STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415072	A. Building B. Wing	09/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elmwood Nursing and Rehabilitation Center	225 Elmwood Avenue Providence, RI 02907

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure services provided by the nursing facility meet professional standards of quality. 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, relative to the utilization of a heel offloading device for 1 of 2 residents reviewed, Resident ID #3. Findings are as follows:According to Mosby's 4th Edition, Fundamentals of Nursing, page 314 states, The physician is responsible for directing medical treatment. Nurses are obligated to follow physician's orders unless they believe the orders are in error or would harm the clients.Record review revealed the resident was readmitted to the facility in January of 2025 with diagnoses including, but not limited to, cerebral palsy and contractures of the right and left lower legs.Record review revealed a physician's order dated 8/26/2024 to offload the resident's right heel and ankle when in bed, as tolerated, with an ankle offloading device.Surveyor observations revealed that the resident's right heel was not offloaded, and his/her heel was lying directly on the mattress on the following dates and times:- 9/3/2025 at 12:44 PM- 9/5/2025 at 8:46 AM, 10:25 AM, and 12:19 PMRecord review failed to reveal evidence that the resident could not tolerate his/her right heel being offloaded with the offloading device while in bed.During surveyor interviews on 9/5/2025 at 8:46 AM and 12:19 PM with Registered Nurse, Staff A, she acknowledged that the resident's right heel was directly on the mattress, and the offloading device was placed on the resident's left ankle instead of the right ankle. She further revealed that the resident's heels did not need to be offloaded because the resident was using an air mattress. The physician's order was reviewed with Staff A, and she acknowledged that the order for the offloading device was to be placed on the resident's right heel and ankle.During a surveyor interview on 9/5/2025 at 10:25 AM with Nursing Assistant, Staff B, she acknowledged that the resident's right heel was not offloaded and indicated the offloading device has not been placed on the resident's right ankle but rather on his/her left ankle.During a surveyor interview on 9/5/2025 at 12:25 PM with the Director of Nursing Services, she revealed it is her expectation for the resident to have the right heel and ankle offloading device in place, as ordered.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0675 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor each resident's preferences, choices, values and beliefs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on surveyor observation, record review, representative and staff interview, it has been determined that the facility failed to ensure that the care and services provided are person-centered, and honor and support each resident's preferences, choices, values and beliefs for 1 of 1 resident reviewed who is unable to speak or understand the English language, Resident ID #63.Findings are as follows:Record review revealed the resident was admitted to the facility in February of 2005 with diagnoses including, but not limited to, Alzheimer's disease.During a surveyor interview on 9/2/2025 at approximately 10:20 AM with the resident, s/he was unable to communicate in English.Review of a Quarterly Minimum Data Set assessment dated [DATE] revealed that his/her preferred language is Chinese.Record review of his/her care plan revealed that s/he does not speak the dominant language of the facility and speaks Cantonese (a traditional variety of Chinese language originating from the city of [NAME]) with an intervention to encourage him/her to use flash cards when expressing him/herself, and to provide him/her with visual cueing, interpreter services, and a foreign language dictionary to enhance communication.Record review of the flash cards labeled Communication Cards English and/or Chinese traditional failed to reveal evidence of content in the Cantonese language. This is a concern, as the resident is known to understand Cantonese. The absence of Cantonese-specific materials may limit effective communication with the resident.Further record review of the care plan revealed that the resident's cultural preferences will be respected and observed as s/he is of Chinese descent. The interventions include identifying coping strategies per the resident's preferences and to provide support in processing life events were identified. However, the facility staff failed to provide evidence that they can communicate effectively with the resident to provide the above-mentioned interventions.During surveyor observations on the following dates and times the resident was observed lying in bed without translation cards or a Cantonese language dictionary:- 9/2/2025 at 10:20 AM- 9/3/2025 at 9:49 AM and 12:57 PM- 9/4/2025 at 7:55 AMDuring a surveyor interview on 9/3/2025 at 1:05 PM with Registered Nurse, Staff C, she was unable to identify what type of Chinese language the resident was speaking and was unaware of an interpreter service to utilize for communicating with the resident. She added that she calls the resident's family member to assist with translating and communicating the resident's concerns.During a surveyor interview on 9/4/2025 at 11:29 AM with the Activity Director and the Activity Aide, Staff D, revealed that they did not know what type of Chinese language the resident spoke. Additionally, they revealed that they were not aware of any available interpreter service they can utilize to communicate with the resident. During a surveyor interview on 9/4/2025 at 11:42 AM with the resident's assigned Nursing Assistant, Staff E, she revealed that she was unaware of what language the resident spoke and did not know about the utilization of a translating card to communicate to the resident.During a surveyor interview on 9/4/2025 at 11:45 AM with Nursing Assistant, Staff F and Medication Technician, Staff G, they revealed that they were unaware of what type of Chinese language the resident spoke and acknowledged that they have never utilized an interpreter service to communicate with the resident.During a surveyor interview on 9/5/2025 at 10:53 AM with the resident's family member, s/he revealed that the resident is unable to understand or speak English as the resident only speaks a specific dialect of Cantonese.During a surveyor interview on 9/4/2025 at 11:55 AM with the Director of Nursing Services, she revealed that the facility did not have interpreter services available for the residents. Additionally, she was unable to provide evidence of person-centered care that honors and supports the resident's preferences, choices, values and beliefs for Resident ID #63. Cross reference F 941

