RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01495	A. BUILDING: _____ B. WING _____	04/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALL AMERICAN ASSISTED LIVING	55 TOLL GATE FARM ROAD WARWICK, RI 02886

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S 003	Initial Comments An unannounced biennial State Licensure survey and a complaint/incident investigation survey (ACTS reference number 94837, 04/04/2023) were conducted at this residence. Deficiencies were identified relative to the State Licensure survey.	S 003	On 4/4/24 a biannual survery occured. Our plan of correction is the following. S230 Organization and Management:2.3.13 (A/B) 1. Resident #1 chart will be reconciled and corrected to reflect all available information which is to include time frame for start/end of care with home health agency, location of wound(s), treatment(s) performed and any clinical updates provided by visiting nurse during the time ranging from January 2023 through April 2024. Upon completion of reconciliation, residents residency status to be reviewed to ensure appropriate placement. Targeted Completion date 6/5/24. 2. Resident Care Director/Wellness nurses will receive inservicing on the requirements of: - Skin assessments on residents "at risk" upon admission, routinely scheduled assessments, and/or as needed if change in condition occurs. - The requirement to include, skin observations on each identified "at risk" residents' service plan, which is to include home health agency in place with treatment, frequency, and discipline(s) responsible for performing and monitoring existing wounds; Ongoing observations of skin and the reporting process to the Resident Care Director/Wellness Nurse for skin abnormalities that caregivers note that are new, have changed, or have worsened. - In addition to receiving updates and treatment performed with each skilled nursing visit on the provider consult form with each skilled nursing visit, once weekly rounds with the home health agency to review clinical updates and progression of wound care for each resident on service, with documentation in each residents chart based on observations and clinical updates provided. Clinical updates to include measurements, staging and description of wound. - Criteria for and requirements for ALR Variance/Extension Request for Hospice and Skilled Nursing Services. Targeted completion date: June 5, 2024	
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 prevailing community standards of care relative to wounds for a singular resident reviewed relative to wound care services, Resident ID #1. Findings are as follows: According to AHCPR (Agency for HealthCare Policy and Research) Clinical Practice Guideline, Pressure Ulcers in Adults: Prediction & Prevention Number 3, May, 1992, the skin of the "at risk" patient should be inspected on admission	S 230		

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Facilities Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Elisabeth A. Lamanatia	Executive Director	4/19/24

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S 230	Continued From page 1 and at least daily. According to Clinical Nursing Skills, 5th Edition, 2000, assessment requires skilled observation, reasoning, and a theoretical knowledge base to gather and differentiate, verify, organize data, and document the findings. Assessment is a critical phase because all the other steps in the process depend on the accuracy and reliability of the assessment. According to the Mayo Clinic, wound care is, "an important aspect of healthcare that involves the proper management and treatment of wounds to promote healing and prevent infection." According to The Guideline for Prevention and Management of Pressure Ulcers 2003 edition, pressure ulcers are to be assessed and monitored at each dressing change, reassessed and measured at least weekly, including description of location, tissue type, size tunneling, exudates (amount, type, character, and odor), presence/absence of infection, wound edges, stage, periwound skin, pain, and adherence to prevention and treatment. Resident ID#1 was admitted to the facility on 12/21/2020 with a diagnosis including, but not limited to, Guillain-Barre syndrome (a rare disorder in which the body's immune system attacks the nerves). Record review of outside provider notes revealed a wound care start of care date of 01/20/2023. Wound care provider notes from 01/12/2023-03/22/2024 reveal care for a left arm, a buttock, and a coccyx wound. With wound descriptions ranging from:	S 230		

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S 230	Continued From page 2 -03/28/2023: Left hand healed, left arm healing well -04/03/2023: Wounds healing well, no pain -06/02/2023: Left hand mostly healed, left buttock skin is closed, right buttock small open area beefy red and tender to touch -12/01/2023: New pinpoint area on coccyx 03/22/2024: Left buttocks and coccyx continue to cause discomfort, open pink wound bed Record review failed to reveal assessments that include all required components of appropriate wound documentation, including, but not limited to: measurements, staging, and descriptions of each wound. According to the resident sample list provided by the facility, at the time of this survey, wound care services are still in place for Resident ID #1. During an interview on 04/04/2024 at approximately 4:25 PM, the Administrator and the Regional Resident Care Director acknowledged the resident's wound notes did not reflect the required components.	S 230		
S 435	Residency Requirements 2.4.17.H Reporting Requirements 2.4.17 (H) Reporting Requirements H. Reporting requirements, pursuant to R.I. Gen. Laws Chapter 23-17.8 must be posted in the residence in plain view of all residents and employees. This Requirement is not met as evidenced by:	S 435	S435 Reporting Requirements: 2.4.17 (H) 1. The Executive Director, Resident Care Director and Wellness Nurses to receive inservicing on requirements and submission of: - Assisted Living Residences Required Incident Reporting - Assisted Living Residence- Five (5) Day Investigation report 2. Resident Care Director to implement routine practice of tracking state reportable IR to ensure timely Five Day investigations are submitted timely; Weekly review of all state reportables to ensure adequate investigation, actions and review of effectiveness of any applicable interventions implemented. 3. Late submissions of 5 day investigation reports to be filed for Incidents: #94225,#93227, #93229 4. For each IR filed, the fax confirmation page will be each attached to the original incident report and filed the State Reportable incident report binder Targeted completion date: May 31, 2024	

