STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01454	A. BUILDING: _____ B. WING _____	C 04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PACIFICA SENIOR LIVING VICTORIA COURT	55 OAKLAWN AVENUE CRANSTON, RI 02920

(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. A deficiency was identified.	S 003	RECEIVED MAY 17 2024 FACILITIES REGULATION S 840 Special Care License Requirements 2.5.2.L Specific Requirements	
S 840	Special Care License Requirements 2.5.2.L Specific Requirements 2.5.2 (L) Specific Requirements L. The Alzheimer Dementia Special Care Unit/Program shall provide a secure distinct living environment appropriate for the resident population. This requirement may include, but not be limited to, a locked unit, secured perimeter, or other mechanism to ensure resident safety and quality of life. The residence shall have elopement policies in place, specific to the Unit/Program. This Requirement is not met as evidenced by: Based on surveyor observation, record review, and staff interview, it has been determined the residence failed to provide a secure distinct living environment in the Alzheimer Dementia Special Care Unit to ensure resident safety, relative to a singular resident reviewed for elopement, Resident ID #1. Findings are as follows: According to the Licensing Assisted Living Residences regulation definition, "'elopement' means leaving the premises without notice when the residence has assumed responsibility for the resident's whereabouts." Per an initial report sent to the Rhode Island Department of Health (RIDOH) on 03/09/2024, a	S 840	2.5.2 (L) Specific Requirements Resident ID#1 has been reassessed by the Resident Care Director/ RN and the resident's service plan has been updated to reflect the resident's elopement risk. A new working wander guard bracelet has been placed on Resident ID #1. 3/21/24 All residents have potential to be affected by this deficient practice. To ensure that this deficient practice does not recur: Elopement assessments will be conducted per policy and interventions implemented as indicated with the resident service plans being updated respectively. 5/16/24 Wander guard bracelets will be placed on those residents who have been assessed with at risk of wandering and/or elopement. A Wander Management/ Wander Guard bracelet tracking form has been created and will be updated by the Resident Care Director/ RN each time a wander guard bracelet is placed on a resident who is at risk of wandering and/or elopement. 5/16/24 The tracking form documents the name of the resident, the room number, the date of activation, the date to check that the wander guard is still properly working, and the date to replace the wander guard bracelet. (Please see attached). The Resident Care Director/ RN will meet weekly with the Executive Director to review the Wander Management tracking form and discuss any potential residents who are at risk for elopement; these meetings will be documented. ....continue to page 2...	

Facilities Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE Executive Director (X6) DATE 5/17/2024

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S 840	Continued From page 1 police officer came to the facility at approximately 2:50 PM and asked the Concierge, Staff A, if the facility was missing a resident. The officer explained that there was an elderly person in the apartment building next door, who didn't belong there. The officer asked for the phone number to the facility and then returned next door. The officer called back at 3:06 PM informing the facility it was ID #1. Residence staff then went to go retrieve ID #1 and bring him/her back to the facility. Record review revealed ID #1 had a primary diagnosis of Alzheimer's disease and no history of elopement. During an interview on 04/25/2024 at approximately 9:20 AM, the Administrator indicated ID #1 was able to leave the secure unit undetected by the front door due to new staff member at the front desk, Sales Director, Staff B. She further revealed that the resident was wearing a WanderGuard bracelet, but upon ID #1's return the battery to the bracelet was dead, thus it did not set off the front door alarm. Surveyor observation of the residence on 04/25/2024 at approximately 10:30AM revealed two areas ID #1 potentially used to leave the residence, the kitchen area and the front door, both areas are equipped with a locked door and a WanderGuard unit. During an interview on 04/25/2024 at approximately 11:00 AM, the Administrator acknowledged that a resident successfully eloped, and the residence's system did not function as intended, thus resulting in ID #1 being at risk for harm or injury.	S 840	Continued from page 1... Alarm systems are randomly checked multiple times per day. In addition, Maintenance staff or designee checks the alarmed doors weekly to ensure they are working properly. Weekly checks are documented in the maintenance log book. (Please see attached) 5/16/24 Staff in all departments have been and will be regularly re-educated and in-serviced on the company's Elopement and Wander Management System policies and procedures. (Please see attached) 5/20/24 Staff have been reminded to continue to monitor and report to RCD and/or ED of any accidents /incidences and any change in resident's condition and/or behavior, including any recommendation for a resident to wear a wander guard bracelet. Residents at risk of elopement and the wander management system policies and procedures will be reviewed and discussed monthly during the safe resident handling meetings. Staff A and Staff B have been re-inserviced and retrained on the front desk responsibilities, including the company's Resident Sign-In/ Sign-Out Policy and Procedures to ensure safety of the residents 5/16/24 All Staff will be re-inserviced and re-trained on the front desk responsibilities, including the company's Resident Sign-In/ Sign-Out Policy and Procedures to ensure safety of the residents. 5/21/24 A sign has been placed outside the kitchen servery door stating that the Door MUST be Closed and Locked when staff are not in the kitchen servery. 5/16/24 Four Exterior doors of the building will be updated with new egress alarmed doors; awaiting on the contractor to confirm start date of project upgrade.	