

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 415106	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/27/2020
NAME OF PROVIDER OF SUPPLIER ST ANTOINE RESIDENCE		STREET ADDRESS, CITY, STATE, ZIP 10 RHODES AVENUE NORTH SMITHFIELD, RI 02896	
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 - Some	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 ensure Coronavirus Disease (COVID-19) infected residents were cohorted appropriately to prevent the transmission of COVID-19 infection to non-infected residents 1 of 2 units (unit 1 B). Findings are as follows: 1. Review of the Center for Disease Control and Prevention (CDC) document titled Preparing for COVID-19 in Nursing homes, updated 5/19/2020, states in part, .Identify space in the facility that could be dedicated to care for residents with confirmed COVID-19. This could be a dedicated floor, unit, or wing in the facility or a group of rooms at the end of the unit that will be used to cohort residents with COVID-19 . Review of the census dated 5/27/2020 revealed 17 residents currently reside on unit 1 B. Review of the resident line listed dated 5/28/2020 revealed the following: - Both COVID-19 positive residents and COVID-19 negative residents are residing on unit 1 B. - There are 6 positive residents (ID#s 3, 6, 7, 8, 9, and 10) residing on unit 1 B. - There are 2 residents pending COVID-19 test results (ID#s 1 and 2) residing on unit 1 B. - There are 9 negative residents residing on unit 1 B. Surveyor observation of unit 1 B on 5/27/2020 at approximately 9:00 AM with unit nurse, Staff A, revealed the following: - Upon entering the unit, COVID-19 positive residents were residing at the beginning of the unit (instead of residing at the end of the unit according to CDC guidelines) and COVID-19 negative residents were residing at the end of the unit. During a surveyor interview on 5/27/2020 at approximately 9:15 AM with unit nurse, Staff A, she acknowledged that COVID-19 positive residents are located at the beginning of the unit. She also acknowledged that the Transitional Care Unit (TCU) unit, is currently not being used. During a surveyor interview on 5/27/2020 at 10:24 AM with both Infection Control Nurse and the Director of Nursing, they revealed that they have 2 designated COVID-19 units in the facility. They acknowledged that unit 1 B contains both COVID-19 positive and negative residents and the COVID-19 positive residents are located at the beginning of the unit. Additionally, they acknowledged that the TCU unit is currently closed. Although the facility had a total capacity of 256 beds and had a census of 192 beds, which left 64 beds empty and available, staff failed to ensure residents with confirmed COVID-19 were cohorted away from non-infected residents to prevent the spread of COVID-19 to other resident's.		
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.