RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01515	A. BUILDING: _____ B. WING _____	C 05/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HALCYON AT WEST BAY LLC	2783 WEST SHORE ROAD WARWICK, RI 02889

(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 100708, 700696, 700626, 100609, 99980, and 99981, was conducted at this residence on 05/08/2025 through 05/09/2025 to determine compliance with state regulations. Deficiencies were identified as a result of this survey.	S 003	Received JUN 03 2025 Facilities Regulation	
S 230	Organization And Management 2.4.13.A Management Of Services 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. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined the residence failed to provide all care and services in accordance with the prevailing community standard of care relative to monitoring of a resident after a fall for one of three residents reviewed for falls, Resident ID #1.	S 230	In response to tag S230 - Organization and Management 2.4.13.A Management of Services: The ED and DHW will review the incident reports and will only sign off if the "description of how the resident was found and the medical intervention" are stated within the incident report. This is to begin immediately. The company policy will be reviewed with ALL care staff as an in-service and will be signed off by each individual. We will also make it clear that we (Halcyon at West Bay) have the right to send resident out for evaluation, per our policy, even if the family declines. It will be made clear that ALL falls in memory care, with a head strike or concern of a head strike, will be sent out for evaluation immediately (even if the family or resident declines). This will be completed by 6/30/25 to include per diem associates, as well. The ED will issue a 30-day discharge notice upon questionable appropriate status of a resident. The ED is aware that said 30-day discharge notice can be reversed if the resident's status changes to appropriate level of care. ED will be more mindful of fall history and take appropriate action when necessary. To begin immediately.	

Facilities Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Melissa Stock — TITLE: Executive Director — (X6) DATE: 6/3/25

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S 230	Continued From page 1	S 230		

Findings are as follows:

The residence's "Incident Documentation" policy, dated 5/1/2022 with a revision date of 4/9/2025, states in part that the following will be documented,"...at the time of the incident/injury the description of how the resident was found and the medical intervention..."

According to Brunner & Suddarth's Textbook of Medical-Surgical Nursing,15th Edition, Management of Patients with Neurologic Trauma states in part,"...head injury is a broad classification that encompasses any damage to the head because of trauma..."

According to the American College of Emergency Medicine,"...delays in treatment can lead to serious consequences...seek medical emergency for a head injury..."

Resident ID #1 was admitted to the residence in March of 2023 with diagnoses that include, but are not limited to, dementia and a transient ischemic cerebral attack (stroke). The resident resided on the memory care unit.

Record review of clinical progress notes dated 1/22/2025 revealed in part,"...resident had witnessed fall in [his/her] room...hit top right side of head...[responsible party] refused to send resident for an evaluation at ER (emergency room)..."

Record review of clinical progress notes dated 2/28/2025 revealed in part,"...resident fell to rt (right) side of buttocks leaning against foot of bed...denies hitting head..."

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S 230	Continued From page 2 Record review of clinical progress notes dated 3/1/2025 revealed in part,"...resident observed sitting on floor...no acute distress...assisted to stand and ambulated ad lib..." Record review of clinical progress notes dated 3/18/2025 revealed in part,"...resident observed with a pool of blood behind [him/her], staff holding pressure gauze..." Record review of clinical progress notes dated 4/2/2025 revealed in part,"...unwitnessed fall and obtained skin tear and bruise to right elbow...did not hit [his/her] head ..." Record review of clinical progress notes dated 4/26/2025 revealed in part,"...resident had unwitnessed fall...found face down in pool of blood from nose..." Record review failed to provide evidence that the resident was properly assessed after apparent injuries and interventions were in place to ensure the resident received appropriate medical and emergent treatment. During a telephone interview on 5/9/2025 at approximately 1:30 PM with the Executive Director, she indicated it is the residence's protocol to send a resident to the hospital when there is a concern related to a head injury. She was unable to provide evidence the resident was poperly assessed and received the appropriate care after falls. She indicated the resident's responsible party would not permit transfer to the hospital on multiple occassions. She further acknowledged the residence should have issued a 30-day discharge notice to the resident's representative when the residence was denied the ability to properly care for the resident.	S 230		

