STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415008	A. Building B. Wing	12/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greenwood Center	1139 Main Avenue Warwick, RI 02886

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure services provided by the nursing facility meet professional standards of quality. 37158 Based on record review and staff interview, it has been determined that the facility failed to ensure the services provided by the facility meet professional standards of quality relative to medication administration and following physician's orders for 3 of 9 residents reviewed, Resident ID #s 1, 53, and 62. Findings are as follows: According to Mosby's 4th Edition, Fundamentals of Nursing, page 314 states, The physician is responsible for directing medical treatment, Nurses are obligated to follow physician's orders unless they believe the orders are in error or would harm the clients. 1. Record review for Resident ID #1 revealed s/he was readmitted to the facility in September of 2021 with diagnoses including, but not limited to, hypertension (high blood pressure), end stage renal disease (a condition where the kidneys no longer function on a permanent basis), and acute on chronic diastolic heart failure (inability of the heart to pump adequately). Record review of the resident's physician orders revealed the following: - Amplodipine (a medication to treat high blood pressure) 10 mg (milligram) by mouth one time a day for hypertension, hold for systolic blood pressure less than 100; heart rate less than 60, dated 9/3/2021 - Carvedilol (a medication to treat high blood pressure) 18.75 mg by mouth two times a day for hypertension, hold for systolic blood pressure less than 100; heart rate less than 60, dated 9/3/2021 Record review of the November 2021 Medication Administration Record (MAR) revealed on the following date that Amlodipine and Carvedilol were held by the nurse and the parameters were not followed: -11/3/2021 blood pressure (BP) 137/67, heart rate (HR) 60 2. Record review for Resident ID #53 revealed s/he was admitted to the facility in June of 2019 with diagnoses including, but not limited to, chronic kidney disease, type 2 diabetes mellitus, hypertension, legal blindness, and paroxysmal atrial fibrillation (an irregular, often rapid heart rate that commonly causes poor blood flow). (continued on next page)

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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415008	A. Building B. Wing	12/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greenwood Center	1139 Main Avenue Warwick, RI 02886

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record review of the resident's physician orders revealed the following: -Amlodipine give 5 mg by mouth in the morning for hypertension, dated 8/15/2019 -Apixaban (a medication to thin the blood) give 5 mg by mouth in the morning for anticoagulant, dated 8/15/2019 -Artificial Tears Solution (eye drops to lubricate the eyes) 1 %, instill 1 drop in both eyes four times a day for dry eyes, dated 11/10/2021 -Bupropion (a medication to treat depression) give 100 mg by mouth in the morning, dated 8/15/2019 -Carvedilol give 25 mg by mouth in the morning for hypertension, dated 8/15/2019 -Ferrous Sulfate (iron supplement) give 325 mg by mouth in the morning, dated 11/14/2019 -Gabapentin (a medication given to relieve pain) give 200 mg by mouth three times a day for pain, dated 6/3/2020, 6:00 AM dose -Humalog insulin inject 6 units subcutaneously one time a day with lunch, 12:00 PM dose, dated 12/29/2020 -Humalog insulin inject 6 units subcutaneously in the morning after breakfast, 7:00 AM dose, dated 12/29/2020 -Humalog insulin inject 8 units subcutaneously in the evening with dinner, 5:00 PM dose, dated 12/29/2020 -Ketorolac Tromethamine Solution (a medication to treat conditions of the eye) 0.4 % instill 1 drop in right eye three times a day for pre surgery for 3 days/post-surgery for 3 weeks, dated 10/15/2021 -Ketorolac Tromethamine Solution 0.4 % Instill 1 drop in left eye three times a day for pre surgery for 3 days/post-surgery for 3 weeks, dated 10/1/2021 -Ofloxacin Solution (a medication used to treat a bacterial infection) 0.3 % instill 1 drop in right eye three times a day for preparation for eye surgery/continue for 3 weeks after surgery, dated 10/15/2021 -Ofloxacin Solution 0.3 % instill 1 drop in left eye three times a day for pre surgery for 3 days/post-surgery for 3 weeks, dated 10/01/2021 -Prednisolone Acetate Suspension (a medication used to treat certain conditions of the eye caused by inflammation or injury) 0.12 % instill 1 drop in left eye three times a day for pre surgery for 3 days/post-surgery for 3 weeks, dated 10/1/2021 -Prednisolone Acetate Suspension 0.12 % instill 1 drop in right eye three times a day for pre surgery for 3 days/post-surgery for 3 weeks, dated 10/15/2021 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415008	A. Building B. Wing	12/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greenwood Center	1139 Main Avenue Warwick, RI 02886