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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 a resident receives treatment and care in accordance with professional standards of practice for 1 of 1 resident reviewed with recommendations from a urologist (a medical practitioner that specializes in the diagnosis and treatment of disorders of the urinary system), Resident ID #40.Findings are as follows:Record review revealed the resident was admitted to the facility in January of 2021 with a diagnosis including, but limited to, malignant neoplasm (a cancerous tumor) of the prostate.Record review of the After Visit Summary dated 8/4/2025 from the urologist revealed a recommendation to obtain a Prostate-Specific Antigen (PSA- a test that is used to measure the amount of protein produced by prostate cells and is utilized to monitor for prostate cancer).Review of the resident laboratory results failed to reveal evidence that the PSA was completed on or after 8/4/2025 or that the physician at the facility was contacted to write an order for the lab work.During a surveyor interview on 9/3/2025 at 1:06 PM with Registered Nurse, Staff A, she revealed that it is facility's procedure to contact the primary care physician when a specialist treatment recommendation is received. Additionally, she was unable to provide evidence of the above-mentioned laboratory results.During a surveyor interview on 9/3/2025 at 1:31 PM with the Director of Nursing Services, she revealed that the above-mentioned recommendation should have been reviewed by the facility nurse upon receipt and a physician's order should have been obtained. Additionally, she indicated that the PSA recommendation was reviewed and approved with the provider and has been implemented as a physician's order after it was brought to the facilities attention by the surveyor.

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to ensure each residents' medication regimen is free from a medication error rate of 5% or greater. Based on 28 opportunities for errors observed during the medication administration task, there were 2 errors resulting in an error rate of 7.14%, affecting Resident ID #s 2 and 64.Findings are as follows:Review of a facility policy titled, Medication Administration Safety Program (MASP)- Safety Guidelines last reviewed 1/2/2025, states in part, .It is the policy of this facility that resident[s] shall receive medications in a safe and timely manner and in accordance with established regulations and guidelines.1. Record review revealed Resident ID #64 has a physician's order dated 5/13/2025 to administer two doses of polyethylene glycol 3355 powder (MiraLAX - a medication prescribed for constipation) 17 grams (g) for a total dose of 34g once daily. Surveyor observation during the medication administration task on 9/4/2025 at 8:57 AM with Certified Medication Technician (CMT), Staff H, she was observed to administer 17g of MiraLAX instead for a total of 34g, as ordered. During a surveyor interview on 9/4/2025 at 3:35 PM with Staff H, she acknowledged that she administered 17g of MiraLAX instead of the 34g to Resident ID #64. 2. Record review revealed Resident ID #2 has a physician's order dated 8/20/2025 for MiraLAX 17g with special instructions to mix the medication in 4 to 6 ounces (oz) of fluids. Surveyor observation during the medication administration task on 9/4/2025 at approximately 9:51 AM with CMT, Staff G, she was observed to mix the MiraLAX powder in approximately 2 oz of fluids instead of the 4 to 6 oz, as ordered.During a surveyor interview on 9/4/2025 at approximately 10:00 AM with Staff G, she acknowledged that she mixed the MiraLAX powder in approximately 2 oz of fluid. Additionally, she indicated that she was unaware that the order indicated to mix the medication in a particular amount of fluid. During a surveyor interview on 9/4/2025 at 3:07 PM with the Director of Nursing Services, she indicated that she would expect the physician's orders to be followed.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to maintain an infection prevention and control program to help prevent the transmission of communicable diseases and infections, relative to staff wearing the appropriate personal protective equipment (PPE) while handling soiled linen, for 1 of 1 staff member observed, Staff I.Findings are as follows:Review of the facility policy titled, Infection Control Guidelines for Housekeeping/Laundry, states in part, .All laundry will be handled as if it is potentially infectious and/or capable of transmitting infectious disease.Laundry workers will wear appropriate personal protective equipment when handling contaminated laundry to include at a minimum.gown or apron and face mask protection is to be available and used when there is a possibility of splashing body fluids into the mouth, nose, or eyes. During a surveyor observation on 9/5/2025 at approximately 11:40 AM, Laundry Aide, Staff I, was observed handling soiled personal clothing and linens in the soiled linen room, wearing only procedure gloves, and without wearing a gown or apron. During a surveyor interview with Staff I during the above observation, she indicated that she usually only wears gloves when handling soiled linens. Additionally, she indicated that she only wears a gown if she is told that a resident is on precautions, or if the linen is in a red bag, indicating there is blood on the linens. During a surveyor interview on 9/5/2025 at approximately 11:45 AM with Laundry Aide, Staff J, she indicated that she had not been made aware that a gown or apron should be worn when handling soiled linens. During a surveyor interview on 9/4/2025 at 2:20 PM with the Infection Preventionist, she indicated that staff only wear PPE for handling soiled laundry for residents on precautions and not for handling all residents' soiled laundry.

