

RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR01519	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/04/2024
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NAME OF PROVIDER OR SUPPLIER SMITHFIELD WOODS	STREET ADDRESS, CITY, STATE, ZIP CODE 171 PLEASANT VIEW AVENUE SMITHFIELD, RI 02917
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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, ACTS reference numbers 98089, 98215, 98242, and 98277 was conducted on 11/4/2024 to determine compliance with state regulations. Deficiencies were identified.	S 003	The filing of this plan of correction does not constitute an admission of the allegations set forth in this statement of deficiencies. This plan is prepared and executed as evidence of the facility's continued compliance with applicable law.	12/13/24
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 complete and update the comprehensive assessment each time a resident's condition changed significantly for 2 of 2 residents reviewed for outside services, Resident ID #s 1 and 2. Findings are as follows: 1. Record review revealed Resident ID #1 moved into the residence in April of 2023 with diagnoses including, but not limited to, sleep apnea and history of falling. Record review of the resident's comprehensive assessment dated 3/25/2024 revealed the assessment failed to be updated to document that the resident is receiving physical therapy	S 365	<div data-bbox="889 905 1179 1079" style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED NOV 27 2024 FACILITIES REGULATION </div> 1. In-service with nursing department on adding 3rd party provider services to the service plan to be completed by 11/29/24 2. 90-Day Nurse Review being updated in PCC with question regarding 3rd party services and who's providing them.	

Facilities Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>B. H. Gray</i>	TITLE	(X6) DATE
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S 365	<p>Continued From page 1</p> <p>(PT) services beginning on 4/25/2024, occupational therapy (OT) services beginning on 9/6/2024, and speech therapy (SLP) services on 9/19/2024.</p> <p>During a surveyor interview with the Administrator on 11/4/2024 at approximately 12:30 PM, she could not provide evidence that Resident ID #1's comprehensive assessment accurately reflected the resident's receipt of PT, OT, and SLP services.</p> <p>2. Record review revealed Resident ID #2 moved into the residence in January of 2020 with a diagnosis including, but not limited to, macular degeneration.</p> <p>Record review of the resident's comprehensive assessment dated 3/18/2024 and updated on 10/31/2024 revealed the assessment failed to be updated to document that the resident is receiving OT therapy services beginning on 5/22/2024.</p> <p>During a subsequent surveyor interview with the Administrator, she could not provide evidence that Resident ID #'s 2 comprehensive assessment accurately reflected the resident's receipt of OT services.</p>	S 365	<p>3. Resident ID #1 and ID #2 have both been updated to reflect current outside services being received.</p> <p>4. Audit of all residents service plans that are currently receiving a 3rd party service will be updated as needed and will be completed by 12/6/24.</p> <p>5. WD and/or Designee will Audit 10% of resident service plans to ensure outsident services are captured on the service plan weekly x 4 weeks then monthly x5 and reviewed in quarterly QA x 6 months to ensure compliance.</p>	
S 390	<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</p>	S 390		

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12/14/24

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NAME OF PROVIDER OR SUPPLIER
SMITHFIELD WOODS

STREET ADDRESS, CITY, STATE, ZIP CODE
**171 PLEASANT VIEW AVENUE
SMITHFIELD, RI 02917**

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S 390	<p>Continued From page 2</p> <p>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 been determined that the residence failed to update the service plan each time a resident's condition changed significantly for 2 of 2 residents reviewed for outside services, Resident ID #s 1 and 2.</p> <p>Findings are as follows:</p> <p>1. Record review revealed Resident ID #1 moved into the residence in April of 2023 with diagnoses including, but not limited to, sleep apnea and history of falling.</p> <p>Record review revealed the resident is receiving physical therapy (PT) services beginning on 4/25/2024, occupational therapy (OT) services beginning on 9/6/2024, and speech therapy (SLP) services beginning on 9/19/2024.</p> <p>Record review of the resident's service plan dated 2/22/2024 failed to accurately reflect that the resident is receiving the above services.</p> <p>During a surveyor interview with the Administrator on 11/4/2024 at approximately 12:30 PM, she acknowledged that the resident is receiving the above services. Additionally, she acknowledged the service plan was not updated.</p> <p>2. Record review revealed Resident ID #2 moved into the residence in January of 2020 with a diagnosis including, but not limited to, macular degeneration.</p> <p>Record review revealed the resident is receiving</p>	S 390	<p>1. In-service to be completed with nursing department on change of condition policy by 11/29/24.</p> <p>2. Resident ID #1 and ID#2s assessments to be redone to capture the outside service being provided. Completed by 12/6/24.</p> <p>3. Residents receiving outside services will be reviewed weekly in risk meeting and service plans will be updated at that time. Residents will be reviewed as to whether they meet the definition of a COC and assessment completed as identified.</p> <p>4. WD and/or Designee will audit 10% of residents that are on 3rd party services along with 10% of residents identified with a COC to ensure an assessment has been completed and the service plan updated. Audits will be completed weekly x4 weeks then monthly x 5months and reviewed in quarterly QA x6 months to ensure compliance.</p>	

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12/14/24

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S 390	Continued From page 3 OT services beginning on 5/22/2024. Record review of the resident's service plan dated 3/18/2024 and updated on 10/31/2024 failed to be updated and accurately document that the resident is receiving OT therapy services. During a subsequent surveyor interview with the Administrator, she could not provide evidence that Resident ID #2's service plan accurately reflected the resident's receipt of OT services.	S 390		