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Renvela (a medication to treat increased levels of phosphorus) give 1600 mg by mouth with meals for phosphorus control, dated 8/19/2021 -Renvela give 2400 mg by mouth with meals for phosphorus control, dated 9/7/2021 -Renvela 3200 MG by mouth with meals for phosphorus control, dated 10/12/2021 Record review of the September 2021 MAR revealed on the following dates these medications were not administered per the physician's order: Amlodipine -9/14 and 9/25/2021 Apixaban -9/14/2021 Bupropion -9/14 and 9/25/2021 Carvedilol -AM dose, 9/14 and 9/25/2021 Gabapentin -8:00 AM dose, 9/9, 9/11, 9/14, 9/18, 9/28, and 9/30/2021 Humalog Insulin -12:00 PM dose, 9/4 and 9/9/2021 Ketorolac drops -9:00 AM dose, 9/16 and 9/18/2021 Renvela -11:30 AM dose, 9/4, 9/7, 9/9, 9/11/2021 Record review of the September 2021 MAR revealed on the following dates these medications were not administered per the physician's order: Amlodipine -10/15/2021 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415008	A. Building B. Wing	12/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greenwood Center	1139 Main Avenue Warwick, RI 02886

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Carvedilol -10/16/2021 Gabapentin -8:00 AM dose, 10/2,10/4, 10/7, 10/9, 10/16, 10/18, 10/23, 10/26, and 10/27/2021 Humalog Insulin -7:00 AM dose, 10/4, 10/18, and 10/26/2021 Ketorolac drops -9:00 AM dose, 10/2, 10/4, 10/9, 10/12, 10/16, 10/18, 10/21, and 10/23/2021 Ofloxacin drops -9:00 AM dose, 10/2, 10/4, 10/9, 10/12, 10/16, 10/18, 10/21, 10/23, 10/26, 10/28, and 10/30/2021 Prednisolone drops -9:00 AM dose, 10/2, 10/4, 10/9, 10/12, 10/16, 10/18, 10/21, 10/23, 10/26, 10/28, and 10/30/2021 Renvela -7:30 AM dose, 10/2, 10/4, 10/7, 10/9, 10/16, 10/18, 10/23, 10/26, and 10/27/2021 Renvela -11:30 AM dose, 10/28/2021 Record review of the November 2021 MAR revealed on the following dates these medications were not administered per the physician's order: Amlodipine -11/9 and 11/16/2021 Apixaban -11/9 and 11/16/2021 Artificial Tears -11:00 AM dose, 11/16, 11/18, 11/20, and 11/24/2021 Bupropion (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415008	A. Building B. Wing	12/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greenwood Center	1139 Main Avenue Warwick, RI 02886

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	11/9 and 11/16/2021 Carvedilol -11/9 and 11/16/2021 Ferrous Sulfate -11/9 and 11/16/2021 Gabapentin -6:00 AM dose, 11/2, 11/6, 11/11, 11/16, 11/18, 11/20, 11/27, and 11/30/2021 Gabapentin -12:00 PM dose,11/7, 11/16, and 11/18/2021 Humalog -12:00 PM dose,11/7, 11/16, 11/18 and 11/20/2021 Humalog -5:00 PM dose, 11/7/2021 Ketorolac -9:00 AM dose, 11/2/2021 Ofloxacin Solution -9:00 AM dose, 11/2 and 11/20/2021 Prednisolone Acetate -9:00 AM dose, 11/2/2021 Renvela -7:30 AM dose, 11/2, 11/6, 11/9, 11/11, 11/16, 11/18, 11/20, 11/27 and 11/30/2021 Renvela -11:30 AM dose, 11/7 and 11/16/2021 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415008	A. Building B. Wing	12/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greenwood Center	1139 Main Avenue Warwick, RI 02886

