STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415009	A. Building B. Wing	09/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kent Regency Center	660 Commonwealth 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 0577 Level of Harm - Potential for minimal harm Residents Affected - Many	Allow residents to easily view the nursing home's survey results and communicate with advocate agencies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to post the results of the most recent surveys in a readily accessible area for the residents, families, and visitors. Findings are as follows:A surveyor observation on 9/3/2025 at 10:39 AM, revealed a sign was posted to a bulletin board located outside the Director of Nursing Service's (DNS) office which stated, [NAME] REGENCY MOST RECENT SURVEY RESULTS Any surveys conducted in the past three years available upon request. please see the receptionist.A surveyor observation on 9/3/2025 at 10:43 AM, of the Receptionist desk, revealed a sign posted which stated, The most recent annual Rhode Island Department of Health Survey results are located on the bulletin board outside the Director of Nursing office.During a surveyor interview on 9/3/2025 at 10:45 AM, with Central Supply Clerk, Staff A, she revealed that she was covering the reception desk, as the receptionist was unavailable. She further revealed that she was unaware where the survey results binder was located.During a surveyor interview on 9/3/2025 at 10:52 AM, with Staff A, she revealed that she found the survey results binder, located behind the receptionist desk, and provided the surveyor with the binder.Review of the binder titled, [NAME] REGENCY SURVEY RESULTS AVALIABLE FOR REVIEW FOR THE LAST THREE YEARS, provided to the surveyor by Staff A, revealed the most recent survey results were dated 1/22/2021.During a surveyor interview on 9/3/2025 at 10:55 AM, with the DNS, she revealed that she was unaware the survey results must be readily accessible to residents and visitors, without them having to ask, and revealed that the Administrator has the survey results binder in her office.During a surveyor interview on 9/3/2025 at 10:58 AM, with the Administrator, she acknowledged that the survey results must be accessible to the residents and visitors and must contain the last three years of results, however, she revealed that the binders containing the most recent survey results from the past three years were in her office.During a surveyor interview on 9/3/2025 at 11:50 AM, with the Administrator, she revealed that the last three years of survey results were now in a binder located at the receptionist's desk and the most recent annual survey results were posted outside of the DNS office.

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

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident’s preferences and goals. Based on record review and staff interview, it has been determined that the facility failed to ensure that each resident receives the necessary care and services to attain or maintain the highest practicable physical well-being relative to obtaining follow up appointments and failing to obtain radiology services to meet the needs of its residents for 1 of 1 resident reviewed, Resident ID #6. Findings are as follows:1a. Record review revealed Resident ID #6 was admitted to the facility in July of 2025 with diagnoses including, but not limited to, neurocognitive disorder with Lewy bodies dementia (a progressive neurodegenerative disorder characterized by the accumulation of protein deposits called Lewy bodies in the brain) and shoulder pain. Record review of the hospital discharge document dated 7/9/2025 indicated the facility was to follow up with an Alzheimer's Disease and Memory Disorder Center as soon as possible for a visit in 1 week.Record review of a nursing progress note dated 7/10/2025 states, Called Alzheimer's Disease & Memory Disorders Center (Neuro) office to make a follow up appt. from the hospital. Left a voicemail, waiting on a call back.Record review of a nursing progress note dated 7/16/2025 states, Called Neuro office to make a follow up appt. from the hospital. Left a second voicemail, waiting on a call back.Record review of a nursing progress note dated 7/16/2025 states, Neuro Called back. They need a cognitive test done and PCP [Primary Care Provider] notes faxed over to the office. Also need a referral.Record review revealed a Brief Cognitive Assessment Tool (BCAT(R)) was completed on 7/22/2025.Record review failed to reveal evidence that the results from the BCAT were faxed or a follow up appointment with the Alzheimer's Disease and Memory Disorder Center had been scheduled.During a surveyor interview on 9/4/2025 at 10:45 AM with the Unit Manager (UM), Staff B, she