

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415066	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/22/2025
NAME OF PROVIDER OR SUPPLIER Cra-Mar Meadows		STREET ADDRESS, CITY, STATE, ZIP CODE 575 Seven Mile Road Cranston, RI 02920	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>Based on surveyor observation and staff interview, it has been determined that the facility failed to care for each resident in an environment that promotes maintenance of his/her quality of life relative to maintaining residents' dignity during the dining experience for 3 of 6 residents observed who require assistance with eating, Resident ID #s 5, 9, and 10.</p> <p>Findings are as follows:</p> <p>During a surveyor observation of the main dining room on 5/19/2025 from approximately 11:30 AM to 12:00 PM the following was observed:</p> <ul style="list-style-type: none"> - Nursing Assistant, Staff E, was noted to be standing up and assisting Resident ID #5 with eating, while the resident was seated at the table. - Speech Therapist, Staff C, was noted to be standing up and assisting Resident ID #10 with eating, while the resident was seated at the table. - Nursing Assistant, Staff D, was noted to be standing up and assisting Resident ID #9 with eating, while the resident was seated at the table. <p>During a surveyor interview on 5/19/2025 at 12:12 PM, with Staff E, she acknowledged she was standing up while assisting Resident ID #5 with eating while s/he was seated at the table.</p> <p>During a surveyor interview on 5/19/2025 at 12:16 PM with Staff C, she acknowledged she was standing up while assisting Resident ID #10 with eating while s/he was seated at the table.</p> <p>During a surveyor interview on 5/19/2025 at 12:20 PM, with Staff D, she acknowledged she was standing while assisting Resident ID #9 with eating while s/he was seated at the table.</p> <p>During a surveyor interview with the Director of Nursing Services on 5/21/2025 at approximately 1:45 PM, she acknowledged that staff will either sit or stand to feed residents, and indicated it was based on the staff's preference.</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
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<p>F 0577</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to easily view the nursing home's survey results and communicate with advocate agencies.</p> <p>Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to protect the identifying information for a current resident, Resident ID #18, for one of one survey available for review in the facility's survey results binder.</p> <p>Findings are as follows:</p> <p>During a surveyor observation on 5/21/2025 at approximately 1:30 PM, the survey results binder for 2025 was observed to be in the main hallway of the facility, accessible to all.</p> <p>Record review of the survey results binder revealed the following:</p> <ul style="list-style-type: none"> - Survey results for exit date 1/29/2025 with a staff/resident roster attached, identifying Resident ID #18. <p>During a surveyor interview with the Assistant Administrator on 5/21/2025 at approximately 1:54 PM, following the above observation, he acknowledged that the facility failed to protect the identifying information of Resident ID #18, who was listed on the staff/resident roster, located in the survey results binder.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>Based on record review and staff interview, it has been determined that the facility failed to implement a comprehensive person-centered care plan for each resident, to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment for 1 of 1 resident reviewed with a suprapubic catheter (SP catheter, a flexible tube inserted into your bladder via a surgical opening in the abdomen), Resident ID #8.</p> <p>Findings are as follows:</p> <p>Record review revealed the resident was readmitted to the facility in May of 2022 with diagnoses including, but not limited to, multiple sclerosis (MS, a chronic, disabling neurological disease that can affect any part of the body including the bladder) and neuromuscular dysfunction of the bladder (a problem in your brain, spinal cord, or central nervous system makes you lose control of your bladder).</p> <p>Review of a care plan focus area initiated 11/3/2021 revealed that the resident has an SP catheter due to a neurogenic bladder relative to MS with an intervention to provide indwelling catheter care with hygiene and as needed.</p> <p>Additional review of the care plan revealed a problem start date of 5/1/2025 indicating that s/he is experiencing symptoms of an acute urinary tract infection as evidenced by a change in mental status and foul-smelling urine with sediment.</p> <p>Record review failed to reveal evidence that SP catheter care was being completed per the care plan.</p> <p>During a surveyor interview on 5/20/2025 at 9:58 AM, with Nursing Assistant, Staff E, she revealed that when she assists with routine hygiene care, she does not provide any catheter care and stated, we don't touch it.