STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415080	A. BUILDING _____ B. WING _____	**06/03/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
BAYBERRY COMMONS	**181 DAVIS DRIVE PASCOAG, RI 02859**

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 0689 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.** **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 ensure that the residents environment remains free of accident hazards relative to falls for 1 of 4 residents reviewed, ID#1. Findings are as follows: Review of the resident's record revealed an admitted [DATE] with a [DIAGNOSES REDACTED]. The functional status section (Section G) of the resident's most recent quarterly MDS (Minimum Data Set) dated 4/21/2020, indicated that s/he is a 2 + person physical assist (assistance) for bed mobility/support and for toilet use/support. The MDS also indicates that the resident had a fall with injury since the prior assessment. Review of the fall risk assessment, dated 5/11/2020, reveals that the resident is at high risk for falls. Review of the resident's care plan reveals the following: - Problem Start Date: 01/09/2020 (Resident) is at risk for falling related to unsteady balance and the use of [MEDICAL CONDITION] drugs. - Approach Start Date: 01/09/2020 - Follow Safe Patient handling for transfers/care (2 Person assist). (This intervention was put into place to ensure the resident's safety following a fall they sustained on 1/3/2020. In which, they had slid from their bed, sustained a laceration to their foot and required 7 sutures to repair the injury.) Review of progress notes revealed the following: - 2/27/20, 3/23/20, 3/25/20, 3/27/20, and 3/30/20: Resident requires 2 staff members for care -5/18/2020: Resident was being removed from bedpan rolling on her right side toward wall by CNA (Certified Nursing Assistant) when she slid off of right side of bed onto right knee. Bed was close to wall and foot of bed pushed out a little allowing resident to slide self down onto floor @ 8:15 am. CNA called for help and resident bed was moved to allow her to lie on her back .She was lifted up from floor via hoyer lift into bed .Small area of swelling to right lower leg .She c/o (complained of) soreness to toes on bil (bilateral) feet .She received Tylenol 650 mg (milligrams) po (by mouth) @ 9:07 am .Resident called family to say that her foot was bothering her. Upon interview, both of them and my big toes. .new order .for x-ray of bil feet attention bil great toes . Review of the POS [REDACTED]. Measures to be implemented to avoid future falls include utilizing two staff members at all times when putting resident on and off bedpan. Review of the facility's Fall Scene Investigation Report, dated 5/18/2020, reveals that safe patient handling was not being followed . Additionally, it documents amount of assistance in effect as a contributing factor to the fall. During an interview with License Practical Nurse, Staff B on 6/1/2020 at approximately 10:15 AM she indicated that Staff A was providing care alone even though the patient required the help of two, as they were attempting to conserve staff. During an interview with Nursing Assistant, Staff A on 6/1/2020 at approximately 10:30 AM she indicated that she was in the room alone providing care to the resident. She indicated that when she rolled the resident over to provide incontinence care, the resident's leg became entrapped between the wall and the bed and the resident began yelling out in pain. She then pulled the resident's call light to get assistance from additional staff and proceeded to disengage the wheel locks to the resident's bed, in order to release pressure off his/her entrapped limb. This caused the bed to push away from the wall allowing the resident to fall to the floor and strike his/her knee on the floor, as Staff A admitted she was unable to support the patient's weight alone. During an interview with the Director of Nursing on 6/1/2020 at approximately 9:20 AM she acknowledged the resident was assisted by one staff member although his/her MDS and care plan indicated s/he required assistance by two staff.

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.