RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01311	A. BUILDING: _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ETHAN PLACE	85 ETHAN STREET WARWICK, RI 02888

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 003	Initial Comments An unannounced complaint/incident investigation survey, ACTS reference number 94747, was conducted at this residence on 04/03/2024. Deficiencies were identified.	S 003		
S 230	Organization And Management 2.4.13.A Management Of Services 2.4.13 (A/B) Management of Services A. Each residence shall provide services with adequate professional and ancillary employees and in accordance with applicable state law. Further, the residence shall assure that all services are rendered in a safe and effective manner and consistent with the requirements herein. The residence shall provide all care and services to all residents in accordance with the prevailing community standard of care. This Requirement is not met as evidenced by: Based on record review and staff interview it has been determined the facility failed to provide all care and services to all residents in accordance with the prevailing community standard of care for the singular resident reviewed for hospitalization, ID #1. Findings are as follows: According to Mosby's 4th Edition, "Fundamentals of Nursing" page 314, states in part, "...The physician is responsible for directing medical treatment. Nurses are obligated to follow physicians' orders unless they believe the orders are in error or would harm the clients..."	S 230		

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FACILITIES REGULATION

Facilities Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Rick Baccus — TITLE: ADMINISTRATOR — (X6) DATE: 10 MAY 2024 / 24 APRIL 2024

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S 230	Continued From page 1 Record review revealed ID #1 was admitted to the hospital from 3/11/2024-3/26/2024. During the hospital admission, ID #1 experienced complications related to abnormal sodium levels. According to the hospital discharge paperwork dated 3/26/2024, ID #1 was discharged with a physician's order for "1 Liter fluid restriction, a high solute diet and ensure plus 3 times a day." Record review failed to reveal the physician's order from the hospital was transcribed to the resident's readmission physician's orders, nor was there evidence the resident's primary care provider declined to institute this physician's order. During an interview on 4/3/2024 at approximately 4:30 PM, the Assistant Administrator and the Administrator revealed Resident ID #1 was sent back out to the hospital on 4/2/2024. They acknowledged that the resident was not on a fluid restriction or high solute diet from 3/26/2024-to 4/2/2024, as ordered.	S 230	S230 Organization and Management Management of Services Resident ID #1 care plan has been updated to reflect the discharge orders received on readmission. Resident discharge documents will be immediately reviewed and admitting orders added to their care plans.	
S 365	Residency Requirements 2.4.16.D Resident Assessment/Service Plans 2.4.16 (d) Resident Assessments and Service Plans D. The assessment shall be reviewed and at intervals not to exceed twelve (12) months and each time a resident's condition changes significantly. This Requirement is not met as evidenced by:	S 365		

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S 365	Continued From page 2 Based on record review and staff interview, it has been determined the residence failed to review the resident's comprehensive assessment at intervals not to exceed twelve (12) months and each time a resident's condition changes significantly for the singular resident reviewed relative to hospitalization, Resident ID #1. Findings are as follows: Record review revealed ID #1 was admitted to the hospital from 3/11/2024-3/26/2024. During the hospital admission, ID #1 experienced complications related to abnormal sodium levels. According to the hospital discharge paperwork dated 3/26/2024 ID #1 was discharged with a physician's order for "1 Liter fluid restriction, a high solute diet and ensure plus 3 times a day." Record review of ID #1's comprehensive assessment dated 3/28/2024 failed to reveal the above dietary/fluid orders and a system to monitor the fluid restriction and diet changes. During an interview on 4/3/2024 at approximately 4:30 PM, the Assistant Administrator and the Administrator revealed Resident ID #1 was sent back to the hospital on 4/2/2024. They acknowledged that ID #1's comprehensive assessment was not updated to reflect a fluid restriction or a high solute diet, as ordered.	S 365	S365 Residency Requirements Resident Assessment/Service Plans Resident ID #1 comprehensive assessment reflects the change in diet. Comprehensive assessments will be reviewed each time a resident's condition changes or at least yearly. The Wellness Coordinator and/or the Administrator established a weekly status report starting 3/13/2024 to reflect all resident incidents noted in the records. These reports will be circulated with the Per Diem Nurse both electronically and in person and will ensure to reflect any discharge summary recommendations. Additionally, these reports will be used as part of the QAPI quarterly reviews.	