

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

RHODE ISLAND DEPARTMENT OF HEALTH  
DIVISION OF CUSTOMER SERVICES  
CENTER FOR HEALTH FACILITIES REGULATIONS and  
NICOLE ALEXANDER-SCOTT, MD, IN HER CAPACITY  
AS DIRECTOR OF HEALTH OF THE STATE OF RHODE ISLAND

V.

ELEANOR SLATER HOSPITAL AND  
PAUL DESPRES, IN HIS CAPACITY AS  
ADMINISTRATOR FOR ELEANOR SLATER HOSPITAL

**IMMEDIATE COMPLIANCE ORDER**

NOW COMES the Director of Health of the State of Rhode Island (hereinafter the "Director"), in accordance with Rhode Island General Laws sections 23-1-21 and 23-1-20 and pursuant to Rhode Island General Laws section 23-17-21 and the Rules and Regulations for Licensing Hospitals (R23-17-HOSP), who makes the following Findings and enters the following Order:

1. Eleanor Slater Hospital (hereinafter the "Hospital") located at 111 Howard Avenue in the City of Cranston, is licensed as a Hospital by the Center of Health Facilities Regulation within the Department of Health of the State of Rhode Island pursuant to sections 23-17-1, *et seq.* of the General Laws of the State of Rhode Island.
2. Pursuant to Rhode Island General Laws sections 23-17-1 *et seq.* and the Rules and Regulations for Licensing of Hospitals (R23-17-HOSP), and as a condition of its license, the Hospital is required to develop a safe patient handling committee and program and provide an integrated plan of care for each patient that has evidence of nursing interventions and revisions. The Hospital is further required to provide sufficient numbers of qualified personnel to provide effective patient care, provide appropriate ongoing educational programs, and ensure that a registered nurse is on each inpatient unit at all times.
3. On August 20, 2015, Rhode Island Department of Health Inspectors conducted an unannounced on-site review (hereinafter "Review"). During this Review the Department found that the Hospital did not have a safe patient handling committee, did not provide an integrated plan of care for each patient that has evidence of nursing interventions and revisions, did not provide sufficient numbers of qualified personnel to provide effective and safe patient care, and did not provide ongoing educational programs related to body mechanics/lifting. In addition the Department found that the Hospital did not have the required number of registered nurses on each inpatient unit at all times to plan, assign, and supervise patient care. The results of this Review as set forth in the statement of deficient practice (hereafter "Survey"), a copy of which is attached hereto and made part hereof (Exhibit A), indicates that the Hospital is in violation of the civil provisions of Rhode Island General Laws sections 23-17-1 *et seq.* and the Rules and Regulations for Licensing Hospitals (R23-17-HOSP).
4. The Director hereby finds that the Hospital's failure to provide safe patient handling, the lack of care plan interventions and revisions, insufficient numbers of qualified personnel, the lack of ongoing educational programs involving body mechanics/lifting and the lack of a registered nurse on each unit

at all times has put and continues to put patients in immediate jeopardy. Therefore, the Hospital is in violation of the regulations and requirements of Hospital licensure and such violations of state law and regulation require immediate action to protect the health, welfare, or safety of the public.

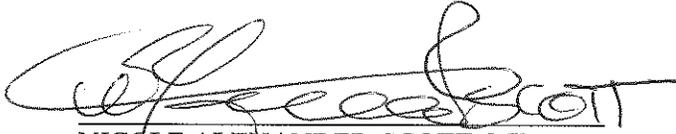
5. Therefore, based on the foregoing and in accordance with Rhode Island General Laws section 23-1-21, the Director finds that without the intervention of the Department of Health and issuance of this Immediate Compliance Order, the health, safety and welfare of the patients at the Hospital will continue to be in jeopardy.

