RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01506	A. BUILDING: _____ B. WING _____	04/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAPITOL RIDGE AT PROVIDENCE	700 SMITH STREET PROVIDENCE, RI 02908

(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 biennial State Licensure survey and a complaint/incident investigation survey (JB2611, 4/2/2025 through 4/3/2025) were conducted at this residence. Deficiencies were identified relative to the State Licensure survey.	S 003	S230 A. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:	
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. Received APR 29 2025 Facilities Regulation This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined the residence failed to provide care and services in accordance with the prevailing community standard of care relative to following physician's orders for 1 of 2 residents reviewed for self-administration, Resident ID #1, and for 1 of 5 residents reviewed for medication administration, Resident ID #2. Findings are as follows:	S 230	Resident ID#1 records were reviewed, and an MD order was obtained for the resident to self administer medication and added to the resident's record. Resident ID#2 records were reviewed and nursing staff was re-educated on documentation and progress notes. Conduct Nursing re-education on Benchmark S & P F-100-80 Assessments/ Service Plans, and Benchmark S & P F-100-18 Progress Notes; review Nursing Documentation Essentials Powerpoint 10.29. 10.PPT B. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken: The community will conduct an audit to identify other residents who self administer meds and confirm they have an MD order.	4/3/25 4/11/25

4/29/25

Facilities Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

4/29/25

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S 230	Continued From page 1 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 are in error or would harm the clients..." 1) Record review revealed Resident ID #1 moved into the residence in January of 2025 with diagnoses including, but not limited to, chronic obstructive pulmonary disease and tobacco use. Record review of Resident ID #1's service plan, dated 3/13/2025, revealed the resident self-administers his/her medications. The record failed to reveal a physician's order for the resident to self-administer his/her medications. 2) Record review revealed Resident ID #2 moved into the residence in March of 2025 with diagnoses including, but not limited to, left artificial hip and abnormalities of gait and mobility. Record review revealed the following physician's orders for Resident ID #2: -Acetaminophen 325 milligrams (mg), take 3 tablets by mouth every 8 hours. This medication had a start date of 3/7/2025 and a discontinued date of 3/12/2025. -Amlodipine (used to treat high blood pressure), take 5 mg tablet daily. This medication had a start date of 3/7/2025, this medication order is still active. -Daily-Vite tablet daily. This medication had a	S 230	C. What measures will be put into place and what systemic changes you will make to ensure that the deficient practice does not reoccur: RCD /designee will audit order for self-administrating medications monthly for 6 months. D. How the corrective action(s) will be monitored to ensure the deficient practice will not reoccur, (i.e., what quality assurance program will be put into place): The administrator and/or designee will audit residents who self-administer medications quarterly for 6 months. Results will be discussed at Quarterly QA.	9/30/25 9/30/25

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S 230	Continued From page 2 start date of 3/7/2025 and a discontinued date of 3/13/2025. -Latanoprost 0.005% eye drops, instill 1 drop into both eyes at bedtime. This medication had a start date of 3/7/2025, this medication order is still active. -Lidocaine pain relief 4% patch, apply 1 patch to the right hip every morning, remove at bedtime. This medication had a start date of 3/7/2025, this medication order is still active. -Olmesartan Medoxomil (used to treat high blood pressure) 5 mg tablet. This medication had a start date of 3/7/2025, this medication order is still active. -Omeprazole (used to treat gastroesophageal reflux disease) 20 mg capsule by mouth daily. This medication had a start date of 3/7/2025, this medication order is still active. -Pravastatin (used to lower cholesterol and triglycerides in the blood) 40 mg tablet by mouth at bedtime. This medication had a start date of 3/7/2025, this medication order is still active. -Vitamin D3 25 mcg take 2 tablets by mouth daily. This medication had a start date of 3/7/2025 and a discontinued date of 3/14/2025. Record review of the medication administration record for March and April 2025 revealed the following: -Acetaminophen not available from 3/7 through 3/11. -Amlodipine not available from 3/7 through 3/10.	S 230		

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S 230	Continued From page 3 -Daily-Vite not available from 3/7 through 3/13. -Latanoprost not available from 3/7 through 3/9, 3/19 through 3/26, 3/29 through 4/2. -Lidocaine not available from 3/8 through 3/13, 3/20 through 4/2. -Olmesartan Medoxomil not available from 3/8 through 3/10. -Omeprazole not available from 3/8 through 3/10. -Pravastatin not available from 3/7 through 3/9. -Vitamin D3 not available from 3/8 through 3/13. The record lacks evidence the physician was notified medications were not administered on all above-mentioned dates. During a surveyor interview on 4/3/2025 at approximately 3:30 PM with the Resident Care Director, in the presence of the Executive Director, she acknowledged Resident ID #1 did not have a physician's order to self-administer his/her medication. Additionally, she could not provide evidence that Resident ID #2 received their medications per the physician's orders. Furthermore, she could not provide evidence of communication with the resident's physician for follow up regarding the resident not receiving his/her medications after 3/19/2025.	S 230		
S 233	Organization And Management 2.4.13.B Management Of Services B. The residence shall have a policy and	S 233		