</p> <p>During a surveyor interview on 5/20/2025 at 10:29 AM, with the Director of Nursing Services, she revealed that she would expect catheter care to be completed daily by using soap and water to cleanse around the insertion site. She further revealed that she expects the nursing assistants to complete catheter care while providing assistance with hygiene however would not expect them to document it. When questioned by the surveyor how she can ensure catheter care is being conducted routinely, she was unable to explain or provide evidence that the resident is receiving routine catheter care per the care plan.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on record review and staff interview, it has been determined that the facility failed to provide appropriate treatment and services for 1 of 1 resident reviewed for a change in condition, Resident ID #8.</p> <p>Findings are as follows:</p> <p>According to www.health.harvard.edu last edited April 2022 revealed that there are two main allergic rashes that may happen after taking a drug, one that occurs within hours, but also a delayed rash that may appear four to 14 days after starting a medication that may appear as pink and red bumps on a person's chest and back and could spread. Additionally, with the delayed type of rash, common triggers include antibiotics.</p> <p>Record review revealed the resident was readmitted to the facility in May of 2022 with a diagnosis including, but not limited to, multiple sclerosis (MS, a chronic, disabling neurological disease that can affect any part of the body including the bladder).</p> <p>Record review revealed that the resident was treated for a suspected urinary tract infection and received ciprofloxacin (an antibiotic) 500 milligrams twice daily from 5/1/2025 through 5/6/2025 (a total of 11 doses).</p> <p>Review of a progress note dated 5/15/2025 at 10:37 AM authored by Registered Nurse, Staff F, revealed she was called into the resident's room and noted the resident to be diaphoretic (excessive sweating due to an underlying condition or medication) indicating that s/he was soaking wet. Additionally, the resident was noted to have a rash to his/her torso with red/pink lines all over .like [s/he] scratched [him/herself] . but is physically unable to due to his/her condition.</p> <p>Additional record review failed to reveal evidence that the provider was made aware that the resident was diaphoretic and had developed a rash.</p> <p>During a surveyor interview on 5/20/2025 at 11:20 AM with Staff F, she revealed that she was called into the room and noted the resident to be very sweaty and had a rash from his/her waist to his/her collar bone. She revealed that she went to notify the Director of Nursing Services (DNS), and by the time she returned with the DNS, the rash had already begun to disappear. She further revealed that she did not notify the provider of the resident's change in condition.</p> <p>During a surveyor interview on 5/20/2025 at 11:38 AM, with the DNS, she revealed that she would consider the resident's sweating and rash to be a change in condition and would only notify the provider if the rash persisted. She indicated that when she entered the resident's room, the resident had red lines on his/her torso but could not recall the amount of time that elapsed from when the rash first developed. Further, she indicated that she reviewed the resident's medication regimen, and failed to identify that the resident was recently treated with antibiotics because she only reviewed his/her current medications.</p> <p>During a surveyor interview on 5/20/2025 at 2:46 PM with the resident's physician, he indicated that he would consider the resident's rash and sweating to be a change in condition and would typically expect to be notified.</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>Based on record review and staff interview, it has been determined that the facility failed to ensure that the resident's drug regimen is free from unnecessary drugs for 1 of 3 residents reviewed for a medication with parameters, Resident ID #18.</p> <p>Findings are as follows:</p> <p>Review of a facility policy titled, Medication Administration dated 2017, states in part, .Medications are administered in accordance with written orders of the attending physician or physician extender .</p> <p>Record review revealed the resident was readmitted to the facility in January of 2025 with diagnoses including, but not limited to, hypertensive (relating to high blood pressure) heart disease with heart failure and repeated falls.</p> <p>Review of a physician's order dated 1/10/2025 revealed to administer metoprolol tartrate (a medication prescribed to treat high blood pressure) 25 milligrams twice daily. Additionally, the special instructions indicated to hold the medication for a systolic blood pressure (the top number of the blood pressure reading) of less than 110.</p> <p>Review of the April and May 2025 Medication Administration Records (MARs) revealed that the resident received the medication when it was indicated to be held, per the physician's order on the following dates and times:</p> <ul style="list-style-type: none"> - 4/8 4:00 - 9:00 PM with a documented Blood Pressure (BP) of: 108/62 - 4/16 7:00 - 11:00 AM with a documented BP of: 104/60 - 5/11 4:00 - 9:00 PM with a documented BP of: 106/74 - 5/13 7:00 - 11:00 AM with a documented BP of: 107/65 <p>During a surveyor interview on 5/21/2025 at 12:54 PM with the Director of Nursing Services, she acknowledged that the resident received the blood pressure medication on the above-mentioned dates and times and revealed that it should have been held, as ordered.