RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01426	A. BUILDING: _____ B.WING	C 10/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PHYLLIS SIPERSTEIN TAMARISK ALR	3 SHALOM DRIVE WARWICK, RI 02886

(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 complainUincident investigation survey was conducted at this residence. Deficiencies were identified.	S 003		
S 190	Organization And Management 2.4.12(H) Administrative Management DTP 12/6/2022 2.4.12 (H) In-service Training 1. Employees shall have on-going, at intervals not to exceed twelve (12) months, in-service training as appropriate for their job classifications and including the topics cited in § 2.4.12{G) of this Part. 2. All new employee orientation and on-going in-service training shall be documented in the employee's personnel file, and maintained onsite at the licensed residence. 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 new staff received in-servicing training within ten (10) days of hire and prior to beginning work alone and existing staff received on-going, at intervals not to exceed twelve (12) months, in-service training for seven of seven sample employees, Staff ID's A,B,C,D,E,F, and G. Findings are as follows: 1) Record review of Staff A revealed a hire date of 04/15/2010. This employee was hired as a Personal Care Assistant (PCA). This employee had no evidence of on-going in-service training for 2021.	S 190	All current Staff will complete the required training by the end of the calendar year. Staff are being granted time during their normal work shifts to complete the training. Tamarisk is currently using Relias as our training platform. Each department will be responsible for monitoring their staff. One staff person will be designated to monitor the overall training on the Relias platform we are using. That designee is the Director of Renaissance. All new employees going forward will complete the training within 10 days of hire date, and 12 months of in-service training. Starting January 1, 2023 we will be moving from the Relias training to an in-house interacting training conducted by the Director of Nursing and Renaissance Director. We will be using handouts based on the requirements set forth in the regulations. Upon review with regard to Staff A, the employee was terminated. The PCA position does not fit into the model for	12/31/22 11/18/22 8/28/22

			Tamarisk and our needs. We will not be hiring anymore PCA's.	
			Interim Director of Operations	11/18/22

Fac1lit1es Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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S 190	Continued From page 1 2) Record review for Staff B revealed a hire date of 07/30/2020. This employee was hired as a PCA. This employee had no evidence of initial in-service education upon hire or on-going in-service training in 2021. 3) Record review for Staff C revealed a hire date of 03/21/2022. This employee was hired as a PCA. This employee had no evidence of initial in-service education upon hire. 4) Record review for Staff D revealed a hire date of 07/22/2020. This employee was hired as a PCA. This employee had no evidence of initial in-service education upon hire or on-going in-service training in 2021. 5) Record review for Staff E revealed a hire date of 06/28/2020. This employee was hired as a PCA. This employee had no evidence of initial in-service education upon hire. 6) Record review for Staff F revealed a hire date of 01/27/2022. This employee was hired as a PCA. This employee had no evidence of initial in-service education upon hire. 7) Record review for Staff G revealed a hire date of 01/27/2022. This employee was hired as a PCA. This employee had no evidence of initial in-service education upon hire. During an interview on 10/24/2022 at approximately 11:30 AM, the Director of Marketing was unable to provide evidence that the above employees had received all required in-service training initially and annually, as required.	S 190	Staff B has completed the practical exam. The BCI has been submitted to RIDOH. A temporary license has been issued. The training took place at American Safety Programs & Training. This is the same for Staff C, D, E, F and G. The action moving forward is that all staff will have the proper licensure in place before being employed at Tamarisk. All new hires are expected to complete all required training as part of their orientation process in 10 days after the employee is hired and resident contact is permitted. This will be monitored by the Director of Nursing and the Director of Renaissance. Ultimately the responsibility for all staff training and orientation has clearly been established to rest with the Executive Director of Tamarisk Assisted Living.	12/31/22 11/18/22 11/18/22 11/18/22

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S 200	Continued From page 2	S 200		
S 200	Organization And Management 2.4.12(1)(2) Administrative Management 2.4.12 (I) (2) Personnel Records 2. Said personnel records shall be reviewed and updated at intervals not to exceed twelve (12) months and shall include, but not be limited to, all of the following components: a. Completed job application and/or resume; b. Written statements of references or documentation of verbal reference check; c. Written functional job descriptions; (1) These descriptions shall be updated at intervals not to exceed twelve (12) months and shall include, but not be limited to, minimal qualifications for the position, major duties and responsibilities, and shall be signed and dated by the individual employee. d. Evidence of credentials, current professional licensure and/or certification; e. Documentation of education and/or continuing training, including continuing education units (CEUs) related to administrator certification, food management, etc., medication administration, and dementia care; f. Documentation of attendance at in-service training and/or orientation; g. Documentation of at least one (1) performance evaluation at intervals not to exceed	S 200	The Executive Director of Tamarisk will ensure the accuracy of the personnel files. The Executive Director will also review with Department Heads the required documents for on-boarding a new employee. A check list will be created for staff to follow what is needed. This includes the following: • Job application/resume • Reference checks • Job descriptions • Credentials • Licenses • Trainings • CEU's • Documentation of training • Performance evaluation • Signed statement explaining resident's rights The Executive Director will sign off on the personnel files when a new employee begins. The Executive Director will also sign off on all the evaluations.	11/18/22 11/18/22