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S 233	Continued From page 4 procedure manual that is reviewed and updated by the administrator at intervals not to exceed twelve (12) months, and shall include, but not be limited to, the following items: 1. A written description of all services available to residents that shall be designed to promote the resident's efforts to maintain independence; 2. A written statement of admission criteria that shall include, at a minimum, the following information regarding the resident population: a. Nature and extent of disabling condition(s) served; and b. Restrictions (if any). (1) The statement of admission criteria shall include a statement that no otherwise qualified applicant shall be denied admission to the residence solely on the basis of race, creed, color, religion, sexual orientation, or national origin. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined that the residence failed to have a policy and procedure manual that is reviewed and updated by the residence at intervals not to exceed twelve months. Findings are as follows: Record review of the policy and procedure manual titled, "Standards and Practices" failed to reveal evidence that residence policies had been reviewed yearly.	S 233	S 233 A. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: Review and sign off on policy and procedures annually at the community. Re-education to the Policy Protocol QA 100-03 B. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken: An audit will be completed to ensure that all necessary policies will be included and reviewed with our Annual QA Agenda C. What measures will be put into place and what systemic changes you will make to ensure that the deficient practice does not reoccur: The community will be re-educated on Policy Protocol QA-100-03 and reviewed at Annual QA Meeting D. How the corrective action(s) will be monitored to ensure the deficient practice will not reoccur, (i.e., what quality assurance program will be put into place): This plan will be monitored by RCD/ED or designee every 90 days at quarterly QA meetings.	5/15/25 5/15/25. Review at annual QA planning meeting. Ongoing

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S 233	Continued From page 5 During a surveyor interview with the Executive Director on 4/3/2025 at approximately 3:30 PM, she could not provide evidence that the policy and procedure manual contents had been updated at intervals not to exceed twelve months, as required.	S 233		
S 380	Residency Requirements 2.4.16.G.1 Resident Assessment/Service Plan 2.4.16 (G) (1) Service Plans 1. Within a reasonable time after move-in, not to exceed seven (7) days, the Administrator shall be responsible for the development of a written service plan based on the initial assessment. The service plan shall include at least: a. The services and interventions needed, including all services provided by outside healthcare agencies (e.g., home nursing care, hospice); b. Description, frequency, duration relating to the service or intervention, including personal assistance, medication, special diets, recreational activities, and other similar services rendered; c. Party responsible for arranging and/or providing the service; and d. The resident's requested and/or therapeutically needed recreational and social activities. This Requirement is not met as evidenced by:	S 380	S380 A. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: Resident ID#1 has been identified as Smoking resident - this has been added to the resident service plan along with interventions. A re-education of the smoking policy has been provided to all care nurse supervisors using Benchmark S&P A-100-52 B. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken: A community wide audit will be completed of all smoking residents to ensure that their service plans identify them as a smoker with added interventions.	completed by 4/15/25 completed by 4/15/25

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S 380	Continued From page 6 Based on record review and staff interview, it has been determined that the residence failed to document a description of the services and interventions needed on the service plan for 1 of 2 residents reviewed relative to smoking, Resident ID #1. Findings are as follows: Record review revealed Resident ID #1 moved into the residence in January of 2025 with diagnoses including, but not limited to, chronic obstructive pulmonary disease and tobacco use. Further record review revealed smoking assessments, dated 2/12/2025 and 3/13/2025, indicating that the resident is a smoker. Record review of the resident's service plan, dated 3/13/2025, failed to indicate that the resident is a smoker; therefore, failed to reveal smoking interventions to keep the resident and other residents safe. During a surveyor interview on 4/3/2025 at approximately 4:00 PM with the Resident Care Director, in the presence of the Executive Director, she could not provide evidence smoking was listed on the resident's service plan, as required.	S 380	C. What measures will be put into place and what systemic changes you will make to ensure that the deficient practice does not reoccur: An audit of all residents that smoke will be performed to ensure proper documentation with interventions on service plan - upon admission, quarterly and with any change in condition assessment. D. How the corrective action(s) will be monitored to ensure the deficient practice will not reoccur, (i.e., what quality assurance program will be put into place): The RCD/ED or designee will audit all smoking resident service plans to ensure proper documentation and finding will be brought to QA.	6/30/25 ongoing
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 §	S 450		

