RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01493	A. BUILDING: _____ B. WING _____	01/05/2023

RECEIVED
JAN 26 2022
FACILITIES REGULATION

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMONWEALTH HOUSE	655 COMMONWEALTH AVENUE WARWICK, RI 02886

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S 003	Initial Comments An unannounced biennial State Licensure survey was conducted at this residence. Deficiencies were identified relative to the State Licensure survey. census on date of survey: 8	S 003	**S 003** **This plan of correction constitutes a written allegation of non-compliance for deficiencies cited. However, submission of this plan of correction is not an admission that a deficiency exists or was cited correctly. This plan of correction is submitted to meet requirements established by state and federal laws.**	
S 050 DTP 2/7/23	Licensure Requirements 2.4.2 Levels of Licensure 2.4.2 Levels of Licensure A. An assisted living residence shall only admit and retain residents according to the level of licensure for which the residence has been licensed. A residence may have areas which are licensed separately. 1. Fire Code Classifications a. Level F1 licensure: for residents who are not capable of self preservation. This level requires a more stringent Life Safety Code, as defined in § 2.3(A)(21) of this Part; or b. Level F2 licensure: for residents who are capable of self-preservation. 2. Medication Classifications a. Level M1 licensure: for one (1) or more residents who require central storage and/or administration of medications; or b. Level M2 licensure: for residents who require assistance (as elaborated in § 2.4.24(A)(3)(a) of this Part) with self-administration of medications; 3. Dementia Care This category of licensure shall be required when one (1) or more resident's dementia symptoms impact their ability to function as demonstrated by any of the following: a. Safety concerns due to elopement risk or other behaviors;	S 050	**S050 Licensure Requirements Levels of Licensure** **2.4.2 Limited Health Care Services** **Residents ID #1, #2, #3; Received would care treatment under the care of Skilled Nursing Services via Concord Home Care.** **The orders for treatment of all residents were obtained by the PCP to Concord Skilled Nursing Services.** **ID#1 Has documented services in her Services Book by Concord Nursing Services.** **Dates noted of care regarding these wounds were to provide safe skin care first aid where he Concord SN dressing were in Ill repair and might create a venue for increased damage to the area.** **To address the alleged improprieties noted in the deficiency citations; Commonwealth House will henceforth notify any family whose has a resident with skin issues which require SN of the following;**	**1/5/23 Ongoing**

Facilities Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 1/25/23

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S 050	Continued From page 1 b. Inappropriate social behaviors that adversely impact the rights of others; c. Inability to self-preserve due to dementia; d. A physician's recommendation that the resident needs dementia support consistent with this level; or if the residence advertises or represents special dementia services or if the residence segregates residents with dementia. In addition to the requirements for the basic license, licensing requirements for the "dementia care" level shall include the following: (1) Staff training and/or requirements specific to dementia care as determined by the Department; (2) A registered nurse on staff and available for consultation at all times; (3) The residence shall provide for a secure environment appropriate for the resident population. e. A residence licensed at the "dementia care" level shall: (1) Be licensed as an "F1--M1" residence in accordance with the requirements of §§ 2.4.2(A)(1)(a) and (2)(a) of this Part; and (2) Meet the requirements of §§ 2.4 and 2.5 of this Part. 4. Limited Health Care Services: a. This category of licensure shall be required for any assisted living residence that provides or offers to provide services in a manner as defined in § 2.3(A)(22) of this Part. This Requirement is not met as evidenced by: Based on surveyor observation, record review, resident, and staff interviews, it has been determined that the residence failed to retain residents according to the level of licensure for which the residence has been licensed for 3 of 3 sample residents reviewed, ID #s 1, 2, and 3.	S 050	**S050 Continued From page 1** **a. As before they will receive would care under Skilled Nursing Service via Home Care;** **b. They have the option to received education from the SN Home Care Agency on emergent care if SN is not available to make an appropriate change to the dressing.** **c. In the event they chose not to receive education as noted above option b; the resident will be immediately sent to the ER for said treatment.** **d. In the event the SN is unable to provide appropriate and timely treatment; the resident will be referred to a Skilled Nursing Facility to obtain said service.** **All Nursing Staff have been educated on the above and will proceed as indicated in the event a resident develops an issue requiring any treatment as stated in the deficiencies.** **These outcomes to be reported to Quality Assurance committee quarterly.**	**1/5/23 Ongoing**

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S 050	Continued From page 2	S 050		

Findings are as follows:

Per the Rules and Regulations for Licensing Assisted Living Residences, it states in part, "...Limited Health Services...health services provided by a licensed assisted living residence shall be ordered by the resident's physician and provided by qualified licensed assisted living staff members...Assisted living residences licensed to provide limited health services may provide any or all of the following services: 1. Stage 1 and stage II pressure ulcer treatment and prevention. 2. Simple wound care including postoperative suture care/removal..."
Record review reveal this residence is licensed as a F2/M1 facility. This residence does not have a license to provide limited health services.

1. Record review revealed Resident ID #1 moved into the residence in November of 2021 with diagnoses including but not limited to, Stage II pressure ulcer on the coccyx (a break in the top two layers of the skin) and urinary tract infection.

Record review of Resident ID #1's charting notes on the following dates revealed the resident receiving wound care including dressing change by the residence staff nurse and not by an outside agency:

- On 1/2/2023: "Duoderm [a special kind of wound dressing] on coccyx area changed on 1/1/2023 by [residence nurse]..."