**Effective upon receipt of this Order it is hereby ORDERED:**

1. The Administrator shall immediately and continuously thereafter, staff the hospital with adequate and qualified nursing staff for each inpatient unit. Any questions regarding the adequacy of such staffing shall be resolved by informing the Director of proposed staffing levels and proposed changes to those levels, and then receiving approval from the Director.
2. The Hospital shall conduct an immediate and complete assessment of all staff training and competency requirements to ensure that all staff are current with required trainings and are sufficiently qualified to work in assigned areas.
3. The Hospital shall contract with an independent industry expert(s), acceptable to the Director, no later than by close of business Friday, September 18, 2015, to provide consultation regarding the implementation of a safe patient handling program, required staff training, and analysis of staffing levels: Such consultation shall provide and include the following:
  - i) Assistance and guidance to the Hospital in implementing a comprehensive safe patient handling program.
  - ii) Performance of a full root cause analysis of the Hospital's current staffing to ensure adequate qualified staff are available and consistently scheduled to ensure the health and safety of patients and effective patient care.
  - iii) Provision of a report to the Hospital and the Director recommending plans of correction for sustained compliance with this Order and designed to assist the Hospital's implementation of the plan of correction submitted by the Hospital in response to the State and Federal inspection reports that were generated as a result of the Review inspection.
  - iv) Ongoing monthly progress reports, or as required more frequently by the Director, regarding the status and performance of the Hospital's compliance with this Order and implementation of the above referenced consultant reports, recommendations and/or plan of correction. Such reports are to be forwarded directly to Rhode Island Department of Health, Center for Health Facilities Regulation, 3 Capitol Hill, Room 306, Providence, RI 02908.
4. Notwithstanding any further findings, actions, or sanctions by the Department, this Order remains in effect until further notice. The Department shall forward a copy of this Order and the August 20, 2015, survey report to the Office of the Attorney General, the Rhode Island Office of the Long Term

Care Ombudsmen, the State Medicaid Office and the Centers for Medicaid and Medicare Services (CMS).

5. Pursuant to Rhode Island General Laws section 21-1-22, the Hospital may request a hearing in writing to the Department of Health within ten (10) days of the service of this Order. Upon receipt of the request for the Hearing the Director shall set a time and place for the hearing, and shall give the Hospital at least five (5) days written notice of the hearing. A request for a hearing in no way excuses the Hospital from compliance with or stays the effect of the terms of this Order.



NICOLE ALEXANDER-SCOTT, MD  
DIRECTOR, Rhode Island Department of Health

CERTIFICATION OF SERVICE

A copy of this Compliance Order was hand-delivered to Sylvia L. Macgregor by the undersigned on 9/4/15 and documents receipt of this order.

Sylvia L. Macgregor RN 9/4/15  
(Signature) (Date)



Department of Health  
Three Capitol Hill  
Providence, RI 02908-5097  
TTY: 711  
[www.health.ri.gov](http://www.health.ri.gov)

September 4, 2015

Paul Despres, Adm.  
Eleanor Slater Hospital  
111 Howard Ave.  
Cranston, RI 02921

**Re: Investigation completed on August 20, 2015**

Dear Mr. Despres:

This letter is a follow-up to an investigation completed at Eleanor Slater Hospital on August 20, 2015. This visit included, but was not limited to, an investigation of complaints regarding allegations of non-compliance.

Please note the following results for the related Intake ID number (refer to the roster):

RI00048638 - Unsubstantiated  
RI00048786 - Unsubstantiated  
RI00048810 - Substantiated with no deficiency  
RI00048899 - Unsubstantiated  
RI00049061 - Unsubstantiated  
RI00049092 - Unsubstantiated  
RI00049123 - Unsubstantiated  
RI00049201 - Unsubstantiated  
RI00049234 - Substantiated with no deficiency  
RI00049314 - Unsubstantiated  
RI00049338 - Unsubstantiated  
RI00049355 - Substantiated with no deficiency  
RI00049356 - Substantiated with no deficiency  
RI00049357 - Substantiated with no deficiency  
RI00049463 - Substantiated with no deficiency  
RI00049531 - Substantiated with deficiency cited  
RI00049636 - Substantiated with no deficiency  
RI00049658 - Substantiated with no deficiency  
RI00049697 - Unsubstantiated  
RI00049702 - Substantiated with no deficiency  
RI00049731 - Substantiated with no deficiency  
RI00049773 - Unsubstantiated  
RI00049774 - Unsubstantiated  
RI00049821 - Substantiated with deficiency cited  
RI00049822 - Substantiated with deficiency cited  
RI00050011 - Substantiated with deficiency cited  
RI00050023 - Unsubstantiated