</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>Based on surveyor observation, record review, and staff interview it has been determined that the facility failed to ensure each resident's medication regimen is free from a medication error rate of 5% or greater. Based on 25 opportunities for error observed during the medication administration task, there were 2 errors resulting in an error rate of 8% affecting Resident ID #s 1 and 24.</p> <p>Findings are as follows:</p> <p>Review of a facility policy titled, Medication Administration dated 2017, states in part, .Medications are administered in accordance with written orders of the attending physician or physician extender .The personnel administering the medication is to check the label on the medication against the order in the EMAR [Electronic Medication Administration Record] for accuracy. This is to prevent medication errors .</p> <p>1a. Record review revealed Resident ID #24 has a physician's order for Flonase allergy spray 50 micrograms per spray with instructions to administer two sprays to each nostril once daily.</p> <p>During a surveyor observation during the medication administration task on 5/21/2025 at approximately 9:25 AM with Certified Medication Technician, Staff B, she was observed to administer one spray of Flonase to each nostril.</p> <p>1b. Record review revealed Resident ID #1 has a physician's order for Benefiber sugar-free fiber supplement with instructions to give one gram (approximately one teaspoon) in eight ounces of water once daily.</p> <p>Additional record review revealed that the resident has a diagnosis of type II diabetes.</p> <p>During a surveyor observation during the medication administration task on 5/21/2025 at approximately 9:40 AM with Staff B, she was observed to use Psyllium Fiber Powder, a non-sugar-free fiber supplement that contains four grams of sugar in one teaspoon, and added one teaspoon into eight ounces of water and administered it to the resident.</p> <p>During a surveyor interview on 5/21/2025 at approximately 11:45 AM with Staff B, she acknowledged administering only one spray of Flonase to each nostril for Resident ID #24 and that the order indicates to provide 2 sprays for each nostril. Additionally, she acknowledged that she administered a non-sugar free fiber supplement to Resident ID #1 and that the order indicates to administer a sugar-free fiber supplement. Further, she revealed that she is unsure if the facility has a sugar-free fiber supplement in stock and the non-sugar-free fiber supplement that she used is the one she typically uses for all residents.</p> <p>During a surveyor interview on 5/21/2025 at 12:20 PM with the Director of Nursing Services, she indicated that she would expect medications to be administered as ordered.</p>

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</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 significant medication errors, for 1 of 1 resident reviewed with a respiratory infection, Resident ID #24.</p> <p>Findings are as follows:</p> <p>Record review revealed the resident was admitted to the facility in November of 2023 with a diagnosis including, but not limited to, systolic congestive heart failure.</p> <p>Record review revealed a progress note dated 5/19/2025 which revealed Nurse Practitioner, Staff G, gave the following new orders:</p> <ul style="list-style-type: none"> - azithromycin (an antibiotic medication) 500 milligrams (mg), by mouth, for a one-time dose, in the evening of 5/19/2025 and then administer 250 mg daily for four days starting 5/20/2025 - prednisone (a steroid medication) 40 mg, by mouth, for a one-time dose, in the evening of 5/19/2025 and then administer 20 mg daily for 3 days starting 5/20/2025. <p>Record review revealed the following physician's orders:</p> <ul style="list-style-type: none"> - azithromycin, 250 mg, with instructions to administer two tablets, once a day at 6:00 PM, with a start date of 5/19/2025 and an end date of 5/20/2025. - azithromycin, 250 mg, with instructions to administer one tablet, once daily, with a start date of 5/20/2025 - prednisone, 20 mg, with instructions to administer two tablets, once a day at 6:00 PM, with a start date of 5/19/2025 and an end date of 5/20/2025. - prednisone, 20 mg, with instructions to administer one tablet, once daily, with a start date of 5/20/2025. <p>Review of the May 2025 Medication Administration Record (MAR) revealed the resident was administered 500 mg of azithromycin and 40 mg of prednisone on 5/19/2025 and 5/20/2025. Further review revealed s/he was administered 250 mg of azithromycin and 40 mg of prednisone on 5/20/2025, indicating that s/he received an additional 500 mg dose of azithromycin and a 40 mg dose of prednisone on 5/20/2025, in error.