

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 05/14/2025  
Form Approved OMB  
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  415008	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/22/2024
NAME OF PROVIDER OR SUPPLIER  Greenwood Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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 0641  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46539</p> <p>Based on record review and staff interview, it has been determined that the facility failed to ensure that the assessment accurately reflected the resident's status for 2 of 2 residents reviewed for behavioral assessments, Resident ID #'s 109 and 113.</p> <p>Findings are as follows:</p> <p>1. Record review revealed that Resident ID #109 was readmitted to the facility in February of 2024 with diagnoses including, but not limited to, dementia and anxiety disorder.</p> <p>Record review of the hospital discharge paperwork dated 2/28/2024, revealed a hospital problem listed including, but not limited to, Alzheimer's Disease with late onset and dementia with moderate agitation.</p> <p>Record review of the progress notes revealed the following entries:</p> <p>-2/29/2024 at 11:13 PM - the resident was admitted to the facility and was experiencing verbal and combative behaviors. A new order for olanzapine/ Zyprexa (antipsychotic medication) was provided by psychiatry services.</p> <p>-3/1/2024 at 1:04 PM - a new order was received from the nurse practitioner for olanzapine (antipsychotic medication) 2.5 milligrams (mg) in the early morning and olanzapine 1.5 mg daily as needed at bedtime.</p> <p>-3/1/2024 at 12:00 AM- the resident experiences physical and verbal behaviors, directed towards others daily or almost daily.</p> <p>-3/2/2024 at 8:01 PM -the resident was non-compliant with care and medications. Additionally, s/he was noted with verbal and combative behaviors.</p> <p>-3/3/2024 at 5:34 PM- the resident was non-compliant with care and medications. Additionally, s/he was noted to be verbally abusive.</p> <p>Record review of the Comprehensive Minimum Data Set Assessment (MDS) dated [DATE] revealed the resident was documented as having no behaviors, including, but not limited to, physical and or verbal behavioral symptoms directed toward others and rejection of care including medication or treatment.</p> <p>(continued on next page)</p>		

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:  415008	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/22/2024
NAME OF PROVIDER OR SUPPLIER  Greenwood Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a surveyor interview on 3/22/2024 at approximately 10:20 AM with the Director of Nursing Services (DNS), she was unable to provide evidence that the MDS assessment for Resident ID #109 was completed accurately, specific to his/her behaviors.</p> <p>2. Record review revealed that Resident ID #113 was readmitted to the facility in January of 2024 with diagnoses including, but not limited to, dementia and anxiety disorder.</p> <p>Review of an Optum Behavioral Health APC Follow up note revealed that on 1/16/2024 the resident was being followed by psychiatric services for delirium, major depressive disorder, and dementia with agitation. Further review of the documentation revealed that the resident presented at the time of their visit with delusions. It was further revealed that the resident was hospitalized recently due to physical aggression.</p> <p>Record review of the progress notes revealed the following entries:</p> <p>-1/12/2024 at 6:27 PM - that physical and verbal behaviors, directed towards others occurs daily or almost daily. It further revealed that other behaviors, NOT directed towards others occurs up to 5 days a week, rejection of care occurs daily or almost daily and wandering occurs up to 5 days a week. The progress notes further revealed that the behaviors pose significant risk and/or is intruding on others. It revealed that the resident was experiencing hallucinations and delusions.</p> <p>-1/13/2024 at 4:31 AM - the resident was administered Haldol, an antipsychotic medication for agitation.</p> <p>-1/13/2024 at 4:31 AM - the resident was administered trazodone, an antidepressant medication for agitation.</p> <p>-1/13/2024 at 10:29 PM - the resident refused to wear his/her sling for a right clavicle (collarbone) fracture.</p> <p>-1/14/2024 at 1:48 AM - the resident refused to wear his/her sling for a right clavicle fracture.</p> <p>-1/15/2024 at 12:51 PM - the baseline, Person-Centered Care Plan was developed within 48 hours and was reviewed at the Post Admission Patient/Family Conference and given to the resident and/or resident representative and updated as indicated. It further revealed that the resident is a re-admission having been sent out for behavioral services.</p> <p>-1/15/2024 at 1:29 PM - the resident refused to wear his/her sling for a right clavicle fracture.</p> <p>-1/16/2024 9:10 PM - the resident was administered risperidone, an antipsychotic medication for agitation.</p> <p>-1/16/2024 at 2:21 PM - the resident was walking the hallways looking for a way out stating that s/he needed to get home.</p> <p>-1/16/2024 at 8:46 PM- the resident refused to wear his/her sling for a right clavicle fracture.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  415008	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/22/2024
NAME OF PROVIDER OR SUPPLIER  Greenwood Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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 0641  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>-1/16/2024 at 8:50 PM - that wandering occurs daily or almost daily and poses significant risk and/or is intruding on others. It further revealed that the resident is experiencing anxiety about surroundings and is exit seeking.</p> <p>-1/16/2024 at 9:09 PM - that the resident was wandering, exit seeking and that the resident is noncompliant with sling to his/her right upper extremity. It further revealed that the resident was noncompliant with isolation in room related to testing positive for COVID-19 despite attempts to redirect.</p> <p>-1/16/2024 at 11:42 PM - that the resident was experiencing psychosis: trying to elope out of building, setting off exit alarm stating, let me the hell out of here, I want to go home and was unable to be redirected. S/he continued to roam the hallways looking for an exit while carrying his/her belongings.</p> <p>-1/17/2024 at 12:39 AM - the resident was at the back to door, kicking the exit door, stating I want to get out of here.</p> <p>-1/17/2024 at 1:01 AM - the resident had returned to the exit door and was kicking and trying to force open the door to elope. It further revealed the staff were unable to redirect the resident.</p> <p>Record review of the discharge MDS assessment dated [DATE] revealed the resident was documented as having no behaviors. The discharge MDS Assessment did not reflect the resident's documented physical and behavioral symptoms directed toward others, rejection of care including medication or treatment, or wandering.</p> <p>During a surveyor interview on 3/22/2024 at 10:53 AM with the DNS, she acknowledged that the MDS Assessment was not documented accurately to reflect the resident's status. Additionally, she was unable to provide evidence that the MDS assessment for Resident ID #113 was completed accurately, specific to his/her behaviors.</p> <p>47939</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  415008	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/22/2024
NAME OF PROVIDER OR SUPPLIER  Greenwood Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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 0655  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46539</p> <p>47939</p> <p>Based on record review and staff interview, it has been determined that the facility failed to develop and implement a baseline care plan for each resident within 48 hours of a resident's admission, that includes the instructions needed to provide effective and person-centered care for 3 of 3 newly admitted residents reviewed, Resident ID #s 109, 366, and 317.</p> <p>Findings are as follows:</p> <p>According to the State Operations Manual, Appendix PP- Guidance to Surveyors for Long Term Care Facilities, revised on 2/3/2023, S483.21(a)(1) The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must-</p> <p>(i) Be developed within 48 hours of a resident's admission.</p> <p>(ii) Include the minimum healthcare information necessary to properly care for a resident including, but not limited to-</p> <p>(A) Initial goals based on admission orders.</p> <p>(B) Physician orders.</p> <p>(C) Dietary orders.</p> <p>(D) Therapy services.</p> <p>(E) Social services.</p> <p>(F) PASARR recommendation, if applicable .</p> <p>1. Record review revealed Resident ID #109 was admitted to the facility on [DATE] for short term rehabilitation, with a diagnosis including, but not limited to, dementia with moderate agitation.</p> <p>Record review of the resident's progress notes dated 2/29/2024 through 3/3/2024 revealed the resident experienced verbal and physical behaviors directed at others. Additionally, the resident was noted with rejection of care, medications and treatments.</p> <p>During a surveyor interview on 3/20/2024 at 10:07 AM with the resident's family member, she revealed that the resident's goal was to discharge home after short term rehabilitation was completed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  415008	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/22/2024
