RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01416	A. BUILDING _____ B. WING _____	11/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN VILLA ASSISTED LIVING	3579 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 biennial State Licensure survey and a complaint/incident investigation survey (DD3M11, 11/21/2025) were conducted at this residence from 11/20/2025 through 11/25/2025. Deficiencies were identified relative to the State Licensure survey.	S 003	Received DEC 10 2025 Facilities Regulation	
S 170	Organization And Management 2.4.13.A Administrative Management 2.4.13-(A) Administrative Management A. All licensees shall provide staffing which is sufficient to provide the necessary care and services to attain or maintain the highest practicable physical, mental and psychosocial well-being of the residents, according to the appropriate level of licensing. At least one (1) staff person who has completed employee training as outlined in § 2.4.12(G) of this Part shall be on the premises at all times. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined the facility failed to provide staffing which is sufficient to provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of the residents, relative to personal care provided by Staff A and B. Findings are as follows: Review of the Nursing Assistants, Medication Aides, and the Approval of Nursing Assistant and Medication Aide Training Programs	S 170	Effective Resident personal care to be done by Med Tech/CNA only As of Dec 8, 2025 3 New Dept of Health RI licensed CNA's were hired + are starting immediately. STAFF A licence in RI valid as of Dec 9, 2025 STAFF B pending final test JAN 7, 2026 or sooner. (Update) RI licence pending As of Dec 9, 2025 a total of 4 CNA to or original & Med Tech/CNA one (1) Med Tech/CNA activity director are staff 12 CNA total 12/8/25	Nov 25, 2025 12/8/25 12/9/25 to organ

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

Administrator — Dec 9, 2025

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S 170	Continued From page 1 (216-RICR-40-05-22) regulations under Section 22.4 "Levels of Nursing Assistants," states in part, "...1. Nursing Assistant. A nursing assistant is a paraprofessional trained to provide personal care and related health care and assistance to individuals...and who are residents of or receiving services from health care facilities or agencies licensed by the State, and holds a license as a nursing assistant issued by the Department..." Further review of the regulations under Section 22.5 "General Requirements: Nursing Assistants and Medication Aides" states in part, "...A. No person shall be employed in this State as a nursing assistant or medication aide unless he or she holds a license as a nursing assistant in accordance with the provisions of the Act and this Part..." Review of a job description titled, "PCA" (Personal Care Assistant) states in part, "...Essential Job Responsibilities...7. Assist residents with activities of daily living, including bathing, dressing, eating, toileting, hygiene and mobility..." Review of a job description titled, "PCA/CNA (Certified Nursing Assistant)" states in part, "...Help Residents with ADLs (Activities of Daily Living) according to care plan...Assist with AM and PM care for residents who need it..." Review of a facility staff list indicated PCA/CNA, Staff A, was hired on 07/10/2025. The list further indicated PCA, Staff B, was hired on 01/10/2021. During a surveyor interview with Staff A on 11/21/2025 at 4:22 PM, she revealed she assists residents with dressing and showers.	S 170 12/18/25	We believe this will be adequate coverage for ADL's for our Residents. Remaining 3 aides without license are devoted to dietary, housekeeping, + laundry till completion of class + valid DOH license 3- aides let go of their position. Going forward only CNA's with a current valid license with RI DOH will be hired by admin for position to do ADL's. : "pending CNA's" or potential hire" in a CNA class" will NOT be interviewed or hired for this position. All current licenses are monitored yearly + as needed for expiration to ensure active licenses.	12/8/25 12/8/25 + ongoing ongoing