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S 200	Continued From page 3 twelve (12) months; h. Signed copy of employee's awareness of resident's rights; i. Results of the criminal record (BCI) check. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined the residence failed to have job descriptions which accurately reflected duties and responsibilities of the staff according to their credentials, certifications, and current licensure, for a singular staff reviewed for abuse, Staff A. Findings are as follows: Record review revealed Staff A, Personal Care Attendant (PCA) was hired on 04/15/2010, at that time she held a temporary certified nursing assistant (CNA) license. Staff A did not hold a permanent CNA license at any time. Record review of the job description titled "Personal Care Attendant (PCA)" states in part, "...Assumes and administers direct resident care responsibilities...Assists resident with ADL's (activities of daily living) according to resident need...Takes resident vital signs as assigned..," According to the Rhode Island Department of Health professional regulations 216-RICR-40-05-22 "A nursing assistant is a paraprofessional trained to provide personal care and related health care and assistance to individuals who are sick, disabled, or infirm, and who are residents of or receiving services from health care facilities or agencies licensed by the state, and holds a license as a nursing assistant issued by the Department."	S 200	The hiring manager will review the resident's rights with new employees. They will also review the resident's rights document with current employees. Department heads will also review the resident's rights document with current employees prior to December 31, 2022, and each employee will indicate they understand these rights by signing a copy of the statement. With regard to Staff A, once it became clear to the current administration action was taken to rectify the situation. Moving forward Tamarisk will not be hiring any PCA's. That model does not fit into the vision of care provided by Tamarisk.	11/18/22 8/28/22

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S 200	Continued From page 4 During an interview on 10/24/2022 at approximately 11:40 AM, the Registered Nurse and Program Director for the Special Care Unit acknowledged Staff A, PCA, was assigned duties based on her job description which were outside of her scope of eligible work.	S 200	This issue with regard to Staff A, PCA, being assigned duties beyond the scope of her duties, Tamarisk took action. Tamarisk will not be assigning anyone tasks beyond the scope of eligible work.	8/28/22
S 320	Residency Requirements 2.4.15(C) Resident Records 2.4.15 (C) Resident Records C. At time of discharge, a discharge summary, summarizing the resident's stay, shall be completed promptly and signed by the residence's administrator or registered nurse. This Requirement is not met as evidenced by: Based on record review and staff interview it has been determined the residence failed to complete a discharge summary, summarizing the resident's stay, as required for 3 of 3 closed records, Resident ID #s 1,2, and 3. Findings are as follows: 1) Review of the closed record for Resident ID #1 revealed this resident was discharged from the residence on 07/22/2022, the record failed to reveal a discharge summary. 2) Review of the closed record for Resident ID #2 revealed this resident was discharged from the residence on 07/13/2022, the record failed to reveal a discharge summary. 3) Review of the closed record for Resident ID #3 revealed this resident was discharged from the	S 320	Based on the findings below with regard to discharge summaries of Resident ID #1-4 changes to the charting of discharge summary and summarizing the resident's stay, will happen immediately. The Director of Nursing has reviewed this along with her Registered Nurse on what is required for charting. They will summarize the resident's stay and the reason for discharge. It will indicate if they were transferred to a SNF, passed away, went to another Assisted Living and any other important information pertaining to their discharge. The Director of Nursing, will sign off on the charting pertaining to discharge and the summary of the resident's stay.	11/18/22

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S 320	Continued From page 5 residence on 03/17/2022. The record failed to reveal a discharge summary that summarized the resident's stay, as required. During an interview on 10/24/2022 at approximately 1:OD PM, the Registered Nurse was unable to provide evidence that the discharge summaries were completed as required for Resident ID #s 1,2, and 3.	S 320	Please see the above response.	
S 370	Residency Requirements 2.4.16(E) Resident AssessmenUService 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-	S 370		

DTP 12/6/22

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S 370	Continued From page 6 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 updated within five (5) working days of readmission from admission to a health care facility for two of two residents reviewed for readmission, ID #s 2 and 4. Findings are as follows: 1. Record review revealed Resident ID #2 was admitted to the residence in February of 2018 with diagnoses including, but not limited to: dementia and generalized weakness. Record review revealed ID #2 was hospitalized after a fall on 05/26/2022 with a subsequent skilled nursing facility admission. The record failed to reflect a comprehensive assessment was completed prior to or within five working days from readmission to the residence on 06/30/2022. Additionally, the comprehensive assessment dated 05/26/2022 failed to reflect outside services provided upon ID #2's return to the residence. 2. Record review revealed Resident ID #4 was admitted to the residence in January of 2020 with diagnoses including, but not limited to: failure to thrive and anxiety. Record review revealed ID #4 was hospitalized with a subsequent skilled nursing facility admission 08/18/2022-09/01/2022.	S 370	Please note for your records that it was Resident ID #1 and not Resident ID # 2 that was admitted to Tamarisk in February of 2018. With regard to the findings for Resident ID#1 the Director of Nursing will create a check list of what the requirements are for assessing an existing residents The check list will include the state requirements. It will also reflect any outside services provided upon return. The Director of Nursing will review the check list and the Executive Director will sign off on it.	11/18/22

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S 370	Continued From page 7 The record failed to reflect a comprehensive assessment was completed prior to or within five working days from readmission to the residence on 09/01/2022. During an interview on 10/24/2022 at approximately 11:45 AM, the Registered Nurse acknowledged a comprehensive assessment was not completed upon readmission for Resident ID #s 2 and 4, as required.	S 370	With regard to Resident ID #4 the staff moving forward is aware that all returning residents upon readmission need to have a comprehensive assessment. If such assessment is not done the resident is not allowed to return. The Executive Director of Tamarisk has reviewed this with the Director of Nursing and the Registered Nurse. The corrective action is for the team consisting of the Executive Director of Tamarisk, Nursing and our Registered Nurse to meet prior to any readmissions. The team will ask for any physical therapy notes to be faxed over prior to the assessment. After the assessment is done the team will meet to evaluate if the existing resident is ready to come back to Tamarisk according to the guidelines. After the assessment is completed the team will update the staff to any changes with regard to the resident. The charts will also be documented as well.	11/8/22 11/18/22