

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 415053	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/21/2020
NAME OF PROVIDER OF SUPPLIER CHERRY HILL MANOR		STREET ADDRESS, CITY, STATE, ZIP 2 CHERRY HILL ROAD JOHNSTON, RI 02919	
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 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide and implement an infection prevention and control program. **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 properly prevent, contain and/or decrease the potential for transmission of respiratory illness for 1 of 3 sample residents (ID #1) during the COVID-19 pandemic. Findings are as follows: The facility's Policy and Procedures for Transmission-based Precautions and Isolation Procedures, noted to have been revised on 3/10/2020, states in part, . Transmission-based Precautions are implemented based upon the means of transmission of an infection (contact, droplet, or airborne) in addition to standard precautions in order to prevent or control infection. Transmission-based Precautions must be used when a resident develops signs and symptoms of transmissible infection, . and is at risk of transmitting the infection to other residents . The facility's Policy and Procedures for COVID 19, noted to have been revised on 3/13/2020, in the section titled Infection Control Recommendation for Prevention of Infection, states in part, .Minimize the chance for exposure through communication with .other healthcare facilities . before resident arrival or transport . Record review for Resident ID #1 revealed s/he has [DIAGNOSES REDACTED]. Review of the resident's progress notes dated 2/26/2020 to 3/16/2020 revealed the following: - 3/2/2020- The resident was noted to have nasal congestion. - 3/5/2020- The resident complained of shortness of breath while s/he was lying flat and also with exertion. S/he sleeps with the head of the bed elevated (to ease the work of breathing). - 3/6/2020- The resident received [MEDICATION NAME] for cough. - 3/9/2020- The resident received [MEDICATION NAME] for cough/chest congestion. - 3/9/2020- The resident received [MEDICATION NAME] twice. - 3/10/2020- The resident was noted to have a congested cough. A new physician's orders [REDACTED]. - 3/16/2020- the resident's head of bed was elevated to ease breathing. Record review failed to reveal evidence that Resident ID #1 was placed on droplet precautions per the facility's Policy and Procedures for Transmission-based Precautions and Isolation Procedures. Review of a nursing progress note dated 3/16/2020 time-stamped at 9:36 AM revealed the resident's temporal temperature was 100-degrees Fahrenheit (F) (normal body temperature ranges anywhere from 97 degrees F to 99 degrees F). The resident was also noted to be coughing and experiencing shortness of breath. Review of a respiratory therapy note dated 3/16/2020 time-stamped at 11:34 AM stated in part, .congested productive cough and low grade fever .Spo2 (Oxygen saturation) 88% in room air (Normal oxygen saturation levels are 95-100 percent) .BS (breath sounds) decrease aeration, expiratory wheezes noted . Review of a nursing progress note dated 3/16/2020 time-stamped at 13:58 PM revealed the resident was sent to his/her [MEDICAL TREATMENT] center. Record review lacked evidence that the [MEDICAL TREATMENT] center was notified that Resident ID #1 had a fever accompanied by a cough with shortness of breath prior to the transfer of the resident to the [MEDICAL TREATMENT] center. Further record review revealed the resident did not receive [MEDICAL TREATMENT] treatment that day. The [MEDICAL TREATMENT] center had referred the resident to the hospital for evaluation, where they were admitted with a [DIAGNOSES REDACTED]. She also revealed the resident was noted to have a cough and had a moment of shortness of breath. Staff A further revealed that the resident's temperature was re-checked at 10:00 AM with a reading of 99.8-degrees F. When questioned if she notified the [MEDICAL TREATMENT] center prior to sending the resident there, Staff A stated, I did not do that. When further questioned, Staff A stated Resident ID #1 had cold symptoms including coughing for at approximately 1 week but was not placed on any precautions until s/he was noted with a fever on 3/16/2020. During an interview with the Facility's Infection Preventionist on 3/18/2020 at 12:01 PM, she stated she was not aware that the resident had been coughing for a week. She indicated that she expects the nursing staff to notify her when a resident has a cough and to place them on droplet precautions. The Facility's Infection Preventionist also revealed that she was not aware the Resident ID #1 had a fever on 3/16/2020, until the [MEDICAL TREATMENT] center called the facility to notify them that they sent the resident out to the hospital. She further stated that the unit nurse should have called the [MEDICAL TREATMENT] center regarding the resident's condition prior to transporting them there.</p>		

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.