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S 170	Continued From page 2 During a surveyor interview with Staff B on 11/24/2025 at 9:41 AM, she revealed she assists residents with dressing and showers. During surveyor interviews with 2 residents, they indicated that they both receive assistance with bathing. These residents could be assigned to Staff A and Staff B for personal care. During a surveyor interview with the Administrator on 11/24/2025 at approximately 11:00 AM, she acknowledged Staff A and B do not hold an active Rhode Island CNA license and provide personal care to residents as needed.	S 170	Administrator read new + old regulations regarding ALF, CNA, med tech + reassociated herself with what is regulatory	12-20-25, 2025
S 180	Organization And Management 2.4.13.C Administrative Management 2.4.13 (C)(1-5) Administrative Management C. Pursuant to R.I. Gen. Laws §§ 23-17.4-15.1.1 and 23-17.4-15.2, each assisted living residence shall have an administrator who is licensed by the Department in accordance with Regulations established pursuant to R.I. Gen. Laws § 23-17.4-21.1, in charge of the maintenance and operation of the residence and the services to the residents. The name and contact information for the current administrator shall be displayed in a conspicuous public area of the residence. The administrator is responsible for the safe and proper operation of the residence at all times by competent and appropriate employee(s) and shall be responsible for no less than the following: 1. The management and operation of the residence and services to the residents; 2. Compliance with federal, state, and local	S 180		

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S 180	Continued From page 3 laws and Rules and Regulations pertaining to, but not limited to: the management and operation of assisted living residences, fire, safety, zoning, building codes, sanitation, food service, communicable and reportable diseases, Americans with Disabilities Act, employee health and safety, other relevant health and safety requirements, and these Regulations. 3. Staffing the residence with adequate and qualified personnel to attend to the food preparation, general housekeeping, assistance with personal care, medication administration, if applicable, and other such services; 4. Establishment of written policies and procedures governing the operation of the residence which are aimed, to the extent possible, at maintaining the independence of residents. Such policies shall include provisions to implement no less than the following: a. The appropriate provisions of § 2.4.18 of this Part and other applicable provisions pertaining to admission, transfer, discharge, visitation privileges, availability and utilization of community resources, leisure time and such other; b. Accountability of the residence when acting as a fiduciary agent for the resident pursuant to § 2.4.18 of this Part; c. Notification of next of kin or other responsible person designated by the resident in the event of illness, accident or death; and d. Such other provisions as may be deemed appropriate.	S 180		

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S 180	Continued From page 4 5. Compliance with all requirements appropriate to the service level for which the residence is licensed. This Requirement is not met as evidenced by: Based on surveyor observation and staff interview, it has been determined the residence failed to display a posting of the name and contact information for the current administrator in a conspicuous public area of the residence. Findings are as follows: Surveyor observations on 11/20/2025 at approximately 10:00 AM failed to reveal a posting of the name and contact information for the current administrator in a conspicuous location. During a surveyor interview on 11/20/2025 at approximately 10:49 AM with the Administrator, she acknowledged the name and contact information for her was not posted, as required.	S 180	Posting was replaced, laminated, and secured to wall in hallway of 1st + second floor at current events board by 12noon on 11/22/25 2 frames are purchased to encase posting + affix to wall with secure screw fastener to ensure Resident/staff/ or visitor does not take it off of the wall for their own use. This was evident by visual inspection that 2 of the 4 pages were still present Maintenance personnel will ensure it is not removed by observation during his physical plant rounds. Administrator reread regulations regarding posting requirement	11/20/25 12/1/25 organ 11/22/25 organ
S 250	Organization And Management 2.4.14.A Management Of Services 2.4.14 (A) 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	~~S 250~~ S180		

