STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01439	A. BUILDING: _____ B. WING _____	C 04/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUMMER VILLA	51 LAUREL AVENUE COVENTRY, RI 02816

(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 95005, 95071, 95091, 95125, and 95153 and a biennial State licensure survey (8L5J11, 04/12/2024) were conducted at this residence. Deficiencies were cited as a result of this survey.	S 003		5/13/24
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 that the residence failed to provide care and services in accordance with the prevailing community standards of care relative to following physician's orders for 4 of 6 sample residents reviewed, ID #s 1, 2, 3, and 5. Findings are as follows: According to Mosby's 4th Edition, Fundamentals of Nursing, page 314 states in part, "The physician is responsible for directing medical treatment. Nurses are obligated to follow physician's orders unless they believe the orders	S 230		

FACILITIES REGULATION
RECEIVED
MAY 13 2024

Facilities Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE 5-13-24

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S 230	Continued From page 1 are in error or would harm the clients." 1. Record review revealed Resident ID #1 moved into the residence in July of 2020 with a diagnosis including, but not limited to, gastritis (irritation of the stomach lining). Record review revealed a physician's order dated 4/1/2023 for Calcium Carbonate 650 milligram (mg, calcium supplement, antacid and phosphate binder) to be given by mouth twice daily with meals. Review of the April 2024 electronic medication administration record (EMAR) failed to reveal evidence the resident had received 8 of 19 doses of Calcium Carbonate 650 mg, as ordered, due to the medication being unavailable. Record review failed to indicate the resident's physician was made aware the medication was unavailable and not administered. 2. Record review revealed Resident ID #2 moved into the residence in January of 2024 with a diagnosis including, but not limited to, bipolar disorder (mental illness that causes unusual shifts in a person's mood, energy, activity levels, and concentration). Record review revealed a physician's order dated 3/8/2024 for Betamethasone VA 0.1% cream (a steroid cream used to treat redness, swelling, and itching) apply a thin layer to the affected area daily and an order dated 1/16/2024 for Paroxetine HCL 10 mg (a medication used to treat depression) to be given by mouth daily. Review of the March 2024 EMAR failed to reveal evidence the resident had received 8 of 23 doses	S 230		

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S 230	Continued From page 2 of Betamethasone. Additional review of the April 2024 EMAR failed to reveal evidence the resident had received 7 of 11 doses of Betamethasone and 7 of 11 doses of Paroxetine, as ordered, due to the medications being unavailable. Record review failed to indicate the resident's physician was made aware the medications were unavailable and not administered. 3. Record review revealed Resident ID #3 moved into the residence in January of 2024 with a diagnosis including, but not limited to, congestive heart failure (long-term condition in which your heart can't pump blood well enough to meet your body's needs). Record review revealed the following physician's orders: Ensure High Protein (a meal replacement supplement that provides high protein) 1 bottle twice daily, order dated 1/24/2024; Melatonin 5 mg (a medication used to treat sleeplessness) 1 tablet by mouth at bedtime, order dated 2/14/2024; and Metoprolol Suc ER 25 mg (a medication used to lower blood pressure and heart rate) 1 tablet by mouth at bedtime, order dated 1/15/2024. Review of the March 2024 EMAR failed to reveal evidence the resident had received 26 of 62 doses of Ensure High Protein supplement, 15 of 31 doses of Melatonin, and 7 of 31 doses of Metoprolol Suc ER, as ordered, due to the medications being unavailable. Record review failed to indicate the resident's physician was made aware the medications were unavailable and not administered.	S 230	(1) all meds are currently in the building (2) mid level have been in service that if they are having a hard time getting a med to call to the RN for help. (3) RN will check monthly to see if ordered are being marked unavailable and notify administration (4) RN + administration will check to make sure all meds are available monthly. 5/13/24	