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	3. Record review for Resident ID #62 revealed s/he was admitted to the facility in October of 2021 with diagnoses including, but not limited to, acute on chronic diastolic congestive heart failure, atrial fibrillation, and acute and chronic respiratory failure unspecified whether with hypoxia (absence of enough oxygen in the tissues to sustain bodily functions) or hypercapnia (excessive carbon dioxide in the blood stream). Record review of the resident's physician orders revealed the following: -Bumetanide (a medication to treat excess fluid) give 2 mg by mouth in the morning hold for a systolic blood pressure less than 90 and diastolic blood pressure less than 50, dated 11/4/2021 -Metoprolol Tartrate (a medication used to treat high blood pressure) 12.5 mg by mouth every morning and at bedtime for HTN (hypertension-high blood pressure), dated 10/26/2021 and discontinued 11/26/2021 -Metoprolol Tartrate (a medication used to treat high blood pressure) 12.5 mg by mouth every morning and at bedtime for heart Record review of the September 2021 MAR revealed on the following dates these medications were not administered per the physician's order: rate, dated 11/26/2021 Record review of the November 2021 MAR revealed that the Bumetanide was not administered per the parameters on: -11/4/2021, blood pressure 92/59 Record review of the November 2021 MAR revealed on the following dates the metoprolol was held by the nurse and not administered to the resident. There were no parameters to hold this medication -11/1/2021 bedtime dose -11/2/2021 morning dose and bedtime dose -11/4/2021 morning dose and bedtime dose -11/6/2021 morning dose and bedtime dose -11/7/2021 morning dose and bedtime dose -11/9/2021 morning dose -11/10/2021 morning dose and bedtime dose -11/11/2021 bedtime dose -11/13/2021 morning dose and bedtime dose -11/14/2021 morning dose -11/15/2021 bedtime dose (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415008	A. Building B. Wing	12/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greenwood Center	1139 Main Avenue Warwick, RI 02886

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-11/17/2021 bedtime dose -11/18/2021 bedtime dose -11/19/2021 morning dose and bedtime dose -11/22/2021 morning dose -11/25/2021 morning dose and bedtime dose During an interview on 12/6/2021 at 10:54 AM and again at approximately 1:30 PM regarding the above mentioned residents with the Center Nurse Executive, she could not explain why the medications were not administered or held as ordered. Additionally, she acknowledged that the MAR reflected that the residents did not receive their medications as ordered. 44058

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415008	A. Building B. Wing	12/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greenwood Center	1139 Main Avenue Warwick, RI 02886

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. 41729 Based on record review and staff interview, it has been determined that the facility failed to provide appropriate treatment and services for care of a resident with a fistula of the intestine for 1 of 1 sample resident reviewed, Resident ID #37. Finding are as follows: Record review of the facility's policy dated 6/1/2021 and titled Intake and Output states in part, .3. Record all output amounts including: 3.3 Drainage, or other output .7.Document: 7.1 .output totals in patient's medical record . Record review for the resident revealed s/he was admitted to the facility in October of 2021 and has diagnoses which include, but are not limited to, fistula of the intestine (an abnormal opening in the stomach or intestines that allows the contents to leak) and Crohn's disease (an inflammatory bowel disease that causes inflammation of the digestive tract). Record review revealed a physician's order dated 10/6/2021 which states in part Monitor output from fistula drainage site-if above 1.5 L/24 hour [liter/24 hour] period contact MD [medical doctor] every shift . Record review of the Treatment Administration Record (TAR) for November 2021 failed to reveal evidence that the facility monitored the resident's fistula output on the following dates and times: -11/11: 7:00 AM-3:00 PM and 11:00 PM-7:00 AM -11/13: 11:00 PM-7:00 AM -11/14: 11:00 PM-7:00 AM -11/16: 3:00 PM-11:00 PM and 11:00 PM-7:00 AM -11/17: 11:00 PM-7:00 AM -11/18: 7:00 AM-3:00 PM -11/23: 7:00 AM-3:00 PM Record review of the TAR for October 2021 failed to reveal that the facility monitored the resident's fistula output on the following dates and times: - 10/6: 11:00 PM-7:00 AM - 10/7: 11:00 PM-7:00 AM (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415008	A. Building B. Wing	12/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greenwood Center	1139 Main Avenue Warwick, RI 02886