NAME OF PROVIDER OR SUPPLIER  Greenwood Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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 0655  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Record review failed to reveal evidence that a baseline care plan had been initiated for the resident's behaviors to include the minimum healthcare information necessary to properly care for the resident as well as discharge planning per the residents initial goals, within 48 hours of his/her admission.</p> <p>2. Record review revealed Resident ID #366 was admitted to the facility in March of 2024 with diagnoses including, but not limited to, abdominal pain and malaise (fatigue).</p> <p>During a surveyor interview on 3/19/2024 at approximately 10:00 AM the resident revealed s/he would like a shower and s/he was not able to get out of bed independently.</p> <p>Record review failed to reveal a physician's order for the resident's transfer status.</p> <p>Record review failed to reveal evidence that a baseline care plan included the minimum healthcare information necessary to properly care for the resident with interventions for staff to implement related to his/her decreased ability to perform activities of daily living including, but not limited to, transfer status.</p> <p>3. Record review revealed Resident ID #317 was admitted to the facility in March of 2024 with diagnoses including, but not limited to, complex regional pain syndrome, disease of spinal cord injury and cervicalgia (pain in the neck and shoulders).</p> <p>Record review of a progress note dated 3/21/2024 authored by the resident's physician revealed that on 1/16/2024 the patient underwent placement of an intrathecal baclofen pump (a device that delivers muscle relaxant medication directly into the spinal canal) prior to his/her admission.</p> <p>Record review failed to reveal evidence that a baseline care plan that included instructions needed to provide effective and person-centered care for the baclofen pump.</p> <p>During a surveyor interview on 3/22/2024 at 10:27 AM and 10:48 AM with the Director of Nursing Services, she acknowledged that Resident ID #317's baseline care plan had not been completed to include the baclofen pump and it should have. Furthermore, she was unable to provide evidence that a baseline care plan was developed for Resident ID #s 109, 317 and 366 within 48 hours of admission, to include instructions needed to provide effective and person-centered care.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  415008	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/22/2024
NAME OF PROVIDER OR SUPPLIER  Greenwood Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>46539</p> <p>Based on surveyor observation, record review and staff interview, it has been determined that the facility failed to ensure that services provided meet professional standards of quality relative to the use of a baclofen pump for 1 of 1 resident reviewed, Resident ID #317 and 1 of 7 residents medication reviewed during the medication administration task, Resident ID #103.</p> <p>Findings are as followed:</p> <p>1. According to SynchrinMed II Drug Infusion Pump SELECT WARNINGS AND PRECAUTIONS, states in part, .It is mandatory that all patients, caregivers, and treating physicians receive adequate information regarding the risks of the mode of treatment. Instruction Abrupt discontinuation of intrathecal baclofen, regardless of the cause, has resulted in sequelae [secondary result] that include high fever, altered mental status, exaggerated rebound spasticity, and muscle rigidity, that in rare cases has advanced to rhabdomyolysis [breakdown of skeletal muscle], multiple organ-system failure and death. Prevention of abrupt discontinuation of intrathecal baclofen requires careful attention to programming and monitoring of the infusion system, refill scheduling and procedures, and pump alarms. Patients and caregivers should be advised of the importance of keeping scheduled refill visits and should be educated on the early symptoms of baclofen withdrawal. Special attention should be given to patients at apparent risk (e.g. spinal cord injuries at T-6 or above, communication difficulties, history of withdrawal symptoms from oral or intrathecal baclofen) .</p> <p>Record review revealed Resident ID #317 was admitted to the facility in March of 2024 with diagnoses including, but not limited to, disease of the spinal cord and the presence of other specified devices.</p> <p>Review of a Continuity of Care Form- Post Acute Facility dated 3/19/2024 revealed that the resident has a SynchrinMed II Drug Infusion Pump.</p> <p>Record review revealed a progress note dated 3/21/2024 at 10:54 AM which revealed the resident has an intrathecal baclofen pump (a device that delivers muscle relaxant medication directly into the spinal canal).</p> <p>Record review of the physician orders failed to reveal documentation of the pump or what the facility would do to manage the pump including, when to refill the baclofen pump, symptoms of baclofen withdrawal, monitoring for alarms, or what to do if an alarm was to sound per the manufacturer's guidance.</p> <p>During a surveyor interview on 3/22/2024 at 9:56 AM with Registered Nurse (RN), Staff A, she was unaware that the resident had a baclofen pump.</p> <p>During a surveyor interview on 3/22/2024 at 10:48 AM with the Director of Nursing Services (DNS), she acknowledged that there were no orders pertaining to the resident's baclofen pump, including when to refill the baclofen pump, symptoms of baclofen withdrawal, monitoring for alarms, or what to do if an alarm was to sound per the manufacturer's guidance.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  415008	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/22/2024
NAME OF PROVIDER OR SUPPLIER  Greenwood Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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	<p>2. Record review revealed Resident ID #103 was admitted to the facility in December of 2023 with diagnoses including, but are not limited to, traumatic subdural hemorrhage (brain bleed) and compression of the brain.</p> <p>Record review revealed a physician order dated 2/28/2024, ordered by Third Eye Health, for diphenhydramine (Benadryl) 25 milligrams (mg) tablet, give one tablet by mouth every 6 hours as needed for itching/rash.</p> <p>During a surveyor observation on 3/22/2024 at 8:00 AM with RN, Staff B, during the medication administration task, she administered the resident diphenhydramine 25 mg tablet as a scheduled order.</p> <p>Review of the physician's orders revealed that the order was transcribed as a scheduled order and not as an as needed order on 2/29/2024 and was administered every 6 hours from 2/29/2024 through 3/22/2024 resulting in the resident receiving 97 doses of the medication, until it was brought to the facility's attention by a surveyor.</p> <p>During a surveyor interview with the DNS on 3/22/2024 at 10:51 AM she revealed that she would expect the facility to follow the physician's order provided by Third Eye Health to administer the diphenhydramine as needed and not as a scheduled order. Additionally, she was unable to provide evidence that the facility followed the physician's order for Resident ID #103.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  415008	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/22/2024
NAME OF PROVIDER OR SUPPLIER  Greenwood Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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 0677  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 47939</p> <p>Based on surveyor observation, record review, resident, and staff interview, it has been determined that the facility failed to provide the necessary services to a resident who is unable to carry out activities of daily living (ADLs), for 1 of 1 resident reviewed relative to transfers, Resident ID #366 and 1 of 3 residents reviewed relative to assistance with meals, Resident ID #88.</p> <p>Findings are as follows:</p> <p>Record review revealed Resident ID #366 was admitted to the facility in March of 2024 with diagnoses including, but not limited to, anemia and malaise (fatigue).</p> <p>Record review of a Brief Interview for Mental Status assessment dated [DATE] revealed a score of 15 out of 15, indicating intact cognition.</p> <p>Record review of a lift transfer evaluation dated 3/14/2024 indicated that the resident transfers independently or with supervision without using a device.</p> <p>Record review of a care plan with a start date of 3/15/2024, revealed s/he is at risk for a decrease in the ability to perform ADL's specific to transfers due to his/her recent hospitalization , which resulted in fatigue, activity intolerance and increased tremors. Additional record review failed to reveal a focus area indicating the level of assistance that the resident required for transfers or interventions related to his/her fatigue, activity intolerance and increased tremors.</p> <p>Record review revealed the resident's transfer status was documented as not applicable on the following dates and times:</p> <p>3/15/2024 at 2:59 PM</p> <p>3/16/2024 at 12:04 AM, 12:33 PM and 7:23 PM</p> <p>3/17/2024 at 6:57 AM, 10:54 AM and 7:31 PM</p> <p>3/18/2024 at 6:00 AM and 11:51 AM</p> <p>3/19/2024 at 3:53 AM, 11:03 AM and 4:28 PM</p> <p>3/20/2024 at 2:47 AM and 5:45 PM</p> <p>3/21/2024 at 4:04 AM</p> <p>Further record review revealed that the resident's transfer status was documented as not occurring on 3/15/2024 at 4:43 PM and 3/19/2024 at 4:28 PM.</p> <p>(continued on next page)</p>		



