

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>415119</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/13/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BERKSHIRE PLACE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>455 DOUGLAS AVENUE PROVIDENCE, RI 02908</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 0692  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide enough food/fluids to maintain a resident's health.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on record review, and staff interview it has been determined that the facility failed to maintain acceptable parameters of nutritional status for 1 of 5 residents with gastrostomy tubes (GT) reviewed for nutrition, ID #5. Findings are as follows: Record review reveled Resident ID #5 was initially admitted to the facility in April 2016 and recently readmitted to the facility after a hospital stay from 5/7/2020 until 6/17/2020. His/her [DIAGNOSES REDACTED]. Record review of the care plan for nutrition related to diverticulitis, recent hospitalization, and GT placement dated 3/22/2018 revealed interventions to include diet as ordered, monitor percent of intake, monitor GI discomfort, weights as ordered, and labs as ordered. Review of the psychiatric consult note dated 7/23/2020, revealed recommendations for [MEDICATION NAME] (a medication that can be used to stimulate appetite) 7.5 mg (milligrams) PO (by mouth) QHS (every night) x 1 week, then increase to 15 mg PO QHS. Record review revealed a progress note dated 8/13/2020 at 11:58 AM by the Registered Dietician (RD) which states in part, [MEDICATION NAME] started 7.5 mg with increase order to 15 mg. Record review of weights from 7/1/2020 to present revealed: 7/02/2020 = 110 lbs. 7/06/2020 = 109.2 lbs. 7/13/2020 = refused 7/21/2020 = 109.2 lbs. 7/27/2020 = 108.2 lbs. 8/10/2020 = refused 8/14/2020 = 107.2 lbs. Review of the physician's orders [REDACTED]. The DNS could not provide evidence as to why the recommendations were not initiated. During a surveyor interview on 8/17/2020 at 4:03 PM with the Advanced Practice Nurse that consulted with the resident on 7/23/2020 she revealed the recommendations for [MEDICATION NAME] was for weight loss.</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.