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 01/03/2023

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 was conducted at this residence. Deficiencies were identified.	S 003	RECEIVED JAN 26 2023 FACILITIES REGULATION	
S 370 DTP 2/7/23	Residency Requirements 2.4.16(E) Resident Assessment/Service Plans 2.4.16 (E) Resident assessments and Service Plans E. In the event a resident has an admission to a health care facility and is scheduled to return to the residence without a significant change in status, then the assessment shall be updated within five (5) working days of readmission. 1. In case of an emergency admission, the required assessment shall take place within five (5) working days and shall include the following: a. An immediate admission necessitated by natural disaster, crisis, or threat to public safety at another licensed assisted living residence, independent living situation, community residential facility, or private residence; b. An immediate admission necessitated by the unanticipated incapacitation of the primary caregiver of the person to be admitted; c. Conditions or circumstances warranting emergency admission and as approved by Center for Health Facilities Regulation staff within forty-eight (48) hours. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined the residence failed to ensure the resident's comprehensive assessment was	S 370	S370 Residency Requirements 2.4.16(E) Resident Assessments/Service Plans The facility has identified a full time point of contact who will coordinate resident care in the facility. This person will ensure the per diem registered nurse is aware of all health care facility admissions and returns. Additionally this coordinator will facilitate the RN visit whenever possible to the healthcare facility to perform the assessment prior to return, or when not possible, to flag the record upon return so the assessment can be completed within the five days required. This procedure is effective on 1/26/2023. The Administrator will conduct a sample of twenty five percent of the records before each quarterly QA meeting to check for compliance and report the results at that meeting.	

Facilities Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Rick Baccus Rick Baccus	ADMINISTRATOR	26 JANUARY 2023

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S 375	Continued From page 2 a. A registered nurse shall visit the residence at least once every thirty (30) days except as provided in § 2.4.16(F)(1)(b) of this Part and shall complete a review to include the following: (1) Monitor the medication regimen for all residents; (2) Review any new physician orders and evaluate the health status of all residents by identifying symptoms of illness and/or changes in mental/physical health status; (3) Evaluate the appropriateness of placement for each resident; (4) Make any necessary recommendations to the administrator; (5) Follow up on previous recommendations; (6) Provide a signed, written report in the residence documenting: (AA) Date and time of assessment; (BB) Recommendations for follow-up; (CC) Progress on previous recommendations; (DD) Verification that the medication listed by the pharmacist on the mediset, blister pack or medication container is current with physician orders (M-1 level only); (EE) Physical assessment identifying symptoms of illness and/or changes in mental or physical health status and appropriateness of placement; (FF) Such reports shall be on file at the residence. (7) Complete the quarterly evaluation of the residence's registered medication aide(s) administration of medication. (Approved Department form is available for downloading online).	S 375	S375 Residency Requirements 2.4.16(F) Resident Assessment/Service Plans The facility has divided up the twenty four resident rooms into four groups so that each week set room numbers will receive their 30 day assessment from the per diem registered nurse. This weekly list will be published on the facility calendar and monitored by the RN, resident care coordinator and the Administrator. This procedure will commence 2/1/2023. The Administrator will conduct a sample of twenty five percent of the records before each quarterly QA meeting to check for compliance and report the results at that meeting.	

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S 375	Continued From page 3 b. In those residences that have one or more licensed registered nurses (i.e., at least one full-time equivalent equal to thirty-five (35) hours) on- site, the nurse review shall be completed at least once every ninety (90) days. This Requirement is not met as evidenced by: Based on record review and staff interview it has been determined that the residence failed to have a registered nurse visit the residence at least once every thirty (30) days for one of two residents reviewed, ID #1 Findings are as follows: Record review revealed the resident moved into the residence on 02/28/2018. The last nurse review was completed on 03/03/2022. Further record review failed to reveal any subsequent nurse reviews. During a surveyor interview on 01/03/2022 at approximately 10:56 AM, the acting administrator on duty, Staff A, was unable to provide evidence that the above nurse review was completed for the resident every 30 days as required.	S 375		
S 390	Residency Requirements 2.4.16(G)(3) Resident Assessment/Service Plan 2.4.16 (G)(3) Service Plans 3. The service plan shall be reviewed by both parties at intervals not to exceed twelve (12) months and each time a resident's condition changes significantly and all changes shall be acknowledged in writing by both parties. This Requirement is not met as evidenced by:	S 390		

DTP 2/7/23

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S 390	Continued From page 4 Based on record review and staff interview, it has been determined the residence failed to review the service plan each time a resident's condition changes significantly and the plan accurately reflects the services provided by the residence for one of two sample residents, ID #1. Findings are as follows: Record review of charting notes revealed the resident was readmitted from a skilled nursing facility on 10/21/2022 after a skilled nursing facility admission due to a fall on 10/05/2022. Further review of the record revealed s/he began physical therapy from 10/27/2022 to present from an outside agency since his/her readmission. Review of the resident's service plan dated 06/16/2022 failed to reveal evidence of the resident receiving physical therapy from an outside agency. During an interview on 01/03/2023 at approximately 10:56 AM with the acting administrator on duty, Staff A, she acknowledged the service plan was not updated to reflect that the resident is receiving physical therapy services.	S 390	S390 Residency Requirements 2.4.16(G) (3) Resident Assessment/Service Plan When a resident returns from a healthcare facility, the resident care coordinator will review the record and if the service plan requires updating, the record will be flagged for the per diem registered nurse. This procedure is effective 1/26/2023. The facility has adopted the standard of conducting an annual resident care plan review during the resident's birth month. This schedule will be published on the facility calendar and monitored by the RN, the resident care coordinator, and the Administrator. This procedure will commence 2/1/2023. The Administrator will conduct a sample of twenty five percent of the records before each quarterly QA meeting to check for compliance and report the results at that meeting.	