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  415008	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/22/2024
NAME OF PROVIDER OR SUPPLIER  Greenwood Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a surveyor interview with the resident on 3/19/2024 at approximately 10:00 AM, the resident revealed that s/he would like to receive a shower and s/he is unable to get out of bed independently. Additionally, s/he revealed that staff had not offered to get him/her out of bed regularly since his/her admission.</p> <p>During a surveyor interview with Nursing Assistant (NA), Staff C, on 3/21/2024 at 9:42 AM, she revealed she was unaware of the level of assistance that the resident required for transfers. Additionally, she revealed that nursing does not transfer the resident out of bed because therapy performs his/her transfers.</p> <p>During a surveyor interview with NA, Staff D and Staff E, on 3/21/2024 at approximately 4:30 PM, they revealed that they were assigned to provide care for the resident on that shift. Additionally, they revealed that they were unaware of the level of assistance the resident required for transfers, had not received report from the nurse, and would need to ask the nurse how the resident transfers.</p> <p>During a surveyor interview with Licensed Practical Nurse, Staff F, on 3/21/2024 at approximately 4:35 PM, she revealed that she was unaware of the level of assistance the resident required for transfers. Additionally, after reviewing the resident's progress notes, she indicated that the resident required the assistance of one staff member for transfers.</p> <p>During a surveyor interview on 3/22/2024 at approximately 10:00 AM with the Director of Rehabilitation, she revealed that the resident required a Hoyer lift (a device designed to assist caregivers in safely transferring residents) for transfers with nursing due to safety. Additionally, she indicated that she was unaware if this information was communicated to nursing and indicated that it should have been.</p> <p>During a surveyor interview with the Director of Nursing Services (DNS) on 3/22/2024 at 10:27 AM, she revealed that the lift transfer evaluation was incorrect and that a new evaluation should have been completed. Additionally, she acknowledged the care plan did not reflect the level of assistance the resident required for transfers. Further, she revealed that it was not communicated to nursing from therapy that the resident required a Hoyer lift for transfers due to safety.</p> <p>2. Record review revealed Resident ID #88 was admitted to the facility in February of 2024, with diagnoses including, but not limited to, dysphagia (difficulty swallowing) and aphasia (an impairment in comprehension or the formulation of language) following a cerebral infarction (stroke).</p> <p>Record review of a Comprehensive Minimum Data Set assessment dated [DATE] revealed a Brief Interview for Mental Status score of 7 out of 15, indicating severe cognitive impairment. Further review revealed the resident required partial to moderate assistance with eating.</p> <p>Further record review revealed the resident has a care plan for nutritional risk dated 2/26/2024 that indicates, the resident is at nutritional risk due to poor intakes with an intervention including, but not limited to, supervise, cue and support with 1:1 feeding as needed.</p> <p>Record review of the electronic medical record revealed the resident required one to one feeding assistance with meals.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  415008	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/22/2024
NAME OF PROVIDER OR SUPPLIER  Greenwood Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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 0677  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>During a surveyor observation at 3/19/2024 at 12:41 PM of the lunch meal, the tray was observed to be placed on a dresser across the resident's room by NA, Staff G. Additionally, Staff G, failed to assist the resident with eating. Furthermore the meal itself had not been uncovered and was untouched.</p> <p>During a surveyor observation on 3/19/2024 at 12:58 PM, the lunch meal tray was observed to be removed from the room by NA, Staff G. Additionally, the meal itself had not been uncovered and was untouched.</p> <p>During a surveyor observation on 3/20/2024 at approximately 12:40 PM the lunch meal tray was observed on a dresser across the room from the resident. Additionally, the meal itself had not been uncovered and was untouched.</p> <p>During a surveyor interview on 3/20/2024 at approximately 1:20 PM with Staff, G, he acknowledged that the resident requires assistance with meals and that he had not assisted him/her. He further acknowledged that he did not bring the meal tray to the bedside and did not attempt to assist the resident during the above surveyor observations.</p> <p>During a surveyor interview on 3/20/2024 immediately following the above interview, with Licensed Practical Nurse, Staff F, she acknowledged that the meal tray for the resident was left on the dresser and meal was not uncovered and had not been touched. Additionally, she acknowledged the resident required one-to-one feeding assistance for all meals. Furthermore, she revealed that she would expect the meal tray to be presented to the resident at the bedside as the resident requires physical assistance and cues with his/her meals.</p> <p>During a surveyor interview on 3/22/2024 at 10:10 AM with Registered Nurse, Staff H, she revealed that it is the expectation for staff to physically assist the resident with his/her meals.</p> <p>During a surveyor interview on 3/22/2024 at 10:23 AM with the DNS, she acknowledged that the resident required one-to-one feeding assistance and she would expect staff to physically assist and/or cue the resident during his/her meals.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  415008	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/22/2024
NAME OF PROVIDER OR SUPPLIER  Greenwood Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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 0686  Level of Harm - Actual harm  Residents Affected - Few	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46118</p> <p>Based on surveyor observation, record review, resident, and staff interview, it has been determined that the facility failed to ensure that residents with pressure ulcers receive necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing for 1 of 2 residents reviewed with facility acquired pressure ulcers (injuries to the skin and the tissue below the skin that are due to pressure on the skin for a long time) Resident ID #33.</p> <p>Findings are as follows:</p> <p>According to the State Operations Manual Appendix PP - Guidance to Surveyors for Long Term Care Facilities last revised on 2/3/2023 states in part, .Stage 2 Pressure Ulcer [PU]: Partial-thickness loss .of skin with exposed dermis, presenting as a shallow open ulcer. The wound bed is viable, pink or red, moist, and may also present as an intact or open/ruptured blister .</p> <p>Record review revealed the resident was admitted to the facility in May of 2023 with diagnoses including, but not limited to, hemiplegia and hemiparesis (weakness and paralysis of one side of the body) and type 2 diabetes.</p> <p>Record review of a Minimum Data Set assessment dated [DATE], revealed a Brief Interview for Mental Status score of 14 out of 15, indicating the resident's cognition was intact. Further review revealed that the resident was dependent on two staff members for bed mobility, including rolling from the left to the right side while laying in bed.</p> <p>Record review of a care plan dated 5/22/2023 revealed the resident is dependent for Activities of Daily Living, including bed mobility, with interventions including, but not limited to, monitor for pain and complications of immobility and/or pressure ulcers. Further review revealed the resident is at risk for skin breakdown with interventions including, but not limited to, assist in turning and repositioning every 2-3 hours.</p> <p>Record review of a Braden Scale for Predicting Pressure Sore Risk dated 3/19/2024, revealed a score of 15, indicating the resident was at risk for developing pressure ulcers.</p> <p>Record review of a Skin Check dated 3/19/2024, revealed redness was noted to the resident's coccyx (tailbone/buttocks) area. Further review revealed this skin impairment was noted to be a pressure injury. Additional record review failed to reveal that any open areas were identified.</p> <p>During a surveyor interview on 3/21/2024 at 8:27 AM with the resident, s/he indicated that s/he asked a staff member for assistance with repositioning in bed between 5:00 AM to 6:00 AM. Additionally, the resident complained of pain to his/her buttocks however the resident was told that s/he had to wait until the next shift to be repositioned. Furthermore, the resident indicated that s/he was in pain at that time of the surveyor interview and the surveyor indicated that s/he should use his/her call light for assistance.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  415008	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/22/2024