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S 230	Continued From page 3 4. Record review revealed Resident ID #5 moved into the residence in April of 2010 with a diagnosis including, but not limited to, eczema (a condition that causes dry, itchy and inflamed skin). Record review revealed a physician's order dated 3/4/2024 for Hydroxyzine HCL 25 mg (a medication used to treat itching caused by allergies) 1 tablet by mouth twice a day. Review of the April 2024 EMAR failed to reveal evidence the resident had received 15 of 23 doses of Hydroxyzine HCL as ordered, due to the medication being unavailable. Record review failed to indicate the resident's physician was made aware the medication was unavailable and not administered. During an interview on 4/12/2024 at approximately 2:10 PM with the Executive Director (ED), she could not provide evidence the residents' medications were administered, as ordered, and the residents' physicians were made aware that the residents did not receive the medications.	S 230		
S 450	Licensure Requirements 2.4.18 Rights of Residents 2.4.18 Rights of Residents A. Every assisted living residence for adults licensed pursuant to these regulations shall observe the standards stated in R.I. Gen. Laws § 23-17.4-16, "Rights of Residents" and such other appropriate standards as may be prescribed in	S 450	Requested an IDR [redacted] 5/17/24	

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S 450	Continued From page 4 rules and regulations promulgated by the Department with respect to each resident of the residence. B. For purposes of the following standards stated in §§ 2.4.18(B)(1) through (7) of this Part the term "resident" shall also mean the resident's agent as designated in writing or legal guardian. 1. Upon request have access to all records pertaining to the resident, including clinical records, within the next business day or immediately in emergency situations; 2. Upon admission and during the resident's stay be fully informed in a language the resident understands, of all resident rights and rules governing resident conduct and responsibilities; a. Each resident shall receive a copy of their rights. b. Each resident shall acknowledge receipt in writing; and c. Each resident shall be informed promptly of any changes. 3. Be informed in writing, prior to, or at the time of admission or at the signing of a residential contract or agreement of: a. The scope of the services available through the residence's service program, including health services, and of all related fees and charges, including charges not covered either under federal and/or state programs by other third party payers or by the residence's basic rate;	S 450		

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S 450	Continued From page 5 b. The residence's policies regarding overdue payment including notice provisions and a schedule for late fee charges; c. The residence's policy regarding acceptance of state and federal government reimbursement for care in the residence both at time of admission and during the course of residency if the resident depletes his or her own private resources; d. The residence's criteria for occupancy and termination of residency agreements; e. The residence's capacity to serve residents with physical and cognitive impairments; f. Support any health services that the residence includes in its service package or will make appropriate arrangements to provide these services; 4. Upon provision of at least thirty (30) days notice, if a resident chooses to leave a residence, the resident shall be refunded any advanced payment made provided that the resident is current in all payments; 5. The residence can discharge a resident only for the following reasons and within the following guidelines: a. Except in life-threatening emergencies and for nonpayment of fees and costs, the residence gives thirty (30) days' advance written notice of termination of residency agreement with a statement containing the reason, the effective date of termination, the resident's right to an appeal under state law, and the name/address of	S 450		

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S 450	Continued From page 6 the State Ombudsperson's office; b. If resident does not meet the requirements for residency criteria stated in the residency agreement or requirements of state or local laws or regulations; c. If resident is a danger to self or the welfare of others; and the residence has attempted to make a reasonable accommodation without success to address resident behavior in ways that would make termination of residency agreement or change unnecessary; which would be documented in the resident's records; d. For failure to pay all fees and costs stated in the contract, resulting in bills more than thirty (30) days outstanding. A resident who has been given notice to vacate for nonpayment of rent has the right to retain possession of the premises, up to any time prior to eviction from the premises, by tendering to the provider the entire amount of fees for services, rent, interest, and costs then due. The provider may impose reasonable late fees for overdue payment; provided that the resident has received due notice of such charges in accordance with the residence's policies. Chronic and repeated failure to pay rent is a violation of the lease covenant. However the residence must make reasonable efforts to accommodate temporary financial hardship and provide information on government or private subsidies available that may be available to help with costs; and e. The residence makes a good faith effort to counsel the resident if the resident shows indications of no longer meeting residence criteria or if service with a termination notice is	S 450		

