

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 415040	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/17/2020
NAME OF PROVIDER OF SUPPLIER ROYAL MIDDLETOWN NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 193 FOREST AVENUE MIDDLETOWN, RI 02842	
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 0658 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Ensure services provided by the nursing facility meet professional standards of quality. **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 services provided by the facility have failed to meet professional standard of quality, relative to physician's orders [REDACTED].#1, 2, 3). Findings are as follows: Mosby's 4th Edition, fundamentals of Nursing, page 314 states, The physician is responsible for directing medical treatment. Nurses are obligated to follow physician's orders [REDACTED]. 1. Record review revealed Resident ID #1 was admitted to the facility on [DATE] and has a [DIAGNOSES REDACTED]. The resident receives [MEDICAL TREATMENT] three days a week. Record review of the Medication Administration Record [REDACTED]. Auryxia was not administered for 23 out of 90 opportunities. *[MEDICATION NAME] (used to treat [MEDICAL CONDITION]) 2 mg daily. [MEDICATION NAME] was not administered for 9 out of 30 opportunities. *Fiber Gummies (fiber supplement) tablet 2 grams daily Fiber Gummies was not administered for 2 out of 30 opportunities. *Fiber Supplement ([MEDICATION NAME]: fiber supplement) 2 grams daily. Fiber Supplement was not administered for 12 out of 30 opportunities. *[MEDICATION NAME] Diskus (a medication used to decrease inflammation in the lungs) 50 micrograms (mcg), 2 puffs twice a day. [MEDICATION NAME] Diskus was not administered for 9 out of 60 opportunities. *[MEDICATION NAME] powder (medication use to treat constipation) 17grams once a day [MEDICATION NAME] powder was not administered for 16 out of 30 opportunities *Nephro-Vite (used to treat or prevent vitamin deficiency) 0.8 mg daily Nephro-Vite was not administered for 9 out of 30 opportunities. *Pantoprazole delayed release (used to treat conditions where the stomach produces too much acid) 40 mg daily. Pantoprazole tablet was not administered for 9 out of 30 opportunities. *Senna with [MEDICATION NAME] Sodium (a medication used to treat constipation) 8.6-50 mg, 2 tablets twice a day. Senna with [MEDICATION NAME] Sodium was not administered for 13 out of 60 opportunities. *Tylenol (a medication used to treat pain) 975 mg every 8 hours Tylenol was not administered for 14 out of 90 opportunities. Record review of the MAR for July 2020 (from 7/1 through 7/7) revealed physician's orders [REDACTED]. Auryxia was not administered for 4 out of 20 opportunities. *[MEDICATION NAME] 2 mg daily. [MEDICATION NAME] was not administered for 2 out of 7 opportunities. *[MEDICATION NAME] Diskus 50 mcg, 2 puffs twice a day. [MEDICATION NAME] Diskus was not administered for 3 out of 13 opportunities. *[MEDICATION NAME] powder 17grams once a day [MEDICATION NAME] powder was not administered for 3 out of 7 opportunities. *Nephro-Vite 0.8 mg daily Nephro-Vite was not administered for 2 out of 7 opportunities. *Pantoprazole delayed release 40 mg daily. Pantoprazole tablet was not administered for 2 out of 7 opportunities. *Senna with [MEDICATION NAME] Sodium 8.6-50 mg, 2 tablets twice a day. Senna with [MEDICATION NAME] Sodium was not administered for 3 out of 13 opportunities. *Tylenol 975 mg every 8 hours Tylenol was not administered for 5 out of 19 opportunities. 2. Record review revealed Resident ID #2 was admitted to the facility on [DATE] and has a [DIAGNOSES REDACTED]. The resident receives [MEDICAL TREATMENT] three days a week. Record review of the Medication Administration Record [REDACTED]. [MEDICATION NAME] was not administered for 1 out of 30 opportunities. *[MEDICATION NAME] HCL (a medication used to treat infection) 300mg every 8 hours. [MEDICATION NAME] HCL was not administered for 1 out of 30 opportunities. *[MEDICATION NAME] (a medication used as a sleep aid) 3 mg at bedtime [MEDICATION NAME] was not administered for 4 out of 30 opportunities. Record review of the MAR for July 2020 (from 7/1 through 7/17) revealed physician's orders [REDACTED]. [MEDICATION NAME] HCL was not administered for 1 out of 17 opportunities. *Calcium Acetate (control high blood levels of phosphorus in people with kidney disease who are on [MEDICAL TREATMENT]) 667 mg, 3 capsules Calcium Acetate was not administered for 7 out of 17 opportunities. *[MEDICATION NAME] (dietary supplement in people who do not get enough vitamin D) 50 mcg daily. [MEDICATION NAME] was not administered for 5 out of 17 opportunities. 3. Record review revealed Resident ID #3 was admitted to the facility on [DATE] and has a [DIAGNOSES REDACTED]. Record review of the MAR for June 2020 revealed physician's orders [REDACTED]. *Oxygen 1-2 Liters per minute via nasal cannula (a device used to deliver oxygen) every shift. Oxygen not administered for 6 out of 30 opportunities. During a surveyor interview with the Medication Technician, Staff A, on 7/20/2020 at 12:32 PM revealed he could not provide evidence that the medications were given on [MEDICAL TREATMENT] days. During a surveyor interview with the Director of Nursing on 7/20/2020 at approximately 12:51 PM with a subsequent interview at 1:45 PM, she acknowledged that resident ID # 1 and # 2 were both receiving [MEDICAL TREATMENT] and that the medications were not administered as ordered. Further stating she would have expected daily medications to be administered upon return to the facility and medications administered more frequently than daily would have been adjusted on [MEDICAL TREATMENT] days. The DNS could not provide evidence that the medications were given on [MEDICAL TREATMENT] days.</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.