revealed that she was unaware if the resident had a follow up appointment with the Alzheimer's Disease and Memory Disorder Center. Subsequently, she was unable to provide evidence that the resident had his/her consult as ordered.1b. Record review of a progress note authored by the Nurse Practitioner on 8/6/2025, states in part, .Patient seen today to review pain mgmt. [management]. Patient has been receiving Tramadol [an opioid medication prescribed to treat moderate to severe pain] since admission.for Right shoulder pain s/p [status post] fall. Upon examination patient was icing [his/her] shoulder + guarding. Patient describes the pain as burning/lightning starting in [his/her] shoulder radiating to.elbow. Patient states [his/her] pain level can be as high as an 8 or a 9. Pain is worse after therapy. Patient with guarding and wincing on exam.Record review revealed the following physician's orders dated 8/7/2025:- Referral to an orthopedic- Right shoulder X-ray- Continue Tramadol 75 milligrams (mg) every 6 hours for pain- Increase gabapentin (a medication prescribed to treat nerve pain) 100 mg 3 times a day- Voltaren gel (a medicated gel used to treat muscle and joint pain) 3 times a day as neededRecord review failed to reveal evidence that an orthopedic consult or an X-ray were obtained.During a surveyor interview on 9/4/2025 at 10:45 AM with Staff B, she was not able to provide evidence that an orthopedic consult was made, or that a referral was faxed by the facility. During a surveyor interview on 9/4/2025 at 11:03 AM with the outpatient orthopedic receptionist, she revealed that she had no information or an appointment scheduled for Resident ID #6.During a surveyor interview on 9/4/2025 at 11:47 AM with the Director of Nursing Services in the presence of the Regional Clinical Manager, she was unable to provide evidence that a follow-up appointment with the Alzheimer's Disease and Memory Disorder Center had been scheduled, an orthopedic consult was obtained, or that a right shoulder X-ray was completed as ordered for Resident ID #6.

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate pressure ulcer care and prevent new ulcers from developing. Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to ensure that residents with pressure ulcers receive the necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing for 2 of 3 residents wound treatments observed, Resident ID #s 27 and 52.Findings are as follows:Review of a facility procedure titled, WOUND DRESSINGS: ASEPTIC reviewed on 12/1/21, states in part, .1. Verify order. 2. Gather supplies.1. Record review revealed that Resident ID #27 was readmitted to the facility in February of 2025, with a diagnosis including, but not limited to, dementia.Record review revealed a physician's order dated 8/1/2025 to cleanse the coccyx (tailbone) wound with wound cleanser, apply medihoney (a wound ointment) then calcium with silver (absorbent dressing with antimicrobial properties) and cover with a foam dressing.Review of Resident ID #27's care plan last revised on 8/29/2025, revealed that s/he has an unstageable pressure ulcer (full thickness tissue loss in which the actual depth of the ulcer is completely obscured by yellow, tan, gray, green, brown, or black tissue in the wound bed) to his/her sacrum (the triabgular bone at the base of the spine), with interventions including, but not limited to, provide wound treatment as ordered.During a surveyor observation on 9/4/2025 at 1:08 PM, with Registered Nurse, Staff C, of Resident ID #27's wound care treatment revealed, Staff C applied a square of collagen AG (stimulates new tissue growth) over the wound and surrounding skin and not directly in the base of the wound. Staff C failed to apply calcium alginate AG as ordered. Additionally, Staff C failed to cut the wound dressing to fit to the size of the wound.Review of the collagen AG packaging revealed .cut the dressing to fit the exact wound size.During a surveyor interview with Staff C immediately following the above-mentioned observation, she acknowledged that she put collagen AG on the wound and not the calcium alginate with AG, as ordered. Additionally, she acknowledged that she failed to cut the dressing to the size of the wound bed as indicated in the application directions for collagen AG. 2. Record review revealed that Resident ID #52 was readmitted to the facility in February of 2025, with a diagnosis including, but not limited to, pain in the left foot. Record review revealed a physician's order dated 6/27/2025 to cleanse the left heel wound with normal saline, apply a nickel thick amount of Santyl (wound treatment) to the wound bed followed by collagen powder (stimulates new tissue growth), and cover with a silicone bordered foam dressing daily. Review