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S 450	Continued From page 7 anticipated; 6. To be able to share a room or unit with a spouse or other consenting resident of the residence in accordance with terms of the resident contract; 7. To live in a safe and clean environment. C. In addition to the standards stated in R.I. Gen. Laws § 23-17.4-16, residents are entitled to the following: 1. Receive dental services from a dentist of his/her choice; 2. Each resident shall be given, in writing, the names, addresses, and telephone numbers of: the Department; the Medicaid Fraud and Patient Abuse Unit of the Department of Attorney General; the State Ombudsperson; and local police offices. D. The residence must: 1. Implement written policies and procedures to ensure that all residence employees are aware of and protect the resident's rights contained in these regulations; 2. Have prominently displayed a posting of the most recent state licensing survey of the assisted living residence; and 3. Provide each resident or his or her representative upon admission, a copy of the provisions of § 2.4.18 of this Part and shall display in a conspicuous place on the premises a copy of the "Rights of Residents."	S 450		

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S 450	Continued From page 8 This Requirement is not met as evidenced by: Based on record review and resident and staff interviews, it has been determined the residence failed to observe the standards stated in R.I. Gen. Laws § 23-17.4-16, "Rights of Residents" for a singular resident reviewed relative to an allegation of a violation of resident's rights, ID #3. Findings are as follows: According to Section 14.0 of the "Rights of Residents" signed by the resident states in part, "...(1) Residents are entitled to all rights recognized by state and federal law with respect to discrimination, service decisions (including the right to refuse services), freedom from abuse and neglect, privacy. Some of these basic rights include...Manage his or her financial affairs. The residence may not require residents to deposit their personal funds with the residence. Upon written authorization of a resident and with the agreement of the residence, the residence holds, safeguards, manages, and accounts for personal funds of the resident..." A complaint related to an allegation of a violation of residents' rights was reported to the Rhode Island Department of Health on 4/1/2024 which states in part, "Resident has complained that staff have opened [his/her] mail, threatened [him/her] with increase fees, becoming [his/her] rep payee and have [his/her] debit card..." Record review revealed Resident ID #3 moved into the residence in January of 2024 with a diagnosis of congestive heart failure (a condition in which the heart cannot pump blood enough to	S 450		

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S 450	Continued From page 9 meet the needs of the body). Review of the resident's record failed to reveal evidence that Resident ID #3 had a written authorization and agreement with the residence to hold or manage his/her funds. During an interview on 11/12/2024 at approximately 1:04 PM with the resident, s/he indicated that s/he moved into the residence in January of 2024. S/he revealed that when s/he moved into the residence, s/he had given her "Direct Express Card" (a prepaid debit card option for federal benefit recipients to receive their benefits electronically) to the Executive Director (ED) to keep temporarily. The resident indicated that when s/he went to request the card from the ED, the ED refused to return the card to him/her. Additionally, the resident acknowledged that s/he has not authorized the residence to be his/her representative payee or hold any funds including his/her debit card. During an interview on 11/12/2024 at approximately 11:39 AM with the ED, she acknowledged that the resident has not authorized her to be his/her representative payee. The ED acknowledged that the resident had given her the card when s/he initially moved in, which she has used to pay the resident's rent. Additionally, the ED acknowledged that she has not return the card to the resident since.	S 450		
S 470	Residential Care Services 2.4.20.C(1-5) Illness And Emergencies 2.4.20 (C) (1-5) Reporting of Communicable Diseases	S 470		

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S 470	Continued From page 10 1. Each residence shall report promptly to the Center for Acute Infectious Diseases Epidemiology (IDE), cases of communicable diseases designated as "reportable diseases" when such cases are diagnosed in the residence in accordance with rules and regulations pertaining to the "Rules and Regulations Pertaining to Counseling, Testing, Reporting and Confidentiality". 2. When infectious diseases present a potential hazard to residents or personnel, these shall be reported to the Center for Acute Infectious Diseases Epidemiology (IDE) even if not designated as "reportable diseases." 3. When outbreaks of food-borne illness are suspected, such occurrences shall be reported immediately to the Center for Acute Infectious Diseases Epidemiology (IDE) or to the Center for Food Protection. 4. Residences must comply with the provisions of R.I. Gen. Laws § 23-28.36-3, which requires notification of fire fighters, police officers and emergency medical technicians after exposure to infectious diseases. 5. Infection Control Infection control provisions shall be established for the mutual protection of residents, employees, and the public. The residence shall be responsible for no less than the following: a. Establishing and maintaining a residence-specific infection prevention program; b. Establishing policies governing the	S 470		