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- 10/11: 3:00 PM-11:00 PM - 10/17: 11:00 PM-7:00 AM - 10/18: 3:00 PM-11:00 PM - 10/21: 11:00 PM-7:00 AM - 10/22: 7:00 AM-3:00 PM - 10/24: 3:00 PM-11:00 PM and 11:00 PM-7:00 AM During a surveyor interview on 12/6/2021 at 9:09 AM with the nurse, Staff A, she acknowledged that the resident's fistula output was not monitored on the above-mentioned dates and times as ordered. During a surveyor interview on 12/6/2021 at 10:56 AM with the Center Nurse Executive, she indicated that she would expect the nurses to monitor and document the resident's fistula output as ordered.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415008	A. Building B. Wing	12/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greenwood Center	1139 Main Avenue Warwick, RI 02886

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 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough food/fluids to maintain a resident's health. 37158 Based on record review and staff interview, it has been determined that the facility failed to ensure that a resident is offered sufficient fluid intake to maintain proper hydration for 1 of 3 sample residents reviewed for a fluid restriction, Resident ID #62. Findings are as follows: Record review revealed the resident was admitted to the facility in October of 2021 with diagnoses including, but not limited to, acute on chronic diastolic congestive heart failure (inability of the heart to pump adequately), atrial fibrillation (an irregular, often rapid heart rate that commonly causes poor blood flow) and acute and chronic respiratory failure unspecified whether with hypoxia (absence of enough oxygen in the tissues to sustain bodily functions) or hypercapnia (excessive carbon dioxide in the blood stream). Record review revealed a physician's order dated 10/26/2021 which states, Monitor Daily Fluid Restriction Total 1500 ml [milliliters] (must match diet order); 1080 ml Dietary/420 ml Nursing Breakfast tray 360 ml; Free Fluids day shift 120 ml; lunch tray 360 ml; Free Fluids Evening Shift 120 ml; Dinner tray 360 ml; Free Fluids Night Shift 180 ml. every shift for fluid restriction Review of the October, November, and December 2021 Medication Administration Records (MAR) revealed the facility failed to follow the resident's fluid restriction, allowing the resident to exceed 1500 ml of fluid daily on the following dates: -10/30 total fluid intake 1520 ml -11/18 total fluid intake 1600 ml -11/22 total fluid intake 1620 ml -11/25 total fluid intake 1620ml -11/28 total fluid intake 2190 ml -11/29 total fluid intake 1650 ml -11/30 total fluid intake 1650 ml -12/2 total fluid intake 1530 ml During a surveyor interview on 12/6/2021 at 2:52 PM with the nurse, Staff B, she was unable to explain why the resident's fluid restriction order was not followed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415008	A. Building B. Wing	12/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greenwood Center	1139 Main Avenue Warwick, RI 02886

