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 _____	02/12/2024

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 biennial State Licensure survey and a complaint/incident investigation survey (2KJJ11, 02/12/2024) were conducted at this residence. Deficiencies were identified relative to the State Licensure survey.	S 003	RECEIVED MAR 12 2024 FACILITIES REGULATION	
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: Based on record review and staff interview, it has been determined that the residence failed to review the residents' comprehensive assessment at intervals not to exceed twelve (12) months and each time a resident's condition changes significantly for two of four sample residents reviewed, Resident ID #s 1 and 2. Findings are as follows: 1) Resident ID #1 was admitted to the facility in October of 2018 with a diagnosis including, but not limited to, vascular dementia. Record review revealed a psychiatric change in condition in January of 2024 which resulted in an emergency room visit, police department involvement, and a facility incident report. The record revealed ID #2's last comprehensive assessment to be dated 2/1/2024. The	S 365	S365 Residency Requirements Resident Assessment/Service Plans Resident ID #1 record was updated on 3/7/2024 to reflect the change in condition reported on 1/8/2024. Resident ID #2 record was updated to reflect a current comprehensive assessment on 3/7/2024. The Wellness Coordinator and/or the Administrator will establish a weekly status report to reflect all resident incidents noted in the records which will be circulated with the Per Diem Nurse both electronically and in person. Additionally, these reports will be used as part of the QAPI quarterly reviews.	3/12/24

Facilities Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: RICK BACCUS — TITLE: ADMINISTRATOR — (X6) DATE: 11 MAR 2024

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 _____	02/12/2024

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S 365	Continued From page 1 assessment failed to reveal being updated after this change in condition relative to "behavioral information" and the resident's overall psychiatric functioning. 2) Resident ID #2 was admitted to the facility in February of 2014 with a diagnosis including, but not limited to, chronic obstructive pulmonary disease (COPD). Record review revealed the resident was admitted to hospice services on 2/8/2023. The record revealed ID #2's last comprehensive assessment to be completed in 2022. Record review failed to reveal evidence the resident's assessment was updated in intervals not to exceed twelve months and with the significant change in condition. During an interview on 2/12/2024 at approximately 3:20 PM, the Administrator acknowledged that the above-mentioned residents' comprehensive assessments were not updated as required.	S 365		
S 560	Residential Care Services 2.4.24.A.3.b Medication Services 2.4.24 (A) (3) (b) Medication Services b. For assisted living residences licensed at the M1 level, licensed employees (registered medication aides, registered nurses, licensed practical nurses) may administer oral or topical drugs and monitor health indicators. However, schedule II medications shall only be administered by licensed personnel. The physician or nurse supervisor shall conduct and	S 560	S560 Residential Care Services Medication Services All registered medication aides will have their quarterly evaluation completed by 28 Mar 2024. The schedule going forward will be to have the evaluations done in the 3rd month of the quarter. This will coincide with the schedule of the quarterly QAPI scheduled meetings.	

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	ALR01311	A. BUILDING: _____ B. WING _____	02/12/2024

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ETHAN PLACE	85 ETHAN STREET WARWICK, RI 02888

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S 560	Continued From page 2 document quarterly evaluations of the registered medication aides who are administering drugs and place a copy in the employee's personnel record. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined that the residence failed to ensure registered medication aides had quarterly medication administration evaluations, in accordance with regulations, for 7 of 7 staff reviewed, Staff A, B, C, D, E, F, and G. Findings are as follows: Record review revealed the following evaluations were completed for medication aides in 2023 and 2024: Staff A: 2/9/2023 and 1/24/2024 Staff B: 3/31/2023 and 12/24/2023 Staff C: 3/31/2023 and 12/24/2023 Staff D: 1/30/2023 and 12/24/2023 Staff E: 2/9/2023 and 12/7/2023 Staff F: 12/7/2023 Staff G: 12/12/2023 During an interview on 2/12/2024 at approximately 3:45 PM, the Administrator acknowledged the medication aides evaluations were not completed quarterly, as required.	S 560		