

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>415106</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/27/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ST ANTOINE RESIDENCE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>10 RHODES AVENUE NORTH SMITHFIELD, RI 02896</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review, resident interview and staff interview, it has been determined that the facility failed to ensure that all alleged violations involving abuse and neglect were reported immediately or not later than 24 hours to the State Survey Agency in accordance with State law for 1 of 5 residents reviewed for abuse and neglect (Resident ID #2). Findings are as follows: Record review revealed that Resident ID #2 was admitted to the facility December 2015 with [DIAGNOSES REDACTED]. Further review of his/her annual Minimum Data Set (MDS) on 7/31/2020 revealed that s/he is coded as requiring total dependence on staff with one person to assist for toilet use and extensive assistance with staff providing weight bearing support with one person to assist for bed mobility. Record review for Resident ID #2's nursing progress notes revealed the following: - On 8/26/2020 at 3:18 PM, unit manager (Staff A) wrote that social services had approached her to report that Resident ID #2 had stated that a nursing assistant on the 11:00 PM - 7:00 AM shift was rough with the resident during care. The resident reported that the nursing assistant had grabbed his/her arm roughly to reposition him/her and roll him/her over for incontinence care in the middle of the night and did not like the way s/he was handled. Further record review failed to reveal evidence that staff reported the above alleged abuse to the State Agency. During a surveyor interview with Resident ID #2 on 9/2/2020 at approximately 10:05 AM, s/he revealed that two nursing assistants came into his/her room in the middle of the night on 8/26/2020 to reposition and change him/her. When doing so, one nursing assistant (CNA) grabbed his/her arm roughly when turning him/her when the resident usually assists by holding the railing. The resident further revealed that s/he did not like the way s/he was changed and repositioned. A subsequent interview with a unit manager (Staff A) at 10:15 AM revealed that Resident ID #2 had recounted an alleged incident of abuse while receiving care during the previous 11:00 PM to 7:00 AM shift. She further revealed that it was not reported to the state survey agency. An additional surveyor interview with the Director of Nursing on 9/2/2020 at approximately 3:00 PM revealed that this alleged incident of abuse was not reported to the state survey agency.		
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.