NAME OF PROVIDER OR SUPPLIER  Greenwood Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During a surveyor observation on 3/21/2024 at 8:48 AM, two Nursing Assistants entered the resident's room to perform incontinence care and reposition the resident. At this time, the surveyor observed an open area to the resident's coccyx area. The resident expressed that s/he was much more comfortable and that his/her bottom feels much better after s/he was repositioned.</p> <p>During a surveyor interview on 3/21/2024 at 9:39 AM with Nursing Assistant, Staff I, who repositioned the resident in the above mentioned observation indicated that she had not repositioned the resident since the start of her shift at 7:00 AM.</p> <p>During a surveyor interview and observation on 3/21/2024 at 9:42 AM with the resident, the Wound Nurse, Staff J and Registered Nurse, Staff B, acknowledged that the area to the resident's coccyx was a new open area. Staff J then measured the wound and applied a protective dressing. The resident stated to Staff B that his/her pain was an 8 out of 10 to his/her coccyx area.</p> <p>During a surveyor interview on 3/21/2024 at 2:40 PM with Nursing Assistant, Staff K, she indicated that at approximately 6:15 AM on 3/21/2024, the resident requested to be repositioned in bed. She further indicated that she attempted to reposition the resident by herself however did not have help from another staff member at that time and told the resident s/he would have to wait to be repositioned. Additionally, she indicated that the resident complained of pain to his/her buttocks area however, she did not notify the nurse of the resident's pain. Furthermore, she indicated that she did not notice an open wound to the resident's buttocks when she provided incontinence care at that time.</p> <p>Record review revealed the resident was administered Tylenol 650 milligrams (mg) for coccyx pain of 8 out 10 on 3/21/2024 at 10:22 AM. Further review revealed Tylenol 650 mg was administered a second time for pain of 4 out of 10 on 3/21/2024 at 2:28 PM.</p> <p>Record review revealed a note dated 3/21/2024 at 11:31 AM by Staff J, indicating a new Stage 2 pressure ulcer was noted to the resident's right upper buttocks measuring 0.7 centimeters (cm) by 0.3 cm. Further review revealed a physician's recommendation to .cleanse with cleanser of choice, apply thin layer of zguard (zinc ointment) and cover with protective foam dressing daily and PRN [as needed]. Encourage OOB [out of bed] and repositioning to offload from coccyx/buttocks areas. Dietitian consulted [name redacted] and will consider adding protein supplement .</p> <p>During a surveyor interview on 3/21/2024 at approximately 3:00 PM with the Director of Nursing Services, she indicated that she would expect staff to request help when needed to reposition a resident who is in pain and is in need of repositioning. Additionally, she was unable to provide evidence that the resident's pain was addressed in a timely manner or that the facility ensured the necessary treatment and services, consistent with professional standards of practice, to prevent new ulcers from developing was provided.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  415008	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/22/2024
NAME OF PROVIDER OR SUPPLIER  Greenwood Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>50004</p> <p>Based on surveyor observation, record review, resident, and staff interview, it has been determined that the facility failed to ensure that the residents' environment remained as free of accident hazards as possible, relative to maintaining safe water temperatures on 5 of 6 units.</p> <p>Findings are as follows:</p> <p>According to the State Operation Manual Appendix PP- Guidance to Surveyors for Long Term Care Facilities, last revised 2/3/2023, states in part, .Water may reach hazardous temperatures in hand sinks, showers, tubs, and any other source or location where hot water is accessible to a resident. Burns related to hot water/liquids may also be due to spills and/or immersion. Many residents in long-term care facilities have conditions that may put them at increased risk for burns caused by scalding .The degree of injury depends on factors including the water temperature, the amount of skin exposed, and the duration of exposure .</p> <p>Per the State Operations Manual, for Long Term Care Facilities, (rev. 2-3-23), .Some States have regulations regarding allowable maximum water temperature .</p> <p>According to TITLE 216 - DEPARTMENT OF HEALTH, CHAPTER 40 - PROFESSIONAL LICENSING AND FACILITY REGULATION, SUBCHAPTER 10 - FACILITIES REGULATION, PART 1 - Licensing of Nursing Facilities, .In resident areas, hot water temperatures shall not be less than one-hundred degrees Fahrenheit (100 F) nor exceed one-hundred- and eighteen-degrees Fahrenheit (118 F). Thermometers [accuracy of which can be plus or minus two degrees Fahrenheit (+/-2 F)] shall be provided in each residential area to check water temperature periodically on that unit and at each site where residents are immersed or showered .</p> <p>Record review of a facility document titled, F 689-Water Temps .Testing and logging Water Temperatures, states in part, .1. For burn prevention, federal guidelines advise that you keep domestic water temperatures below 120 degrees Fahrenheit, although this temp can still cause burns if exposure reaches five minutes. Many states have stricter standards that set maximum temperatures lower than 120 degrees Fahrenheit .2. Test temperature in shower areas .</p> <p>Record review of a facility document titled, LOGBOOK Documentation .Water Temps, revealed the most recent shower room water temperature was documented on 12/1/2023.</p> <p>During a surveyor observation on 3/19/2024 at approximately 1:00 PM, on the second-floor East Unit, shower room sink revealed the hot water being warm when first turned on. After a short time, the water became very hot to touch, reddening skin and steam was not rising from the sink. Following this observation, the water temperature was obtained using a digital thermometer and recorded at a temperature of 129.0 F.</p> <p>During surveyor observations on the following dates and times the water temperatures were found to exceed 120 degrees F:</p> <p>(continued on next page)</p>		

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 05/14/2025  
Form Approved OMB  
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  415008	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/22/2024
NAME OF PROVIDER OR SUPPLIER  Greenwood Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>3/19/2024- First Floor</p> <p>-1:08 PM: South Unit, room S25, sink 122.1 F</p> <p>-1:09 PM: East Unit, shower room, shower 126.1 F</p> <p>-1:10 PM: South Unit, room S26, sink 122.1 F</p> <p>-1:15 PM: South Unit, shower room, shower 126.1 F</p> <p>-1:20 PM: Dining room, restroom sink, 126.5 F</p> <p>3/19/2024- Second Floor</p> <p>-1:10 PM: South Unit, shower room, shower 127.8 F</p> <p>-1:13 PM: Dining room, restroom sink 125.8 F</p> <p>-1:13 PM: East Unit, shower room, shower 127.8 F</p> <p>-1:15 PM: East Unit, shower room, sink 129.0 F</p> <p>3/20/2024- First Floor</p> <p>-2:23 PM: South Unit, room S9, sink 135.1 F</p> <p>-2:29 PM: North Unit, room N8, sink 120.2 F</p> <p>-2:35 PM: East Unit, room E2, sink 129.5 F</p> <p>-2:37 PM: East Unit, room E5, sink 127.2 F</p> <p>-2:39 PM: East Unit, room E11, sink 126.7 F</p> <p>-2:41 PM: East Unit, room E6, sink 127.0 F</p> <p>-2:45 PM: East Unit, shower room, sink and tub 124.1 F</p> <p>3/20/2024- Second Floor</p> <p>8:07 AM: North Unit, room N2, sink 123.6 F</p> <p>8:57 AM: East Unit, shower room, sink 129.0 F</p> <p>9:10 AM: East Unit, shower room, shower 129.0 F</p> <p>11:38 AM: East Unit, room E3, sink 125.8 F</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  415008	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/22/2024