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S 470	Continued From page 11 admission and isolation of residents with known or suspected infectious diseases; c. Developing, evaluating and revising on a continuing basis infection control policies, procedures and techniques for all appropriate areas of the residence; d. Developing and implementing protocols for: (1) Discharge planning to home that include full instructions to the family or caregivers regarding necessary infection control measures; and (2) Hospital and/or nursing facility transfer of residents with infectious diseases which may present the risk of continuing transmission. Examples of such diseases include, but are not limited to, tuberculosis (TB), Methicillin resistant staphylococcus aureus (MRSA), vancomycin resistant enterococci (VRE), and clostridium difficile; This Requirement is not met as evidenced by: Based on surveyor observation, record review, and staff interviews, it has been determined the facility failed to establish infection control provisions for the mutual protection of residents, employees, and the public relative a singular resident with a confirmed case of scabies, Resident ID #5. Findings are as follows: According to the Centers for Disease Control and Prevention (CDC) guidance titled, "Parasites-Scabies Prevention & Control" dated	S 470		

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S 470	Continued From page 12 10/31/2018 and updated on 9/1/2020 states in part, " ...Scabies is prevented by avoiding direct skin-to-skin contact with an infected person or with items such as clothing or bedding used by an infected person. Scabies treatment usually recommended for members of the same household...All household members and other potentially exposed persons should be treated at the same time as the infested person to prevent possible re-exposure and reinfestation...items that cannot be dry-cleaned or laundered can be disinfected by storing in a closed plastic bag for several days to a week..." A complaint related to an allegation of a scabies outbreak at the residence was reported to the Rhode Island Department of Health on 4/8/2024. Record review revealed Resident ID #5 moved into the residence in April of 2010. S/he has diagnoses including, but not limited to, schizoid personality disorder and scabies (4/9/2024). Record review of a "Continuity of Care Consultation Form" dated 4/9/2024 revealed the resident saw a dermatologist and the visit form states in part, "Diagnosis: Scabies distributed across the hands, arms, legs, and trunk. Scabies perp performed in office on right radial palm showing mites...any non-washable items should be sealed in a plastic bag for 72 hrs." Additional record review revealed the resident received Permethrin 5% cream on 4/10/2024, as ordered, for treatment of scabies. During a surveyor observation on 4/12/2024 at approximately 10:26 AM of the resident's room, which is shared with another resident, ID #6, in the presence of a Certified Nursing Assistant,	S 470		

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S 470	Continued From page 13 Staff A, revealed non-washable personal items being stored on the nightstand tables, floor, and on other surfaces in the room. There was no evidence of non-washable items being stored in a plastic bag for 72 hours, as ordered. During an interview immediately following this observation with Staff A, she acknowledged that Resident ID #5's personal items that cannot be dry-cleaned or laundered were not disinfected by storing the items in a closed plastic bag for several days to a week, as the guidance from CDC indicates. During an interview on 4/12/2024 at approximately 10:50 AM with the Dermatology Physician Assistant, she indicated that she provided care to Resident ID #5 during his/her visit on 4/9/2024. She further confirmed that Resident ID #5 was diagnosed with scabies and all information of treatment was sent to the residence after this visit. During an interview on 4/12/2024 at approximately 10:45 AM with the Executive Director (ED), she acknowledged Resident ID #5 has a confirmed diagnosis of scabies and shares a room with Resident ID #6. She further acknowledged that Resident ID #5 is receiving treatment for this diagnosis and Resident ID #6 had not been assessed or offered any treatment, as the guidance indicates. Additionally, the ED could not provide evidence the resident's personal items that cannot be laundered were properly disinfected.	S 470	(1) residents belongings were laundered + non washables were stored in containers for 72 hours as ordered by MD. (2) all other residents in building were assessed for possible scabies including those who came in contact with symptoms. (3) RN + administration are aware of protocol + will assess + implement if needed (4) RN + admin goes thru all interventions before being filed + will see any potential issues	
S 565	Residential Care Services 2.4.24.B.1 Medication Services	S 565		

