

RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR01496	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/09/2023
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NAME OF PROVIDER OR SUPPLIER HIGHLANDS ON THE EAST SIDE	STREET ADDRESS, CITY, STATE, ZIP CODE 101 HIGHLAND AVENUE PROVIDENCE, RI 02906
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S 003	Initial Comments An unannounced biennial State Licensure survey was conducted at this residence. Deficiencies were identified.	S 003	<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED MAR 07 2023 FACILITIES REGULATION </div>	
S 370 <i>JTP</i> <i>3/10/23</i>	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		Tag: S370/S390 The Comprehensive Assessment and Service plan has since been completed on resident ID#1 to reflect her readmission on 12/13/2022. In-service has been completed with Nurses regarding Change of Conditions and service plan. Executive Director and Nurse will continue to monitor Change of Conditions and Services Plans are being completed by reviewing and signing off on the attached spreadsheet over the next 90 days starting April 1 st .

Facilities Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Karen Van Gorden

3-7-23

RI Department of Health

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S 370	<p>Continued From page 1</p> <p>updated within five (5) working days of readmission from an admission to a health care facility for a singular resident reviewed for readmission, ID #1.</p> <p>Findings are as follows:</p> <p>Record review revealed the resident was hospitalized after an unwitnessed fall on 11/5/2022 with a subsequent skilled nursing facility admission.</p> <p>Record review failed to reflect a comprehensive assessment completed prior to or within five working days from his/her readmission to the residence. Further record review revealed a comprehensive assessment was last updated on 9/30/2022 which was prior to the resident's hospitalization.</p> <p>During an interview on 2/10/2023 at 8:05 AM, the Executive Director could not provide evidence as to why the comprehensive assessment was not updated within five (5) working days of the resident's readmission as required.</p>	S 370		
<p>S 390</p> <p><i>DIP</i></p> <p><i>3/10/23</i></p>	<p>Residency Requirements 2.4.16(G)(3) Resident Assessment/Service Plan</p> <p>2.4.16 (G)(3) Service Plans</p> <p>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.</p> <p>This Requirement is not met as evidenced by: Based on record review and staff interview, it has</p>	S 390		

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S 390	<p>Continued From page 2</p> <p>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 1 of 5 sample residents reviewed, ID #1.</p> <p>Findings are as follows:</p> <p>Record review of charting notes revealed the resident was readmitted from a skilled nursing facility on 12/13/2022 after a skilled nursing facility admission due to a right hip fracture sustained after a fall at the residence on 11/5/2022.</p> <p>Record review of the resident's service plan dated 9/23/2022 failed to reflect the resident had a significant change resulting in a hospitalization and readmission from a skilled nursing facility.</p> <p>During an interview on 2/10/2023 at 8:05 AM, the Executive Director could not provide evidence as to why the service plan was not updated to reflect that the resident had a hospitalization and readmission from a skilled nursing facility.</p>	S 390		
<p>S 490</p> <p><i>DTA</i></p> <p><i>3/10/23</i></p>	<p>Residential Care Services 2.4.21(C) Dietetic Services</p> <p>2.4.21 (C) Dietetic Services</p> <p>C. The food service in each residence shall comply with the appropriate requirements of R.I. Gen. Laws Chapters 21-27 and 21-31, Rhode Island Food Code (Part 50-10-1 of this Title), and such other applicable statutory or regulatory provisions.</p>	S 490	<p>Tag 5490</p> <p>All the expired condiments found on inspection have been discarded. All kitchen staff have been in-serviced on proper labeling and proper hand washing. Over the next 90 days the FSD will review the attached Kitchen Inspection Form and sign off bi-weekly.</p>	<p><i>23</i></p>

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S 490	<p>Continued From page 3</p> <p>This Requirement is not met as evidenced by: Based on surveyor observations, record review, and staff interview, it has been determined that the residence failed to comply with the appropriate requirements of the Rhode Island Food Code.</p> <p>Findings are as follows:</p> <p>1. Section 2-301.14 of the Rhode Island Food Code states in part "...FOOD EMPLOYEES shall clean their hands and exposed portions of their arms as specified under §2-301.12 immediately before engaging in FOOD preparation including working with exposed FOOD, clean EQUIPMENT and UTENSILS...(E). After handling soiled EQUIPMENTS or UTENSILS ..."</p> <p>During a Surveyor observation on 2/9/2023 at 8:38 AM revealed the dishwasher, Staff A, placing soiled dishes into the dishwasher with her bare hands. Without washing her hands, Staff A then removed the clean dishes from the dishwasher and put them away.</p> <p>During a surveyor interview immediately following this observation with Staff A, she acknowledged the above-mentioned observation.</p> <p>During an additional surveyor observation on 2/9/2023 at 9:03 AM, in the presence of the Food Service Director (FSD), revealed Staff A, placing soiled dishes into the dishwasher with her bare hands. Without washing her hands, she removed the clean dishes from the dishwasher and put them away.</p> <p>During a surveyor interview immediately following this observation with the FSD, he acknowledged Staff A should have washed her hands after</p>	S 490		