NAME OF PROVIDER OR SUPPLIER  Greenwood Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>2:30 PM: East Unit, room E1, sink 126.2 F</p> <p>2:32 PM: East Unit, room E7, sink 122.6 F</p> <p>2:39 PM: East Unit, room E2, sink 128.1 F</p> <p>2:45 PM: North Unit, room N12, sink 123.6 F</p> <p>2:48 PM: North Unit, room N8, sink 121.4 F</p> <p>2:50 PM: North Unit, room N5, sink 122.6 F</p> <p>2:54 PM: South Unit, room S6, sink 123.0 F</p> <p>During a surveyor interview and observation on 3/19/2024 at 1:04 PM, with Resident ID #15, s/he revealed that the water gets very hot and requires to be mixed with cold water. S/he stated I feel like, I could burn my hands. Further observation revealed the water temperature of the resident's sink was recorded at 122.1 F.</p> <p>Record review of a facility document dated 3/9/2024-3/22/2024 titled, Task: GG-Bathing for Resident ID #15, revealed s/he was documented by staff as independent for bathing and does not require staff assistance.</p> <p>During a surveyor interview on 3/20/2024 at 9:10 AM, with Nursing Assistant (NA) Staff L, she revealed that the water does get hot and she has to mix the water and use her hand to ensure a comfortable temperature prior to providing resident care. She further revealed that she does not use a thermometer to check the water temperature and is unaware of what the appropriate temperatures should be.</p> <p>During a surveyor interview on 3/20/2024 at 9:18 AM, with NA, Staff G, he acknowledged that the shower on the first-floor East Unit water temperature registered at 124.1 F. He further revealed that he would check the water temperature with his hand and let the resident feel the water prior to placing them in the shower. He indicated that he does not use a thermometer to check for water temperatures.</p> <p>During a surveyor observation on 3/20/2024 at 11:34 AM, of Resident ID #34, s/he was observed washing his/her face and hands using the sink in his/her room independently. During a subsequent interview following this observation s/he stated, The water does get very hot, and you need to be careful. Further observation revealed the water temperature of the sink in the resident's room was recorded at 125.8 F.</p> <p>Record review of a facility document dated 3/9/2024-3/22/2024 titled, Task: GG-Bathing for Resident ID #34, revealed s/he was documented by staff as independent for bathing and does not require staff assistance</p> <p>(continued on next page)</p>		

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 05/14/2025  
Form Approved OMB  
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  415008	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/22/2024
NAME OF PROVIDER OR SUPPLIER  Greenwood Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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 0689  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Some	During a surveyor interview on 3/20/2024 at approximately 2:21 PM, with the Administrator in the presence of the Director of Nursing Services, he revealed that the water system recently had significant repairs and acknowledged the water temperatures were extremely high and should not exceed 120 F. Additionally, they were unable to provide evidence to ensure that the resident environment remained as free of accident hazards as possible.  The facility's failure to maintain safe water temperatures had the potential to cause serious harm, impairment or death to the residents of the affected units.  46118  41720		



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  415008	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/22/2024
NAME OF PROVIDER OR SUPPLIER  Greenwood Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>46118</p> <p>Based on record review and staff interview, it has been determined that the facility failed to provide appropriate treatment and services for 4 of 6 residents reviewed with an indwelling catheter (a flexible tube that collects urine from the bladder and leads to a drainage bag), Resident ID #s 1, 25, 69, and 104.</p> <p>Findings are as follows:</p> <p>According to Brunner &amp; Suddarth's Textbook of Medical-Surgical Nursing Volume 2, 10th Edition, page 1282 states, For patients with indwelling catheters, the nurse assesses the drainage system to ensure that it provides adequate urinary drainage. The color, odor, and volume of urine are also monitored. An accurate record of fluid intake and urine output provides essential information about the adequacy of renal function and urinary drainage.</p> <p>Review of a facility policy titled Catheter: Urinary- Justification for Use states in part, .If patient's situation meets any of the indwelling catheter criteria, obtain physician's order, include in care plan .</p> <p>1. Record review revealed that Resident ID #1 was readmitted to the facility in December of 2021 with diagnoses including, but not limited to, obstructive and reflux uropathy (a blockage of urinary flow), chronic kidney disease stage 3 (mild to moderate damage to the kidneys which may lead to fluid build up) and acute kidney failure.</p> <p>Review of a care plan dated 5/14/2021 revealed the resident requires an indwelling foley catheter due to obstructive uropathy with interventions including, but not limited to, monitor urine for sediment, cloudiness, odor, blood, and amount.</p> <p>Record review failed to reveal evidence that the care plan was being followed for Resident ID #1 as the record lacked evidence that his/her urine was being consistently monitored for sediment, cloudiness, odor, blood, and amount.</p> <p>During a surveyor interview on 3/22/2024 at 10:10 AM with Registered Nurse (RN), Staff B, she was unable to provide evidence Resident ID #1's urine was being consistently monitored for sediment, cloudiness, odor, blood, and amount.</p> <p>2. Record review revealed that Resident ID #25 was readmitted to the facility in December of 2022 with diagnoses including, but not limited to, neuromuscular dysfunction of the bladder (damage to the nervous system that affects bladder control) and retention of urine.</p> <p>Record review revealed the resident has a supra pubic catheter (a flexible rubber or plastic tube inserted into the bladder via a surgical opening in the abdomen).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  415008	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/22/2024
NAME OF PROVIDER OR SUPPLIER  Greenwood Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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	<p>Review of a care plan last revised 2/1/2021 revealed the resident is at risk of infection related to the supra pubic catheter with interventions including, but not limited to, monitor urine for sediment, cloudiness, odor, blood, and amount.</p> <p>Record review failed to reveal evidence that the care plan was being followed for Resident ID #25 as the record lacked evidence that his/her urine was being consistently monitored for sediment, cloudiness, odor, blood, and amount.</p> <p>During a surveyor interview on 3/22/2024 at 10:45 AM with Licensed Practical Nurse (LPN), Staff M, she was unable to provide evidence that Resident ID #25's urine was being consistently monitored for sediment, cloudiness, odor, blood, and amount.</p> <p>During a surveyor interview on 3/22/2024 at 11:45 AM with the Director of Nursing Services (DNS), she was unable to provide evidence that Resident ID #25's urine was being consistently monitored for sediment, cloudiness, odor, blood, and amount.</p> <p>3. Record review revealed that Resident ID #69 was admitted to the facility in August of 2023 with a diagnosis including, but not limited to, heart failure.</p> <p>Review of the care plan, revised on 1/23/2024, revealed s/he requires an indwelling foley catheter due to wounds affected by incontinence with interventions to monitor the amount of urine.</p> <p>Record review failed to evidence that the amount of his/her urine was being consistently monitored.</p> <p>During a surveyor interview on 3/22/2024 at 12:55 PM with the DNS, she was unable to provide evidence that the amount of Resident ID #69's urine was being consistently monitored.</p> <p>4. Record review revealed that Resident ID #104 was admitted to the facility in February of 2024 with diagnoses including, but not limited to, hydronephrosis with renal and ureteral calculous obstruction (dilatation and distension of the renal collecting system of one or both kidneys due to obstruction of urine outflow), dependence on renal dialysis and chronic kidney disease stage 4 (severe).</p> <p>Review of a care plan dated 2/9/2024 revealed the resident requires an indwelling (foley catheter and PCN (percutaneous nephrostomy- tube that drains urine directly from the kidney) with interventions including, but not limited to, record output.</p> <p>Record review failed to reveal evidence that the amount of his/her urine was being consistently monitored from the indwelling foley catheter.</p> <p>During a surveyor interview on 3/22/2024 at 12:55 PM with the DNS, she was unable to provide evidence that Resident ID #104's urine output was being consistently monitored and recorded from his/her indwelling foley catheter.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  415008	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/22/2024