**RI00050238 - Substantiated with deficiency cited**  
**RI00050308 - Substantiated with deficiency cited**

This survey found that your facility was not in compliance with the Rules and Regulations for Licensing of Hospitals and citations are noted on the enclosed Statement of Deficiencies (State Form). A plan of correction is required and must be submitted to this office by September 21, 2015. Please enter, in the right hand column of the State Form (Provider's Plan of Correction), your response to each citation with a date of completion (X5 complete date), sign (X6 Date) and **return to this office by September 21, 2015.**

Your Plan of Correction must contain the following:

- What corrective actions will be accomplished for those patients/situations found to have been affected by the deficient practice;
- How you will identify other patients/situations having the potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place and what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.

If you have any questions regarding this issue, please call 401-222-2566 and ask for Catherine Lynn. Please have the intake numbers available.

Thank you for the courtesy extended to our survey staff during this investigation.

Sincerely,



Seema Dixit, MS, MPH, Chief  
Center for Health Facilities and Regulations

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RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HOS00102</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/20/2015</b>
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Z 0	INITIAL COMMENTS  A complaint investigation survey was conducted at this facility. State deficiencies were cited.	Z 0		
Z 175	<p>ORGANIZATION &amp; MANAGEMENT 13.1 Personnel</p> <p>Section 13.0 Personnel 13.1 The hospital shall maintain a sufficient number of qualified personnel to provide effective patient care and all other related services. This Requirement is not met as evidenced by: Based upon record review and staff interview it has been determined that the hospital failed to maintain sufficient numbers of qualified personnel to provide effective patient care for relevant patient sample ID# 4.</p> <p>Findings are as follows:</p> <p>Record review for patient ID #4 revealed the patient has diagnoses which include multiple sclerosis, osteopenia, quadriplegia with bilateral upper extremity contractures and lower extremity flaccidity (weakness/reduced muscle tone) and obesity.</p> <p>Review of a care plan updated on 7/1/2015 and interview with unit nurses (staff F and G) revealed that the patient requires total care for all activities of daily living, including assistance with repositioning. The patient is incontinent of bowel and bladder and is transferred via mechanical lift to a wheelchair.</p> <p>A 7/30/2015 nurse's note indicates the patient complained of pain to her/his left leg. The patient's left knee was noted to be slightly edematous but no redness or bruising noted and</p>	Z 175		

Facilities Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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Z 175	<p>Continued From page 1</p> <p>the left leg was warm to touch. A nursing assistant reported the patient's leg is not "so floppy as usual."</p> <p>A review of the hospital incident report dated 7/31/2015 revealed that on 7/30/2015 the patient was sent out to the hospital for further evaluation for left leg pain, to rule out for deep vein thrombosis/cellulitis. The patient was admitted to the hospital with a left femur fracture and an old tibial plateau fracture.</p> <p>A review of the hospital history and physical dated 7/31/2015 indicates an assessment and plan which identifies the fractures as suspicious given the patient is bed bound with no known history of fall or trauma.</p> <p>During an interview on 8/12/2015 at 9:00 AM, Nursing Assistant (Staff E) who has been providing care to the patient indicated that, prior to the hip fracture, she had provided care (AM care, including repositioning) to the patient without assistance from other staff.</p> <p>Interview with the unit nurse (Staff F) on 8/13/2015 at 10:00 AM revealed the patient needs total assistance for care and repositioning. The nurse further indicated that the patient is approximately 190 pounds and personal care is to be provided using 2 staff.</p> <p>Additional unit nurses were interviewed, Staff G on 8/13/2015 at 9:55 AM, and Staff H at 1:15 PM indicated that two nursing assistants are required to provide care and repositioning.</p>	Z 175		
Z 185	ORGANIZATION & MANAGEMENT 13.3 Personnel	Z 185		