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S 250	Continued From page 5 services to all residents in accordance with the prevailing communi ty standard of care. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined the residence failed to provide care and services in accordance with the prevailing community standard of care relative to following physicians' orders for 3 of 3 residents reviewed for self-administration of medication, Resident ID #s 1, 2, and 3. Findings are as follows: 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." During a surveyor interview with Certified Medication Technician (CMT), Staff C, on 11/20/2025 at approximately 1:00 PM, she revealed the following residents self-administer medications. 1) Record review revealed ID #1 was admitted to the residence in July of 2023 with a diagnosis including, but not limited to, lymphedema. Record review revealed ID #1's comprehensive assessment, dated 09/01/2025, revealed the resident has the cognitive ability to self-administer his/her (Cyanocobalamin) vitamin B12 injection. Record review of the resident's physician's orders failed to reveal an order to self-administer his/her Cyanocobalamin.	S 250	Many Residents have some Doctor. Doctor visit was conducted on Dec 8, 2025. All physician self administer orders were signed on that date or before. 12/8/25 - Dec 8, 2025 All remaining orders have been or are awaiting their arrival by misc physicians with a date of 12/8/25 to be completed. 12/8/25 - Dec 2025 Colored plastic sheet protectors were purchased to put all self admin orders in their charts for ease of finding them for any reason + so they do not get accidentally depleted into their ok records + records room 12/19/2025 - ongoing

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S 250	Continued From page 6 During a surveyor interview with the Director of Nursing (DON) on 11/24/2025 at approximately 8:30 AM, she was unable to provide evidence of a physician's order for the resident to self-administer the above medication. 2) Record review revealed ID #2 was admitted to the residence in April of 2024 with diagnoses including, but not limited to: Type 2 diabetes mellitus, chronic obstructive pulmonary disease (COPD), and asthma. Record review revealed ID #2's comprehensive assessment, dated 04/25/2025, revealed the resident does not have the cognitive ability to self-administer. Further review reveals a self-administration evaluation form, dated 4/25/2024, revealing the resident self-administers his/her Albuterol and Brovana inhalers and oxygen. The record further failed to reveal a physician's order for the resident to self-administer his/her Albuterol and Brovana inhalers and oxygen. During a surveyor interview with the Director of Nursing (DON) on 11/24/2025 at approximately 8:30 AM, she was unable to provide evidence of a physician's order for the resident to self-administer the above medications. She also acknowledged the comprehensive assessment did not accurately reflect the resident's cognition. 3) Record review revealed ID #3 was admitted to the residence in October of 2024 with a diagnosis including, but not limited to, COPD. Record review revealed ID #3's comprehensive assessment, dated 10/04/2025, revealed the	S 250	All charts were audited by RN by 11/25/25 to log which Residents charts were not compliant RN retrained on policy + regulation regarding self administered medication + documentation RN will audit + review med list for any new Resident, any change in meds, any change in cognition to self administer for any current Resident or any other change for use of self administer RN will get physician order upon admission or existing Resident with	11/25/25 11/20-25, 2025 11/25/25-ongoing

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S 250	Continued From page 7 resident does not have the cognitive ability to self-administer his/her medications. Further review revealed a self-administration evaluation form, dated 10/04/2024, revealing the resident self-administers his/her Budesonide inhaler and oxygen. The record further failed to reveal a physician's order for the resident to self-administer his/her Budesonide inhaler and oxygen. During a surveyor interview with the Director of Nursing (DON) on 11/24/2025 at approximately 8:30 AM, she was unable to provide evidence of a physician's order for the resident to self-administer the above medications. She also acknowledged the comprehensive assessment did not accurately reflect the resident's cognition.	S 250	new order that would need self administer. RN will audit yearly or as needed if early for any changes to see competency and need. RN will audit all 48 charts to reflect their needs are met + are accurate to reflect in Appendix C, comprehensive + service plan along with cognitive levels to do so. * would have been completed but RN on vacation from Dec 3 - Dec 10, 2025 Administrator to review Appendix C, serv. plan, + comprehensive assessment during admission + spot checks + when needed	11/25-30 ongoing 12/19/25
S 385	Residency Requirements 2.4.17.C Resident Assessment/Service Plans 2.4.17 (C) Resident Assessment and Service Plans C. The Department-approved assessment form, or such other assessment form as approved by the Department, shall be utilized in completing the assessment on each resident who is admitted to the residence. (Approved Department form is available for downloading online at http://health.ri.gov/forms/assessment/AssistedLivingResident.pdf). 1. Assisted living residences not intending to use the Department ' s assessment form shall submit their proposed assessment forms with a cover letter of intent to the Center for Health Facilities Regulation as specified in §2.4.6(A) of	S 385		

