

RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR01311	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/27/2025
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NAME OF PROVIDER OR SUPPLIER ETHAN PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 85 ETHAN STREET WARWICK, RI 02888
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S 003	<p>Initial Comments</p> <p>An unannounced complaint/incident investigation survey, ACTS reference numbers 96546, 100030, and 100031, was conducted at this residence on 3/27/2025 to determine compliance with state regulations. Deficiencies were identified.</p>	S 003	<p style="text-align: center;">Received APR 29 2025</p> <p style="text-align: center;"><i>Facilities Regulation</i></p>	
S 230	<p>Organization And Management 2.4.13.A Management Of Services</p> <p>2.4.13 (A/B) Management of Services</p> <p>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.</p> <p>This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined the residence failed to provide care and services in accordance with the prevailing community standard of care relative to following physician's orders for a singular resident reviewed for medication, Resident ID #1.</p> <p>Findings are as follows:</p> <p>According to Mosby's 4th Edition, Fundamentals of Nursing, page 314 states in part, "...The</p>	S 230		<p>S230 Organization and Management Management of Services</p> <p>Resident ID #1 all Medications are currently in house-MD was contacted by RN on 03/27/25 and medications delivered 03/28/25 All Physicians orders of prescribed medications, will be closely monitored by a delegated Med Tech, starting 04/23/25 the med tech will do a weekly comparison from emar to med cart to ensure all medications are in house. Any issues with obtaining medications will be then given to nurse to follow up to ensure medication arrives in a timely manner.</p>

Facilities Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S 230	<p>Continued From page 1</p> <p>physician is responsible for directing medical treatment. Nurses are obligated to follow physician's orders unless they believe the orders are in error or would harm the clients..."</p> <p>Record review of a community reported complaint sent to the Rhode Island Department of Health on 3/24/2025 alleges Resident ID #1 had trouble getting her/his medications.</p> <p>Record review of Resident ID #1 revealed s/he was admitted to the residence in August of 2024 with diagnoses including, but not limited to: hyperlipidemia (elevated levels of fats in the blood which can lead to the buildup of plaque in the arteries, increasing the risk of heart disease and stroke), hypertension (high blood pressure), type 2 diabetes mellitus, depression, anxiety, and chronic obstructive pulmonary disease.</p> <p>Record review revealed the following physician's orders:</p> <p>-Mirtazapine (for depression) 30 mg tab. Take 1 tablet by mouth at bedtime at 7:00 PM.</p> <p>-Simvastatin (for control of cholesterol and triglyceride blood levels) 20 mg tab. Take 1 tablet by mouth at bedtime at 7:00 PM.</p> <p>-Metoprolol Succinate extended release (ER) (for control of blood pressure) 25 milligram (MG) tab. Take 1 tablet by mouth daily at 7:00 AM.</p> <p>-Trulicity (for control of diabetes) 3mg/0.5 millimeter (ml) pen. Inject 0.5 ml subcutaneous every week (3mg) at 7:00 AM.</p> <p>-Glucagon (for regulating blood sugar levels) 1 mg kit. Inject 1mg/ml intramuscularly every 15</p>	S 230		

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S 230	<p>Continued From page 2</p> <p>minutes as needed for hypoglycemia. Give if unable to swallow and if blood sugar is less than 70. Recheck blood sugar in 30 minutes. If continues less than 70, notify MD.</p> <p>During a surveyor interview with Staff A, Certified Medication Technician (CMT), on 3/27/2025 at 11:08 AM, she revealed that if a resident's medications were not available staff would reach out to the pharmacy. She further revealed the resident has been out of the above medications for a few weeks. Additionally, she could not provide evidence that the pharmacy or physician was made aware that the resident was not receiving the above medications, until it was brought to her attention by the surveyor.</p> <p>Observation of the medication cart on 3/27/2025 at approximately 10:00 AM in conjunction with a review of the medication administration record revealed the following:</p> <ul style="list-style-type: none"> -Mirtazapine not available from 3/6 through present. -Simvastatin not available from 3/8 through present. -Metoprolol not available from 3/21 through present. -Trulicity pen not available on 3/4, 3/11, 3/18, or on 3/25. -Glucagon not available on the medication cart. <p>During a surveyor interview on 3/27/2025 at 12:30 PM with the Director of Wellness, she acknowledged that the resident did not receive their medications per the physician's orders.</p>	S 230		