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 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide for the safe, appropriate administration of IV fluids for a resident when needed. 41729 Based on record review and staff interview, it has been determined that the facility failed to ensure that a resident who is receiving parenteral nutrition is administered consistent with professional standards of practice and in accordance with physician orders for 1 of 1 sample resident reviewed, Resident ID #37. Findings are as follows: Record review of the facility's policy titled The Nurses' Infusion Manual for Post-Acute Care Facilities states in part, 5.2 Central Vascular Access Device (CVAD) Dressing Change .Guidance:1.1 Upon admission 1.1.1 if transparent dressing is dated, clean, dry, and intact, the admission dressing change may be omitted and scheduled for 7 days from the date on the dressing label. 1.1.1.1 Upper arm circumference with PICC, and external catheter length measurements must be completed .1.2 At least weekly . Record review for this resident revealed s/he was admitted to the facility in October of 2021 and has diagnoses which include but are not limited to moderate protein-calorie malnutrition (a nutritional status in which reduced availability of nutrients leads to changes in body composition and function) and Crohn's disease (an inflammatory bowel disease that causes inflammation of the digestive tract). Record review revealed a Continuity of Care form from the hospital dated 10/5/2021 states in part Pt [patient] has a dbl picc [double lumen, Peripherally Inserted Central Catheter, intravenous access that can be used to give medications or liquid nutrition through the vein] in left upper arm, dressing due to be change on the 9th [10/9/2021] . Further record review of the progress notes failed to reveal evidence that the catheter site dressing was changed on 10/9/2021 as indicated on the Continuity of Care Form. Additional, record review of the progress notes failed to reveal evidence that the external catheter length and upper arm circumference was measured as ordered. Record review revealed the following physician's orders: - 11/18/2021 which states TPN [Total Parenteral Nutrition, the feeding of nutritional products to a person through the vein] Electrolytes Concentration .Use 71 ml/hr [milliliter/hour] intravenously [through the vein] every shift for Nutrition reconciliation . - 10/6/2021 which states Change Catheter Site Transparent Dressing. Indicate external catheter length and upper arm circumference .Notify practitioner if the external length has changed since last measurement every evening shift every Wednesday . Record review of the October Medication Administration Records (MAR) failed to reveal evidence that the resident's catheter site dressing was changed on 2 of 4 opportunities or that the catheter length of his/her PICC line and upper arm circumference was measured on 3 of 4 opportunities. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415008	A. Building B. Wing	12/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greenwood Center	1139 Main Avenue Warwick, RI 02886

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 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Additional review of the November 2021 MAR failed to reveal evidence that the resident's catheter site dressing was changed on 3 of 4 opportunities or that the catheter length of his/her PICC line and upper arm circumference was measured on 3 of 4 opportunities. During a surveyor interview on 12/6/2021 at 11:17 AM with the Center Nurse Executive, she indicated that she would expect that the catheter site dressing to be changed weekly and that the external catheter length and upper arm circumference would be measured as ordered.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415008	A. Building B. Wing	12/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greenwood Center	1139 Main Avenue Warwick, RI 02886

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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident's drug regimen must be free from unnecessary drugs. 37158 Based on record review and staff interview, it has been determined that the facility failed to ensure a resident's drug regimen is free from unnecessary drugs for 2 of 9 residents reviewed for unnecessary medications, Resident ID #s 1 and 68. Findings are as follows: 1. Record review revealed Resident ID #1 was admitted to the facility in June of 2018. S/he has current diagnoses which include, but are not limited to, hypertension (high blood pressure), chronic and acute diastolic (congestive) heart failure (a chronic condition in which the heart doesn't pump blood as well as it should). Review of the resident's November 2021 Medication Administration Record (MAR) revealed an order for: Carvedilol [a medication used to treat high blood pressure and heart failure] Tablet 6.25 mg [milligrams] Give 18.75 mg by mouth two times a day for HTN [hypertension] Hold for systolic BP [blood pressure] < [less than] 100; HR [heart rate] <60 Additional review of the resident's MAR revealed the following: -On the evening of 11/10/2021 his/her HR was 58 and s/he was administered Carvedilol 18.75 mg. -On the morning of 11/13/2021 his/her HR was 59 and s/he was administered Carvedilol 18.75 mg. -On the evening of 11/15/2021 his/her HR was 59 and s/he was administered Carvedilol 18.75 mg. During an interview with the resident's physician on 12/6/2021 at 1:51 PM, she indicated she would have expected the staff to have followed the parameters as ordered. During an interview with the Center Nurse Executive on 12/6/2021 at 1:26 PM, she acknowledged that staff had administered medications to the resident outside of the parameters. 2. Record review revealed Resident ID #68 was admitted to the facility in February of 2018. S/he has current diagnoses which include, but are not limited to, adjustment disorder with anxiety, visual hallucinations, psychotic disorder with delusions and dementia. Review the resident's October monthly pharmacy Consultation Report revealed a recommendation dated 10/7/2021 that states in part, .[resident] receives .MONTELUKAST [a medication used to treat allergies and prevent asthma attacks] 10MG AT BEDTIME, and has a diagnosed psychiatric condition, DEPRESSION/ANXIETY/DEMENTIA . Recommendation: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415008	A. Building B. Wing	12/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greenwood Center	1139 Main Avenue Warwick, RI 02886

