

RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  ALR01409	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 09/30/2021
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NAME OF PROVIDER OR SUPPLIER  FRANKLIN COURT ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 180 FRANKLIN STREET BRISTOL, RI 02809
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(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		
S 360 <i>310</i> <i>10/15/21</i>	Residency Requirements 2.4.16(C) Resident Assessment/Service Plans  2.4.16 (C) Resident Assessments and Service Plans  C. The Department-approved assessment form, or such other assessment form as approved by the Department, shall be utilized in completing the assessment on each resident who is admitted to the residence. (Approved Department form is available for downloading online at <a href="http://health.ri.gov/forms/assessment/AssistedLivingResident.pdf">http://health.ri.gov/forms/assessment/AssistedLivingResident.pdf</a> ).  1. Assisted living residences not intending to use the Department's assessment form shall submit their proposed assessment forms with a cover letter of intent to the Center for Health Facilities Regulation as specified in § 2.4.6(A) of this Part.  2. All assessment forms shall report information appropriate to determine compatibility and compliance with the residency criteria, and shall indicate that the resident's needs can be met by the assisted living residence within its licensure level, and shall gather information appropriate for the development of an individualized service plan.  a. The assessment form shall be designed to demonstrate compliance with the assisted living residence's criteria for residency.  b. The assessment form shall also be designed	S 360		

Facilities Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
<i>[Signature]</i>	ADMINISTRATOR	10-15-21

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S 360	<p>Continued From page 1</p> <p>to demonstrate that the assisted living residence can meet the resident's needs and preferences.</p> <p>3. The assessment form shall also be designed to provide information appropriate for the development of an individualized service plan in accordance with § 2.4.16(G)(1) of this Part.</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 utilize the Department-approved assessment form, or such other assessment form as approved by the Department, when completing an assessment on each resident who is admitted to the residence for 1 of 4 sample residents, ID #1.</p> <p>Findings are as follows:</p> <p>Resident ID #1 was admitted to the residence in November of 2019 with diagnoses including, but not limited to: progressive aphasia (loss of ability to understand or express speech), dementia, and peripheral vascular disease.</p> <p>Review of the resident's clinical record failed to reveal a "Rhode Island Department of Health Assisted Living Resident Assessment", or such other assessment form as approved by the Department, completed upon admission, annually or at each change of condition.</p> <p>During an interview on 09/30/2021 at approximately 1:30 PM, the Director of Nursing acknowledge the resident's record did not include a comprehensive assessment which was completed upon admission, reviewed annually, and updated at each change of condition.</p>	S 360	<p>S360: Our residence uses the Department-approved form for all assessments. In this particular instance, the former DON completed the assessment, along with the assessment of Resident 1's [REDACTED], prior to their simultaneous admission. Unfortunately, we are unable to locate Resident 1's assessment, which may have been misfiled. We are currently trying to locate that assessment. Our POC includes completing an updated assessment for Resident 1. The DON/RN will review it annually and update it for each change of condition. We are also undergoing a review of all residents' medical charts to ensure their assessments are complete in compliance with the State regulations and are in the charts. We will include and monitor this in our QA program.</p>	12-31-21
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S 375	Continued From page 2	S 375		
S 375 <i>DV</i> <i>10/25/21</i>	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; (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	S 375		



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S 390	Continued From page 4  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: Based on record review and staff interview it has been determined the residence failed to document a description of the services and interventions needed, including all services provided by outside healthcare agency on the service plan for two of four sample residents, ID #s 1 and 2.  Findings are as follows:  1) Review of Resident ID #1's record revealed a service plan dated 02/25/2021. The record fails to reflect being updated to include physical therapy services from 06/04/2021-07/28/2021 and 09/22/2021-present, speech therapy services 06/07/2021-07/06/2021, and skilled nursing services from 09/24/2021-present.  2) Review of Resident ID #2's record revealed a service plan dated 03/01/2019, and updated on 04/09/2019, 04/12/2019, and 02/19/2020. The record fails to reflect being updated to include a medical leave of absence from 03/09/2019-04/09/2019, 06/15/2019-06/28/2019, and 01/14/2020-02/05/2020. Additionally, the record failed to reflect being updated with physical therapy services from 04/10/2019-10/02/2019, 02/06/2020-03/12/2020, and 06/23/2020-08/17/2020, as well as speech therapy services 07/10/2019-10/02/2019.  During an interview on 09/30/2021 at	S 390	<u>S390</u> : The DON will maintain a spreadsheet for Resident Assessment/Service Plans due dates for all residents, including residents #1 and 2 sampled in this survey. This will ensure they are completed at intervals not to exceed 12 months and each time the resident's condition significantly changes. The Service Plans will include a description of the services provided as well as any updates by outside healthcare agency, including physical therapy, speech therapy, and skilled nursing services. Plans will also include updates on medical leave of absence. We will include and monitor this in our QA program.	12-31-21

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S 390	Continued From page 5  approximately 3:25 PM, the Director of Nursing acknowledged service plans were not updated to reflect medical leaves of absence or skilled services provided by an outside agency for Resident ID #s 1 and 2, as required.	S 390		