

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

PRINTED: 10/27/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415044	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/25/2022
NAME OF PROVIDER OR SUPPLIER FRIENDLY HOME INC THE			STREET ADDRESS, CITY, STATE, ZIP CODE 303 RHODES AVENUE WOONSOCKET, RI 02895		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS A Recertification, COVID-19 Vaccination Compliance and Complaint Survey, ACTS reference numbers 87459, 87460, 87518 was conducted at Friendly Home Nursing Home from 10/19/2022 through 10/25/2022 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. Deficiencies were cited as a result of this survey. Census: 122: Bed Count: 126	F 000	The filing of this Plan of Correction (POC) does not constitute that the deficiencies alleged did in fact exist, rather this POC is filed as evidence of the facility's continuing commitment to high quality resident care in full compliance with state and federal regulations. Completion date for optimal compliance with the POC will be November 24, 2022		
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her	F 609	As a Plan of Correction (POC) for Tag F609: a) Resident ID#164 continues to reside in the facility. No further issues have been identified. Our social service team has visited the resident to ensure her/his concerns are addressed. The MD has also been informed and is aware of the resident's allegations. b) Residents who reside in the facility have the potential to be affected by this finding. We have reviewed for any recent reports of staff to resident allegations to ensure timely reporting has occurred.		

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 609	<p>Continued From page 1</p> <p>designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, resident and staff interview, it has been determined that the facility failed to ensure that all alleged violations involving abuse are reported immediately (but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse) to the State Survey Agency in accordance with State law for 1 of 1 reportable allegations of abuse for Resident ID #164.</p> <p>Findings are as follows:</p> <p>Record Review of a policy titled, "Abuse prohibition" states in part, "It is the policy of this facility to ensure that all residents are treated with respect and dignity and that all residents are free from abuse, mistreatment, neglect...Definitions: Abuse...Verbal=use of oral, written or gestured language that frightens or demeans a resident...D. Identifying and Reporting Any instance of actual or suspected abuse, neglect...must be reported immediately to the DNS [Director of Nursing Services]/designee, i.e., supervisor on duty and a report is to be filled out. The Department of Health and the Long-Term Care Ombudsman will be contacted of allegations of abuse, neglect...within 2 hours of the allegation if the events that led to the allegation involve abuse...not later than 24 hours if the allegation did not involve abuse or serious bodily harm..."</p> <p>Record review revealed the resident was</p>	F 609	<p>c) We have reviewed our system for the identification and reporting of allegations of abuse. We have made revisions as needed. We have provided education to our social worker and the clinical staff to ensure that reportable incidents are identified and then reported timely. We have instituted the use of a Reportable Incident Check List to be utilized for assurances that all requirements are met for reportable incidents. Reportable incidents are to be reviewed daily in morning meeting to confirm all steps have been completed. We have established an audit tool to monitor our compliance.</p> <p>d) The Administrator is responsible for implementing this plan. The audits will be conducted on a routine basis and the results shared with the QAPI Committee monthly. We will review our progress with the QAPI Committee for no less than 3 months; at which time, we will determine the need/frequency to continue formal audits.</p>		

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F 609	Continued From page 2 admitted to the facility in October of 2022 with diagnoses that include, but are not limited to, Parkinson's disease and adult failure to thrive. Review of a Minimum Data Set (MDS) Assessment dated 10/20/2022 revealed a Brief Interview for Mental Status (BIMS) score of 14 indicating s/he is cognitively intact. During a surveyor interview on 10/19/2022 at 11:35 AM with the resident, s/he revealed that a NA was rough with him/her and pulled on his/her brief when s/he was being assisted with incontinent care. S/he further revealed that s/he reported the allegation to the Social Worker. During a surveyor interview on 10/19/2022 at 11:41 AM with the Social Worker, she revealed that the resident did report to her on 10/18/2022 that an NA was rough with him/her during incontinent care. She further revealed that she reported the allegation to the Director of Nursing Services (DNS) but did not report the allegation to the State Survey Agency. During a surveyor interview with the Director of Nursing Services on 10/19/2022 at 11:56 AM and on 10/20/2022 at 1:59 PM he acknowledged that he did not report the allegation to the State Survey Agency within 2 hours after it was brought to his attention.	F 609			
F 684 SS=E	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive	F 684 ML 11/9/22	F684: a) Resident ID#108 remains in the facility with routine monitoring of his/her blood pressure. There are no issues of concern.		

