

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/30/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415009	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/27/2022
NAME OF PROVIDER OR SUPPLIER KENT REGENCY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 660 COMMONWEALTH AVENUE WARWICK, RI 02886	
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F 000	INITIAL COMMENTS A Recertification, COVID-19 Vaccination Compliance, and Complaint Survey was conducted at Kent Regency Center from 06/22/2022 through 06/27/2022 to determine compliance with 42 CFR Part 483 requirements for Long Term Care Facilities. A State licensure and emergency preparedness surveys were also conducted at this facility. As a result of this survey, the Facility was determined not to be in compliance with these requirements.	F 000	Kent Regency provides this Plan of Correction without admitting or denying the validity or existence of the alleged deficiencies. The Plan of Correction is prepared and executed solely because it is required by federal and state law.	
F 812 SS=F	Food Procurement, Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on surveyor observation and staff interview, it has been determined that the facility	F 812		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Stella E. Pearson Executive Director 7/15/22

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.

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F 812	Continued From page 1 failed to properly store, distribute, and serve food under sanitary conditions relative to the main kitchen and 2 of 2 unit kitchenettes. Findings are as follows: 1) During the initial tour of the kitchen on 6/22/2022 at approximately 10:30 AM the following items were observed: - 8 chocolate flavored Imperial Health Shakes stored in the reach in refrigerator without a thaw or use by date. The manufacturer's instruction on the carton state to use within 14 days of thawing. - A red sanitation bucket containing a cleaning cloth did not register at 200 PPM (Parts per Million) which is the effective sanitizing strength for the sanitizer in use, a Quaternary Ammonium based solution per manufacturer's instructions 2) The day room on the A unit nurses station had an ice scoop stored uncovered in a non approved NSF(National Sanitation Foundation) container. 3) During a surveyor observation on 6/23/2022 at approximately 3:15 PM to 3:30 PM the following items were observed stored in the refrigerator in the A/B Nursing Unit kitchenette: - 8 chocolate flavored Imperial Health Shakes without a thaw date or a use by date. The manufacturer's instruction on the carton state to use within 14 days of thawing. - 4 strawberry flavored Imperial Health Shakes without a thaw date or use by date. The	F 812	1. The Imperial Health Shakes & Nectar Thick water container were immediately disposed of. 2. There were no adverse resident/patient consequences related to the Imperial Health Shakes or Nectar Thick water. 3. FSD obtained a date-gun and implemented dating individual shakes with expiration dates prior to being distributed out to the kitchenettes. Nectar thick water to have an "open" and "used by date" from the kitchen. Education provided to dietary staff about the dating and labeling by 07/10/22. Education provided to nurses regarding the labelling and dating of open beverages. 4. FSD and/or dietary designee to monitor and audit daily, then 2x weekly for 90 days to ensure expiration dates placed on health shakes pulled to thaw. FSD and/or designee to monitor kitchenettes daily for properly dated beverage items. Results & trends will be reviewed & evaluated by CQI committee for further plan adjustment. This corrective action will be monitored by the Food Service Director. <i>ME 7/7/22</i> 1. The reading of the Quaternary Ammonium based solution in the red sanitation bucket was increased to above 200 based on the surveyor's recommendation to the district manager. 2. There were no adverse resident/patient consequences related to the reading of the sanitizer strength. 3. FSD will ensure sanitizer solution is changed out according to facility policy. Education provided to dietary staff about the daily changing of the sanitizing solution. 4. FSD and/or dietary designee to audit 4x/ weekly then 3x monthly then quarterly. Trends to be reviewed and evaluated by CQI committee for further analysis and/or plan adjustment.	06/26/22 07/10/22 07/22/22	06/23/22

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F 812	Continued From page 2 manufacturer's instruction on the carton state to use within 14 days of thawing. -1 container of Nectar Thick water without an open date. The directions on container state to use within 10 days of opening 4) During a surveyor observation on 6/23/2022 at approximately 3:35 PM the following items were observed stored in the refrigerator in the C/D nursing unit kitchenette: -3 strawberry flavored Imperial Health Shakes without a thaw date or use by date. The manufacturer's instruction on the carton state to use within 14 days of thawing. -1 chocolate flavored Imperial Health Shake without a without a thaw date or use by date. The manufacturer's instruction on the carton state to use within 14 days of thawing. During a surveyor interview with the Food Service Director and Regional Manager on 6/23/2022 at approximately 12:30 PM they acknowledged the reading was not within the acceptable range of 200 PPM to 400 PPM. During a surveyor interview with the Food Service Director on 6/24/2022 at approximately 2:00 PM she was unable to explain why the health shakes did not have thaw dates or why the ice scoop container was not an NSF approved container.	F 812 <i>ma</i> <i>7/27/22</i>	1. The ice scoop on A-Wing in the Day Room was immediately removed, sanitized and placed in NSF -approved covered container. 2. There were no adverse resident/patient consequences related to the ice scoop being in a non-approved NSF container. Education provided to Dietary & Nursing about need to have ice scoop in covered container. 3. FSD created an audit tool to monitor ice scoop containers weekly x4, monthly x3, then quarterly. Results of trends reviewed by CQI committee and corrective action will be monitored by FSD.	06/24/22 07/22/22	
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an	F 880			