</p> <p>During a surveyor interview on 5/22/2025 at 9:58 AM, with Registered Nurse, Staff H, she revealed that the resident was only supposed to receive 500 mg of azithromycin and 40 mg of prednisone on 5/19/2025, as a one-time dose, but acknowledged that the MAR reflected that the resident was administered an additional 500 mg dose of azithromycin and a 40 mg dose of prednisone, in the evening of 5/20/2025, due to a transcription error. Further, she revealed that she was unaware the resident had received the appropriate dose of azithromycin and prednisone in the morning of 5/20/2025.</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a surveyor interview on 5/22/2025 at 10:09 AM, with Certified Medication Technician, Staff B, she acknowledged that she administered 40 mg of prednisone to the resident on 5/20/2025, but revealed that she only administered one tablet, 250 mg of azithromycin in the evening of 5/20/2025.</p> <p>During a surveyor interview on 5/22/2025 at 10:20 AM, with NP, Staff G, she revealed that she was unaware of the medication errors, until it was brought to her attention by the surveyor. She further revealed that she would expect staff to transcribe the orders accurately and as written.</p> <p>During a surveyor interview on 5/22/2025 at 10:28 AM, with the Director of Nursing Services, she revealed that the medication errors were due to a transcription error and indicated that she would expect staff to transcribe the orders accurately.</p> <p>Cross reference F842</p>		

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<p>F 0839</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Employ staff that are licensed, certified, or registered in accordance with state laws.</p> <p>**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 ensure that staff are licensed, certified, or registered in accordance with applicable state laws, for 1 of 2 Certified Medication Technicians (CMT) reviewed, Staff A.</p> <p>Findings are as follows:</p> <p>According to 216-RICR-40-05-22, titled 216-Department of Health, Chapter 40-Professional Licensing and Facility Regulation, Subchapter 05 Part 22, Nursing Assistant, Medication Aide and the Approval of Nursing Assistants and Medication Aide Training Programs, states in part no person shall be employed as a Nursing Assistant or Medication Aide unless s/he holds license.</p> <p>Review of Staff A's personnel file revealed she was hired on [DATE]. Further review revealed Staff A holds two certifications as a CMT and a Nursing Assistant, which both expired on [DATE].</p> <p>During a surveyor observation on [DATE] at approximately 10:09 AM, Staff A was observed administering medications to residents in the activity room.</p> <p>During a surveyor interview on [DATE] at 11:58 AM with Staff A, she revealed that she is a part time staff member and works two days a week in the facility. Staff A further revealed that she was not aware that her certifications had expired and acknowledged that she has been passing medications and caring for residents in the facility.</p> <p>During a surveyor interview on [DATE] at approximately 12:00 PM with the Director of Nursing Services (DNS), she revealed that it is the responsibility of the employee to ensure that their certification is current. Additionally, the DNS revealed that the facility does not have a process for tracking employee certifications at this time, and did not know that Staff A had been working at the facility with expired certifications.</p> <p>During a surveyor interview on [DATE] at approximately 12:08 PM with the Administrator, he revealed that the facility will periodically check the Rhode Island Department of Health's website for certification verification, but revealed that they do not have a formal process.</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>Based on record review and staff interview, it has been determined that the facility failed to ensure that resident records are complete and accurately documented, relative to medication administration, for 1 of 1 resident reviewed with a respiratory infection, Resident ID #24.</p> <p>Findings are as follows:</p> <p>Record review revealed the resident was admitted to the facility in November of 2023 with a diagnosis including, but not limited to, systolic congestive heart failure.</p> <p>Record review revealed a progress note dated 5/19/2025 which revealed Nurse Practitioner, Staff G, gave the following orders:</p> <ul style="list-style-type: none"> - azithromycin (an antibiotic) 500 milligrams (mg), by mouth, for a one-time dose, in the evening of 5/19/2025 - prednisone (a steroid) 40 mg, by mouth, for a one-time dose, in the evening of 5/19/2025 <p>Record review revealed the following physician orders:</p> <ul style="list-style-type: none"> - azithromycin, 250 mg, with instructions to administer two tablets, once a day at 6:00 PM, with a start date of 5/19/2025 and an end date of 5/20/2025 at 6:51 PM. - prednisone, 20 mg, with instructions to administer two tablets, once a day at 6:00 PM, with a start date of 5/19/2025 and an end date of 5/20/2025 at 6:51 PM. <p>Further review of the above physician's orders indicate that the above medication orders were transcribed to be administered on two days, rather than one day as ordered.</p> <p>Review of the May 2025 Medication Administration Record (MAR) revealed the resident was administered 500 mg of azithromycin and 40 mg of prednisone at 6:00 PM on 5/19/2025 and 5/20/2025.