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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 415032 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 08/17/2020 |
| NAME OF PROVIDER OF SUPPLIER CEDAR CREST NURSING CENTRE INC | | STREET ADDRESS, CITY, STATE, ZIP 125 SCITUATE AVENUE CRANSTON, RI 02920 | |
| 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 0760 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few | <p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on record review, staff and resident interview, it has been determined that the facility failed to ensure that its residents are free of any significant medication errors for 1 of 4 sampled residents reviewed (Resident ID #1). Findings are as follows: Resident ID #1 was admitted to the facility in February of 2020 with a [DIAGNOSES REDACTED]. Review of a Brief Interview for Mental Status (BIMS) assessment conducted in May of 2020 indicated the resident was cognitively intact. Review of Resident ID #1's progress notes revealed the following entries: 08/02/2020 05:59 PM - patient c/o (complains of) .frequency of urination and uncomfortable when voiding (urinating) to Daughter (pt (patient) representative) who contacted this writer (staff nurse) to inform of the complaint .reported to MD, UA(urinalysis) .ordered. 08/05/2020 02:59 PM - reported pos (positive) urine esbl (Extended-Spectrum Beta-Lactamase) to (doctor) new order for [MEDICATION NAME] (antibiotic) . 08/12/2020 09:00 PM - Spoke with (doctor) who stated he rec'd (received) a call from patients family discussing concerns that patient continues to feel symptomatic of UTI (urinary tract infection). This writer (Registered Nurse Staff A) looked in patients chart in emar (electronic medication administration record) and found that the [MEDICATION NAME] 500mg which was to be ordered on [DATE] was never ordered . Review of the physician's orders [REDACTED].he was continuing to feel terrible. This is when the daughter called the doctor, thinking that perhaps the antibiotic the resident was receiving for the past 6 days, was not strong enough to treat his/her infection. During a surveyor interview with Registered Nurse Staff A, on 8/17/2020 at approximately 12:09 PM she revealed that per the resident's family's request, the doctor had called, on the evening of 8/12/2020, with a question about which antibiotic the resident was receiving to treat their infection. She then stated, when she reviewed the resident's records, she was unable to find an order for [REDACTED].#1 was supposed to be on an antibiotic, and s/he was not. During a surveyor interview with Staff B on 8/17/2020 at approximately 11:50 AM she revealed that , when she entered the order for the antibiotic in the computer she did not properly save it, which resulted in the resident not receiving the antibiotic. During a surveyor interview with the resident on 8/17/2020 at approximately 11:40 AM s/he indicated that s/he did not receive the antibiotics as ordered. During a surveyor interview with the Director of Nursing Services (DNS) on 8/17/2020 at approximately 12:36 PM, she was unable to provided evidence that the resident received their antibiotics as prescribed.</p> | | |

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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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.