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(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 565	Continued From page 14 2.4.24 (B) (1) Administration of Medications 1. Residences licensed at the M1 level may administer medications to residents including, but not limited to, removing medication containers from storage, assisting with the removal of a medication from a container for residents with disability which prevents independence in this act, and/or administering the medication directly to the resident. a. The resident or guardian must provide written authorization for the residence to provide administration of medications. b. Medications shall be administered in accordance with written orders of a physician. The residence must provide in writing, a description of services provided by the residence to each physician, including limitations on service. c. All medications must be checked against a physician's orders by a licensed nurse, or pharmacist. d. The resident must be identified prior to administration of any medication. e. The medication must be in the original pharmacy-dispensed container with proper label and directions attached and be administered in accordance with such label. f. Injectable medications, including but not limited to insulin, which cannot be self-administered by the resident, must be administered by a licensed nurse. g. There shall be written a policy/procedure	S 565		

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	ALR01439	A. BUILDING: _____ B. WING _____	C 04/12/2024

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S 565	Continued From page 15 for the disposal of hypodermic needles, syringes and other such instruments that is in compliance with rules and regulations governing Hypodermic Needles, Syringes & Other Such Instruments (Part 20-15-6 of this Title). (1) The legal destruction of hypodermic needles, syringes or other such instruments is the responsibility of the last entitled or authorized possessor. (AA) All personnel or residents legally authorized to use disposal syringes and needles, shall destroy them after one (1) use. (BB) Excess and undesired needles, syringes and other such instruments shall be stored in impervious, rigid, puncture- resistant container for disposal. Intact needles shall be placed directly into the collection containers. (CC) Personnel handling disposal waste materials such as needles, syringes, and other such instruments may treat and destroy such waste by a DEM-approved alternative treatment/destruction technology or prepare the regulated medical waste for off-site transport by a DEM-permitted medical waste transporter. h. Individual medication records must be retained for each resident to whom medications are being administered and each dose administered to the resident must be properly recorded. i. Any medication administered by the residence and refused by a resident shall be documented and reported, as appropriate.	S 565		

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S 565	Continued From page 16 j. Medications shall be stored securely and in such a manner to prevent spoilage, dosage errors, administration errors, and/or inappropriate access. Provisions for safe storage may include lockable containers, secure spaces, or lockable units, as appropriate to the residence and the resident population. k. All medication in the residence, regardless of whether controlled by employees or by the resident, shall be stored securely as stated in § 2.4.24(A)(3)(a)(8) of this Part. l. All centrally stored medications shall be maintained in accordance with manufacturer's labeling and administered by authorized personnel. This Requirement is not met as evidenced by: Based on surveyor observation and staff interview, it has been determined the residence failed to ensure that medications shall be stored securely and in such a manner to prevent spoilage, dosage errors, administration errors, and/or inappropriate access for the singular medication storage room. Findings are as follows: During a surveyor observation of the medication room located at the nursing station on 4/11/2024 at approximately 8:45 AM in the presence of a Certified Medication Technician (CMT), Staff B, the following medications were opened and not dated: - Anoro Ellipta 62.5 micrograms (mcg) 25 mcg inhaler, manufacturer instructions indicate to discard 6 weeks after opening.	S 565		