of Resident ID #52's care plan last revised on 7/21/2025, revealed that s/he has a left heel deep tissue injury (a pressure ulcer that affects underlying tissues such as muscles and bones due to pressure or shear forces), with interventions which include, but are not limited to, provide wound treatment as ordered. During a surveyor observation on 9/4/2025 at 12:09 PM, with Licensed Practical Nurse, Staff D, of Resident ID #52's wound care treatment revealed, Staff D failed to apply collagen powder to the wound bed. During a surveyor interview with Staff D immediately following the above-mentioned observation, he acknowledged that he failed to apply the collagen powder to the wound bed as ordered.During a surveyor interview on 9/4/2025 at 12:50 PM and 1:36 PM, with the Director of Nursing Services, she indicated that she would expect the staff to follow the physician's orders for wound care treatments for Resident ID #s 27 and 52. Additionally, she revealed she would expect the wound dressing to be cut to size for Resident ID #27. During a surveyor interview on 9/5/2025 at 8:09 AM, with the Wound Physician, she revealed that she would expect the staff to follow wound treatments as ordered for Resident ID #s 27 and 52.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. Based on surveyor observation and staff interview, it has been determined that the facility failed to store drugs and biologicals in accordance with currently accepted professional principles for 3 of 4 medication carts observed.Findings are as follows:Review of a facility policy titled, Storage of Medication dated 1/2025 states in part. Medication and biologicals are stored properly, following manufactures' s or pharmacy recommendations, to keep their integrity and to support safe, effective drug administration.Medication requiring refrigeration.are kept in the refrigerator with a thermometer to allow temperature monitoring.unless otherwise directed on the label.1. During a surveyor observation on 9/4/2025 at approximately 9:00 AM of the D Unit Medication Cart in the presence of Certified Medication Technician, Staff E, the following was revealed:-2 Breo Elipta 100-25 micrograms (mcg) inhalers (a medication prescribed to treat long term chronic obstructive pulmonary disease) opened and undated. The manufacturer's instructions on the box indicate to discard 6 weeks after opening.-2 bottles of Brimonidine eye drops (a medication prescribed to reduce the pressure inside the eyes) opened and undated. The manufacturer's instructions on the box indicate to discard 28 days after opening. -1 bottle of Visine eye drops opened and undated. The manufacturer's instructions on the box indicate to discard 28 days after opening.-2 bottles of fluticasone propriate (a steroid nasal spray used to treat hay fever or allergy symptoms) opened and undated. The manufacturer's instructions on the box indicate to discard 60 days after opening. During a surveyor interview immediately following the observation, Staff E acknowledged that the above-mentioned medications were opened and undated.2. During a surveyor observation on 9/4/2025 at 10:15 AM of the A unit Medication Cart in the presence of Registered Nurse, Staff C, the following was revealed:-1 Breo Elipta 100-25 mcg inhaler opened and undated. The manufacturer's instructions on the box indicate to discard 6 weeks after opening.-1 bottle of Lactulose (a laxative prescribed to treat chronic constipation and hepatic encephalopathy) 10 grams/15 milliliters opened and undated. The manufacturer's instructions on the box indicate to discard 6 months after opening.-2 bottles of Lorazepam (a medication used to treat anxiety disorders and short-term anxiety symptoms) 2 milligram/milliliter opened and undated. The manufacturer's instructions on the box indicate to discard 30 days after opening if refrigeration is not possible. During a surveyor interview immediately following the observation, Staff C acknowledged that the above-mentioned medications were opened and undated.3. During a surveyor observation on 9/4/2025 at approximately 11:00 AM, of the B Unit Medication Cart, in the presence of Licensed Practical Nurse, Staff B, the following was observed:-1 Bottle of Visine eye drops opened and undated. The manufacturer's instructions on the box indicate to discard 28 days after opening. During a surveyor interview immediately following the observation, Staff B acknowledged that the above-mentioned medication was opened and undated.During a surveyor interview on 9/4/2025 at approximately 2:00 PM with the Director of Nursing Services in the presence of the Assistant Director of Nursing and the Regional Clinical Nurse, she indicated that she would have expected staff to date the medication when they are opened, as required.