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S 450	Continued From page 7 23-17.4-16, "Rights of Residents" and such other appropriate standards as may be prescribed in 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	S 450	S450 A. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: Resident/Staff Roster was removed from the survey binder. Admin was re-educated on Resident Rights B. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken: A community wide audit was conducted to ensure that no other identifying documents were included in public binders and that residents' privacy was protected. C. What measures will be put into place and what systemic changes you will make to ensure that the deficient practice does not reoccur: ED will audit community binders quarterly for 6 mos. to ensure no identifying documents are present, protecting residents' privacy. D. How the corrective action(s) will be monitored to ensure the deficient practice will not reoccur, (i.e., what quality assurance program will be put into place): This plan will be monitored by ED quarterly and findings will be brought to QA meeting.	Completed by 4/30/25. Completed by 4/30/25. 10/31/25 Ongoing

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S 450	Continued From page 8 payers or by the residence's basic rate; 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	S 450		

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S 450	Continued From page 9 date of termination, the resident's right to an appeal under state law, and the name/address of 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	S 450		

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S 450	Continued From page 10 indications of no longer meeting residence criteria or if service with a termination notice is 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	S 450		

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S 450	Continued From page 11 display in a conspicuous place on the premises a copy of the "Rights of Residents." This Requirement is not met as evidenced by: Based on surveyor observation and staff interview, it has been determined the residence failed to implement procedures to ensure that all the residence's employees protect the resident's rights contained in these regulations and to observe the standards stated in R.I. Gen. Laws § 23-17.4-16 (a)(2)(ix) relative to identifying information for the residents listed in the facility's survey results binder. Findings are as follows: During a surveyor observation on 4/2/2025 at 10:46 AM of the residence's survey binder, a copy of the "Resident/Staff Roster", dated 6/12/2023, from the survey was revealed. During a surveyor interview with the Executive Director on 4/2/2025 following the above observation, she could not provide evidence the residents' privacy was protected.	S 450		
S 565	Residential Care Services 2.4.24.B.1 Medication Services 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.	S 565		

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S 565	Continued From page 12 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 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.	S 565		

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	ALR01506	A. BUILDING: _____ B. WING _____	04/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAPITOL RIDGE AT PROVIDENCE	700 SMITH STREET PROVIDENCE, RI 02908

(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 13 (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. 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	S 565	S565 A. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: All CMT's and Nurses were re-educated on Medication Cart audits using the Benchmark Medication Management Audit Tool. B. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken: Medication audits were performed and completed by RCD/Designee to ensure all medications with shortened expiration dates were discarded, re-ordered, and labeled appropriately with the open date. Additionally, all expired and or discontinued medications were removed from the medication carts. C. What measures will be put into place and what systemic changes you will make to ensure that the deficient practice does not reoccur: All care nurse supervisors and CMT's will complete cart audits on 10% of the community monthly for 6 months	completed by 4/15/25 Completed by 4/30/25 10/31/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S 565	Continued From page 14 resident, shall be stored securely as stated in § 2.4.24(A)(3)(a)(8) of this Part. I. 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, record review, and staff interview, it has been determined that 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 2 of 3 medication carts observed, medication carts for the secured care unit and the second floor. Findings are as follows: 1) During a surveyor observation on 4/3/2025 at approximately 9:00 AM of the second-floor medication cart, in the presence of Certified Medication Technician (CMT), Staff A, the following medications, which have a shortened expiration date, without a date to determine when opened, were revealed: 4 opened bottles of Fluticasone Propionate 50 mcg (microgram). -Fluticasone bottle had a delivery date of 1/2/2025. -Fluticasone bottle had a delivery date of 1/3/2025. -Fluticasone bottle had a delivery date of	S 565	D. How the corrective action(s) will be monitored to ensure the deficient practice will not reoccur, (i.e., what quality assurance program will be put into place): RCD/Designee will conduct medication cart audits monthly for 3 months and bring findings to QA	7/31/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01506	A. BUILDING: _____ B. WING _____	04/03/2025

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CAPITOL RIDGE AT PROVIDENCE	700 SMITH STREET PROVIDENCE, RI 02908

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S 565	Continued From page 15 1/16/2025. -Fluticasone bottle had a delivery date of 2/10/2025. The above-mentioned opened bottles of Fluticasone, have manufacturer's instructions that indicate to discard 6 weeks after opening. During a surveyor interview with Staff A, following the above observation, she acknowledged the above medications were not labeled with a date to determine when they were opened. 2) During a surveyor observation of the medication cart, on the special care unit, on 4/3/2025 at 3:00 PM in the presence of CMT, Staff B, the following expired and/or discontinued medications were revealed: -moisture barrier cream, an expiration date of 8/22/2023. -amlactin 12% lotion, an expiration date of 3/28/2024. -Metoprolol succintate, this medication was discontinued prior to the survey. During a surveyor interview with Staff B immediately following the above observation, she acknowledged the creams were expired. Additionally, she acknowledged the Metoprolol was not an active order. During a surveyor interview on 4/3/2025 at approximately 3:15 PM with the Resident Care Director, she acknowledged medications with a shortened expiration date should be dated when opened, that expired meds should be discarded,	S 565		

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S 565	Continued From page 16 and that any medications that have been discontinued should be removed from the medication cart.	S 565		