NAME OF PROVIDER OR SUPPLIER  Greenwood Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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 0698  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>41720</p> <p>Based on record review and staff interview, it has been determined that the facility failed to ensure that residents who require dialysis receive such services, consistent with professional standards of practice, for 1 of 1 resident reviewed receiving dialysis, Resident ID #164.</p> <p>Findings are as follows:</p> <p>1a. Record review of a facility policy titled, Dialysis: Hemodialysis (HD)-External Catheter Evaluation and Maintenance last revised on 12/1/2021 states in part, .Avoid treatment or procedures in the accessed extremity .If the sterile dressing [a dressing that is used to cover a wound and prevent infection] becomes compromised (wet, loose, or soiled), the licensed nurse may change the dressing with a physician/APP [advanced practice provider] order .</p> <p>Record review revealed Resident ID #164 was admitted to the facility in January of 2023, and readmitted in March of 2024, with diagnoses including, but not limited to, end stage renal disease (severe kidney dysfunction).</p> <p>Record review revealed the resident receives hemodialysis (a procedure where a dialysis machine and a special filter, called an artificial kidney, are used to clean the blood) through a central venous catheter (indwelling device inserted into a large, central vein that empties into the heart to help receive drugs, fluids, or blood) access site located to his/her left chest wall.</p> <p>Record review revealed a physician's order dated 3/9/2024, which indicates not to obtain blood pressure measurements on the left arm.</p> <p>Record review of the blood pressure documentation, from 3/9/2024 through 3/20/2024, revealed that blood pressure measurements were obtained on the resident's left arm on the following dates:</p> <p>- 3/12/2024</p> <p>- 3/16/2024, twice</p> <p>- 3/17/2024</p> <p>- 3/18/2024</p> <p>- 3/20/2024</p> <p>During a surveyor interview on 3/20/2024 at 1:39 PM with Registered Nurse (RN), Staff P, she was unable explain why she did not follow the physician's order when she took the resident's blood pressure on 3/20/2024.</p> <p>.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  415008	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/22/2024
NAME OF PROVIDER OR SUPPLIER  Greenwood Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>1b. Record review of the March 2024 notes revealed on 3/10/2024 RN, Staff Q, documented that she changed the sterile dressing over the dialysis site because the old one was peeling off.</p> <p>Record review failed to reveal evidence of a physician's order for a dressing change to the dialysis site.</p> <p>During a surveyor interview on 3/20/2024 at 4:12 PM with Staff Q, she acknowledged changing the sterile dressing without obtaining a physician order.</p> <p>1c. Review of the plan of care, revised on 3/6/2024, revealed that the resident is at risk for impaired renal function and complications related to hemodialysis with interventions to send the communication sheet to dialysis and review upon return.</p> <p>Review of a document titled, Hemodialysis Communication Record dated 3/6/2024, revealed in part, .Start Patient on Sensipar (cinacalcet) [decreases levels of parathyroid hormone (PTH), calcium, and phosphorous in the body] 60 mg (milligram) daily .</p> <p>Review of an additional dialysis communication sheet, dated 3/15/2024, revealed in part, .Please make sure Pt [patient] is getting sensipar (cinacalcet) 60 mg daily (give with a meal). D/C [discontinue] Vit [vitamin] D3 please. Lanthanum [used to lower high blood phosphate levels in people who are on dialysis] should only be given with dinner not all meals .</p> <p>Record review failed to reveal evidence that the above-mentioned dialysis recommendations were communicated to the provider.</p> <p>During a surveyor interview with the Director of Nursing Services on 3/22/2024 at 1:10 PM, she indicated that her expectation would be that the order to restrict blood pressure measurements on the left arm would be followed, an order would be obtained prior to changing a sterile dressing, and the recommendations from dialysis would have been communicated to the provider.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  415008	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/22/2024
NAME OF PROVIDER OR SUPPLIER  Greenwood Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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 0758  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>41720</p> <p>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 psychotropic drugs for 1 of 3 residents reviewed for psychotropic medications, Resident ID #43.</p> <p>Findings are as follows:</p> <p>Review of a facility policy titled, Psychotropic Medication Use, states in part, .Psychotropic medications may be used to address behaviors only if non-drug approaches and interventions were attempted prior to their use .</p> <p>Record review revealed the resident was admitted to the facility in February of 2016 with a diagnoses including, but not limited to, anxiety disorder.</p> <p>Review of the order summary report revealed an order dated 6/26/2019 that non-pharmacological intervention(s) are to be used before as needed (PRN) anti-anxiety medications are administered and document by number:</p> <ol style="list-style-type: none"><li>1. Reposition for comfort</li><li>2. Massage</li><li>3. Involve in activity/alternative activity to divert</li><li>4. Provide quiet setting with reduced stimuli as needed</li><li>5. Relaxation technique</li><li>6. Music</li><li>7. Remove from area</li><li>8. Direction/distraction</li><li>9. Toilet</li><li>10. Ambulate</li><li>11. Provide food/drink</li><li>12. Educated</li><li>13. one to one</li></ol> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  415008	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/22/2024
NAME OF PROVIDER OR SUPPLIER  Greenwood Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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 0758  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>14. other-add to the description</p> <p>Additional review of the order summary report revealed the following physician orders:</p> <p>- starting 2/29/2024 and discontinued on 3/6/2024- give one tablet of Lorazepam 0.5 milligrams (mg), by mouth every eight hours as needed (PRN) for anxiety. Further review of the orders revealed s/he received PRN Lorazepam between 2/29/2024 and 3/6/2024.</p> <p>- 3/7/2024- give one tablet of Lorazepam 0.5 mg, every eight hours by mouth PRN for anxiety. Further review of the orders revealed s/he received PRN Lorazepam between 3/7/2024 and 3/18/2024.</p> <p>Review of the March 2024 Medication and Treatment Administration Records (MAR and TAR) revealed s/he received the Lorazepam 27 times between 3/1/2024 and 3/20/2024. Further review of the record failed to reveal evidence that any non-pharmacological interventions were attempted prior to administering the medication.</p> <p>During a surveyor interview on 3/20/2024 at 1:52 PM with Registered Nurse, Staff P, she indicated that when the resident requests the medication she gives it to him/her without implementing non-pharmacological interventions as ordered.</p> <p>During a surveyor interview on 3/22/2024 at 1:10 PM with the Director of Nursing Services, she was unable to provide evidence that the orders and facility policy were followed.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  415008	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/22/2024
NAME OF PROVIDER OR SUPPLIER  Greenwood Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41720</b></p> <p>Based on surveyor observation, record review and staff interview, it has been determined that the facility failed to store and label drugs and biological's in accordance with currently accepted professional principles for 1 of 3 medication rooms and 2 of 4 medication carts observed.</p> <p>Findings are as follows:</p> <p>Review of a policy titled, Storage and Expiration Dating of Medications, Biological's states in part, .Once any medication .is opened, Facility should follow manufacturer/supplier guidelines with respect to expiration dates for opened medications. Facility staff should record the date opened on the primary medication container (vial, bottle, inhaler) when the medication has a shortened expiration date once opened .If a multi-dose vial of an injectable medication has been opened or accessed (e.g., needle punctured), the vial should be dated and discarded within 28 days .</p> <p>Further review of the policy revealed, .Facility should destroy and reorder medications and biological's with soiled, illegible, worn, makeshift, incomplete, damaged or missing labels .</p> <p>Record review of the State Operations Manual Appendix PP-Guidance to Surveyors for Long Term Care Facilities revealed in part, .Labeling of medications and biological's dispensed by the pharmacy must be consistent with applicable federal and State requirements .Although medication delivery and labeling systems may vary the medication label at a minimum includes .the expiration date .the resident's name .