

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 415079	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/02/2020
NAME OF PROVIDER OF SUPPLIER TRINITY HEALTH AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 4 ST JOSEPH STREET WOONSOCKET, RI 02895	
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 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on record review and staff interview, it has been determined that the facility has failed to ensure that all alleged violations involving abuse are reported immediately (but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse) to the Administrator of the facility and to the State Survey Agency in accordance with State law for 12 out of 16 reportable allegations of abuse involving eight residents (ID #s 3, 4, 8, 9, 16, 18, 19, 21, and 22). Findings are as follows: Review of the Facility Policy, titled, Resident Abuse Prohibition, states in part, 'The Department of Health and the Alliance for Better Long Term Care will be contacted of allegations of abuse, neglect mistreatment and/or misappropriation of resident property 'immediately' . 1. Review of a facility reported incident (FRI) sent to the state agency on 7/2/2019 at approximately 5:06 PM revealed that on 7/1/2019 at approximately 11:40 PM Resident ID #3 alleged a verbal altercation between him/herself and a staff member. 2. Review of a FRI sent to the state agency on 10/16/2019 at approximately 4:46 PM revealed that on 10/15/2019 at approximately 10:15 AM Resident ID #3 made several complaints against multiple staff members stating staff will not assist him/her . 3. Review of a FRI sent to the state agency on 9/30/2019 at approximately 4:53 PM revealed that on 9/28/2019 at approximately 1:00 PM Resident ID #4 was observed being verbally abused by a staff memmber. 4. Review of a FRI sent to the state agency on 3/2/2020 at approximately 2:45 PM revealed that on 2/28/2020 at approximately 11:00 PM Resident ID #8 alleged s/he was hit with an insulin pen by a nurse. 5. Review of a FRI sent to the state agency on 3/11/2020 at approximately 1:00 PM revealed that on 3/10/2020 between 1:30 AM and 6:00 AM. Resident #9 alleged that a man came into his/her room, pulled the call bell from the wall, and hit him/her with it. 6. Reveiw of a FRI sent to the state agency on 9/24/2019 at approximately 6:19 PM revealed that on 9/23/2019 at 4:30 PM, Resident ID #16 was reportedly observed by family another resident touching his/her breast and stomach. 7. Review of a FRI sent to the state agency on 10/31/2019 at approximately 1:20 PM revealed that on 10/30/2019 at 11:40 AM, Resident ID #18 was observed being hit by his/her roommate. 8. Review of a FRI sent to the state agency on 11/27/2019 at approximately 5:17 PM revealed that on 11/26/2019 at approximately 1:20 PM Resident ID #19 was observed being hit by another resident. 9. Review of a FRI sent to the state agency on 3/9/2020 at approximately 2:54 PM revealed that on 3/8/2020 at 2:30 PM, Resident ID #21 was observed being hit by another resident. 10. Review of a FRI sent to the state agency on 3/6/2020 at approximately 8:26 PM revealed that on 3/5/2020 at 4:00 PM, Resident ID #21 was observed being hit by another resident. 11. Review of a FRI sent to the state agency on 10/24/2019 at approximately 5:05 PM revealed that on 10/23/2019 at 11:10 AM, Resident ID #21 was observed being hit by another resident. 12. Review of a FRI sent to the state agency on 3/10/2020 at approximately 4:00 PM revealed that on 3/9/2020 at 6:24 PM, Resident ID #22 was observed being hit by another resident. During a surveyor interview on 3/19/2020 at 12:30 PM with the Director of Nursing Services, she revealed that the facility was unaware that all abuse allegations were supposed to be reported within two hours to the state agency until recently and was unable to provide evidence the above-mentioned abuse allegations were reported per regulatory requirement.</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.