RI Department of Health

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S 565	Continued From page 17 - Breo Ellipta 200 mcg/25 mcg inhaler, manufacturer instructions indicate to discard 6 weeks after opening. - Trelegy Ellipta 100 mcg/62.5/25.5 mcg inhaler, manufacturer instructions indicate to discard 6 weeks after opening. - Incruse Ellipta 62.5 mcg inhaler, manufacturer instructions indicate to discard 6 weeks after opening. - Three Lantus Solostar insulin pens, manufacturer instructions indicate to discard 28 days after opening. - Insulin Lispro Kwik pen, manufacturer instructions indicate to discard 28 days after opening. - Two Glargine insulin U-100 pen, manufacturer instructions indicate to discard 28 days after opening. During an interview immediately following this observation with Staff B, she acknowledged the above-mentioned medications were opened and not dated. During an interview on 4/11/2024 at approximately 2:48 PM with the Executive Director, she could not provide evidence the above-mentioned medications were stored, as required, to prevent expired medications from being administered.	S 565	(1) all Insulin pens that are opened and all Inhalers opened are tagged with dates + initials. (2) all Residents with Insulins + Inhalers meds have been looked at to make sure they are tagged (3) RN will check all meds monthly on tags. (4) Medication Supervisor is checking all meds 2 x per week to make sure they have dates + initials on them.	
S 575	Residential Care Services 2.4.24.B.3 Medication Services	S 575		

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S 575	Continued From page 18 2.4.24 (B) (3) Ordering Medications a. In M1 and M2 facilities, when assistance is needed, the certified administrator, or his/her qualified designee, shall assist with ordering medications. Assistance shall include coordinating prescriptions and delivery of medications, reorders of prescriptions, and receiving deliveries. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined that the residence failed to assist with ordering medications including coordinating delivery and receiving delivery of medications for 4 of 6 sample residents, ID #s 1, 2, 3, and 5. Findings are as follows: 1. Record review of Resident ID #1 revealed a physician's order dated 4/1/2023 for Calcium Carbonate 650 milligram (mg, calcium supplement) to be given by mouth twice daily with meals. Review of the April 2024 electronic medication administration Record (EMAR) revealed the resident had not received 8 doses of this medication. The explanation provided on the EMAR for this medication not being given states "Med Unavailable-waiting on Delivery." There was no evidence of follow up with the pharmacy or the prescriber regarding the status of this medication. 2. Record review of Resident ID #2 revealed a physician's order dated 3/8/2024 for Betamethasone VA 0.1% cream (a steroid cream	S 575	Same plan of action as 483 S230 will be done.	

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S 575	Continued From page 19 used to treat redness, swelling, and itching) apply a thin layer to the affected area daily and an order dated 1/16/2024 for Paroxetine HCL 10 mg (a medication used to treat depression) to be given by mouth daily. Review of the March 2024 EMAR revealed the resident had not received 7 doses of Betamethasone. Additional review of the April 2024 EMAR revealed the resident had not receive 7 doses of Betamethasone and 7 doses of Paroxetine. The explanation provided on the EMAR for this medication not being given states "Med Unavailable-waiting on Delivery." There was no evidence of follow up with the pharmacy or the prescriber regarding the status of the medication. 3. Record review of Resident ID #3 revealed the following physician's orders: Ensure High Protein (a meal replacement supplement that provide high protein) 1 bottle twice daily, order dated 1/24/2024, Melatonin 5 mg (a medication used to treat sleeplessness) 1 tablet by mouth at bedtime, order dated 2/14/2024, and Metoprolol Suc ER 25 mg (a medication used to lower blood pressure and heart rate) 1 tablet by mouth at bedtime, order dated 1/15/2024. Review of the March 2024 EMAR revealed the resident had not received 26 doses of the Ensure High Protein, 15 doses of Melatonin, and 7 doses of Metoprolol Suc ER. The explanation provided on the EMAR for this medication not being given states "Med Unavailable-waiting on Delivery." There was no evidence of follow up with the pharmacy or the prescriber regarding the status of the medication. 4. Record review of Resident ID #5 revealed a physician's order dated 3/4/2024 for Hydroxyzine	S 575		

