STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01308	A. BUILDING: _____ B. WING _____	C 05/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOREST FARM ASSISTED LIVING	191 FOREST AVENUE MIDDLETOWN, RI 02842

(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 was conducted at this residence. State deficiencies were identified.	S 003	The filing of this Plan of Correction does not constitute that the deficiency alleged did in fact exist, rather this POC is filed as evidence of the facility's continuing commitment to high quality resident care in full compliance with state and federal reguations.	
S 200	Organization And Management 2.4.12(I)(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	S 200	All records have been reviewed for 100% compliance by HR. An audit tool for new hires has been reviewed to reflect and ensure all required documentation is in place prior to their annual performance review. A methodology has been devised whereby a month prior to anniversary dates, HR will provide a list of all review dates for the following month, to the appropriate department heads. An appointment will be made with the employee to complete competencies and a yearly evaluation. HR will report compliance levels during the Quality Improvement meeting quarterly.	06/02/23

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S 200	Continued From page 1 training and/or orientation; g. Documentation of at least one (1) performance evaluation at intervals not to exceed 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 ensure that personnel records shall be reviewed and updated at intervals not to exceed twelve (12) months for 1 of 5 personnel records reviewed. Findings are as follows: Record review for Staff A revealed a hire date of 3/16/2022. This employee was hired as a Certified Nursing Assistant (CNA). Additional record review failed to reveal evidence that a performance evaluation was completed. During a surveyor interview with Administrator and the Director of Nursing Services on 5/3/2023 at 11:17 AM they were unable to provide evidence that a performance evaluation was completed for Staff A.	S 200		
S 430	Residency Requirements 2.4.17(G) Reporting Requirements 2.4.17 (G) Reporting Requirements G. The residence shall maintain evidence that all	S 430		

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S 430	Continued From page 2 reportable incidents have been thoroughly investigated and that actions have been taken to prevent further incidents while the investigation is in progress. Appropriate corrective action shall be taken, as necessary. The results of said investigation shall be reported to the Department, within five (5) business days, on forms supplied by the Department. This Requirement is not met as evidenced by: Based on record review, resident, and staff interview it has been determined that the residence failed to maintain evidence that all reportable incidents have been thoroughly investigated and that actions have been taken to prevent further incidents while the investigation is in progress for 1 of 1 reportable incidents. Findings are as follows: Record review of the community reported staff-to-resident allegation submitted to the Rhode Island Department of Health on 4/20/2023 alleges in part, " ...[S/he] was being awoken for breakfast when [his/her] nurse was 'yanking [his/her] arm' out of bed in a forceful manor ... [s/he] expressed that [s/he] was in pain, and actually reported this incident to [his/her] living center ...This particular nurse is the nurse who gives [him/her] ...showers ...Since this incident ...said [s/he] has been having increased feelings of anxiety, discomfort, and insecurity." Record review of the residence policy titled, "[Residence name redacted] ABUSE POLICY," with a review date of August 2022, states in part, " ...Investigation of Suspected Resident Abuse ....1. If a ...resident or staff reports an incident of abuse ...It is to be reported to the DNS [Director of Nursing Services] or manager immediately and	S 430	State regulations and company policy & procedures were reviewed with all staff. The Administrator along with all staff were re-educated on reporting abuse and grievances. All residents were given a Safety Questionnaire with no further reported issues with abuse or grievances. Education is provided upon hire during orientation and annually at a minimum. The Grievance Form and Log were revised. Residents and staff were educated to the form, location, and appropriate designee to submit forms to. On business days the Wellness Office Staff will look for new Grievance Forms and give to the appropriate designee. Per RIDOH regulations, when required, an Assisted Living Residence Required Incident Report will be completed and submitted to RIDOH Facilities Regulation and RILTCO. All grievances will be monitored monthly X3, then quarterly thereafter and reported at the Quality Improvement meeting. All RIDOH Incident Reports will be reported at the Quality Improvement quarterly.	05/19/23

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S 430	Continued From page 3 ...initiate the following steps ...Immediate investigation into the alleged incident ...Send initial report to the Department of Public Health ...Definitions ...ABUSE: Unjustified physical contact, intentional or careless, which is likely to result in physical or psychological harm ..." Further record review failed to reveal evidence that the residence investigated this incident. During a surveyor interview with the resident on 5/2/2023 at 11:30 AM, s/he was unable to indicate indicated that the incident occurred during the morning shift regarding his/her shower. Additionally, s/he was unable to say when the incidence occurred however indicated that it was within the past two months. Furthermore, s/he was unable to recall the staff member's name but was able to say that she was not at the facility the day of this interview. Furthermore, the resident stated, "They were waking me up. The girl started pulling my arm." Additionally, the resident indicated that s/he did experience pain and discomfort and told the staff member and the "girl upstairs." Record review of the facility weekly staffing schedule dated 4/16/2023 - 4/22/2023 revealed Nursing Assistant (NA) Staff A, was scheduled to work the 7:00 AM - 3:00 PM shift on 4/16 and 4/17/2023. Record review of the facility's activities of daily living (ADL) documentation form dated 4/16 and 4/17/2023 revealed Staff A was the resident's assigned NA on the 7:00 AM - 3:00 PM shift. During a surveyor telephone interview with Staff A on 5/3/2023 at 9:07 AM she was unable to state the date of the incident however, she revealed	S 430		

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S 430	Continued From page 4 that she took the resident's hand and pulled him/her up from bed. She further indicated that the resident told her s/he did not like her doing that. She further indicated that she spoke with two other staff members about the incident. During a surveyor interview with Certified Medication Technician (CMT), Staff B, on 5/3/2023 at 9:15 AM, she revealed that she works on the 7:00 AM - 3:00 PM shift and on the day the incident occurred, Staff A told her that the resident complained that she was hurting him/her when Staff B was trying to get the resident to take a shower. During a surveyor interview with the Administrator in the presence of the DNS on 5/2/2023 at approximately 4:00 PM, the administrator revealed that the resident did tell her that Staff A grabbed him/her by the arm. She further revealed that she did not report the allegation of abuse and was unable to provide evidence that a thorough investigation was completed and that actions had been taken to prevent further incidents while the investigation was in progress.	S 430		