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S 435	Continued From page 3 Based on record review and staff interview, it has been determined the residence failed to maintain evidence that all reportable incidents have been thoroughly investigated and that actions have been taken to prevent further incidents while the investigation is in progress. They further failed to submit results of said investigation to the Department, within five (5) business days for 3 of 4 incidents reviewed, ACTS intake #s 94225, 93227, and 93229. Findings are as follows: 1) Incident #94225 was submitted to the Department of Health on 02/02/2024 and alleges a resident fell, requiring hospitalization of the resident. Record review revealed the facility failed to provide the 5-day investigation report to the Department of Health. In addition, at the time of the facility recertification survey, they were unable to provide evidence the incident had been thoroughly investigated and actions had been taken to prevent further incidents. 2) Incident #93227 was submitted to the Department of Health on 11/28/2023 and alleges resident to resident abuse on the memory care unit. Record review revealed the facility failed to provide the 5-day investigation report to the Department of Health. In addition, at the time of the facility recertification survey, they were unable to provide evidence the incident had been thoroughly investigated and actions have been taken to prevent further incidents. 3) Incident #93229 was submitted to the	S 435		

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S 435	Continued From page 4 Department of Health on 11/29/2023 and alleges an accident requiring hospital evaluation. Record review revealed the facility failed to provide the 5-day investigation report to the Department of Health. In addition, at the time of the facility recertification survey, they were unable to provide evidence the incident had been thoroughly investigated and actions had been taken to prevent further incidents. During an interview on 04/04/2023 at approximately 4:15 PM, the Administrator was unable to provide evidence the 5-day investigation reports were completed, incidents were thoroughly investigated, and actions were taken to prevent future incidents, as required, for the above mentioned incidents.	S 435		
S 730	Practices and Procedures, Violations, Sa 2.4.32.B Variance Procedure 2.4.31 (B) Variance Procedure B. A request for a variance shall be filed by a high managerial agent of the assisted living residence in writing, and must set forth in detail the basis upon which the request is made including: 1. Identification of the specific regulatory section(s) herein; 2. Alternative actions, processes, or procedures that through the facility's implementation will facilitate compliance with the specific regulatory intent, and how the Residence will ensure staff awareness and training regarding the variance, when appropriate.	S 730	S730 Variances Procedure: 2.4.31(B) 1. The Executive Director, Resident Care Director and Wellness Nurses to receive inservicing on requirements and submission of: -ALR Variance/Extension Request for Hospice and Skilled Nursing Services 2. In addition to updates received by each discipline on each visit and to weekly rounds for wound observation, on a monthly basis the Resident Care Director and/or Wellness Nurse will meet with all outside service providers(Skilled, Palliative or Hospice) who have active caseloads to review the status and anticipated plan of care of each respective resident on service. 3. If a resident requires continued services anticipated to last more than 45 days, the community will submit a request for a Variance Extension and await to receive approval or denial, following up with the appeal process if deemed necessary to do so. 4. Submissions(late) of Variance and/or Variance Extension request for Resident #1, Resident #2, Resident #3, Resident #4 will be filed. 5. For each Variance/Variance extension request, the fax confirmation page will be each attached to the original Variance/Extension Request form and filed in the ALR variance/Extension Request Binder. Targeted completion date: 6/15/24	

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S 730	Continued From page 5 3. A variance period shall not exceed the assisted living residence's license period. An assisted living residence must request renewal of the variance when it submits its annual license renewal application. 4. Upon the filing of each request for variance with the Department, and within a reasonable time thereafter, the Department shall notify the applicant by certified mail of its approval or in the case of a denial, a hearing date, time and place may be scheduled if the residence appeals the denial and held in accordance with the provisions of § 2.4.33 of this Part. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined that the residence failed to submit a variance for outside services received, beyond 45 days, for 4 of 6 residents reviewed, residents ID #s 1, 2, 3, and 4. Findings are as follows: 1) Resident ID#1 was admitted to the facility on 12/21/2020 with a diagnosis including, but not limited to, Guillain-Barre syndrome (a rare disorder in which the body's immune system attacks the nerves). Record review of outside provider notes revealed a wound care start of care date of 01/20/2023. Wound care provider notes from 01/12/2023-03/22/2024 reveal care for a left arm, a buttock, and a coccyx wound.	S 730		

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S 730	Continued From page 6 According to the resident sample list provided by the facility, at the time of this survey wound care services are still in place for Resident ID #1. Record review failed to reveal a variance submitted to the Department of Health for wound care services after 45-days of the start of care, as required. 2) Resident ID #2 was admitted to the facility on 05/25/2023 with a diagnosis including, but not limited to, Alzheimer's disease. Record review revealed a hospice start of care date of 12/1/2023 for a decline related to Alzheimer's disease. According to the resident sample list provided by the facility, at the time of this survey, hospice services are still in place for Resident ID #2. Record review failed to reveal a variance submitted to the Department of Health for hospice services, as required. 3) Resident ID #3 was admitted to the facility on 03/18/2022 with a diagnosis including, but not limited to, Alzheimer's disease. Record review revealed a hospice start of care date of 11/17/2023 for a decline related to Alzheimer's disease. According to the resident sample list provided by the facility, at the time of this survey, hospice services are still in place for Resident ID #3. Record review failed to reveal a variance submitted to the Department of Health for hospice services, as required. 4) Resident ID #4 was admitted to the facility on 03/31/2023.	S 730		

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S 730	Continued From page 7 Record review failed to reveal a start of care for wound care services; however, wound care had been provided in excess of 45-days. According to the resident sample list provided by the facility, at the time of this survey wound care services are still in place for Resident ID #4. Record review failed to reveal a variance submitted to the Department of Health for wound care services after 45-days of the start of care, as required. During an interview on 04/04/2024 at approximately 4:00 PM, the Administrator and Regional Resident Services Director acknowledged that the above residents are receiving outside services and the facility failed to submit a variance request, as required.	S 730		