STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415084	A. BUILDING _____ B. WING _____	**08/28/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
ELMHURST REHABILITATION & HEALTHCARE CENTER	**50 MAUDE STREET PROVIDENCE, RI 02908**

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	**Provide appropriate treatment and care according to orders, resident's preferences and goals.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interview it has been determined that the facility failed to provide treatment and care in accordance with professional standards of practice for 1 of 1 resident relative to wound care, ID # 2. Findings are as follows: Record review for Resident ID # 2 revealed he/she was re-admitted to the facility on [DATE] with a [DIAGNOSES REDACTED]. Past medical history includes but is not limited to [MEDICAL CONDITION], gastrostomy tube, cerebral infarction, rhabdomyolysis, dementia, diabetes mellitus, [MEDICAL CONDITION], and [MEDICAL CONDITION]. Review of the resident's admission Minimum Data Set (MDS) assessment dated [DATE] revealed the resident is non ambulatory and requires extensive assist from staff for all activities of daily living (ADL). The resident is coded as frequently incontinent of urine and always incontinent of bowel. Section M of the MDS revealed he/she is coded as at risk for developing a pressure ulcer or injury. Review of the care plan dated 5/17/2020 revealed the resident is at risk for impaired skin integrity related to incontinence of bowel and bladder. Interventions state in part, include administer treatments as ordered . A care plan for potential for pressure development related to incontinence and impaired mobility reveal interventions that state in part, provide incontinence care as needed .apply barrier cream after each incontinence care . ADL care performance deficit related to dementia revealed interventions that state in part, I require staff to assist me to reposition and turn in bed .skin inspection daily during care and observe for redness, open areas .and report changes to the nurse. Review of the readmission assessment document dated 6/9/2020 revealed the resident had a reddened coccyx. A review of the physician's orders [REDACTED]. Review of the Weekly Skin Assessments documentation dated 7/17/20 and under the heading Skin Condition and Integrity Findings, revealed there were skin impairments or changes. Under Type, redness is checked off, with no further documentation. Further review of the Weekly Skin Assessments failed to reveal documentation of a subsequent assessment until 8/6/2020. During review of this weekly skin assessment revealed under the heading Skin Condition and Integrity Findings, there were skin impairments or changes noted. Under description it stated, bilateral buttocks' open areas noted; 2 to the rt buttock and one to the left, further noting this was a new skin impairment or change. Record review of the nursing progress note dated 8/6/2020 at 6:37 PM from the same nurse that documented the Weekly Skin Assessment findings on 8/6/2020, stated in part, skin check completed this shift and observed three open areas .Advised MD of new finding would like elder to be seen by wound team. Review of the Weekly Wound Progress note dated 8/11/2020 revealed the wound onset date is noted as 8/6/2020, facility acquired, under the wound type heading it is described as other, moisture/friction (is the mechanical force exerted on skin that is dragged across any surface). The wound measurements of the right buttock were 3.0 centimeters (cm) in length x 2.8 cm in width, and the measurements of the left buttock were 1.6 cm in length x 2.0 cm in width. Further description reveals the wound had light serous (clear or slightly yellow fluid) drainage, no odor, and the peri wound color is described as normal. Under the heading wound bed, no documentation is noted. Review of the August 2020 physician's orders [REDACTED]. The physician's documentation of the wounds revealed the right posterior medial buttock wound measurements were 6.5 cm in length x 2.8 cm in width with light serous drainage, 10 % slough (non-viable yellow, tan, gray, green or brown tissue), 20% granulation (pink red moist tissue that fills an open wound) and 70 % dermis. The left posterior medial buttock wound revealed wound measurements of 6.0 cm in length x 2.2 cm in width with light serous drainage, 20 % granulation and 80% Dermis. The wound physician's documentation further revealed the right buttock wound was surgically debrided (removal of unhealthy tissue from a wound) by the physician. During an interview with the Assistant Director of Nursing Services (ADNS) on 8/27/2020 at 10:41 AM, she acknowledged a change in treatment was not initiated for the new open areas that had been identified on 8/6/2020 or that the description and measurements of the wounds were not obtained until 8/11/2020. Additionally, the ADNS revealed the Dermarite Barrier Cream order was not designated to the TAR to be signed off. The facility failed to ensure a treatment was initiated for the new open areas to the resident's buttocks once identified during a weekly skin assessment done on 8/6/2020.

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.