- On 12/27/2022: "...Coccyx area: Area cleanse-Duoderm changed area pink..."

- On 12/22/2022: "Open area on coccyx area, washed, dried and applied duoderm..."

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S 050	Continued From page 3 - On 10/28/2022: "Coccyx area assessed: area slit-area cleansed ultra thin DuoDerm applied..." - On 10/24/2022: "Today washed, dried and applied bandage to coccyx..." Record review failed to reveal evidence that Resident ID #1 received wound care including dressing change by an outside agency on the above-mentioned dates. 2. Record review revealed Resident ID #2 moved into the residence in September of 2018 and has diagnoses including dementia and glaucoma. Record review of Resident ID #2's charting notes on the following dates revealed the resident receiving wound care including dressing change by the residence staff nurse and not by an outside agency: - On 1/5/2023: "Redressed left arm area from skin tear. Placed gauze dressing..." - On 1/2/2023: "While checking skin tears on left arm, I pulled off tape & a portion of skin came with tape. Measuring about 1"[inch] long x [by] ½" wide. DSD [dry sterile dressing] applied with gauze..." - On 12/16/2022: "...Skin tears with steri-strips [a sticky paper bands placed across a wound to help hold the skin edges together] applied f/b [follow by] dressing ..." - On 11/25/2022: "Skin tear on left forearm-clean and dry...resident reports its hurts. Site cleansed and covered with Tegaderm [a type of dressing]."	S 050		

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S 050	Continued From page 4 - On 11/18/2022: "Resident skin tear assessed. Area L shaped-small amount of bleeding. Cleansed and dressed..." - On 11/17/2022: "Skin tear left forearm...it continues to bleed so I wrapped it with gauze and bacitracin ointment [antibiotic]." During a surveyor observation of the resident in his/her room on 1/5/2023 at 12:16 PM, h/she was observed with a gauze dressing wrapped around his/her left mid arm. The dressing appeared to have blood on it. During a surveyor interview immediately following this observation with the resident, s/he indicated that s/he has a wound on his/her left arm. S/he acknowledged that the residence's nurse changed the dressing daily and indicated that the dressing was changed by the residence's nurse on 1/5/2023. 3. Record review revealed Resident ID #3 moved into the residence in September 2018. S/he has diagnoses including, Squamous Cell CA (skin cancer) and diabetes. Record review of Resident ID #3's charting notes on the following dates revealed the resident receiving wound care including dressing change by the residence staff nurse and not by an outside agency: - 10/18/2022: "...Wound care a/o [as ordered]. Covered with large bandaid..." - 10/12/2022: "...Directors for wound care is as follows; wash area with warm soapy water, apply Vaseline or Aquaphor to wound site and cover with bandaid. Clean area daily for 3 weeks. Started today."	S 050		

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S 050	Continued From page 5 During a surveyor interview on 1/5/2023 at 11:28 AM and 12:18 PM with the residence's nurse, Staff A in the presence of the administrator, Staff A acknowledged the above residents have received wound care at the residence. Additionally, Staff A acknowledged that she provided a dressing change to Resident ID #2 this morning, 1/5/2023. The administrator acknowledged that the residence does not have a limited health license.	S 050		
S 565	Residential Care Services 2.4.24(B)(1) Medication Services DTP 2/7/23 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.	S 565	**S 565 Residential Care Services 2.4.24 (B)(1) Medication Services** **Nurse and Med Techs re-trained to be on alert for any expired medications, especially PRNs. Nurse will fill out monthly medication storage checklist and keep on file.** **1) Antiacid 750 MG (milligram) was immediately removed from the med cart and destroyed. It was then replaced with Antiacid 750 MG with current date.** **2) Acetaminophen 500 MG was immediately removed from the med cart and destroyed. It was then replaced with Acetaminophen 500 MG with current date.** **3) Natural Antiacid 1000 MG was immediately removed from the med cart and destroyed. It was then replaced with Natural Antiacid 1000 MG with current date.**	**1/5/23 Ongoing**

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S 565	Continued From page 6 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 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	S 565	**S 565 Continued from page 6** **4) Bisac-Evac 10 MG suppository was immediately removed from the med cart and destroyed. It was then replaced with Bisac-Evac 10 MG suppository with current date.** **The ongoing monitoring of the medication cart to be reported to Quality Assurance committee quarterly.**	**1/5/23 Ongoing**

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S 565	Continued From page 7 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 § 2.4.24(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 and staff interview, it has been determined the residence failed to ensure that medications shall be stored securely and in such as manner to prevent spoilage, dosage errors, administration errors and/or inappropriate access for one medication cart observed.	S 565		

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S 565	Continued From page 8 Findings are as follows: During a surveyor observation on 01/05/2023 at 10:17 AM, in the presence of a Certified Medication Technician, Staff B, the following expired medications were observed in the medication cart: - One bottle of Antiacid 750 MG (milligram) with an expiration date of 08/2022. - One bottle of Acetaminophen 500 MG with an expiration date of 12/3/2022. - One bottle of Natural Antiacid 1000 MG with an expiration date of 04/2022. - One packet of Bisac-Evac 10 MG suppository (a medication used to treat constipation) with an expiration date of 11/15/2022. During a surveyor interview immediately following this observation with the above-mentioned staff, she acknowledged the medications were expired.	S 565		