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F 880	Continued From page 3 infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident, including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved; and	F 880 <i>uu</i> <i>7/27/22</i>	Kent Regency immediately implemented the following Directed Plan of Correction. 1. A QAPI regarding the proper use of personal protective equipment (PPE) shall be completed by 07/07/22. 2. Conduct a Root Cause Analysis which will be completed with assistance from the Infection Control Preventionist or QAPI committee by 07/07/22. 3. The staff members, staff A,B, & D attended an in-service conducted by the Infection Control Preventionist. This in-service will focus on proper use of personal protective equipment (PPE). 4. Staff attended an in-service conducted by the Infection Control Preventionist. This in-service will focus on proper use of personal protective equipment (PPE). 5. Starting 06/23/22, the infection Control Preventionist will conduct staff observations of infection control practices at least twice a week. Staff will be observed @ mealtimes & with care of residents in precaution rooms. These observations each week will be documented and will include the following: the date and time of the observation; the name of the staff being observed; what activity was observed; the result of the observations; any corrective action needed; and any re-education of staff.	07/07/22 06/23/22	

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F 880	<p>Continued From page 4</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to ensure that staff utilize Personal Protective Equipment (PPE) according to professional standards to prevent the potential transmission of Coronavirus Disease (COVID-19) for 1 of 5 wings observed (E Wing).</p> <p>Findings are as follows:</p> <p>Record review of the facility's policy titled "Personal Protective Equipment (PPE) Guide for Healthcare Personnel", dated 5/3/2022 and 6/23/2022 states in part, "...Eye protection should</p>	F 880 <i>MR</i> <i>7/27/22</i>	<p>6. At least 50% of the observations will focus on the issue(s) identified in the deficient practice(s) cited.</p> <p>7. The same staff will not be observed again until all staff have been observed unless an issue was identified with a staff member's infection control practice.</p> <p>8. Staff members, staff A, B, & D will be observed again within one (1) week after the Initial observation. This observation + IP Rounds will be documented and will not count as one of the required six (6) observations per week.</p> <p>9. At least monthly, the Infection control Preventionist will submit a report of his/her observations and needed interventions to the Administrator, Director of Nursing, Medical Director and the Quality Assurance Committee.</p>		

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F 880	<p>Continued From page 5</p> <p>be removed, cleaned, and disinfected if it becomes visible soiled or removed (e.g., when leaving the isolation area) prior to putting it back on...after task is complete in the room, staff remove PPE (gown & gloves) at the door and perform hand hygiene...Staff exiting a positive room should clean their face shield..."</p> <p>Surveyor observation of the signage on the COVID-19 isolation rooms states in part, "...hand hygiene before and after patient contact, contact with environment, and after removing PPE...wear gloves upon entering room..."</p> <p>1. During a surveyor observation on 6/23/2022 at 9:05 AM revealed Nursing Assistant, Staff A, in Resident ID #106's room who is on isolation for COVID-19. Staff A was observed wearing a gown, a N95 mask and a face shield. She was not wearing gloves and was handling the resident's meal tray. Staff A then removed her gown, exited the room with the meal tray and placed the tray on the food truck outside of the resident's room. Staff A did not disinfect her face shield upon exiting the room.</p> <p>An additional surveyor observation on 6/23/2022 at 9:10 AM, revealed Nursing Assistant, Staff B exiting Resident ID #91 and #105's room who are on isolation for COVID-19. Staff B was wearing a face shield and a N95 mask. She was not wearing gloves and was handling a resident's meal tray. Staff B then placed the tray on the food truck that was located down the hall, she did not disinfect her face shield and she did not perform hand hygiene. Staff B was then observed entering a resident's room that is not on isolation and she did not perform hand hygiene prior to entering the room.</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>During an interview immediately following this observation with Staff B, she acknowledged the above-mentioned observations. Additionally, she acknowledged that Resident ID #'s 91 and 105 are on isolation.</p> <p>During a surveyor interview on 6/23/2022 at 9:10 AM and at 9:24 AM with the Unit Manager, Staff C, she acknowledged that Resident ID #'s 91, 105 and 106 are on isolation for COVID-19. Additionally, she indicated that she would expect the staff to wear gloves while in the rooms, perform hand hygiene upon exiting the rooms and disinfect their face shield upon exiting each room.</p> <p>2. During a surveyor observation on 6/24/2022 at 9:02 AM revealed Licensed Practicable Nurse, Staff D in Resident ID #106's room. Staff D exited the room and did not disinfect her face shield. Staff D proceeded to the medication cart and began to prepare medications.</p> <p>An additional surveyor observation on 6/23/2022 at 9:30 AM, revealed Staff D exiting Resident ID #98's room who is on isolation for COVID-19 wearing a face shield. She did not disinfect her face shield. Staff D proceeded to the medication cart and began to prepare medications.</p> <p>During a surveyor interview on 6/24/2022 at 9:35 AM with Staff D, she acknowledged that she did not disinfect her face shield when she exited Resident ID #98 and 106's rooms. She acknowledged that the residents are on isolation for COVID-19.</p> <p>During a surveyor interview on 6/24/2022 at 10:58 AM with the Director of Nursing Services, she</p>	F 880			

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F 880	Continued From page 7 indicated that she would expect the staff to disinfect their face shields upon exiting the isolation rooms and would expect the staff to perform hand hygiene upon entering each resident room and prior to exiting resident's rooms. Additionally, she indicated that she would expect the staff to wear gloves while in the isolation rooms.	F 880			