RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01501	A. BUILDING: _____ B. WING _____	C 01/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHAPEL HILL	10 OLD DIAMOND HILL ROAD CUMBERLAND, RI 02864

(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. A deficiency was identified.	S 003	S 003 Chapel Hill Senior Living is filing this Plan of Correction for the purpose of regulatory Compliance. To remain in compliance with all state regulations, CH has taken and will take the actions set forth in the following plan of correction. The following plan addresses all alleged deficiencies cited and have been or will be corrected within the indicated dates.	
S 230	Organization And Management 2.4.13(A/B) Management Of Services DTP 2/10/23 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. B. The residence shall have a policy and procedure manual that is reviewed and updated by the administrator at intervals not to exceed twelve (12) months, and shall include, but not be limited to, the following items: 1. A written description of all services available to residents that shall be designed to promote the resident's efforts to maintain independence; 2. A written statement of admission criteria that shall include, at a minimum, the following information regarding the resident population: a. Nature and extent of disabling condition(s) served; and b. Restrictions (if any). (1) The statement of admission criteria shall include a statement that no otherwise qualified applicant shall be denied admission to the residence solely on the basis of race, creed, color, religion, sexual orientation, or national	S 230	S 230 An in-service was conducted on 1/25/2023 with all Med Techs and Nurses. They were informed that they are to document and notify family and physician when a resident refuses medication and/ or treatment. Refusals need to be documented and notified to both parties on every occasion. See Attached. Beginning 2/15/2023, the nurse on duty will run an "Exceptions Report" daily on the EMAR system. The nurse will follow up with any refused medications noted on the report to ensure doctor and family members are notified of any refusals of the medication and/or treatment. The report will be run daily from 2/15/2023 through 3/15/2023. Then, 3 times weekly from 3/16/2023 through 4/16/2023. Then Weekly from 4/17/2023 through 5/17/2023. See Attached. This resident's family member will be changing pharmacy to accommodate auto refills and delivery. Beginning 2/15/2023, family members will be informed of procedure when changing pharmacies to accommodate auto-refills and delivery to the facility.	

Facilities Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Lynn Aguatista — TITLE: Regional Dir of Operations — (X6) DATE: 2/15/23

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S 230	Continued From page 1 origin. 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 provide care and services in accordance with the prevailing community standards of care relative to following physician's orders for 1 of 1 sample resident reviewed, ID #1. Findings are as follows: According to Mosby's 4th Edition, Fundamentals of Nursing, page 314 states in part, "...The physician is responsible for directing medical treatment. Nurses are obligated to follow physician's orders unless they believe the orders are in error of would harm the clients..." Record review revealed the resident moved into the residence in October of 2022. S/he has diagnoses including, but not limited to, Chronic Obstructive Pulmonary Disease (COPD, a chronic inflammatory lung disease that causes obstructed airflow to the lungs), and respiratory failure. Record review revealed the resident has the following physician orders: - "Weigh resident daily in the morning, call [NP, Nurse Practitioner]...if there is a 2 # [pound] gain or loss in 24 hours or 5# gain in 1 week." - "Symbicort Budesonide-Formoterol Fumarate (a medication used to control and prevent symptoms such as wheezing and shortness of breath caused by lung disease) 80-4.5 MCG [microgram]..."	S 230		

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S 230	Continued From page 2 Record review of the Electronic Medication Administration Record (EMAR) for December failed to reveal evidence that the resident's weights were obtained on 12/3, 12/12, 12/26, and 12/31/2022. Record review of the EMAR for January 2023 failed to reveal evidence that the resident's weights were obtained on 1/1, 1/6, 1/8, 1/9, 1/10, and 1/11/2023 and failed to reveal evidence that the resident missed 7 doses of the above-mentioned medication as ordered from 1/9/2023-1/12/2023. Additional record review failed to reveal evidence that the NP was notified when the resident did not receive the above-mentioned medication as ordered, and that the resident's weights were not obtained as ordered. Record review of a continuity of care consultation and referral form dated 1/11/2023 completed by the NP during his/her visit with the provider states in part, "...Pt [patient] presented to my office today in acute CHF [congestive heart failure, a weakened heart condition that causes fluid built up] due to you not checking [his/her] weight... [s/he] is in respiratory distress." During a surveyor interview with the Residence Wellness Coordinator on 1/24/2023 at approximately 12:45 PM, she acknowledged the resident did not receive the above-mentioned medications as ordered and weights were not obtained as ordered on the above-mentioned dates due to the resident refusal. Additionally, she acknowledged the NP was not notified when the medication was not administered and when the weights were not obtained. She indicated that she would have expected the NP to have been	S 230		

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