RI Deoartment of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDERISUPPLIER/CLIA IDENTIFICATIONNUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01521	A. BUILDING: _____ B,WING	C 10/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LOFT AT LINN ASSISTED LIVING MEMOR'	30 ALEXANDER AVE EAST PROVIDENCE, RI 02914

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYNG 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 102194, was conducted at this residence on 10/08/2025 to determine compliance with state regulations. A Deficiency was identified.	S003	The filing of this Plan of Correction (POC) does not constitute that the deficiencies 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 regulations. Completion date for optimal compliance with POC will be November 5, 2025.	
S 565	Residential Care Services 2.4.24.B.1 Medication Services 2.4.24 (B) (1) Administration of Medications 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. a. The resident or guardian must provide written authorization for the residence to provide administration of medications. 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. c. All medications must be checked against a physician's orders by a licensed nurse, or pharmacist. d. The resident must be identified prior to administration of any medication. e. The medication must be in the original pharmacy-dispensed container with proper label	s 565	**As a Plan of Correction (POC)** a) Resident ID #1 no longer resides in the facility. b) We have reviewed our current population to identify those who may be at risk for this issue identified by the survey team; all residents with MD orders, may be affected. c) Education will be completed for the Director of wellness following MD orders (See appendix A). d) Random audits will be conducted for comparing all medication against physicians orders. These audits will be conducted twice a month for two months until compliance is achieved. (See appendix B). e) The Director of Wellness is responsible for the implementation of this plan. The plan will be revised as needed to ensure compliance is achieved. The plan will be monitored, and the audits will be reviewed through the QAPI committee to review progress and ensure ongoing compliance. This process will take place for no less than 3 months; after which time our QAPI committee will determine if our level of compliance is conducive to discontinuing the formal checks. (See appendix C)	

Received
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Facilities Regulation

Facilities Regulation
LABO.RATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Administrator — 11/5/2025

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S 565	Continued From page 1 and directions attached and be administered in accordance with such label. f. Injectable medications, including but not limited to insulin, which cannot be self-administered by the resident, must be administered by a licensed nurse. 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). (1) The legal destruction of hypodermic needles, syringes or other such instruments is the responsibility of the last entitled or authorized possessor. (AA) All personnel or residents legally authorized to use disposal syringes and needles, shall destroy them after one (1) use. (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. (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. h. Individual medication records must be	S565		

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S 565	Continued From page 2 retained for each resident to whom medications are being administered and each dose administered to the resident must be properly recorded. i. Any medication administered by the residence and refused by a resident shall be documented and reported, as appropriate. 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. 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. l. All centrally stored medications shall be maintained in accordance with manufacturer's labeling and administered by authorized personnel. This Requirement is not met as evidenced by: Based on surveyor observation, record review, and staff interview, it has been determined that the residence failed to administer medication in accordance with written physician's orders for 1 o 3 residents reviewed, Resident ID #1. Findings are as follows:	S565		

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s 565	Continued From page 3 Mosby's 4th Edition, Fundamentals of Nursing, page 314 states, "The physician is responsible for directing medical treatment. Nurses are obligated to follow physician's orders unless they believe the orders are in error or would harm the clients..." Record review of a progress note dated 9/24/2025 and authored by a Nurse Practioner (NP), revealed that the resident was assessed as having a lower back blister. Further review of the progress note revealed in part, "...may apply antibac [antibacterial] oint [ointment] daily as needed and notify NP if not resolved..." Record review of the physician's orders for September 2025 failed to reveal a written order for an antibacterial ointment, per the progress note. During a surveyor interview on 10/8/2025 at approximately 11:54 AM with the Director of Nursing Services, she revealed she applied an antibacterial ointment to the lower back blister on the following days: -9/24/2025 -9/25/2025 -9/26/2025 Additionally, she acknowledged that the resident did not have a physician's order for the ointment.	S565		