</p> <p>During a surveyor interview on 5/22/2025 at 9:58 AM, with Registered Nurse, Staff H, she revealed that the resident was only supposed to receive 500 mg of azithromycin and 40 mg of prednisone on 5/19/2025, but acknowledged that the MAR reflected that the resident was administered an additional dose of 500 mg of azithromycin and 40 mg of prednisone, on the evening of 5/20/2025, due to a transcription error, as the order was entered with an end date of 5/20/2025.</p> <p>During a surveyor interview on 5/20/2025 at 10:09 AM, with Certified Medication Technician, Staff B, she acknowledged that she administered 40 mg of prednisone to the resident on 5/20/2025 but revealed that she only administered one, 250 mg tablet, of azithromycin on the evening of 5/20/2025, indicating the resident received an additional dose of 250 mg tablet, of azithromycin on 5/20/2025.</p> <p>During a surveyor interview on 5/22/2025 at 10:28 AM, with the Director of Nursing Services, she acknowledged the transcription errors, and indicated that she would expect staff to transcribe orders accurately.</p> <p>(continued on next page)</p>		

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<p>F 0865</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Have a plan that describes the process for conducting QAPI and QAA activities.</p> <p>Based on record review and staff interview, it has been determined that the facility failed to develop, implement, and maintain an effective, comprehensive, data-driven Quality Assurance and Performance Improvement (QAPI) program that focuses on indicators of the outcomes of care and quality of life relative to making a good faith attempt to correct medication errors.</p> <p>Findings are as follows:</p> <p>Record review of a 2567 (Centers for Medicare & Medicaid Services statement of deficiencies) dated 1/30/2025 revealed that the facility was cited for a significant medication error. Additional review of the 2567 revealed the facility submitted a plan of correction to the Rhode Island Department of Health on 2/17/2025 that states in part .Nurses and CMTs [Certified Medication Technician] that are directly employed as staff for the facility will receive 2 in-service/education with testing yearly .This will be discussed at the next QAPI meeting .</p> <p>Record review of a document titled, QAPI Report Nursing Department states in part, .DNS [Director of Nursing Services] has completed overhaul of Medication Policy and Procedure for the facility in January .</p> <p>Review of the QAPI binder for 2025 failed to reveal evidence of any actions, measurements, or tracking to ensure efforts for improvements of identified problem areas within the facility, including medication errors.</p> <p>During a surveyor interview with the Director of Nursing Services on 5/22/2025 at 10:10 AM, she was unable to provide evidence of an ongoing and comprehensive QAPI program and that any good faith attempts were made by the facility regarding mitigating future medication errors.</p> <p>Cross Reference F760.</p>		

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NAME OF PROVIDER OR SUPPLIER Cra-Mar Meadows		STREET ADDRESS, CITY, STATE, ZIP CODE 575 Seven Mile Road Cranston, RI 02920	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<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>Based on record review, surveyor observation and staff interview it has been determined that the facility failed to establish and maintain an 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 for 2 of 2 residents reviewed with wounds and the use of Enhanced Barrier Precautions (EBP; refers to an infection control intervention designed to reduce transmission of multidrug-resistant organisms [MDRO] that employs targeted gown and glove use during high contact resident care activities), Resident ID #s 2 and 11, and for 1 of 2 residents reviewed for use of a continuous positive airway pressure machine (CPAP, a device used to keep your airways open while you sleep so you can receive the oxygen you need), Resident ID #20.</p> <p>Findings are as follows:</p> <p>Review of an undated facility policy titled, Enhanced Barrier Precautions states in part, .Resident that meets criteria for the requiring EBP are: Any resident with open chronic wound that requires applying a dressing places them at risk for infection (e.g. Pressure ulcers, diabetic foot ulcers, un-healed surgical wound, or venous stasis ulcers) .</p> <p>1a. Record review revealed that Resident ID #2 was readmitted to the facility in April of 2023 with diagnoses including, but not limited to, dementia and difficulty walking.</p> <p>Review of a document titled, Wound Evaluation and Management Summary dated 5/14/2025 revealed Resident ID #2 has a stage 4 pressure ulcer (the most severe type of pressure ulcer with tissue damage that extends to the muscle, tendon, ligament, cartilage or bone) to his/her coccyx (tailbone) measuring 2.5 centimeters (cm) X 1.3 cm X 0.3 cm with a duration of greater than 156 days. Additionally, the record revealed wound care orders to apply a dressing every other day.