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S 385	Continued From page 8 this Part. 2. All assessment forms shall report information appropriate to determine compatibility and compliance with the residency criteria, and shall indicate that the resident ' s needs can be met by the assisted living residence within its licensure level, and shall gather information appropriate for the development of an individualized service plan. a. The assessment form shall be designed to demonstrate compliance with the assisted living residence ' s criteria for residency. b. The assessment form shall also be designed to demonstrate that the assisted living residence can meet the resident's needs and preferences. 3. The assessment form shall also be designed to provide information appropriate for the development of an individualized service plan in accordance with § 2.4.16(G)(1) of this Part. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined that the residence failed to accurately reflect the resident's needs and abilities on the comprehensive assessment for two of three sample residents reviewed for self-administration of medication, Resident ID #s 2 and 3. Findings are as follows: During a surveyor interview with Certified Medication Technician (CMT), Staff C, on	S 385	RN retraining on proper documentation for assessment, Appendix C service plans or any other comprehensive assessment to accurately reflect the needs + capability of each Resident. RN trained that any changes must reflect + match all paperwork + level of need, and ability RN will audit all MAR charts to make sure all are documented correctly by 12/19/25 * RN was on vacation Dec 3 - Dec 10, 2025 Administrator has devised a check-off list for RN to complete + will review upon completion.	11/25/25 11/25/25 12/19/25 12/19/25

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S 385	Continued From page 9 11/20/2025 at approximately 1:00 PM, she revealed the following residents self-administer their medications. 1) Record review revealed ID #2 was admitted to the residence in April of 2024 with diagnoses including, but not limited to: Type 2 diabetes mellitus, chronic obstructive pulmonary disease (COPD), and asthma. Record review revealed ID #2's self-administration medication evaluation, dated 04/25/2024, reveals the resident self-administers his/her Albuterol and Brovana inhalers and oxygen. Record review revealed ID #2's comprehensive assessment, dated 04/25/2025, indicates the resident does not have the cognitive ability to self-administer. Additionally, the assessment indicates the resident has glucose monitoring, no physician's order for glucose monitoring noted. During a surveyor interview with the Administrator on 11/25/2025 at approximately 11:15 AM, she was unable to provide evidence that the comprehensive assessment accurately reflected the resident's ability to self-administer his/her above-mentioned medications and glucose monitoring. 2) Record review revealed ID #3 was admitted to the residence in October of 2024 with a diagnosis including, but not limited to, COPD. Record review revealed ID #3's self-administration medication evaluation, dated 10/04/2024, revealed the resident self-administers his/her oxygen and Budesonide inhaler.	S 385	Administrator checklist for self administration, Appendix C, Service Plan, comprehensive assessment for all 48 Resident for need, ability, cognition to match & be accurate. RN to complete. RN reminded to take her time documenting for accuracy.	12/20/25 12/20/25

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S 385	Continued From page 10 Record review revealed ID #3's comprehensive assessment, dated 10/04/2025, indicates the resident does not have the cognitive ability to self-administer his/her medications. During a surveyor interview on 11/25/2025 at approximately 11:15 AM with the Administrator, she was unable to provide evidence that the comprehensive assessment accurately reflected the resident's ability to self-administer his/her above-mentioned medications.	S 385		
S 415	Residency Requirements 2.4.17.G.3 Resident Assessment/Service Plan 2.4.17 (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 been determined the residence failed to accurately record services and interventions required for two of three sample residents reviewed for medication administration, Resident ID #s 1 and 2. Findings are as follows: During a surveyor interview with Certified Medication Technician (CMT), Staff C, on 11/20/2025 at approximately 1:00 PM, she revealed the following residents self-administer their medications.	S 415		

