RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01479	A. BUILDING: _____ B. WING _____	C 05/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN YEARS ASSISTED LIVING COMMUNI	118 HIGH STREET WESTERLY, RI 02891

(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 on May 30, 2023 (ACTS #s 90468, 90465, and 90524). A deficiency was identified.	S 003		
S 415	Residency Requirements 2.4.17.D Reporting Requirements 2.4.17 (D) Licensure Requirements D. Any employee of an assisted living residence who has reasonable cause to believe that a resident has been abused, exploited, neglected, or mistreated shall within twenty-four (24) hours of the receipt of said information, transfer such to the Director and to the Office of the Long- Term Care Ombudsman. Any person required to make a report pursuant to this section shall be deemed to have complied with these requirements if a report is made to a high managerial agent. Once notified, said agent shall be required to meet the above reporting requirements. The residence shall establish a written policy or procedure for reporting abused, exploited or neglected residents that complies with the provisions of this section. The report may be submitted by telephone but shall be followed up in writing. 1. Upon receipt of such information or allegation, the Director shall forthwith conduct such investigation as may be necessary and submit a report of findings of the investigation(s) to the Attorney General of the State of Rhode Island. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined the residence failed to follow its	S 415	See attached documents.	6/9/23

Facilities Regulation

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

Administrator 6/2/23

RI Department of Health

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S 415	Continued From page 1 policy on reporting suspected abuse and failed to report an alleged incident of resident abuse to the appropriate state agency for 1 of 3 sample resident reviewed, Resident ID #1. Findings are as follows: According to 2.4.17 (D) of The Rules and Regulations for Licensing Assisted Living which states in part, "...Any employee of an assisted living residence who has reasonable cause to believe that a resident has been abused, exploited, neglected, or mistreated, shall within twenty-four (24) hours of the receipt of said information, transfer such to the Director and to the Office of the Long-Term Care Ombudsman...1. Upon receipt of such information or allegation, the Director shall forthwith conduct such investigation as may be necessary and submit a report of findings to the investigation(s) to the Attorney General of the State of Rhode Island..." Review of a facility policy titled "ABUSE" states in part, "Abuse of residence [sic] will not be tolerated in any form...Any incident of abuse will be reported to the police immediately..." Review of a community reported complaint submitted to the Rhode Island Department of Health on 5/25/2023, revealed an allegation of employee to resident abuse that occurred on 5/23/2023. The complaint revealed Certified Medication Technician, Staff A, allegedly went into Resident ID #1's room and was overheard screaming at the resident. Record review revealed this resident moved into the residence in October of 2019 with a diagnosis including, but not limited to, chronic obstructive	S 415	See attached documents 6/6/23	

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S 415	Continued From page 2 pulmonary disease. Record review failed to reveal evidence that the above incident was reported to the state agency, by the residence, as required. During a surveyor interview with the Administrator and Owner on 5/30/2023 at 2:13 PM, they revealed that the police were not notified of this incident, per facility policy. Additioanlly, they were unable to provide evidence that the above-mentioned incident was reported to the state agency, per the regulation.	S 415	I didn't report the incident to the police. Unfortunately, did realize that was the policy. I just started in February. It's no excuse. Formhere on in I will make sure that I comply. Effective Immediately (4) Unless See Attached document	

Golden Years
Assisted Living With A Personal Touch
115 High Street • Westerly, RI 02891 • Phone (401) 596-7321 • Fax (401) 596-5559
Nicole M. Adams
Director Administrator of RI

MY RESPONSE TO THE CORRESPONDENCE FROM THE DEPARTMENT OF HEATLH

1. I have given the Staff a copy of the Residents Rights. They have an Abuse In Service on Relias Learning that Golden Years Pays for see attached exhibit "A").. I have provided handouts on abuse for the employees. (See Attached exhibit "B"). I have typed up a letter to the residents stating that I hope in the future they can trust me. By trusting me they can make me aware of the issue and or situation to see if I can resolve it (See attached exhibit "C") In closing, I delivered to each and every resident along with posting a list of telephone numbers, They are also posted 1, 2nd, 3rd floor and the forer, That they can call if they feel that they are being mistreated. (See attached exhibit "D")...

2. I honestly did not realize in the Policies and Procedures that it stated that Golden Years calls the police. I just started in February and I am trying to get a handle on business operations, polies and procedures. I know now, for the next time to call the police. Secondly, I honestly forgot to file the Initial Incident, 5 day report timely on 5/30/2023. It always has been resident to resident. [redacted] and I all sat down together on Thursday May 25th per the resident's [redacted] and [redacted] request. I felt it is a good decision so [redacted] could see how hurt [redacted] felt since [redacted] considers [redacted] a friend of 2 plus years. After the meeting, and the residents left my office. [redacted] it's no excuse; however hearing that was a major distraction as to a why I and [redacted] inadvertently did not report the findings in a timely manner. On Friday, May 26, 2023 the Alliance reported

To Golden Years and spent quality time with [redacted] the volunteer ombudsman. It was Memorial Day Weekend. On the Tuesday after Memorial Day, [redacted] and I inadvertently did not file the initial report. [redacted] and I immediately filed it with the Department of Health on the Tuesday May 30th, 2023. I will execute my due diligence that this incident does not occur again along with N[redacted]
I am truly saddened and frustrated this situation happened.
The incident referenced in the deficiency should have never taken place. We are

human beings existing in the world and many stressors can way heavy and cause an individual to act out of character. [redacted]. Kindly note, [redacted] declined calling the Westerly Police Department as management offered to call and file a police report. [redacted] admittedly made it clear she did not want to file a report.

3. Going forth, for the next six months, once a month I will ask each and every resident personally. I will have them fill out a form whether they want to sign it or remain anonymous regarding how they feel about their care, meals, medication administration other amenities as outlined upon admissions..(See attached exhibit "E".)
4. The staff will immediately be made aware of the incorporation of new document form. All employees will be required to review, sign and date that they have fully read and understand newly implemented document.
5. I will send a copy of the form(s) to the Alliance attn.: [redacted] and the Department of Health Attn.: [redacted], Chief Center for Health Facilities Regulation by email every month or on as needed basis if issues arise for the next six months. I will afford all parties to continue and remain on the same page along with keeping abreast on a monthly and PRN everts along with resident complaints or concerns,

Sincerely

Claudia Turner
Administrator

[redacted]