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Z 185	<p>Continued From page 2</p> <p>13.3 Provisions shall be made for orientation and ongoing education programs for all personnel. There shall be written evidence that staff demonstrate competencies necessary to work in specific areas and/or with specific patient populations.</p> <p>This Requirement is not met as evidenced by: Based on record review and staff interview it has been determined that the hospital has failed to ensure that nursing personnel have appropriate ongoing education and training/competency relative to mechanical lift for 7 of 15 sample nursing assistants NA(s) and relative to body mechanics for 12 of 15 sample NA(s).</p> <p>Findings are as follows:</p> <p>Review of the hospital's policy and procedure entitled "Staff Education/Program" indicates:</p> <p>A. Core Curriculum: ...to prepare the employee to function with increasing safety and effectiveness in his/her assigned role within the hospital setting...</p> <p>Core I: Orientation...</p> <p>Core II: Annual and Bi-Annual Training...</p> <p style="padding-left: 40px;">Bi-Yearly Training</p> <p style="padding-left: 40px;">4. Body Mechanics</p> <p>Core III : Competency Training and Assessment The following programs are currently conducted for nursing staff...</p> <p>CNA (nursing assistant) Competencies/Frequency</p>	Z 185		

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Z 185	<p>Continued From page 3</p> <p>Annual</p> <p>1. Invacare/Hoyer (mechanical lift)-CNA only...</p> <p>Bi-yearly</p> <p>3. Body Mechanics</p> <p>Review of NA(s)' personnel files relative to "skill competency validation" for mechanical lift revealed no evidence that the training or skill competency were done yearly for 7 of 15 sample NA(s) (Staff E, K, L, M, N, O, and P).</p> <p>Further review of the above personnel files revealed no evidence of training nor skill competency for body mechanics were done every two years for 12 of 15 sample NA(s) (Staff E, M, N, O, P, Q, R, S, T, U, V, and W).</p> <p>During an interview with the Clinical Training Instructor (Staff J) on 8/18/2015 at 8:55 AM, she indicated that NA(s) are required to have training and skill competency relative to mechanical lifts yearly. These NA(s) are also required to have training and skill competency relative to body mechanics every two years. She was unable to provide evidence that the above NA(s) received training and skill competencies necessary to work with the specific patient populations requiring these services.</p>	Z 185		
Z 216	<p>ORGANIZATION &amp; MANAGMENT 13.11 Safe Patient Handling</p> <p>Safe Patient Handling</p>	Z 216		

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Z 216	<p>Continued From page 4</p> <p>13.11 Each licensed hospital shall comply with the following as a condition of licensure:</p> <p>a) Each licensed hospital shall establish a safe patient handling committee, which shall be chaired by a professional nurse or other appropriate licensed health care professional. A hospital may utilize any appropriately configured committee to perform the responsibilities of this section. At least half of the members of the committee shall be hourly, non-managerial employees who provide direct patient care.</p> <p>b) Each licensed hospital shall develop a written safe patient handling program, with input from the safe patient handling committee, to prevent musculoskeletal disorders among health care workers and injuries to patients. As part of this program, each licensed health care facility shall:</p> <p>(i) Implement a safe patient handling policy for all shifts and units of the facility that will achieve the maximum reasonable reduction of manual lifting, transferring, and repositioning of all or most of a patient's weight, except in emergency, life-threatening, or otherwise exceptional circumstances;</p> <p>(ii) Conduct a patient handling hazard assessment. This assessment should consider such variables as patient-handling tasks, types of nursing units, patient populations, and the physical environment of patient care areas;</p> <p>(iii) Develop a process to identify the appropriate use of the safe patient handling policy based on the patient's physical and mental condition, the patient's choice, and the availability of lifting equipment or lift teams. The policy shall include a</p>	Z 216		

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Z 216	<p>Continued From page 5</p> <p>means to address circumstances under which it would be medically contraindicated to use lifting or transfer aids or assistive devices for particular patients;</p> <p>(iv) Designate and train a registered nurse or other appropriate licensed health care professional to serve as an expert resource, and train all clinical staff on safe patient handling policies, equipment, and devices before implementation, and at least annually or as changes are made to the safe patient handling policies, equipment and/or devices being used;</p> <p>(v) Conduct an annual performance evaluation of the safe patient handling with the results of the evaluation reported to the safe patient handling committee or other appropriately designated committee. The evaluation shall determine the extent to which implementation of the program has resulted in a reduction in musculoskeletal disorder claims and days of lost work attributable to musculoskeletal disorder caused by patient handling, and include recommendations to increase the program's effectiveness; and</p> <p>(vi) Submit an annual report to the safe patient handling committee of the facility, which shall be made available to the public upon request, on activities related to the identification, assessment, development, and evaluation of strategies to control risk of injury to patients, nurses and other health care workers associated with the lifting, transferring, repositioning, or movement of a patient.</p> <p>c) Nothing in this section precludes lift team members from performing other duties as assigned during their shift.</p>	Z 216		