</p> <p>1. Surveyor observation of the first-floor South Unit medication storage room in the presence of Registered Nurse (RN), Staff B, on [DATE] at 8:30 AM revealed three Humalog [insulin used to manage high blood sugar levels in patients with diabetes] kwikpens,100 units/milliliters (u/mL), dated ,d+[DATE].</p> <p>During a surveyor interview with Staff B, at the time of the above observation, she acknowledged that the insulin pens were expired and indicated that they should have been discarded.</p> <p>2. Surveyor observation of the 2nd floor East Unit medication cart in the presence of Licensed Practical Nurse (LPN), Staff M, on [DATE] at 9:45 AM revealed two Lantus SoloStar [long-acting insulin to treat diabetes] subcutaneous solution pen injectors, 100u/mL. Both were opened, in use, and not dated. Manufacturer's instructions indicate to discard the medication after 28 days after opening.</p> <p>During a surveyor interview with Staff M, at the time of the above observation, she acknowledged that the insulin pens were in use and not dated.</p> <p>3. Surveyor observation of the 2nd floor North Unit medication cart in the presence of RN, Staff P, on [DATE] at 10:15 AM revealed two multi-dose 10 mL vials of Insulin Lispro injection, 100 u/mL, for a resident who was discharged from the facility on [DATE]. One vial was ,d+[DATE] full, opened, and not dated and the other was opened with an illegible date.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  415008	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/22/2024
NAME OF PROVIDER OR SUPPLIER  Greenwood Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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 0761  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>During a surveyor interview with Staff P, at the time of the observation, she was unable to decipher the date when the vial was opened and acknowledged the other vial was opened and not dated.</p> <p>During an additional surveyor observation of the 2nd floor North Unit medication cart, a 10 mL multidose vial of Insulin Lispro injection was observed without a resident identifier, approximately ,d+[DATE] full, dated [DATE] on the box and [DATE] on the vial and one Lantus kwik pen, with a room number written in marker, opened with an illegible date. Manufacturer's instructions indicate to discard medication 28 days after opening.</p> <p>During a surveyor interview with Staff P, at the time of the above observation, she acknowledged the Lantus and Insulin Lispro were opened but was unable to determine the dates. Furthermore, she was unable to identify which resident the Lantus kwik pen belonged to.</p> <p>During a surveyor interview on [DATE] at 1:34 PM with the Director of Nursing Services, she indicated that she would expect the facility policy to be followed and that the above-mentioned insulin's would be discarded per manufacturer's instructions. Additionally, she would expect that the Lantus would include the a resident's name for identification.</p>		



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  415008	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/22/2024
NAME OF PROVIDER OR SUPPLIER  Greenwood Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0790</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide routine and 24-hour emergency dental care for each resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46118</p> <p>Based on surveyor observation, record review, staff, resident and family interview, it has been determined that the facility failed to provide or obtain from an outside resource, dental services for 1 of 1 resident reviewed for dental services, Resident ID #55.</p> <p>Findings are as follows:</p> <p>Record review revealed the resident was admitted to the facility in May of 2021 with a diagnosis including, but not limited to, dysphagia, oropharyngeal phase (swallowing impairment).</p> <p>Record review of the Minimum Data Set assessment dated [DATE], revealed a Brief Interview for Mental Status score of 8 out of 15, indicating moderately impaired cognition.</p> <p>Record review revealed the resident had a regular textured diet ordered.</p> <p>During a surveyor interview on 3/19/2024 at 11:43 AM with the resident and the resident's family member, the family member indicated that the resident has had difficulty eating hard foods that are often provided by the facility because s/he does not have any dentures. He further indicated that the resident lost his/her dentures while at the hospital just before his/her admission to the facility, and has not been seen by a dentist in years. The resident indicated that s/he would like to have dentures and felt that it was not good to go for so long without them.</p> <p>During a surveyor observation and interview on 3/21/2024 at 12:45 PM, the resident was unsuccessfully attempting to eat a sliced ham sandwich on a sandwich roll. The resident indicated that s/he could not eat the sandwich because s/he was without dentures.</p> <p>Record review of a HealthDrive Dental Group document dated 4/25/2022 revealed that the resident had lost his/her full upper dentures with a plan to .pretreat replacement and begin upon approval .</p> <p>Record review failed to reveal evidence that the resident received any further dental exams or treatments after 4/25/2022.</p> <p>During a surveyor interview on 3/22/2024 at approximately 12:30 PM with the Director of Nursing Services, she could not provide evidence that the resident was provided routine dental services or that his/her dentures were replaced as outlined in the HealthDrive Dental Group document.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  415008	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/22/2024
NAME OF PROVIDER OR SUPPLIER  Greenwood Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>46539</p> <p>Based on surveyor observation, record review and staff interview, it has been determined that the facility failed to maintain an infection prevention and control program to help prevent the transmission of communicable diseases and infections for 5 of 5 residents reviewed relative to Multidrug Resistant Organisms (MDRO), Resident ID #'s 1, 77, 105, 318 and 372.</p> <p>Findings are as follows:</p> <p>1. Review of a policy title Enhanced Barrier Precautions last revised on 1/8/2024 states in part, Post the appropriate Enhanced Barrier Precautions (EBP) sign on the patient's room door .Enhanced Barrier Precautions (EBP) are to be utilized for the duration of the patients stay .All patients with any of the following: Infection or colonization with an MDRO when Contact Precautions do not apply .PPE Used for These Situations .During high contact patient care activities: Dressing .bathing/showering .transferring .providing hygiene .changing linens .changing briefs or assisting with toileting .device care or use, central line, urinary catheter, enteral feeding .</p> <p>1a. Record review revealed Resident ID #1 was readmitted to the facility in December of 2021 with diagnoses including, but not limited to, retention of urine and benign prostatic hyperplasia (when the flow of urine is blocked due to the enlargement of the prostate gland) without lower urinary tract symptoms.</p> <p>Review of Resident ID #1's discharge Continuity of Care form dated 12/30/2021 revealed that the resident was positive for the following MDRO's: Methicillin-resistant Staphylococcus Aureus (MRSA), Vancomycin-Resistant Enterococcus (VRE), and Extended-Spectrum Beta-Lactamases (ESBL) and required isolation precautions.</p> <p>Record review revealed the resident has an indwelling catheter.</p> <p>Review of a urinalysis obtained 2/15/2024 revealed the resident was positive for ESBL. Further review revealed the resident was administered antibiotics for the positive urinalysis.</p> <p>Surveyor observations on 3/19, 3/20, and 3/21/2024 failed to reveal evidence that the resident was on precautions relative to the diagnoses of MDROs.</p> <p>During a surveyor interview on 3/21/2024 at 10:27 AM, with the Infection Preventionist he revealed that the resident should be on enhanced barrier precautions.</p> <p>1b. Record review revealed that Resident ID #77 was readmitted to the facility in February of 2024 with diagnoses including, but not limited to, anemia and gastrointestinal hemorrhage.</p> <p>Review of Resident ID #77's discharge Continuity of Care form dated 2/13/2024 revealed that the resident was positive for the following MDRO's: Methicillin-resistant Staphylococcus aureus (MRSA) and Vancomycin-Resistant Enterococcus (VRE) and required isolation precautions.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  415008	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/22/2024