</p> <p>During surveyor observations on all days of the survey from 5/19 to 5/22/2025, failed to reveal evidence that Resident ID #2 was on EBP, despite having a chronic wound requiring a dressing.</p> <p>During a surveyor observation on 5/20/2025 at 4:00 PM with Registered Nurse (RN), Staff H, revealed she did not wear a gown while performing wound care for the resident.</p> <p>During a surveyor interview directly following the above observation with Staff H, she acknowledged that Resident ID #2 was not on EBP although the resident does have a wound.</p> <p>1b. Record review revealed Resident ID #11 was readmitted to the facility in December of 2024 with diagnoses including, but not limited to, type II diabetes and disorder of the skin.</p> <p>Review of a document titled, Wound Evaluation and Management Summary dated 5/14/2025 revealed that Resident ID #2 has the following wounds:</p> <p>- A non-pressure wound of the right buttock measuring 2.5 cm X 1.5 cm X 0.2 cm with a duration of greater than 113 days. Additionally, the record revealed wound care orders to apply a dressing 3 times a week.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Cra-Mar Meadows		STREET ADDRESS, CITY, STATE, ZIP CODE 575 Seven Mile Road Cranston, RI 02920	
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- A non-pressure wound of the left first toe measuring 0.4 cm X 0.4 cm X 0.1 cm with a duration of greater than 53 days. Additionally, the record revealed wound care orders to apply a dressing three times a week.</p> <p>During surveyor observations on all days of the survey from 5/19 to 5/22/2025, failed to reveal evidence that Resident ID #11 was on EBP despite having two chronic wounds that required a dressing.</p> <p>During a surveyor observation on 5/20/2025 at 10:37 AM with RN, Staff F, revealed that she did not wear a gown while performing wound care for the resident.</p> <p>During a surveyor interview on 5/21/2025 at 10:23 AM with the Director of Nursing Services (DNS), she acknowledged that Resident ID #s 2 and 11 were not on EBP as required by the facility policy and the regulation.</p> <p>During a surveyor observation on 5/22/2025 at 9:56 AM, after this concern was brought to the attention of the facility by the surveyor, Resident ID #s 2 and 11 were not on EBP.</p> <p>2. Record review revealed that Resident ID #20 was admitted to the facility in March of 2025 with diagnoses including, but not limited to, chronic obstructive pulmonary disease and obstructive sleep apnea (a sleep disorder in which breathing repeatedly stops and starts).</p> <p>Record review revealed a physician's order for a CPAP machine at bedtime.</p> <p>Review of the May 2025 Medication Administration Record revealed the CPAP was documented as being in use on multiple nights.</p> <p>Record review failed to reveal evidence of the CPAP machine or its accessories being cleaned.</p> <p>During a surveyor interview on 5/20/2025 at 10:34 AM with RN, Staff F, she was unable to provide evidence of when the CPAP machine and its accessories were cleaned.</p> <p>During a surveyor interview on 5/20/2025 at 10:54 AM with the DNS she acknowledged that the CPAP mask should be cleaned daily and the machine weekly. The DNS was unable to provide evidence that the CPAP machine for Resident ID #20 was cleaned.</p> <p>Following the above interview, the DNS provided a policy dated 2025, titled, Cleaning a CPAP Machine that states in part, To ensure the safety and effectiveness of CPAP therapy, the CPAP machine, mask, tubing, and related accessories must be cleaned regularly according to manufacture guidelines and infection control standards.</p> <p>Cross reference F-882</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement a program that monitors antibiotic use.</p> <p>Based on record review and staff interview, it has been determined that the facility failed to establish an Infection Prevention and Control Program (IPCP) that must include, at a minimum, an antibiotic stewardship program which includes antibiotic use protocols and a system to monitor antibiotic use to ensure that residents who require an antibiotic, are prescribed the appropriate antibiotic for 2 of 2 residents reviewed for antibiotic use, Resident ID #s 8 and 24.</p> <p>Findings are as follows:</p> <p>According to the Centers for Disease Control and Prevention (CDC) document titled, 'The Core Elements of Antibiotic Stewardship for Nursing Homes states in part, Perform antibiotic 'time outs.' .Nursing homes should have a process in place for a review of antibiotics by the clinical team two to three days after antibiotics are initiated to answer these key questions:</p> <ul style="list-style-type: none"> &middot; Does this resident have a bacterial infection that will respond to antibiotics? &middot; If so, is the resident on the most appropriate antibiotic(s), dose, and route of administration? &middot; Can the spectrum of the antibiotic be narrowed or the duration of therapy shortened (i.e., de-escalation)? &middot; Would the resident benefit from additional infectious disease/antibiotic expertise to ensure optimal treatment of the suspected or confirmed infection . <p>1. Record review revealed that Resident ID #8 was readmitted to the facility in May of 2022 with a diagnosis including, but not limited to, neuromuscular dysfunction of the bladder (a problem in your brain, spinal cord, or central nervous system that makes you lose control of your bladder).