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S 310	Residency Requirements 2.4.15.A Resident Records 2.4.15 (A) Resident Records A. Each residence shall, at a minimum, maintain the following information for each resident: 1. The resident's name; 2. The resident's last address; 3. The name of the person or agency referring the resident to the home; 4. The name, specialty (if any), telephone number, and emergency telephone number of each physician who is currently treating the resident; 5. The date the resident began residing in the home; 6. A list of medications taken by the resident, including dosage, and specific records of medication administration as required by the Department; a. In residences licensed at the M2 level, if a resident refuses to provide the information cited in § 2.4.15(A)(6) of this Part, this fact shall be documented in the resident's service agreement. 7. Written acknowledgments that the resident has signed and received copies of the rights as provided in R.I. Gen. Laws § 23-17.4-16; 8. Information about any specific health problems of the resident, which may be useful in	S 310	In response to tag S310 - Residency Requirements 2.4.15.A Resident Records: ED and DHW will create a plan to include all outside service notes to be added to the resident record. This will include, but not limited to, giving access to our care management system to the onsite third party therapy group (Fox Rehab) to input notes right into the resident's file. All additional notes will be added by the nursing team. This will begin by July 1st to give time to get access to PointClickCare and to complete the plan and train staff appropriately.	6/30/25

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S 310	Continued From page 4 a medical emergency, including diagnostic and/or therapeutic orders; 9. A record of personal property and funds which the resident has entrusted to the residence; 10. The name, address, and telephone number of a person identified by the resident who should be contacted in the event of an emergency or death of the resident and the name, address, and telephone number of the legal guardian; 11. Any other health-related emergency, or pertinent information which the resident requests the residence to keep on record; 12. A copy of the initial and periodic assessments described in § 2.4.16 of this Part; 13. A copy of the service plan and nurse review as described in § 2.4.16 of this Part; 14. A copy of the residency agreement as described in § 2.4.14(C) of this Part. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined the residence failed to include, at a minimum, information about any specific health problems of the resident, which may be useful in a medical emergency, including diagnostic and/or therapeutic orders, for one of one resident reviewed for receiving outside services, Resident ID #1. Findings are as follows:	S 310		

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S 310	Continued From page 5 Record review revealed Resident ID #1 moved into the residence in March of 2023 with diagnoses including, but not limited to, dementia and transient cerebral ischemic attack (stroke). Further record review revealed the resident received services from an outside agency for physical therapy (PT), which was initiated on 1/28/2025 with a PT evaluation and treatment through 4/24/2025. Record review failed to reveal evidence of outside agency service notes. During a surveyor interview on 5/9/2025 at approximately 9:00 AM with the Physical Therapist, she acknowledged that the resident's record did not contain PT notes.	S 310		
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;	S 380	In response to tag S380 - Residency Requirements 2.14.16.G.1 Resident Assessment/Service Plan: The DHW and/or ED will train the RNs who are completing the assessments to clearly define the interventions needed to assist residents, upon move-in, changes in condition, after falls, etc. These interventions will be clearly stated within the care staff assignments and will ensure all care staff is aware of any changes/interventions in care that are necessary to keep the resident safe. The ED/DHW will closely monitor this process and make changes, if necessary, to ensure communication is understood by all effected staff. This process will begin immediately.	

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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 one of three residents reviewed relative to falls, Resident ID #1.

Findings are as follows:

Record review revealed Resident ID #1 moved into the residence in March of 2023 with diagnoses including, but not limited to, dementia and a transient cerebral ischemic attack (stroke).

Record review of event notes revealed the resident had falls on the following days: 1/22/2025, 1/25/2025, 2/1/2025, 2/8/2025, 3/1/2025, 3/12/2025, 3/18/2025, 4/2/2025, and 4/26/2025.

Record review of a service plan that was reviewed on 1/28/2025 failed to reveal interventions were put into place to reduce the risk of falling.

Additional record review failed to reveal if a walker was to be used for ambulation and transfers; documents had conflicting information relative to walker use.

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S 380	Continued From page 7 During a surveyor interview on 5/9/2025 at 10:00 AM with the Administrator and the Assistant Administrator, they were unable to provide evidence that fall interventions were listed on the service plan despite the resident's frequent falls.	S 380		