RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01482	A. BUILDING: _____ B. WING _____	C 02/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOCKWOTTON ON THE WATERFRONT	500 WATERFRONT DRIVE EAST PROVIDENCE, RI 02914

(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 99351, 99269, and 99280, was conducted at this residence on 02/04/2025 to determine compliance with state regulations. Deficiencies were identified as a result of this survey.	S 003	Received FEB 20 2025 Facilities Regulation	
S 365	Residency Requirements 2.4.16.D Resident Assessment/Service Plans 2.4.16 (d) Resident Assessments and Service Plans D. The assessment shall be reviewed and at intervals not to exceed twelve (12) months and each time a resident's condition changes significantly. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined the residence failed to review the resident's comprehensive assessment at intervals not to exceed (12) months and each time a resident's condition changes significantly for 1 of 3 residents reviewed for falls, Resident ID #1. Findings are as follows: Record review of an incident reported to the Rhode Island Department of Health on 1/22/2025 revealed that a resident was found on the floor in his/her apartment and was unable to move his/her leg. Additionally, the report revealed the resident was transported to the hospital and admitted with a right femur (thigh bone) fracture.	S 365	Effective immediately, the Resident Care Director or his/her designee, will update Resident ID #1's comprehensive assessment. Effective immediately, the Resident Care Director or his/her designee, will audit the comprehensive assessments of all residents to ensure that all are up to date. Effective 2/22/25, the Resident Care Director or his/her designee, will enter orders in MatrixCare for annual comprehensive assessment updates, which will notify and alert nurses when they are due. Once a month, the administrator, or his/her designee will print a report of the nursing eMAR to ensure that all comprehensive assessments are being updated. These reports will be reviewed at the quarterly Quality Improvement Committee meetings until such time that a standard practice has been implemented.	2/22/25 2/22/25 2/22/25 2/22/25

Facilities Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: AL Admin — (X6) DATE: 2/22/25

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S 365	Continued From page 1 Record review revealed the resident moved into the residence in March of 2020 with a diagnosis including, but not limited to, age-related osteoporosis (a bone disease that occurs when bones become weaker). Record review revealed the resident's last comprehensive assessment was completed on February 10, 2022. Record review failed to reveal evidence the assessment was reviewed annually for 2023 and 2024, as required. During a surveyor interview on 2/4/2025 at approximately 2:09 PM with the Administrator, she was unable to provide evidence that the resident's comprehensive assessment had been reviewed annually since it was last completed in February of 2022, as required.	S 365		
S 375	Residency Requirements 2.4.16.F Resident Assessment/Service Plans 2.4.16 (F) Nurse Review 1. Nurse review is necessary for all levels of licensure. a. A registered nurse shall visit the residence at least once every thirty (30) days except as provided in § 2.4.16(F)(1)(b) of this Part and shall complete a review to include the following: (1) Monitor the medication regimen for all residents; (2) Review any new physician orders and evaluate the health status of all residents by	S 375	Effective immediately, the Resident Care Director or his/her designee, will complete a recent 90 day review on Resident ID #1. Effective immediately, the Resident Care Director or his/her designee, will audit the 90 day reviews of all residents to ensure that all are up to date. Effective 2/22/25, the Resident Care Director or his/her designee, will enter orders in MatrixCare for 90 day reviews, which will notify and alert nurses when they are due.	2/22/25 2/22/25 2/22/25

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S 375	Continued From page 2 identifying symptoms of illness and/or changes in mental/physical health status; (3) Evaluate the appropriateness of placement for each resident; (4) Make any necessary recommendations to the administrator; (5) Follow up on previous recommendations; (6) Provide a signed, written report in the residence documenting: (AA) Date and time of assessment; (BB) Recommendations for follow-up; (CC) Progress on previous recommendations; (DD) Verification that the medication listed by the pharmacist on the mediset, blister pack or medication container is current with physician orders (M-1 level only); (EE) Physical assessment identifying symptoms of illness and/or changes in mental or physical health status and appropriateness of placement; (FF) Such reports shall be on file at the residence. (7) Complete the quarterly evaluation of the residence's registered medication aide(s)	S 375	Once a month, the administrator, or his/her designee will print a report of the nursing eMAR to ensure that all 90 day reviews are being completed. These reports will be reviewed at the quarterly Quality Improvement Committee meetings until such time that a standard practice has been implemented.	2/20/25

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S 375	Continued From page 3 administration of medication. (Approved Department form is available for downloading online). b. In those residences that have one or more licensed registered nurses (i.e., at least one full-time equivalent equal to thirty-five (35) hours) on- site, the nurse review shall be completed at least once every ninety (90) days. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined the residence failed to complete nurse reviews every 90 days as required for 1 of 3 residents reviewed, Resident ID #1. Finding are as follows: Record review of an incident reported to the Rhode Island Department of Health on 1/22/2025 revealed that a resident was found on the floor in his/her apartment and was unable to move his/her leg. Additionally, the report revealed the resident was transported to the hospital and admitted with a right femur (thigh bone) fracture. Record review revealed the resident moved into the residence in March of 2020 with a diagnosis including, but not limited to, age-related osteoporosis (a bone disease that occurs when bones become weaker). Record review revealed the resident's last 90-day nurse review was completed on 6/4/2024. Record review failed to reveal evidence nurse reviews were completed every 90 days, as required since 6/4/2024.	S 375		

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S 375	Continued From page 4 During a surveyor interview on 2/4/2025 at approximately 2:10 PM with the Administrator, she was unable to provide evidence that the nurse reviews had been completed every 90 days, as required.	S 375		