RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01466	A. BUILDING: _____ B. WING _____	01/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ATRIA HARBORHILL	159 DIVISION STREET EAST GREENWICH, RI 02818

(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 investigation survey (K5GR11, 1/30/2023) were conducted at this residence. Deficiencies were identified relative to the State Licensure survey and are listed on this document.	S 003	Preparation, Execution, and Submission of this Plan of Correction does not constitute an admission of fault or labiality on the part of Atria Harborhill nor agreement by Atria Harborhill as to the truth of the facts alleged or conclusions drawn in the Statement of Deficiencies or any specific statement of non-compliance. Atria Harborhill prepares and submits this Plan of Correction to comply with state laws and regulatory provisions.	
S 310 DTP 5/2/22	Residency Requirements 2.4.15(A) Resident Records 2.4.15 (A) Resident Records A. Each residence shall, at a minimum, maintain the following information for each resident: 1. The resident's name; 2. The resident's last address; 3. The name of the person or agency referring the resident to the home; 4. The name, specialty (if any), telephone number, and emergency telephone number of each physician who is currently treating the resident; 5. The date the resident began residing in the home; 6. A list of medications taken by the resident, including dosage, and specific records of medication administration as required by the Department; a. In residences licensed at the M2 level, if a resident refuses to provide the information cited in § 2.4.15(A)(6) of this Part, this fact shall be documented in the resident's service agreement.	S 310	ID Tag S 310 Residency Requirements 2.4.15 (A) Resident Records. As set forth by the Residency Requirement section 2.4.15 (A) Resident Records. Within the State of Rhode Island Regulations. For Resident ID#6. The Community will obtain the Physicians order for wound care and evidence of the resident's specific health problem of which S/He is receiving outside services. .For Resident ID# 6 The community will document specific health problem of which S/He is receiving outside services .	2/19/23 2/19/23

Facilities Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Rob Iaz — TITLE: Executive Director — (X6) DATE: 2/16/2023

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S 310	Continued From page 1 7. Written acknowledgments that the resident has signed and received copies of the rights as provided in R.I. Gen. Laws § 23-17.4-16; 8. Information about any specific health problems of the resident, which may be useful in a medical emergency, including diagnostic and/or therapeutic orders; 9. A record of personal property and funds which the resident has entrusted to the residence; 10. The name, address, and telephone number of a person identified by the resident who should be contacted in the event of an emergency or death of the resident and the name, address, and telephone number of the legal guardian; 11. Any other health-related emergency, or pertinent information which the resident requests the residence to keep on record; 12. A copy of the initial and periodic assessments described in § 2.4.16 of this Part; 13. A copy of the service plan and nurse review as described in § 2.4.16 of this Part; 14. A copy of the residency agreement as described in § 2.4.14(C) of this Part. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined the residence failed to maintain, at a minimum, information about any specific health problems of the resident, which may be useful in a medical emergency, including therapeutic orders for 1 of 6 sample residents	S 310	Continued from page 1 Nursing Staff will audit all residents currently receiving outside services for evidence of a Physicians order and evidence of a resident's specific health problem of which S/He is receiving outside services. All orders will be obtained and documented in the resident's record. The Community will Inservice Nursing Staff on Residency Requirement section 2.4.15 (A) Resident Records Nursing Staff will audit all new and current residents receiving outside services for evidence of a Physicians order and evidence of a resident's specific health problem of which S/He is receiving outside services. All orders will be obtained and documented in the resident's record on an ongoing basis. Resident Services Director and Executive Director will review compliance at the Quarterly Quality Assurance Meetings.	3/1/203 2/19/23 3/1/23 3/31/23

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S 310	Continued From page 2 reviewed, ID #6. Findings are as follows: Record review revealed the resident moved into the residence in October of 2021. S/he has diagnosis including Alzheimer's disease. Record review revealed the resident is receiving outside services for skilled nursing service for wound care and physical therapy services with a start date of 10/15/2022. Record review of the resident's record failed to reveal evidence of a physician's order for wound care. Additional record review failed to reveal evidence of the resident's specific health problem of which s/he is receiving outside services. During a surveyor interview on 1/31/2023 at 11:42 AM with the Residence Service Director, she acknowledged the resident's record failed to document current physician's order for wound care and failed to document specific health problem of the resident.	S 310		
S 390	Residency Requirements 2.4.16(G)(3) Resident Assessment/Service Plan 2.4.16 (G)(3) Service Plans 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. This Requirement is not met as evidenced by: Based on record review and staff interview, it has	S 390	ID Tag S 390 Residency Requirements 2.4.16 (G)(3) Resident Assessments/Service Plan As set forth by Residency Requirements 2.4.16 (G)(3) Resident Assessments/Service Plan. Within the State of Rhode Island Regulations.	

DTP 3/2/23

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S 390	Continued From page 3 been determined the residence failed to review the service plan each time a resident's condition changes significantly and failed to accurately reflect the residents are receiving outside services for 3 of 4 sample residents reviewed, ID #s 1, 4, and 6. 1. Record review revealed Resident ID #1 moved into the residence in October of 2022. S/he has diagnosis including unsteady gait. Record review revealed Resident ID #1 is receiving outside service for Physical Therapy with a start of care date of 1/5/2023. Record review of the resident's service plan dated 11/3/2022 failed to reveal evidence that the resident is receiving the above-mentioned outside service. 2. Record review revealed Resident ID #4 moved into the residence in March of 2022. S/he has diagnosis including dementia. Record review revealed Resident ID #4 is receiving outside service for Physical Therapy with a start of care date of 1/3/2023. Record review of the resident's service plan dated 11/2/2022 failed to reveal evidence that the resident is receiving the above-mentioned outside service. 3. Record review revealed Resident ID #6 moved into the residence in October of 2022. S/he has diagnosis including Alzheimer's disease. Record review revealed Resident ID #6 is receiving outside services for skilled nursing care and Physical Therapy service with a start of care	S 390	Continued from page 3 For Resident ID #1 The community will update the residents service plan that the resident is receiving outside services for Physical Therapy with a start date of 1/5/2023. For Resident ID #4 The community will update the residents service plan that the resident is receiving outside services for Physical Therapy with a start date of 1/3/2023. For Resident ID #6 The community will update the residents service plan that the resident is receiving outside services for Skilled Nursing Care and Physical Therapy with a start date of 10/15/2022. The Community will Inservice Nursing Staff on Residency Requirements 2.4.16 (G)(3) Resident Assessments/Service Plan	2/19/23 2/19/23 2/19/23 2/19/23

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S 390	Continued From page 4 date of 10/15/2022. Record review of the resident's service plan dated 7/16/2022 failed to reveal evidence that the resident is receiving the above-mentioned outside services. During an interview on 1/12/2023 at approximately 11:13 AM with the Residence Service Director, she acknowledged the above-mentioned residents are receiving outside services. She further acknowledged that the residents' service plans did not accurately reflect the outside services the residents are receiving.	S 390	Continued from page 4 Nursing Staff will audit all new and current residents receiving outside services documented in the resident's record to accurately reflect the outside services the residents are receiving on an ongoing basis. Resident Services Director and Executive Director will review compliance at the Quarterly Quality Assurance Meetings	3/1/23 3/31/23