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S 490	<p>Continued From page 4</p> <p>handling the soiled dishes and before handling the cleaned dishes.</p> <p>2. During a surveyor observation of the standup refrigerator in the main kitchen on 2/9/2023 at approximately 8:40 AM in the presence of the FSD revealed the following:</p> <ul style="list-style-type: none"> - One 5 lb. (pound) container of a Cabot brand sour cream with a manufacturer expiration date of January 31, 2023. - One container of Dannon Low Fat Yogurt, opened and not dated with a manufacturer expiration date of February 5, 2023. - Two 19.5 oz. bottles of Smucker's Vanilla Dessert Topping, opened with a manufacturer used by date of November 24, 2022. - One 19.5 oz. bottle of Smucker's Caramel Dessert Topping, opened with a manufacturer used by date of May 15, 2020. - One 19.5 oz. bottle of Smucker's Raspberry Dessert Topping, opened with a manufacturer use by date of December 14, 2022. - One 20 oz. bottle of Caramel Sundae Syrup, opened with a manufacturer use by date of December 19, 2021. <p>3. During a surveyor observation of the walk-in refrigerator in the main kitchen on 2/9/2023 at approximately 9:07 AM in the presence of the FSD revealed the following:</p> <ul style="list-style-type: none"> - Two 9.75 oz. containers of Bookbinders Prepared Horseradish, opened, not dated with a best use by date of September 16, 2022. 	S 490		

RI Department of Health

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S 490	Continued From page 5 - One gallon cocktail sauce opened, with a use by date of "8/13/22" - One gallon Sysco Prepared Yellow Salad Mustard opened and not dated. Manufactured date of "04/07/22" Facility's policy indicates a used by date of 6-8 months. During a surveyor interview on 2/9/2023 at 9:21 AM with the FSD, he acknowledged the above-mentioned food items were expired and should have been discarded.	S 490		
S 560 <i>DTP</i> <i>3/10/23</i>	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 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 the residence failed to have the physician or nurse supervisor conduct and document quarterly evaluations of the registered medication aides who are administering drugs and place a copy in the employee's personnel	S 560	Tag S560 The Medication Aide Evaluation has been completed on Staff B & C. Going forward all Medication Evaluations for all Medication aides will be done January/April/July/October starting April 1 st 2023. The audits will be completed by Nurse quarterly.	<i>4-1-23</i>

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S 560	<p>Continued From page 6</p> <p>record for 2 of 4 medication aide personnel records reviewed, Staff ID's B and C.</p> <p>Findings are as follows:</p> <p>1. Record review revealed Staff B was hired on 6/2/2022 as a registered medication aide.</p> <p>Record review failed to reveal evidence that a quarterly evaluation was conducted, documented, and put in the personnel record since her date of hire.</p> <p>2. Record review revealed Staff C was hired on 7/6/2022 as a registered medication aide.</p> <p>Record review failed to revealed evidence that a quarterly evaluation was conducted, documented, and put in the personnel record since 7/21/2022.</p> <p>During an interview on 2/10/2023 at approximately 11:20 AM, the Executive Director could not provide evidence that the above-mentioned staff had their quarterly medication aide evaluations conducted, documented, and put in the personnel records as required.</p>	S 560		
S 565 <i>DTB</i> <i>3/10/23</i>	<p>Residential Care Services 2.4.24(B)(1) Medication Services</p> <p>2.4.24 (B) (1) Administration of Medications</p> <p>1. Residences licensed at the M1 level may administer medications to residents including, but not limited to, removing medication containers from storage, assisting with the removal of a medication from a container for residents with disability which prevents independence in this act,</p>	S 565	<p>Tag: S565</p> <p>All Medication Aids have been in-serviced on overview of policies and procedures for medication labeling.</p> <p>Twice monthly Nurse will complete the attached Refrigerator Tracking for 90 days.</p>	4-1-23