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S 230	Continued From page 3 Additionally, she could not provide evidence that the physician was made aware that the resident had not received the above-mentioned medications.	S 230		
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 update the comprehensive assessment each time a resident's condition changed significantly for a singular resident reviewed for outside services, Resident ID #1; for 2 of 2 residents to have complete assessments for 3 of 4 sample residents, ID #s 1, 2, and 3. Findings are as follows: 1. Record review revealed Resident ID #1 moved into the residence in August of 2024 with diagnoses including, but not limited to: hyperlipidemia (elevated levels of fats in the blood which can lead to the buildup of plaque in the arteries, increasing the risk of heart disease and stroke), hypertension (high blood pressure), type 2 diabetes mellitus, depression, anxiety, and	S 365 	S365 Residency Requirements Resident Assessment/Service Plans Resident ID #1,2, and 3 Residents service plans have been updated to reflect their current conditions and signed by the Administrator. 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 to reflect all resident incidents noted in the records. These reports will be circulated with the Nurse in person and will ensure to reflect any recommendations. Additionally, these reports will be used as part of the QAPI quarterly reviews.	

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S 365	<p>Continued From page 4</p> <p>chronic obstructive pulmonary disease.</p> <p>Review of the "Nurse Review", dated 11/12/2024, revealed the resident is currently receiving physical and occupational therapy.</p> <p>Review of the resident's comprehensive assessment, dated 7/22/2024, failed to reveal the assessment was updated to document that the resident received physical and occupational therapy in November. Additionally, the assessment failed to be signed by the Administrator.</p> <p>2. During a surveyor interview with the Administrator on 3/27/2025 at approximately 8:00 AM, she revealed Resident ID #s 2 and 3 are smokers.</p> <p>a. Record review revealed Resident ID #2 moved into the residence in January of 2025 with diagnoses including, but not limited to, adjustment disorder and bipolar disorder.</p> <p>Record review of the resident's comprehensive assessment, dated 1/9/2025, failed to document that the resident is a smoker. Additionally, the assessment failed to be signed by the Administrator.</p> <p>b. Record review revealed Resident ID #3 moved into the residence in December of 2024 with diagnoses including, but not limited to, depression and anxiety.</p> <p>Record review of the resident's comprehensive assessment, dated 11/28/2024, failed to document that the resident is a smoker. Additionally, the assessment failed to be signed by the Administrator.</p>	S 365		

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S 365	Continued From page 5 During a surveyor interview with the Administrator at 1:50 PM, she could not provide evidence that Resident ID #1's comprehensive assessment accurately reflected the resident's receipt of outside services. Furthermore, she could not provide evidence that smoking was addressed on Resident ID # 2's and 3's comprehensive assessments. Additionally, she acknowledged the above-mentioned assessments were not signed by her.	S 365	S375 Residency Requirements Resident Assessment/Service Plans	
S 375	Residency Requirements 2.4.16.F Resident Assessment/Service Plans 2.4.16 (F) Nurse Review 1. Nurse review is necessary for all levels of licensure. 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;	S 375	Nurse is Full-Time as of 01/20/2025 <i>QA</i> <i>4/29/25</i> The facility practices standard of conducting a Quarterly review or when a resident condition changes. The administrator will begin to monitor those reviews and records before each quarterly QA meeting to check for compliance.	