</p> <p>Record review revealed a physician's order for Ciprofloxacin (an antibiotic) tablet 500 milligrams (mg) twice daily from 5/1/2025 through 5/6/2025.</p> <p>Review of an Infection Control-Infection Tracker revealed a question, Antibiotic Reassessment (Antibiotic Time Outs) Performed? With the answer checked as no.</p> <p>Additional record review failed to reveal evidence an antibiotic time out or a review at day three was conducted.</p> <p>2. Record review revealed that Resident ID #24 was admitted to the facility in November of 2023 with a diagnosis including, but not limited to, type II diabetes.</p> <p>(continued on next page)</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review revealed a physician's order with a start date of 5/19/2025 for Azithromycin (an antibiotic) 250 mg daily for 4 days.</p> <p>Record review failed to reveal evidence of a completed Infection Control-Infection Tracker for the use of the antibiotic.</p> <p>Additional record review failed to reveal evidence an antibiotic time out or a review at day three was conducted.</p> <p>During a surveyor interview on 5/21/2025 at 10:23 AM with the Director of Nursing Services she acknowledged that the facility does not perform antibiotic timeouts or reviews for residents receiving antibiotics.</p> <p>Cross reference F-882</p>		

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<p>F 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home.</p> <p>Based on staff interview, it has been determined that the facility failed to ensure that the Infection Preventionist completed specialized training in infection prevention and control.</p> <p>Findings are as follows:</p> <p>Review of the facility assessment last updated 4/30/2025 revealed that the Director of Nursing Services (DNS), will complete the Infection Preventionist course.</p> <p>During the Infection Control Task with the DNS on 5/21/2025 at 10:03 AM, she revealed that she is the Infection Preventionist (IP) for the facility. Additionally, she was unable to provide evidence that she completed the specialized training in infection prevention and control, as required. The DNS further indicated that the Minimum Data Set (MDS) Nurse, Staff I, is certified in infection control.</p> <p>During a telephone interview on 5/21/2025 at 11:00 AM with Staff I, she revealed that she does not assist with infection prevention and control in the facility. Additionally, she revealed that she has not worked in the capacity of the facility's IP since April of 2024.</p> <p>During a follow up interview on 5/21/2025 at approximately 11:30 AM with the DNS she acknowledged that she did not complete the infection preventionist training since taking over as the facility's IP, 1 year ago.</p> <p>Cross reference F-880, F-881 and F-883</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interview, it has been determined that the facility failed to ensure the resident's medical record includes documentation that the resident either received the pneumococcal vaccination or did not receive the vaccination due to medical contraindications or refusal, for 4 of 5 residents reviewed, Resident ID #s 2,7, 8 and 11. Additionally, the facility failed to have updated policies regarding immunizations.</p> <p>Findings are follows:</p> <p>According to the Centers for Disease Control and Prevention (CDC), pneumococcal vaccination for all adults 19 through [AGE] years old who have certain chronic medical conditions or 65 years or older who have only received PPSV23 [a type of pneumococcal conjugate vaccination], the PCV15 [a type of pneumococcal conjugate vaccine] or PCV20 [a type of pneumococcal conjugate vaccine] dose should be administered at least one year after the most recent PPSV23 vaccination. For adults 19 through [AGE] years old who have certain chronic medical indications who have only received PCV13 [a type of pneumococcal conjugate vaccine], give 1 dose of the PCV20 at least 1 year after PCV13 or give 1 dose of PPSV23 at least 8 weeks after PCV13. For adults 65 years or older who have only received PCV13, give PPSV23 or PCV20 as previously recommended. Together, with the patient, vaccine providers may choose to administer PCV20 or PCV21 to adults greater than or equal to [AGE] years old who have already received PCV13 (but not PCV15, PCV20, or PCV21) at any age and PPSV23 at or after the age of [AGE] years old.</p> <p>1a. Record review for Resident ID #2 revealed the resident was readmitted to the facility in April of 2023. Record review of the resident's immunization records revealed that the resident received his/her PCV13 vaccine in February of 2019. Record review failed to reveal evidence that the resident was offered, received, or declined the PPSV23, PCV20, or PCV21 vaccine.</p> <p>1b. Record review for Resident ID #7 revealed the resident was readmitted to the facility in March of 2023. Record review of the resident's immunization records revealed that the resident received his/her PCV13 vaccine in January of 2014. Record review failed to reveal evidence that the resident was offered, received, or declined the PPSV23, PCV20, or PCV21 vaccine.