RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01495	A. BUILDING: _____ B. WING _____	C 02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALL AMERICAN ASSISTED LIVING	55 TOLL GATE FARM ROAD WARWICK, RI 02886

(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, ACTS reference numbers 99285, 99078, 99356, and 99357, was conducted at this residence on 02/05/2025 to determine compliance with state regulations. Deficiencies were identified.	S 003	Received FEB 2 2 2025 Facilities Regulation	
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;	S 200	S200 Employee Records All employee personal records will be reconciled and audited. The audit will ensure that all items required under state reg. S200. Staff A file has been reconciled and corrected to reflect the annual employee review. To prevent this from recurring: All employees charts will be correct to reflect all employee have an annual assessment/ review Date of completion is 5/1/25.	

Facilities Regulation

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

Elizabeth Lamb — Executive Director — 2/22/25

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S 200	Continued From page 1 f. Documentation of attendance at in-service 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 were reviewed and updated at intervals not to exceed twelve (12) months for 1 of 3 personnel records reviewed, Staff A. Findings are as follows: Record review of Staff A revealed a hire date of 9/14/2023; this employee was hired as a Certified Nursing Assistant (CNA). Additional record review failed to reveal evidence that a performance evaluation was completed in 2024. During a surveyor interview with the Administrator on 2/5/2025 at 10:45 AM, she acknowledged that a performance evaluation was not completed for Staff A.	S 200		

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S 380	Continued From page 2	S 380		
S 380	Residency Requirements 2.4.16.G.1 Resident Assessment/Service Plan 2.4.16 (G) (1) Service Plans 1. Within a reasonable time after move-in, not to exceed seven (7) days, the Administrator shall be responsible for the development of a written service plan based on the initial assessment. The service plan shall include at least: a. The services and interventions needed, including all services provided by outside healthcare agencies (e.g., home nursing care, hospice); b. Description, frequency, duration relating to the service or intervention, including personal assistance, medication, special diets, recreational activities, and other similar services rendered; c. Party responsible for arranging and/or providing the service; and d. The resident's requested and/or therapeutically needed recreational and social activities. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined that the residence failed to document a description of the services and interventions needed on the service plan for two of four residents reviewed relative to behaviors, ID #s 1 and 3. Findings are as follows:	S 380	S380 Service Plans Resident # 1 chart will be reconciled and corrected to reflect close proximity to other residents and intrusive behaviors. Service plan will have appropriate intervention related to the behavior. Resident #3 chart will be recoiled and corrected to reflect disruptive and assaultive behaviors towards staff during care/ Service plan will reflect the appropriate intervention to relate the behavior. Every new resident will have a completed service plan complete on or 6 days after as needed. Any behavior noted on the physicians clearance form, nurse notes and resident assessment will be reflected in the resident service plan. Anytime there is an update to the resident assessment service plan will be updated, signed by RN and Ed and resident or POA. Targeted completion: 6/1/25 2/24/25	

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S 380	Continued From page 3 1) Resident ID #1 was admitted in April of 2024 with a diagnosis that includes, but is not limited to, Alzheimer's disease. Record review of his/her service plan failed to reveal behaviors and interventions for speaking in close proximity to other residents, being intrusive, resulting in resident-to-resident altercations. 2) Record review revealed Resident ID #3 was admitted in September of 2024 with a diagnosis that includes, but is not limited to, PTSD (Post Traumatic Stress Disorder). Record review of his/her service plan failed to reveal behaviors and interventions for disruptive and assaultive behaviors towards staff during care. During a surveyor interview on 2/5/2024 at 1:00 PM with the Director of Wellness, she revealed the service plans had not been update related to behaviors and appropriate interventions.	S 380	S430 Residency Requirement Director and wellness nurses will be inservicedon submision of required incident reports. Assisted Living residence five (5) day investigation report.	
S 430	Residency Requirements 2.4.17.G Reporting Requirements 2.4.17 (G) Reporting Requirements G. The residence shall 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. 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.	S 430	Resident care director to implent state reportable IR to ensure timley five day investigation are submitted. Laste submission of 5 day investigation report have been file for resident ID # 1 and resident ID #2 All incidents that are required to be report to the department will be sent over. Targeted completion date: 5/30/25	

2/24/25

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S 430	Continued From page 4 This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined the residence failed to maintain evidence that all reportable incidents have been thoroughly investigated; actions have been taken to prevent further incidents while the investigation is in progress; corrective actions were taken, as necessary; and the results of said investigation were reported to the Rhode Island Department of Health (RIDOH), within five (5) business days, on forms supplied by the RIDOH for 2 of 4 reportable incidents. Findings are as follows: Record review revealed reportable incidents requiring an "Assisted Living Residence - Five (5) Day Investigation Report" were filed on the following dates: -1/23/2025 Resident ID #1 had a resident-to-resident altercation and the 5-day internal investigation was not submitted to RIDOH until 2/5/2025. -1/28/2025 An unknown perpetrator had a resident-to-resident altercation with Resident #2 and the 5-day internal investigation was not submitted to RIDOH until 2/5/2025. The residence failed to provide results of said investigations to the RIDOH, within five (5) business days, on forms supplied by the RIDOH. During a surveyor interview on 2/5/2025 at 10:45 AM, the Administrator acknowledged "Assisted Living Residence - Five (5) Day Investigation Report" forms were not sent to RIDOH for the	S 430		

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S 430	Continued From page 5 above incidents within 5 days of the alleged incidents occurring.	S 430		