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S 375	<p>Continued From page 6</p> <p>(5) Follow up on previous recommendations;</p> <p>(6) Provide a signed, written report in the residence documenting:</p> <p>(AA) Date and time of assessment;</p> <p>(BB) Recommendations for follow-up;</p> <p>(CC) Progress on previous recommendations;</p> <p>(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);</p> <p>(EE) Physical assessment identifying symptoms of illness and/or changes in mental or physical health status and appropriateness of placement;</p> <p>(FF) Such reports shall be on file at the residence.</p> <p>(7) Complete the quarterly evaluation of the residence's registered medication aide(s) administration of medication. (Approved Department form is available for downloading online).</p> <p>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.</p>	S 375		

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S 375	<p>Continued From page 7</p> <p>This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined the residence failed to ensure that nurse reviews held the required components for 3 of 3 sample residents with nurse reviews, Resident ID #s 1, 3, and 4.</p> <p>Findings are as follows:</p> <ol style="list-style-type: none"> Record review revealed Resident ID #1 moved into the residence in August of 2024. "Nurse Reviews" were completed on 10/5/2024, 11/12/2024, 12/12/2024, and on 1/22/2025. Record review revealed Resident ID #3 moved into the residence in December of 2024. "Nurse Reviews" were completed on 11/27/2024, 12/12/2024, and on 1/29/2024. Record review revealed Resident ID #4 moved into the residence in November of 2024. "Nurse Reviews" were completed on 11/27/2024, 12/12/2024, and on 1/30/2025. <p>Record review of the above resident's "Nurse Review(s)" failed to reveal the time of the assessment and evidence of a physical assessment of each resident, as required.</p> <p>During a surveyor interview on 3/27/2025 at approximately 12:40 PM, with the Wellness Director, in the presence of the Administrator, she was unable to provide evidence that the "Nurse Reviews" were completed with all required components.</p>	S 375		

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S 380 S 380	<p>Continued From page 8</p> <p>Residency Requirements 2.4.16.G.1 Resident Assessment/Service Plan</p> <p>2.4.16 (G) (1) Service Plans</p> <p>1. Within a reasonable time after move-in, not to exceed seven (7) days, the Administrator shall be responsible for the development of a written service plan based on the initial assessment. The service plan shall include at least:</p> <p>a. The services and interventions needed, including all services provided by outside healthcare agencies (e.g., home nursing care, hospice);</p> <p>b. Description, frequency, duration relating to the service or intervention, including personal assistance, medication, special diets, recreational activities, and other similar services rendered;</p> <p>c. Party responsible for arranging and/or providing the service; and</p> <p>d. The resident's requested and/or therapeutically needed recreational and social activities.</p> <p>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 service plan was updated to reflect changes of condition for a singular resident reviewed for outside services, Resident ID #1 and failed to document a description of the services and interventions needed on the service plan for 2 of 2 residents reviewed for smoking, Resident ID #s 2 and 3.</p>	S 380 S 380	<p>S380 Assessment/Service Plan The Residents Service Plans for Residents ID #1,2, and # have been updated to reflect their current conditions.</p> <p>Administrator will develop a detailed service plan when a new resident moves in, based off initial assessment, these service plans will be updated any time a residents condition changes and reviewed annually according to each individual's birth month which will be posted on the facilities monthly calendar</p>	

(Handwritten initials and date)
4/29/25

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S 380	<p>Continued From page 9</p> <p>Findings are as follows:</p> <ol style="list-style-type: none"> Resident ID #1's "Nurse Review", dated 11/12/2024, revealed s/he was receiving physical and occupational therapy. Resident ID #2 was identified as a smoker by the Administrator. Review of the resident's "Individualized Service Plan", dated 7/22/2024, failed to reveal it was updated to reflect the resident received the above-mentioned outside healthcare services. Resident ID #3 was identified as a smoker by the Administrator. Review of the resident's "Individualized Service Plan", dated 1/9/2025, failed to reflect his/her active smoking status and residence interventions to ensure safety. <p>3. Resident ID #3 was identified as a smoker by the Administrator. Review of the resident's "Individualized Service Plan" dated 11/28/2024, failed to reflect his/her active smoking status and residence interventions to ensure safety.</p> <p>During a surveyor interview on 3/27/2025 at approximately 12:40 PM with the Wellness Director, in the presence of the Administrator, she was unable to provide evidence that the service plans were updated as required to reflect changes in condition and interventions needed for Resident ID #s 1, 2, and 3.</p>	S 380		