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S 575	Continued From page 20 HCL 25 mg (a medication used to treat itching caused by allergies) 1 tablet by mouth twice a day. Review of the April 2024 EMAR revealed the resident had not received 15 doses of this medication. The explanation provided on the EMAR for this medication not being given states "Med Unavailable-waiting on Delivery." There was no evidence of follow up with the pharmacy or the prescriber regarding the status of the medication. During an interview on 4/12/2024 at approximately 2:10 PM with the Executive Director (ED), she could not provide evidence the residence assisted the residents with ordering, coordinating the delivery of, and receiving delivery of these medications, as ordered.	S 575		
S 705	Physical Plant 2.4.30.I Safety Requirements 2.4.30 (I) Safety Requirements I. Each residence shall develop and maintain a written plan and procedure for the evacuation of the premises in case of fire or other emergency, based on F1 / F2 licensure requirements, Fire Safety Code-General Provisions (R.I. Gen. Laws Chapter 23-28.1) requirements. 1. Emergency steps of action shall be clearly outlined and posted in conspicuous locations throughout the residence. 2. Drills simulating fire emergencies, testing the effectiveness of the fire evacuation plan shall be conducted at least six (6) times per year on a bimonthly basis with a minimum of two (2) drills conducted during the night when residents are	S 705	(1) all fire drills are current up to date (2) all fire drills will be observed. (3) there will be at least 2 drills conducted during sleep hours (4) all fire drills are scheduled by the 6th of the year on a bimonthly calendar.	

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S 705	Continued From page 21	S 705		

sleeping with documentation of observed ability of residents to carry out evacuation procedures. At least fifty percent (50%) of these drills shall be obstructed drills, as defined in Fire Safety Code-General Provisions (R.I. Gen. Laws Chapter 23-28.1).

3. The drills shall be permitted to be announced in advance to the residents. The drills shall involve the actual evacuation of all residents to an assembly point as specified in the emergency plan and shall provide residents with experience in egressing through all exits and means of escape required by the Fire Safety Code-General Provisions (R.I. Gen. Laws Chapter 23-28.1). Exits and means of escape not used in any fire drill shall not be credited in meeting the requirements of the Fire Safety Code-General Provisions (R.I. Gen. Laws Chapter 23-28.1).

a. Documentation of fire drills shall be maintained and shall include no less than the following information:

(1) Name of the person conducting the drill;
(2) Date and time of the drill;
(3) Amount of time taken to evacuate the building or unit;
(4) Type of drill (i.e., obstructed or unobstructed);
(5) Record of problems encountered and steps taken to rectify them;
(6) Employee observation of each resident's ability to carry out evacuation procedures.

4. Residents shall be instructed in all

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S 705	Continued From page 22 alternative methods of escape since the primary exit may be unusable due to fire and/or smoke. Such instruction shall be documented in the record described in § 2.4.30(I)(3)(a) of this Part. 5. Each new resident shall be oriented to the fire drill procedure on admission, with documentation of the orientation placed in the resident's record. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined the residence failed to ensure drills simulating fire emergencies, testing the effectiveness of the fire evacuation plan, be conducted at least six (6) times per year on a bimonthly basis and at least fifty percent (50%) of these drills shall be obstructed drills, as defined in Fire Safety Code-General Provisions (R.I. Gen. Laws Chapter 23-28.1). Findings are as follows: 1. Record review revealed fire drills were conducted on the following dates in 2023-2024: 3/9/2024, 1/18/2024, 1/4/2024, 8/31/2023, 8/6/2023, 6/20/2023, 3/2/2023, and 1/23/2023. Record review revealed obstructed drills were documented on 3/9/2024 and on 1/23/2023 which is 25% of the drills conducted instead of the 50%, as required. Further record review revealed on 1/4/2023 at 6:20 AM a drill was documented as being conducted during hours of sleep, which is once per year instead of twice, as required. 2. Record review revealed fire drills were	S 705		

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S 705	Continued From page 23 conducted on the following dates in 2022: 10/13/2022, 8/13/2022, 6/7/2022, 4/5/4022, and 2/7/2022. Record review failed to reveal evidence the drills were conducted six times per year as required. During an interview on 4/12/2024 at approximately 2:04 PM with the Executive Director, she could not provide evidence the fire drills were conducted according to regulatory requirements.	S 705		