NAME OF PROVIDER OR SUPPLIER  Greenwood Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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 0880  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	<p>Surveyor observations on 3/19, 3/20, and 3/21/2024 failed to reveal evidence that the resident was on any precautions relative to the diagnoses of MDROs.</p> <p>During a surveyor interview on 3/21/2024 at 10:27 AM, with the Infection Preventionist he revealed that the resident should be on enhanced barrier precautions.</p> <p>1c. Record review revealed that Resident ID #105 was readmitted to the facility in February of 2024 with a diagnosis including, but not limited to, colon cancer.</p> <p>Review of Resident ID #105's discharge Continuity of Care form dated 2/1/2024 revealed that the resident was positive for MRSA and required isolation precautions.</p> <p>During surveyor observations on 3/19, 3/20, 3/21 and 3/22/2024 failed to reveal evidence the resident was on precautions relative to the diagnoses of MRSA.</p> <p>During a surveyor interview on 3/22/2024 at 10:59 AM, with the Director of Nursing Services (DNS) she revealed that the resident should be placed on enhanced barrier precautions due to his/her diagnosis of MRSA.</p> <p>2. Review of a facility policy titled Clostridioides difficile infection states in part, .Maintain stringent hand washing and explain precautions and proper hand washing to patient and visitors. Do not use alcohol-based hand rub for hand hygiene .</p> <p>Record review revealed that Resident ID #318 was admitted to the facility in March of 2024 with a diagnosis including, but is not limited to, enterocolitis due to clostridium difficile (C-Diff, bacterium that causes an infection of the colon).</p> <p>Record review revealed the resident was on contact precautions related to a C-Diff infection.</p> <p>During a surveyor observation on 3/21/2024 at 10:10 AM revealed Registered Nurse, Staff R, in Resident ID #318's room, she removed her gown and gloves, exited the room, and utilized alcohol hand rub to provide hand hygiene. She then approached the medication cart and proceeded to touch the mouse and the cart.</p> <p>During a surveyor interview immediately following the above-mentioned observation, Staff R acknowledged that she did not wash her hands with soap and water. She further revealed that she should have washed her hands and not used alcohol-based hand rub for hand hygiene for C-Diff.</p> <p>During a surveyor interview on 3/21/2024 at 10:21 AM with the DNS, she revealed that when someone is on precautions for C-Diff that she would expect the staff to wash their hands with soap and water and not use alcohol-based hand rub.</p> <p>3. Review of a facility policy titled Contact Precautions states in part, .before exiting room, remove and bag gown and gloves [Personal protective equipment, PPE] and wash hands upon exiting room .</p> <p>Record review revealed that Resident ID #372 was admitted to the facility in March of 2024 with a diagnosis including, but not limited to, MRSA.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  415008	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/22/2024
NAME OF PROVIDER OR SUPPLIER  Greenwood Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review revealed the resident was on contact precautions related to the diagnosis of MRSA.</p> <p>During a surveyor observation on 3/19/2024 at 12:33 PM revealed a Physical Therapist Assistant coming out of Resident ID #372's room with her gown and gloves on. Upon further observation she removed her PPE in the hallway and disposed of it outside the room.</p> <p>During a surveyor interview with the Physical Therapy Assistant on 3/19/2024 at 12:37 PM, she acknowledged that she removed her PPE outside of the resident's room and not inside the room.</p> <p>During a surveyor observation on 3/19/2024 at 12:51 PM revealed Nursing Assistant, Staff G, entering Resident ID #372's room to deliver his/her lunch tray. While in the room, the staff member touched the bedside table, removed two Styrofoam cups from the resident's bedside table and exited the resident's room with his gown and gloves on. He proceeded to remove his gown outside the resident's room. He further failed to remove his gloves or perform hand hygiene. He was then observed to walked down the hallway and enter another resident's room. He then proceeded to exit the second resident's room with the same pair of gloves on. Following this observation, he then removed his gloves in the hallway entered a third resident's room to dispose of the gloves. He failed to perform hand hygiene after the removal of the gloves.</p> <p>During a surveyor interview on 3/19/2024 at 1:00 PM with Staff G, he acknowledged the above observations.</p> <p>During a surveyor interview on 3/21/2024 at 10:21 AM with the DNS she revealed that she would have expected the staff member to have washed his hands following the removal of PPE.</p> <p>During a surveyor interview on 3/22/2024 at 10:59 AM with the Director of Nursing Services (DNS), she indicated that she would expect that the appropriate precautions to be in place for a resident who had a MDRO. Additionally, she revealed she would expect staff to follow their policies relative to the removal of PPE and hand hygiene. Furthermore, she was unable to provide evidence that the facility maintained an infection prevention and control program to help prevent the transmission of communicable diseases.</p> <p>47939</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  415008	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/22/2024
NAME OF PROVIDER OR SUPPLIER  Greenwood Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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 0921  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46118</p> <p>46539</p> <p>Based on surveyor observations and staff interview, it has been determined that the facility failed to maintain a sanitary and comfortable environment relative to 2 of 2 kitchenettes observed and 2 of 6 units reviewed relative to residents rooms.</p> <p>Findings are as follows:</p> <p>1. During a surveyor observation on 3/19/2024 at 11:56 AM of the 1st floor kitchenette revealed the following:</p> <ul style="list-style-type: none"> <li>-black matter in the ice machine along the edging of the grates where the ice is formed, pink film along the edge of the water trough and around the top of the ice thickness and harvest float sensors.</li> <li>-a microwave with multiple colors of food matter on the inside of the microwave.</li> <li>-a toaster oven with a buildup of food debris in the bottom of the toaster oven</li> </ul> <p>During a surveyor observation on 3/19/2024 at 12:07 PM of the 2nd floor kitchenette revealed the following:</p> <ul style="list-style-type: none"> <li>- The drainage hose was routed incorrectly which resulted in an uphill flow of water verses a downward slope flow of water via gravity. This resulted in stagnant water sitting in the tubing flowing into the back of the ice machine and back out. The observation further revealed a buildup of black matter inside the tubing where the stagnant water was sitting.</li> <li>-a toaster oven with a buildup of food debris in the bottom of the toaster oven</li> </ul> <p>During a surveyor interview on 3/19/2024 at 12:41 PM with the District Manager he acknowledged the above-mentioned observations and acknowledged that they needed to be cleaned. Furthermore, he was unable to provide evidence that the facility has maintained a sanitary and comfortable environment for residents relative to the kitchenettes.</p> <p>2. Surveyor observations on 3/19/2024 through 3/22/2024 of the room [ROOM NUMBER] on the South Unit revealed approximately 6.5-7 feet of the wall chair rail molding on the side of the resident's bed, which was pulled away from the wall, exposing two nails sticking out approximately 1/2 inch from the wall.</p> <p>During a surveyor interview on 3/22/2024 at 11:07 AM with the Acting Maintenance Director, he acknowledged that the chair rail molding was falling off of the wall with nails exposed by the resident's bed. Additionally, he pulled the molding off of the wall by hand with ease, exposing more nails that he then removed from the wall.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  415008	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/22/2024
NAME OF PROVIDER OR SUPPLIER  Greenwood Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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 0921  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	<p>During a surveyor interview on 3/22/2024 at 11:20 AM with the Administrator, he indicated that the facility has had past issues with the chair rail moldings falling off and that he would expect the resident rooms to be in maintained in good condition.</p> <p>3. During surveyor observations on 3/19/2024 through 3/22/2024 of room [ROOM NUMBER] on the East Unit, revealed the following in the resident bathroom:</p> <ul style="list-style-type: none"><li>-black and brown matter on the walls</li><li>-baseboard molding detached from the wall</li><li>-bubbling of paint on the left wall</li></ul> <p>During a surveyor interview on 3/19/2024 at 10:44 AM with a housekeeper, Staff S, she acknowledged the above-mentioned observations and revealed that the bathroom had been in that condition for at least a month.</p> <p>The above mentioned environmental concerns were not addressed during this survey, despite Staff S's notification on 3/19/2024.</p> <p>During a surveyor interview on 3/22/2024 at 11:31 AM with the Acting Maintenance Director, he acknowledged the above mentioned concerns.</p> <p>47939</p>		