RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01467	A. BUILDING: _____ B. WING _____	C 10/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ATRIA BAY SPRING	147 BAY SPRING AVENUE BARRINGTON, RI 02806

(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 99504, 100473, 100599, 101520, 100856, 101726, 102023, and 102138, was conducted at this residence on 10/2/2025 through 10/3/2025 to determine compliance with state regulations. A deficiency was identified as a result of this survey.	S 003	The attending physician was notified regarding the policy and recommendations for glucose monitoring parameters. In response, the physician faxed an order stating: "Notify physician if glucose level is less than 80 or greater than 300." This order was received and subsequently added to the Medication Administration Record (MAR).	10/3/25
S 230 SS=D	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 surveyor observation, record review, and staff interview, it has been determined that the residence failed to provide all care and services in accordance with the prevailing community standard of care relative to monitoring of glucose for the singular resident reviewed for blood glucose monitoring, Resident ID #7. Findings are as follows: According to Brunner & Suddarth's, Medical Surgical Nursing, 10th Edition, page 1162, states in part, "...For most patients who require insulin...monitoring of glucose is recommended two to four times daily (usually before meals and	S 230	Following receipt of the order, an immediate audit was conducted. As a result, appropriate glucose monitoring parameters were reviewed and added to the MARs of other residents receiving glucose checks to ensure consistency and compliance with clinical standards.	10/4/25

AM 10/31/25

Facilities Regulation
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Susan Lehman, E.D — TITLE: Administrator — (X6) DATE: 10/24/25

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	ALR01457	A. BUILDING: _____ B. WING _____	C 10/03/2025

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S 230	Continued From page 1 at bedtime). For patients who take insulin before each meal...monitoring is required at least three times daily before meals to determine each dose...at the very least, patients should be given parameters for calling the physician..." Record review of a residence policy with an effective date of 1/15/2011 titled, "Finger Stick Glucose" indicates assistance with finger stick glucose will be determined upon assessment of the resident and unless otherwise specified by a physician, a finger stick glucose below 80 or above 300 should be reported to the nurse. The nurse will report to the physician unless the physician has given other instructions. Record review of Resident ID #7 revealed diagnoses of diabetes mellitus and pancreatic cancer. Review of the September 2025 "Medication Administration Record" (MAR) revealed an order that states "Accucheck [Blood sugar check] twice daily 9:00 AM and 5:00 PM." Additional review of the MAR revealed that the resident is to receive insulin based on the following orders: 10 units of Lantus SC daily at 9:00 AM and 5 units Lispro SC daily at 12:00 PM. Further review of the MAR revealed blood sugar check results less than 80 (normal range 70-99) were obtained for the resident on the following dates at 5:00 PM: 9/1/2025 - 71 9/4/2025 - 69 9/5/2025 - 68	S 230 10/31/25	When a resident has an active order for glucose checks and the physician has not specified parameters, the physician will be contacted to provide guidance. The standard recommendation is: "Notify physician if glucose level is below 80 or above 300." This protocol has been communicated to nursing staff through an in-service training . Additionally, during routine 90-day nurse reviews, the Resident Services Director (RSD) will verify that any glucose monitoring orders without specified parameters have been followed up with the physician, and that appropriate parameters have been added to the MAR Susan Lehman, Administrator 10/24/25	10/17/25

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S 230	Continued From page 2 9/23/2025 - 70 Record review failed to reveal evidence of parameters for calling the physician or notification to the nurse or physician of the above-mentioned blood sugar checks. During a surveyor interview on 9/3/2025 at approximately 1:00 PM with the Licensed Practical Nurse, Staff A, she acknowledged that there were no parameters of notification to the physician of blood sugars. During a surveyor interview with the Executive Director on 9/3/2025 at approximately 2:00 PM, she was unable to provide evidence that there were parameters on the blood sugar checks or that the physcian was notified.	S 230		