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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Please evaluate this medication as contributing to a worsening or development of this individual's behaviors (e.g., agitation, aggressive behavior/hostility, anxiousness, depression, dream abnormalities, hallucinations, insomnia, irritability, restlessness, sleepwalking, dream abnormalities, suicidal thinking and behavior) or severity of psychiatric condition. If appropriate, please consider discontinuing Montelukast Sodium at this time . Additional review of the October pharmacy Consultation Report revealed on 10/14/2021, the resident's physician had dated the form as being reviewed, checked the box next to I accept the recommendation(s) above WITH THE FOLLOWING MODIFICATION(S) . and on the line next to modifications the physician documented to: D/C [discontinue] Montelukast on the form, and signed the form. Review of the resident's MARs from 10/15/2021 through 12/6/2021 revealed s/he continued to receive Montelukast 10 mg daily, despite the doctor's order to discontinue the medication on 10/14/2021. During an interview with the Unit Manager, on 12/6/2021 at 9:52 AM, she was unable to explain why the resident had continued to receive Montelukast 10mg daily after the physician had ordered for it to be discontinued on 10/14/2021. During an interview with the resident's physician, on 12/6/2021 at 10:35 AM, she indicated she would have expected that the resident's medication would have been discontinued as she had documented on the October pharmacy consultation report. 44058 40705

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415008	A. Building B. Wing	12/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greenwood Center	1139 Main Avenue Warwick, RI 02886

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 - Some	Ensure that residents are free from significant medication errors. 44058 Based on record review and staff interview, it has been determined that the facility failed to ensure residents are free of significant medication errors for 1 of 9 residents selected for medication regimen review, Resident ID #53. Findings are as follows: Record review revealed the resident was admitted to the facility in September of 2019 with diagnoses including, but not limited to, type 2 diabetes mellitus (a condition resulting from insufficient production of insulin), diabetic retinopathy (an eye condition that causes changes to the blood vessels in the tissues at the back of the eye (retina), which can lead to blurry or dark areas of vision and blindness), end stage renal disease (a condition in which a person's kidney ceases functioning on a permanent basis leading to the need for a regular course of long-term dialysis) and atrial fibrillation (an irregular heartbeat that can lead to blood clots, stoke, and heart failure.) Record review revealed the resident receives dialysis (a procedure to remove waste products and excess fluids from the blood when the kidneys stop working properly) three days a week, every Tuesday, Thursday, and Saturday. Record review of the physician's orders revealed the following: Humalog insulin [medication used to lower high blood sugar levels], inject 6 unit subcutaneously in the morning after breakfast, 7:00 AM dose, dated 12/29/2020 Humalog insulin, inject 6 unit subcutaneously one time a day with lunch, 12:00 PM dose, dated 12/29/2020 Humalog insulin, inject 6 unit subcutaneously one time a day with dinner, 5:00 PM dose, dated 12/29/2020 Apixaban (a medication to prevent blood clots from forming), give 5 mg (milligrams) by mouth in the morning for anticoagulant, dated 8/5/2019 Ketorolac Tromethamine Solution 0.4 % (a medication used to treat conditions of the eye), instill 1 drop in left eye three times a day for pre surgery for 3 days/post-surgery 3 weeks, dated 10/1/2021 Ketorolac Tromethamine Solution 0.4 %, instill 1 drop in right eye three times a day for pre surgery for 3 days/post-surgery 3 weeks, dated 10/15/2021 Ofloxacin Solution 0.3 % (a medication used to treat bacterial infections of the eye) instill 1 drop in left eye three times a day for pre surgery 3 days/post-surgery 3 weeks, dated 10/1/2021 Ofloxacin Solution 0.3 %, instill 1 drop in right eye three times a day for pre surgery 3 days/post-surgery 3 weeks, dated 10/15/2021 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415008	A. Building B. Wing	12/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greenwood Center	1139 Main Avenue Warwick, RI 02886