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F 0940 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop, implement, and/or maintain an effective training program for all new and existing staff members. Based on record review and staff interview, it has been determined that the facility failed to develop, implement, and maintain an effective training program for all newly hired employees and annual training for existing employees consistent with their expected roles, relative to education involving abuse, infection control, dementia behavioral health management, trauma informed care and Quality Assurance and Performance Improvement (QAPI) per the facility assessment, for 5 of 7 staff members reviewed, Staff K, L, M, N, and O.Findings are as follows: Review of the Facility Assessment, last updated 1/5/2025, states in part, Education.Training/Competencies related to resident specific service.Yearly and as needed .In person in-services are used for our annual education and new hire through our Annual Education Binder.1. Record review revealed Licensed Practical Nurse, Staff K, was hired on 3/23/2018. Review of her training records failed to reveal evidence that she received or completed annual education regarding Trauma Informed Care. 2. Record review revealed Certified Medication Technician, Staff L, was hired on 10/12/2023. Review of her training records failed to reveal evidence that she received or completed annual education regarding Trauma Informed Care or QAPI.3. Record review revealed Nursing Assistant (NA), Staff M, was hired on 4/12/2024. Review of her training records failed to reveal evidence that she received or completed annual education regarding Trauma Informed Care or QAPI.4. Record review revealed Registered Nurse, Staff N, was hired on 6/25/2024. Review of her training records failed to reveal evidence that she received or completed annual education regarding Trauma Informed Care or QAPI.5. Record review revealed NA, Staff O, was hired on 8/2/2024. Review of her training records failed to reveal evidence that she received or completed annual education regarding, Infection Control, Abuse, Dementia behavioral health management, Trauma Informed Care or QAPI.During a surveyor interview on 9/5/2025 at 9:34 AM with the Administrator, she could not provide evidence of the above-mentioned required trainings for Staff K, L, M, N, and O.

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F 0941 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Develop, implement, and/or maintain an effective training program that includes effective communications for direct care staff members. **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 provide the mandatory effective communication training for 7 of 7 direct care staff members, Staff K, L, M, N, O, P, and Q regarding Resident ID #63 who only speaks Cantonese (a traditional variety of Chinese language originating from the city of [NAME]). Findings are as follows:During a surveyor interview on 9/2/2025 at approximately 10:20 AM with Resident ID #63, s/he was unable to communicate in English. Review of a Quarterly Minimum Data Set assessment dated [DATE] revealed that his/her preferred language is Chinese.Record review of his/her care plan revealed that s/he does not speak the dominant language of the facility and speaks Cantonese.Record review of the employee education records failed to reveal evidence that effective communication trainings were completed for the following staff members in order to successfully communicate with Resident ID #63:-Staff K, Licensed Practical Nurse-Staff L, Certified Medication Technician-Staff M, Nursing Assistant-Staff N, Registered Nurse-Staff O, Nursing Assistant-Staff P, Dietary Aide-Staff Q, Nursing AssistantDuring a surveyor interview on 9/5/2025 at 9:25 AM with the Director of Nursing Services, she indicated that she would expect the facility to provide communication education to staff members. During a surveyor interview on 9/5/2025 at 9:34 AM with the Administrator, she acknowledged that the facility does not include effective communications as mandatory training for any facility staff members, as required.Cross reference F-675