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Z 216	<p>Continued From page 6</p> <p>d) An employee may, in accordance with established facility protocols, report to the committee, as soon as possible, after being required to perform a patient handling activity that he/she believes in good faith exposed the patient and/or employee to an unacceptable risk of injury. Such employee reporting shall not be cause for discipline or be subject to other adverse consequences by his/her employer. These reportable incidents shall be included in the facility's annual performance evaluation.</p> <p>This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined that the hospital has failed to develop a safe patient handling committee and program.</p> <p>Findings are as follows:</p> <p>During record review and interview on 8/20/2015 at 12:10 PM, the Administrator of Joint Commission and Continuous Quality Improvement was unable to produce evidence of the implementation of a written safe patient handling program, with input from the safe patient handling committee, to prevent musculoskeletal disorders among health care workers and injuries to patients.</p>	Z 216		
Z 350	<p>PATIENT CARE SERVICES 19.2 Patient Care Management</p> <p>19.2 There shall be evidence that medical, nursing and other services are provided under an integrated</p>	Z 350		

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Z 350	<p>Continued From page 7</p> <p>written plan of care for each patient. Written care plans shall identify problems, goals, and interventions. Goals shall be measurable. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined that the hospital failed to provide evidence of nursing interventions, and revision of the plan of care for 2 of 2 relevant sample patients (ID #4 &amp; 13).</p> <p>Findings are as follows:</p> <p>1. Record review for patient ID #4 revealed the patient has diagnoses which include multiple sclerosis, quadriplegia with bilateral upper extremity contractures and lower extremity flaccidity (weakness/reduced muscle tone) and obesity.</p> <p>Review of a care plan updated on 7/1/2015 and interview with unit nurses (staff F and G) revealed that the patient requires total care for all activities of daily living, including assistance with repositioning. The patient is incontinent of bowel and bladder and is transferred via mechanical lift to a wheelchair.</p> <p>On 2/4/2013 the patient complained of leg pain and an x-ray of a left forearm and left hip were obtained. The x-ray results revealed a new diagnosis of osteopenia (a bone condition characterized by bone loss) in the left forearm and left hip.</p> <p>Further record review revealed no evidence that nursing interventions and revision to the care plan had been done for this patient when the above new diagnosis of osteopenia was identified.</p> <p>A 7/30/2015 nurse's note indicates the patient</p>	Z 350		
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Z 350	<p>Continued From page 8</p> <p>complained of pain to her/his left leg. The patient's left knee was noted to be slightly edematous but no redness or bruising noted and the left leg was warm to touch. A nursing assistant reported the patient's leg is not "so floppy as usual."</p> <p>A review of the hospital incident report dated 7/31/2015 revealed that on 7/30/2015 the patient was sent out to the hospital for further evaluation for left leg pain, to rule out for deep vein thrombosis/cellulitis. The patient was admitted to the hospital with a left femur fracture and an old tibial plateau fracture.</p> <p>A review of the hospital history and physical dated 7/31/2015 indicates an assessment and plan which identifies the fractures as suspicious given the patient is bed bound with no known history of fall or trauma.</p> <p>During an interview on 8/12/2015 at 9:00 AM, Nursing Assistant (Staff E) who has been providing care to the patient indicated that, prior to the hip fracture, she had provided care (AM care, including repositioning) to the patient without assistance from other staff.</p> <p>Interview with the unit nurse (Staff F) on 8/13/2015 at 10:00 AM revealed the patient needs total assistance for care and repositioning. The nurse further indicated that the patient is approximately 190 pounds and personal care is to be provided using 2 staff.</p> <p>Additional unit nurses were interviewed, Staff G on 8/13/2015 at 9:55 AM, and Staff H at 1:15 PM indicated that two nursing assistants are required to provide care and repositioning.</p>	Z 350		

RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HOS00102</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/20/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ELEANOR SLATER HOSPITAL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>111HOWARD AVE CRANSTON, RI 02921</b>
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Z 350	<p>Continued From page 9</p> <p>When interviewed on 8/14/2015 at 2:00 PM, the Acting Nurse Manager (Staff I) was unable to produce evidence that the patient's care plan had been reviewed and or revised to reflect the new diagnosis of osteopenia. Additionally, no new nursing interventions were put in place.</p> <p>2. Record review of the hospital incident report dated 7/18/2015 revealed patient ID #13 had two scratches of unknown etiology on the left hip and the scratches were already scabbed with no bleeding noted.</p> <p>A review of the conclusion dated 7/21/2015 indicates "upon investigation and statement taken, no one knows how the scratches happened. Staff stated it could happened during care or during positioning."</p> <p>Record review revealed a current care plan updated 7/7/2015 which indicates the patient has a traumatic brain injury and the patient is non-communicative most of the time. S/he has left hemiplegia (paralysis) with minimal right upper arm movement and both of the upper arms have contractures to the wrists and fingers. The patient requires total care from staff and is dependent for positioning.</p> <p>A nurse's note dated 7/18/2015 indicates the patient's left hip area was "noted to be reddened with two scratches-are scabbed".</p> <p>Further record review revealed that on 7/20/2015 a bruise was noted under the right arm/arnpit. Staff documented that the bruise on the right arm "is oblong in shape, approximately 2 inches long, purple in color...unknown origin".</p> <p>There is no evidence that this patient's care plan</p>	Z 350		

RI Department of Health

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Z 350	Continued From page 10  was reviewed and or revised relative to these findings. Additionally, no nursing interventions were put in place to address the above bruises.  During an interview on 8/17/2015 at 2:45 PM, the Nurse Manager (Staff A) was unable to produce evidence that nursing interventions and revision to the care plan had been done for the above patient.	Z 350		
Z 790	PATIENT CARE SERVICES 28.2 Nursing Service  28.2 There shall be a sufficient number of registered nurses on duty at all times to plan, assign, supervise and evaluate nursing care as well as to provide direct patient care as required. 28.2.1 There shall be a registered nurse on each inpatient unit at all times.  This Requirement is not met as evidenced by: Based upon surveyor observation, record review and staff interview, it has been determined that the hospital failed to ensure a registered nurse (RN) is available for every inpatient unit in the Adolf Meyer building, Adult Psychiatric Services.  Findings are as follows:  On 8/19/2015 at approximately 8:10 AM, unit 10 (located on the first floor) was observed without an RN present. At approximately 8:25 AM, the surveyor called the Nurse Manager of the building to the unit and asked as to the whereabouts of the unit RN. She stated that the unit RN (Staff B) was covering the patient's breakfast in the dining room located on the 3rd floor. She further indicated that when a nurse covers the dining room, the RN working the adjacent unit covers for	Z 790		

RI Department of Health

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Z 790	<p>Continued From page 11</p> <p>both units.</p> <p>The surveyor, in the presence of the Nurse Manager, walked onto the adjacent unit, # 7, and failed to locate the RN. The Nurse Manager then stated that the RN working unit 7 was also covering unit 8, which is located on the second floor. At 8:35 AM, the unit 10 nurse (Staff B) arrived on the unit after observing breakfast.</p> <p>On 8/19/2015 at approximately 8:20 AM, Staff C was observed on unit 8. He stated that he is covering 2 units today and it happens occasionally that RN's must cover 2 units. When questioned further, he stated that the units were on different floors.</p> <p>Review of the staffing schedule for the past week revealed that on 8/15/2015 during the day shift, Staff C was assigned as the RN to cover 2 units and Staff D was assigned as the RN to cover 2 units.</p> <p>When interviewed on 8/19/2015 at 10:45 AM, the Administrator and the Nurse Manager acknowledged that there are times when an RN covers 2 units.</p>	Z 790		