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S 565	<p>Continued From page 7</p> <p>and/or administering the medication directly to the resident.</p> <p>a. The resident or guardian must provide written authorization for the residence to provide administration of medications.</p> <p>b. Medications shall be administered in accordance with written orders of a physician. The residence must provide in writing, a description of services provided by the residence to each physician, including limitations on service.</p> <p>c. All medications must be checked against a physician's orders by a licensed nurse, or pharmacist.</p> <p>d. The resident must be identified prior to administration of any medication.</p> <p>e. The medication must be in the original pharmacy-dispensed container with proper label and directions attached and be administered in accordance with such label.</p> <p>f. Injectable medications, including but not limited to insulin, which cannot be self-administered by the resident, must be administered by a licensed nurse.</p> <p>g. There shall be written a policy/procedure for the disposal of hypodermic needles, syringes and other such instruments that is in compliance with rules and regulations governing Hypodermic Needles, Syringes & Other Such Instruments (Part 20-15-6 of this Title).</p> <p>(1) The legal destruction of hypodermic needles, syringes or other such instruments is the</p>	S 565		

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S 565	<p>Continued From page 8</p> <p>responsibility of the last entitled or authorized possessor.</p> <p>(AA) All personnel or residents legally authorized to use disposal syringes and needles, shall destroy them after one (1) use.</p> <p>(BB) Excess and undesired needles, syringes and other such instruments shall be stored in impervious, rigid, puncture- resistant container for disposal. Intact needles shall be placed directly into the collection containers.</p> <p>(CC) Personnel handling disposal waste materials such as needles, syringes, and other such instruments may treat and destroy such waste by a DEM-approved alternative treatment/destruction technology or prepare the regulated medical waste for off-site transport by a DEM-permitted medical waste transporter.</p> <p>h. Individual medication records must be retained for each resident to whom medications are being administered and each dose administered to the resident must be properly recorded.</p> <p>i. Any medication administered by the residence and refused by a resident shall be documented and reported, as appropriate.</p> <p>j. Medications shall be stored securely and in such a manner to prevent spoilage, dosage errors, administration errors, and/or inappropriate access. Provisions for safe storage may include lockable containers, secure spaces, or lockable units, as appropriate to the residence and the resident population.</p>	S 565		

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S 565	<p>Continued From page 9</p> <p>k. All medication in the residence, regardless of whether controlled by employees or by the resident, shall be stored securely as stated in § 2.4.24(A)(3)(a)(8) of this Part.</p> <p>l. All centrally stored medications shall be maintained in accordance with manufacturer's labeling and administered by authorized personnel.</p> <p>This Requirement is not met as evidenced by: Based on surveyor observation and staff interview, it has been determined the residence failed to ensure that medications shall be stored securely and in such a manner to prevent spoilage, dosage errors, administration errors and/or inappropriate access for 2 of 2 medication carts observed.</p> <p>Findings are as follows:</p> <p>1. During a surveyor observation on 2/9/2023 at 9:50 AM of the 3rd floor medication cart in the presence of a Certified Medication Technician, Staff D revealed a Breo Ellipta inhaler (a medication used to treat lung disease) 100/25 MCG (microgram), opened and not dated. Manufacturer instructions states in part, "...discard 6 weeks after opening..."</p> <p>2. During a surveyor observation on 2/9/2023 at 9:59 AM of the 3rd floor medication refrigerator in the presence of the above-mentioned CMT revealed one vial of Lantus 100Unit/ML (milliliter) insulin (a medication used to treat diabetes) with an open date of 12/2/2022 and expiration date of 12/29/2022. Manufacturer instruction indicates to discard insulin 28 days from the date of opening. Further observation revealed one bottle of FirvanQ solution (an antibiotic) 50 MG/M</p>	S 565		

RI Department of Health

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S 565	<p>Continued From page 10</p> <p>(milligram/milliliter), with an instruction on the label which states in part, "...Do not use after 11-28-22..."</p> <p>During a surveyor interview immediately following these observations with the above-mentioned staff, she acknowledged the above-mentioned inhaler was open and not dated. Additionally, she acknowledged the insulin and antibiotic were expired and should have been discarded.</p> <p>3. During a surveyor observation on 2/9/2023 at 10:16 AM of the 2nd floor medication cart in the presence of a Certified Medication Technician, Staff E revealed a Spiriva Respimat 2.5 MCG inhaler (a medication used to treat lung disease) opened and not dated. Manufacturer instructions indicates to discard the medication 3 months after opening.</p> <p>During a surveyor interview immediately following these observations with the above-mentioned staff, she acknowledged the above-mentioned inhaler was open and not dated.</p> <p>During a surveyor interview on 2/9/2023 at 2:40 PM with the Executive Director, she indicated the above-mentioned medications should have been discarded.</p>	S 565		