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S 415	Continued From page 11 1) Record review revealed ID #1 was admitted to the residence in July of 2023 with a diagnosis including, but not limited to, lymphedema. Record review revealed ID #1's comprehensive assessment, dated 09/01/2025, revealed the resident has the cognitive ability to self-administer his/her (Cyanocobalamin) vitamin B12 injection. Record review of ID #1's service plan, updated 08/08/2025, revealed the resident does not self-administer medications, indicating the service plan is inaccurate. During a surveyor interview with the Administrator on 11/25/2025 at approximately 11:15 AM, she was unable to provide evidence that the service plan accurately reflected that the resident self-administers his/her vitamin B12 injections. 2) Record review revealed ID #2 was admitted to the residence in April of 2024 with diagnoses including, but not limited to: Type 2 diabetes mellitus, chronic obstructive pulmonary disease (COPD), and asthma. Record review revealed ID #2's self-administration medication evaluation, dated 04/25/2024, revealed the resident self-administers his/her Albuterol and Brovana inhalers and oxygen. Record review of ID #2's service plan, updated on 08/01/2025, failed to reveal the resident self-administers his/her inhalers and oxygen. Additionally, the service plan revealed the resident does not self-administer his/her medications, indicating the service plan is inaccurate.	S 415	RN retrained on proper documentation for assessment, Appendix C, service plans or any other comprehensive assessment to accurately reflect the needs + ability of each Resident RN retrained that all plans must reflect + match all other with level of resident ability RN will audit all 4 of charts to make sure all are documented correctly by 12/19/25 RN on vacation from Dec 2-10, 2025 Administrator has devised a check off list for RN to complete + will review upon completion.	11/30/25 12/19/25 12/19/25

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S 415	Continued From page 12 During a surveyor interview with the Administrator on 11/25/2025 at approximately 11:15 AM, she was unable to provide evidence that the service plan accurately reflected that the resident self-administers his/her inhalers and oxygen.	S 415	2/N reminded to take resting for accuracy	Nov 2025
S 560	Residential Care Services 2.4.23.C Dietetic Services 2.4.23 (C) Dietetic Services C. The food service in each residence shall comply with the appropriate requirements of R.I. Gen. Laws Chapters 21-27 and 21-31, Part 50-10-1 of this Title, Rhode Island Food Code, and such other applicable statutory or regulatory provisions. This Requirement is not met as evidenced by: Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to comply with all appropriate standards of the Rhode Island Food Code relative to the main kitchen. Findings are as follows: 1. A) Record review of the 2022 Food Code published by the U.S. Food and Drug Administration Section 4-601.11 (C) states in part,"...non-contact surfaces of equipment shall be free of an accumulation of...other debris..." B) Record review of the 2022 Food Code published by the U.S. Food and Drug Administration Section 4-901.11 Equipment and Utensils, Air Drying Required states in part,	S 560	Retraining on or on with all cooks + cook manager on proper cleaning protocol with Administrator demonstration Retraining on deep clean list as well as daily duties Maintenance changed fan cleaning from once a month to every 2 weeks with documentation New trash can with lid installed with staff direction + instructions	Nov 2025 Nov 2025 11/24/25

RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01416	A. BUILDING: _____ B. WING _____	11/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S 560	Continued From page 13 "...After cleaning and Sanitizing, Equipment and Utensils: (A) Shall be air-dried..." C) Record review of the 2022 Food Code published by the U.S. Food and Drug Administration Section 5-501.113 states in part, "...Receptacles and waste handling units for Refuse, recyclables, and returnable shall be kept covered:(A) Inside the Food Establishment if the receptacles and units:(1) Contain food residue and are not in continuous use..." During a surveyor observation on 11/20/2025 at 8:34 AM of the main kitchen the following was revealed: - utility cart in use, the bottom not clean containing onion skins and sticky scattered sugar granules. - wall fan with an accumulation of dust, blowing in the direction of the food preparation area. - 3 large clean pans stored underneath a cabinet with debris. - can opener with black matter stuck to the blade. - in the reach-in refrigerator there was dried sticky substance on the bottom shelf. - 20 coffee mugs, stored wet. - 16 juice cups, stored wet. - the trash container was not covered, when not in use. During a surveyor interview following the above observations Cook, Staff D, acknowledged the	S 560	Extra blade for can opener with specific instruction for cleaning to all cooks Dishwasher contractor called to assess dish machine. Adjusted drying agent to correct level to ensure drying of dishes in a more timely manner before storing. All items that needed cleaning were cleaned immediately Cook manager retrained on importance of overseeing all staff on requirements and regulations per Dept of Health & following through where needed	11/20-25 2025 11/25/25 11-20-11-25 2025 11-20-25 2025