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 - Some	Prednisolone Acetate Suspension 0.12 % (a medication used to treat inflammation of the eyes), instill 1 drop in left eye three times a day for pre surgery for 3 days/post-surgery for 3 weeks, dated 10/1/2021 Prednisolone Acetate Suspension 0.12 %, instill 1 drop in right eye three times a day for pre surgery for 3 days/post-surgery for 3 weeks, dated 10/15/2021 Record review of the September 2021 Medication Administration Record (MAR) revealed on the following dates these medications were signed off as not administered per the physician's order: Humalog insulin, 12 PM dose 9/4 and 9/9 Apixaban -9/14 Record review of the October 2021 MAR revealed on the following dates these medications were not administered per the physician's order: Humalog insulin, 7AM dose -10/18 and 10/26 Ketorolac eye drops for the left eye, 9:00 AM dose -10/2, 10/4, 10/9, 10/12, 10/16, 10/18, 10/21, and 10/23 Ketorolac eye drops for the right eye, 9:00 AM dose -10/16, 10/18, 10/21, 10/23, 10/26, 10/28, and 10/30 Ofloxacin eye drops for the left eye 9:00 AM dose -10/2,10/4, 10/9, 10/12, 10/16, 10/18, and 10/21 Ofloxacin eye drops for the right eye, 9:00 AM dose -10/16, 10/18, 10/21, 10/23, 10/26, 10/28, and 10/30 Prednisolone eye drops for the left eye 9:00 AM dose -10/2, 10/4, 10/9, 1012, 10/16, 10/18, and 10/21 Prednisolone eye drops for the right eye 9:00 AM dose -10/16, 10/18, 10/21, 10/23, 10/26, 10/28, and 10/30 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415008	A. Building B. Wing	12/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greenwood Center	1139 Main Avenue Warwick, RI 02886

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 - Some	Record review of the November 2021 MAR revealed on the following dates these medications were not administered per the physician's order: Humalog insulin, 12:00 PM dose -11/7, 11/16, 11/18, and 11/29 Humalog insulin, 5:00 PM dose -11/7 Apixaban -11/9 and 11/16 Ketorolac eye drops for the right eye, 9:00 AM dose -11/2 Ofloxacin eye drops for the right eye, 9:00 AM dose -11/2 Prednisolone eye drops for the right eye 9:00 AM dose -11/2 Additional review of the resident's medical record revealed s/he underwent cataract surgery on his/her left eye on 10/4/2021 and again for his/her right eye on 10/18/2021. The above listed eye drops were prescribed for pre/post-surgical care. During a surveyor interview on 12/3/2021 at approximately 11:45 AM with the Unit Manager she was unable to explain why the resident did not receive their medications as ordered on the above noted dates and times. During a surveyor interview on 12/3/2021 at approximately 11:50 AM with the Nurse Practitioner she revealed that she was unaware the resident was not receiving the above listed medications as ordered and would expected these medications to be administered as ordered.