</p> <p>1c. Record review for Resident ID #8 revealed the resident was readmitted to the facility in May of 2022. Record review of the resident's immunization records revealed that the resident received his/her PCV13 vaccine in April of 2022. Record review failed to reveal evidence that the resident was offered, received, or declined the PPSV23, PCV20, or PCV21 vaccine.</p> <p>1d. Record review for Resident ID #11 revealed that the resident was admitted to the facility in February of 2017. Record review of the resident's immunization records revealed that the resident received his/her initial series included PCV13 and PPSV23. Record review failed to reveal evidence that the resident was offered, received, or declined the PCV20 or PCV21 vaccine.</p> <p>During a surveyor interview on 5/21/2025 at 10:35 AM, with the Director of Nursing Services (DNS), she was unable to provide evidence that Resident ID #s 2, 7, 8 and 11's medical records included documentation that indicates, at a minimum, if the residents either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.</p> <p>(continued on next page)</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. Review of a facility policy titled, Resident Vaccination (Flu and pneumonia) dated 3/2020 states in part, . Vaccinations are to be provided in accordance with the most recent ACIP (Advisory Council on Immunization Practices) guidelines for these vaccinations. As of 2019, ACIP has recommended the following pneumonia vaccination schedule (Also follow CDC Vaccination for Elders guidelines): ACIP recommends a routine single dose of PPSV23 for adults aged greater than or equal to 65 years who do not have an immunocompromising condition, cerebrospinal fluid leak or cochlear implant and who have not previously received PCV13. If a decision to administer PCV13 is made, PCV13 should be administered first followed by PPSV23 at least 1 year later .</p> <p>During a surveyor interview on 5/21/2025 at 10:37 AM with the DNS, she acknowledged that the policy that the facility is currently using is out of date and does not include the current guidelines for pneumococcal vaccinations. Additionally, the DNS revealed that the above immunization policy was not reviewed annually as required.</p> <p>Cross reference F-882</p>		

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<p>F 0940</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop, implement, and/or maintain an effective training program for all new and existing staff members.</p> <p>Based on record review and staff interview, it has been determined that the facility failed to implement and maintain an effective training program for all employees, consistent with their expected roles, as outlined in the Facility Assessment, for 5 of 5 staff reviewed, Staff A, B, E, F, and J.</p> <p>Findings are as follows:</p> <p>Review of the Facility Assessment, last updated 4/30/2025, states in part, .Staff training/education and competencies .Consider the following training topics .Resident's rights .Abuse, neglect, and exploitation . Consider the following competencies .Specialized care - catheterization insertion/care .</p> <p>Record review revealed Certified Medication Technician (CMT), Staff A, was hired on 2/1/2021. Review of her training records failed to reveal evidence that she received or completed resident rights or abuse, neglect, and exploitation education. Further review failed to reveal evidence that she received or completed a competency relative to catheter care.</p> <p>Record review revealed CMT, Staff B, was hired on 10/6/2021. Review of her training records failed to reveal evidence that she received or completed resident rights or abuse, neglect, and exploitation education. Further review failed to reveal evidence that she received or completed a competency relative to catheter care.</p> <p>Record review revealed Nursing Assistant, Staff E, was hired on 2/1/2021. Review of her training records failed to reveal evidence that she received or completed a competency relative to catheter care.</p> <p>Record review revealed Registered Nurse (RN), Staff E, was hired on 5/28/2019. Review of her training records failed to reveal evidence that she received or completed resident rights or abuse, neglect, and exploitation education. Further review failed to reveal evidence that she received or completed a competency relative to catheter care.</p> <p>Record review revealed RN, Staff J, was hired on 6/10/2020. Review of her training records failed to reveal evidence that she received or completed resident rights or abuse, neglect, and exploitation education. Further review failed to reveal evidence that she received or completed a competency relative to catheter care.</p> <p>During a surveyor interview on 5/22/2025 at 9:04 AM, with the Director of Nursing Services, she acknowledged the missing education for Staff A, B, E, F, and J. Further, she was unable to provide evidence that the above-mentioned in-services were completed for Staff A, B, E, F, and J, as per the Facility Assessment and the regulations.</p> <p>Cross reference F-656</p>		