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F 684	<p>Continued From page 3</p> <p>assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by:</p> <p>Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to ensure that residents receive treatment and care in accordance with professional standards of practice for 1 of 2 residents reviewed for edema, Resident ID #108.</p> <p>Findings are as follows:</p> <p>Record review of a policy titled, "Policy for Vital Signs," states in part, "...Taken monthly custodial care or non-skilled care..."</p> <p>Review of the resident's record revealed s/he was admitted to the facility in July of 2022 with diagnoses including, but are not limited to; hypertension (high blood pressure, a condition in which the force of blood against the artery wall is too high), acute respiratory failure with hypoxia (impairment of blood exchange between the lungs and blood, symptoms may include: shortness of breath, confusion, and cardiac arrest) heart failure (heart doesn't pump blood as well as it should), venous insufficiency peripheral (valves in the veins are not working effectively, making it difficult for blood to return to the heart), and edema (excess fluid trapped in body's tissues).</p> <p>During surveyor observations on the following dates and times, the resident was observed with swelling and edema to his/her right lower leg and</p>	F 684	<p>b) Residents who require blood pressure monitoring have the potential to be affected by this finding. We have reviewed physician orders to ensure that routine blood pressure monitoring has been addressed.</p> <p>c) We have provided education to the nurses regarding the indicators for blood pressure monitoring to include but not limited to diagnoses, medications received, clinical condition and facility protocol. We have conducted record reviews to ensure that those residents who require blood pressure monitoring have orders in place to do so and that they are being followed. We have established an audit tool to monitor our compliance.</p> <p>d) The Director of Nursing (DNS) is responsible for implementing this plan. The audits will be conducted on a routine basis and the results shared with the QAPI Committee monthly. We will review our progress with the QAPI Committee for no less than 3 months; at which time, we will determine the need /frequency to continue formal audits.</p>		

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F 684	<p>Continued From page 4</p> <p>knee:</p> <ul style="list-style-type: none"> - 10/21/2022 at 10:08 AM - 10/24/2022 at 10:24 AM <p>Record review of a physician's progress note dated 10/11/2022, states in part, "Pt [patient] seen For regular follow-up...patient continues to do well except for bilateral lower extremity edema...#3. Congestive heart failure. Continue Lasix, increase dose to 40 mg [milligrams] daily. #4. Essential hypertension. Blood pressure is on the lower side. Adjust lisinopril as needed, monitor blood pressure..."</p> <p>Record review revealed the following physician orders:</p> <ul style="list-style-type: none"> - "furosemide [Lasix] tablet; 20 mg; amt [amount]: 2 tab [tablets]=40 mg; oral Twice A Day; AM, PM," dated 10/7/2022. - "lisinopril tablet; 10 mg; amt: 1 tab; oral Once A Day; AM," dated 7/11/2022. - "Monthly BP&P [blood pressure and pulse] Once A Day on 2nd Thu of the Month; 1st Shift," dated 5/16/2022. Further review revealed the order was discontinued on 7/11/2022. <p>Additional record review failed to reveal evidence that the resident's blood pressure was obtained since 7/30/2022.</p> <p>During a surveyor interview with Licensed Practical Nurse, Staff A, on 10/24/2022 at 10:31 AM, he revealed that the resident is currently experiencing edema and has swelling in his/her lower extremities. He indicated that for non-skilled residents, blood pressure should be taken at least monthly. He also revealed that the resident's</p>	F 684			

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STREET ADDRESS, CITY, STATE, ZIP CODE

FRIENDLY HOME INC THE

303 RHODES AVENUE

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F 684	<p>Continued From page 5</p> <p>blood pressure had not been obtained since 7/30/2022.</p> <p>During a surveyor interview with the Medical Director on 10/24/2022 at 11:14 AM, he revealed that the resident is on Lasix and lisinopril for edema and hypertension. He further revealed that he would expect the resident's blood pressure to be obtained at least monthly for monitoring.</p> <p>During a surveyor interview with the Director of Nursing on 10/24/2022 at 1:33 PM, he revealed that there were no orders in place to obtain the resident's vitals including blood pressure. He was unable to provide evidence that the resident's blood pressure was obtained monthly per the facility's policy.</p>	F 684		