (Hemoglobin) is low . Review of a physician's orders [REDACTED]. This was down 0.3 G/DL from the last value obtained at the hospital on [DATE]. Record review of the progress notes failed to reveal evidence of these lab results being reported to the physician. During surveyor interview with the DNS on 8/21/2020 at approximately 1:00 PM, she was unable to provide evidence that the daily showers were given as ordered or that the physician was notified of the results of the resident's abnormal lab work.</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.