PRINTED: 07/21/2023
FORM APPROVED

RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01502	A. BUILDING: _____ B. WING _____	C 07/19/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SMITHFIELD WOODS	171 PLEASANT VIEW AVENUE SMITHFIELD, RI 02917

(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 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 and directions attached and be administered in accordance with such label.	S 565		

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AUG 23 2023
FACILITIES REGULATION

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AUG 23

Facilities Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: ALRA — (X6) DATE: 8/4/23

STATE FORM 9IBQ1 If continuation sheet 1 of 5

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S 565	Continued From page 1 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 retained for each resident to whom medications are being administered and each dose	S 565		8/25/23

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S 565	Continued From page 2 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 record review and staff interview, it has been determined that the residence failed to ensure that medications shall be stored in such a manner to prevent administration errors and/or inappropriate access for the singular resident reviewed for medications, ID #1. Findings are as follows: Record review of the residence's policy titled: "Medication Program" states in part, "...when a resident's medication is...discontinued...will be recorded on a medication returned for destruction	S 565		

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S 565	Continued From page 3 form and returned to the pharmacy (if permitted) or disposed per the community's disposal procedure as soon as practical..." Record review revealed the resident had a physician's order initiated on 4/6/2023 for Tramadol 50 mg (milligram), ½ tablet TID (three times a day) PRN (as needed). Additional record review revealed the physician's order for the Tramadol 50 mg ½ tablet TID PRN was discontinued on 5/3/2023. Record review of the narcotic log page 16, revealed the above-mentioned medication was signed off by the staff on the following dates, indicating the medication remained available in the medication cart: -5/3/2023 45.5 tablets on hand of Tramadol upon discontinuation -5/9/2023 44 tablets on hand of Tramadol The record failed to reveal the medication was administered between 5/3/2023 and 5/9/2023, indicating an error in the available count. Additionally, the medication remained available to be dispensed from 5/4/2023 through 5/11/2023. Record review revealed the physician's order for Tramadol was reinstated on 5/12/2023. Further record review failed to reveal evidence that the Tramadol was disposed of after it was discontinued on 5/3/2023 per the residence's policy. During a surveyor interview on 7/19/2023 at approximately 2:40 PM, the Regional Nurse was unable to provide evidence the Tramadol was	S 565	All discontinued medications were removed at time of incident. Education conducted on 5/10/23 (time of incident) that count must be conducted every shift with another associate. In-service to be held 8/16 & 8/17/23 to re-educate associates on medication destruction policy and appropriate medications on count.	

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S 565	Continued From page 4 destroyed after it was discontinue as indicated in their policy.	S 565	Following 8/17/23 in-service, all residents with schedule IV & V medications will have their orders clarified to ensure no assessment is necessary and will be removed from count. An audit of the narcotic book will be conducted weekly x4 weeks, then monthly x6 months. Findings will be reviewed in QA. An audit of schedule IV and V orders will be conducted weekly x4 weeks, then monthly x6 months. Findings will be reviewed in QA.	