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S 560	Continued From page 14 following items needed cleaning, the utility cart, the area where the clean pans were stored, the can opener blade, the freezer bottom shelf, and the wall fan. She further acknowledged the trash container was not covered and did not have a cover for it, and the coffee mugs and the juice cups were stored wet. 2. A) Record review of the Rhode Island Food Code 2022 edition, Section 3-602.11 Food Labels, states in part,"...(B) Label information shall include: (1) The common name of the food..." B) Record review of the Rhode Island Food Code 2022 edition, Section 3-205.15 Package Integrity, states in part, "FOOD packages shall be in good condition and protect the integrity of the contents so that the FOOD is not exposed to ADULTERATION or potential contaminants..." Following the observations in the kitchen, this surveyor went to the basement to observe the dry storage area and additional reach-in freezers. The following was revealed in the dry storage area: - 4 clear plastic bags, which looked like breadcrumbs, without a label or date. - one, 16 oz (ounce) dented can of brown raisin bread. - three, 108 oz dented cans of chili with beans. - one, 108 oz dented can of dark red kidney beans. - one, 105 oz dented can of Italian spaghetti sauce.	S 560	Cook manager also retrained on her oversight with duties + documentation by herself + other cooks Text memo also sent to all staff about survey results + will go over at next meeting All plastic bags dated + labeled All dented cans returned to food vendor + thrown out immediately. All food inspected for dates or dents + thrown away immediately if needed	11-20-11/25/2025 11/25/25 11/25/25

12/8/25

RI Department of Health

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S 560	Continued From page 15 - one, 106 oz dented can of solid pack pumpkin. - one, 108 oz dented can of rice pudding. - seven sticky bags of Kool-Aid Twists. - one, 16 oz opened box of medium shells. The following was observed in Reach-In Freezer #1: - meats with freezer burn, no room for air circulation. - bottom 2 shelves with brown sticky matter. The following was observed in Reach-in Freezer #4: - bottom shelf pull out drawer, the top rim with pieces of food. During a surveyor interview with the Administrator on 11/20/2025 at approximately 12:00 PM, she acknowledged the above cans were dented, the meats in Freezer #1 had freezer burn and the bottom 2 shelves had brown sticky matter. She further could not provide evidence that Freezer #4's bottom shelf was kept clean.	S 560	foodstuffs rearranged immediately for more flow. Reminded food managers if reasons holiday to make sure freezers are less full prior to order. All freezers + refrigerators cleaned from crumbs, stickyness etc Any freezer burnt food was discarded. Any Spoiled food discarded Administrator educated kessel + other cooks + cook manager on dented cans + the process of rejecting or returning the items.	11/20/25 11/20/25 11/20/25
S 635	Residential Care Services 2.4.26.A.3.C Medication Services 2.4.26 (A) (3) (C) Medication Services c. For the first three (3) months of employment, a licensed nurse designated by the health care facility, adult day care program, or assisted living	S560 ~~S 635~~		

