

RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ALR01516</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/03/2025</b>
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NAME OF PROVIDER OR SUPPLIER  
**BRENTWOOD BY THE BAY**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**4040 POST ROAD  
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 biennial State Licensure survey and a complaint/incident investigation survey (Z5Z911, 06/03/2025) were conducted at this residence. Deficiencies were identified relative to the State Licensure survey.	S 003	<b>Received</b>  JUN 24 2025  Facilities Regulation	
S 230	Organization And Management 2.4.13.A Management Of Services  2.4.13 (A/B) Management of Services  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.  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 a singular resident reviewed for self-administration, Resident ID #1.  Findings are as follows:  During the entrance conference on 6/2/2025 at approximately 9:30 AM, the Director of Wellness (DOW) gave a list of residents that self-administer their medications.  Record review revealed Resident ID #1 moved into the residence in May of 2025 with a diagnosis including, but not limited to, end stage kidney	S 230	<u>Corrective Action</u>  A physician's order was obtained to allow resident ID #1 to self-administer medications.  <u>ID Residents</u>  The Director of Wellness and designee will conduct a record review to be sure that in addition to the resident's "medication self-administration assessment" that a physician order is in place for residents who self-administer medication.  <u>Systematic changes</u>  As part of the admission process and assessment process, any resident who wishes to and is found to be competent to self-administer medications, a physician order is received prior to implementation.  <u>Monitor</u>  The DOW or designee will conduct random sample monthly record reviews to be sure that residents who self-administer medications have an active physician order in place in addition to the assessment that is completed.	6/25/25

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>disease.</p> <p>Record review of the resident's initial assessment, dated 4/16/2025, revealed the resident self-administers her/his medications.</p> <p>Record review of the resident's physician orders failed to reveal an order to self-administer his/her medications.</p> <p>During a surveyor interview with the Director of Wellness on 6/3/2025 at approximately 12:30 PM, she was unable to provide evidence of a physician's order for the resident to self-administer his/her medications.</p>	S 230		
S 565	<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, 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>	S 565		



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S 565	<p>Continued From page 3</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 spillage, 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> <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:</p>	S 565		

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S 565	<p>Continued From page 4</p> <p>Based on surveyor observation, record review, and staff interview, it has been determined that 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 the singular locked controlled-medication box observed and that all prescribed medications were available.</p> <p>Findings are as follows:</p> <p>1. During a surveyor observation of the locked box on 6/2/2025 at 12:30 PM in the presence of the Director of Wellness (DOW), the following was revealed:</p> <ul style="list-style-type: none"> <li>- Morphine Sulfate (used to treat pain) 100 mg (milligrams)/5 ml (milliliters) (20mg/ml) blister packet for Resident ID #2, discard after 4/21/2025.</li> <li>- Oxycodone HCL (hydrochloride) (used to treat pain) 5 mg blister packet for Resident ID #3. This resident was discharged on 3/31/2025.</li> <li>- Oxycodone HCL 5 mg blister packet for Resident ID #4. This resident was discharged on 2/8/2025.</li> </ul> <p>Immediately following the above observation, the DOW acknowledged that Resident ID #2's Morphine Sulfate should have been discarded after 4/21/2025. She revealed that Resident ID #s 3 and 4 no longer reside at the residence. Furthermore, she could not provide evidence that that the above-mentioned medications were stored in a manner to prevent administration errors.</p>	S 565		

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S 565	Continued From page 5  2. Record review of Resident ID #2's electronic medical administration record revealed resident is prescribed lorazepam 0.5 mg tablet, give 1 tablet (0.5 mg) by mouth every 6 hours, as needed for anxiety or agitation.  Surveyor observation of the medication storage failed to reveal evidence of the lorazepam prescribed to Resident ID #2.  During a surveyor interview with the DOW on 6/3/2025 at approximately 1:00 PM, she could not provide evidence of the resident's lorazepam being available.	S 565		
S 915	Limited Health Services License Require 2.6.2.M Specific Requirements  2.6.2 (M) Specific Requirements  M. Assisted living residences licensed to provide limited health services are required to have a licensed physician, a certified nurse practitioner or a licensed physician assistant as a member of the Quality Improvement Committee as defined in § 2.4.3 of this Part.  This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined the residence, which is licensed to provide limited health services, failed to have a licensed physician, a certified nurse practitioner, or a licensed physician assistant as a member of the Quality Improvement Committee.  Findings are as follows:	S 915  	<p><u>Corrective Action</u></p> <p>A licensed physician, a certified nurse practitioner, or a licensed physician assistant will be in attendance at all future Quality Assurance meetings.</p> <p><u>ID Residents</u></p> <p>No residents were identified by this citation.</p> <p><u>Systematic changes</u></p> <p>A sign-in sheet identifying the required staff (Director of Wellness, Administrator, Dietary Representative, and Physician/ NP / PA ) will be developed and implemented for the meetings and signatures will be received from each at the beginning of each meeting.</p>	6/10/25

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S 915	Continued From page 6  Record review of the attendance for the Quality Improvement committee meetings on 4/27/2024, 9/17/2024, 12/10/2024, and 2/27/2025, failed to reveal a licensed physician, a certified nurse practitioner, or a licensed physician assistant in attendance, as required.  During a surveyor interview with the Executive Director on 6/3/2025 at approximately 2:30 PM, he could not provide evidence a licensed physician, a certified nurse practitioner, or a licensed physician assistant were in attendance at the Quality Improvement meetings, as required.	S 915	<u>Monitor</u>  The Administrator will review the minutes and signature sheet each quarter to be sure that the requirement is being met.	