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S 635	Continued From page 16 residence, as appropriate, shall conduct and document monthly evaluations (in accordance with the evaluation checklist on the Department website) of a medication aide who administers medication. After the first three (3) months, the evaluation shall be conducted no less than quarterly. Copies of said evaluations shall be placed in the medication aides' personnel records. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined the residence failed to have a physician or nurse supervisor conduct and document evaluations of the Certified Medication Technicians (CMTs) who are administering drugs, and place a copy in the employee's personnel record, for 3 of 3 CMTs reviewed, Staff E, F, and G. Findings are as follows: 1. Record review revealed Staff E was hired in February of 2024, as a Certified Medication Technician (CMT). Record review failed to reveal evidence that a monthly evaluation was conducted in March and April of 2024, after the initial evaluation on 02/28/2024. 2. Record review revealed Staff F was hired in May of 2025, as a CMT. Record review failed to reveal evidence that a monthly evaluation was conducted in July and	S 635	RN + Administrator retraining on assessments of all Med Techs. Upon hire any new med tech will have the First 3 months of evaluations prefilled with name + date only + given to RN as a reminder to make sure they are completed at the time needed + then going forward every 3 months. When completed they will go in personnel file. Audit of all med techs done + none needed at this time	11/25/25 11/25/25

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S 635	Continued From page 17 August of 2025, after the initial evaluation on 06/19/2025. 3. Record review revealed Staff G was hired in October of 2024, as a CMT. Record review failed to reveal evidence that a monthly evaluation was conducted in November and December of 2024, after the initial evaluation on 10/24/2024. During an interview with the Administrator on 11/25/2025 at approximately 11:00 AM, she could not provide evidence that the above-mentioned staff had their monthly CMT evaluations conducted, documented, and put in the personnel records, as required.	S 635		
S 640	Residential Care Services 2.4.26.B.1 Medication Services 2.4.26 (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	S 640		

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S 640	Continued From page 18 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 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 Part 20-15-6 of this Title, Hypodermic Needles, Syringes, and Other Such Instruments. (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	S 640		

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S 640	Continued From page 19 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 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 § 2.4.25(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.	S 640		

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S 640	Continued From page 20 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 ensure that medications shall be stored securely and in such a manner to prevent spoilage, dosage errors, administration errors, and/or inappropriate access for the singular medication cart and the overflow cart observed. Findings are as follows: 1. During a surveyor observation of the medication cart on 11/20/2025 at approximately 1:00 PM, the medication cart revealed the following: - a bottle of Acetaminophen 500 mg (milligram) tablets, discard after 09/23/25. - a bottle of Complete multivitamins adult 50 plus, no direction for use, as required. - a bottle of Collagen 1000 mg tablets, no direction for use, as required. 2. A surveyor observation of the overflow cart revealed the following: - a tube of Zinc Oxide paste, no label or direction for use, as required. Following the above observations at approximately 1:30 PM, Certified Medication Technician (CMT), Staff C, acknowledged the Acetaminophen bottle should have been discarded, and that the multivitamins and the Collagen tablets did not have directions for use.	S 640	Both a retrained as to med audits done monthly or as needed if prn, asst attention to expiration dates directions for use + labels. Audit + all other medications completed All meds in question were discarded. if expired or/and proper labels + direction of use necessary. Requested med sheet be printed out + highlighted to match meds + regulatory requirements as needed Reminded even if just over the counter supplements will still need to follow regulation.	11/24/25 11/25/25 11/25/25

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S 640	Continued From page 21 She further acknowledged the tube of Zinc Oxide did not have a label or direction for use. During a surveyor interview with the Administrator on 11/21/2025 at approximately 2:00 PM, she was unable to provide evidence the above-mentioned medications were stored securely and in such a manner to prevent spoilage, dosage errors, administration errors, and /or inappropriate access, as required.	S 640	Plastic bin purchased + earmarked for RN to put all meds in for Resident monthly audit one at a time while doing individual audit to match to med sheet & check labels + expiration 12/8/25 11/25/25	

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S 003	Initial Comments An unannounced complaint/incident investigation survey, ACTS reference numbers 102435, was conducted at this residence on 11/20/2025 through 11/25/2025 to determine compliance with state regulations. No deficiencies were identified.	S 003		

acilities Regulation

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: Dec 9, 2025