RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01500	A. BUILDING: _____ B. WING _____	C 02/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIGHTHOUSE AT LINCOLN	425 ALBION ROAD LINCOLN, RI 02865

(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. Deficiencies were identified.	S 003		3/15/2024
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 the prevailing community standards of care relative to skin treatments for 1 of 4 sample residents reviewed for abuse, ID #4. Findings are as following: Mosby's 4th Edition, Fundamentals of Nursing, page 314 states, "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." According to AHCPR (Agency for HealthCare Policy and Research) Clinical Practice Guideline,	S 230	1. Resident ID # 4 was seen by skilled nursing on 3/5/2024. 2. All residents have had a skin check. All Nurses have been re-educated on obtaining a physician order for skilled nursing if a resident sustains a skin tear and/or other skilled nursing need, as well as notifying the responsible party. The RN will assess the wound/skin tear and document findings. The staff have been re-educated on the skin check protocol and notifying the nurse of any skin tear/wound. 3. The staff will immediately notify the Resident Care Director or designee regarding a skin tear/ wound. The licensed nurse will complete a weekly skin check on a sampling of 10% of the residents on a shower day and document on the skin check form. All staff will be re-educated by the RCD on adherence to the protocol by March 15, 2024.	

Facilities Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Executive Director — (X6) DATE: 3/15/24

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S 230	Continued From page 1 Pressure Ulcers in Adults: Prediction & Prevention Number 3, May 1992, the skin of the "at risk" patient should be inspected on admission and at least daily. A community reported allegation of potential resident abuse was received by the Rhode Island Department of Health on 2/21/2024; the allegation states in part, "...[resident] occasionally resistant to care, frequently grabbed by arms to lead or restrain for care...This facility has many patients it isn't capable of safely caring for..." Record review revealed Resident ID #4 moved into the residence in November of 2020 with a diagnosis of dementia. During a surveyor observation of the resident on 2/23/2024 at approximately 9:55 AM, in the presence of a Registered Nurse, Staff A, a dressing that was not dated was identified on the resident's left forearm. Upon removal of the dressing by Staff A, an open wound was observed on his/her forearm. Record review revealed an "Internal Accident/Incident Staff Communication Form" dated 2/18/2024 which states in part, "...Injury: Skin tear L [left] arm...? [question] if from fall on 2/11/24..." Record review failed to reveal evidence that a physician's order was obtained for skilled nursing services to provide wound care to the resident; failed to reveal any available documentation from a skilled nursing agency regarding assessment of the wound, including a description of the wound or treatments provided to the wound. Additionally, the record failed to reveal a Registered Nurse (RN) from the residence assessed the wound at	S 230	4. The Resident Care Director will review all documented skin checks at stand up and previous day incident reports and review at the Quality Assurance meeting for the next 6 months.	

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S 230	Continued From page 2 any time since the wound was identified on 2/18/2024. During an interview on 2/23/2024 at approximately 10:51 AM with the Director of Wellness, she acknowledged the resident has a wound to his/her left forearm. She further acknowledged the resident is not receiving skilled nursing services for wound care from an outside agency, as required. Additionally, the Director could not provide evidence the resident's wound had been assessed or treated since 2/18/2024 when it was identified.	S 230		3/15/2024
S 285	Residency Requirements 2.4.14.A Residency Requirements 2.4.14 (A) Residency Requirements A. Each licensee, or his/her designee, through the assessment and evaluation procedures delineated in these regulations (see § 2.4.16(C) of this Part) shall be responsible to ensure that admission to and residency in an assisted living residence be limited to those individuals who meet the definition of "resident" in accordance with § 2.3(A)(32) of this Part. This Requirement is not met as evidenced by: Based on record review, surveyor observation, and staff interview, it has been determined that the residence retained a resident that does not meet the definition of a "resident" for 2 of 6 sample residents reviewed for appropriateness of residency, ID #s 1 and 5. Finding are as follows: A community reported allegation of potential	S 285	1. Resident ID # 1 and #5 were officially given a 30- day notice on 2/26/2024. 2. RCD to re-evaluate all residents transfer status. If needed, obtain PT/OT evaluation and inform the responsible party. If any resident does not meet the criteria, a 30-day notice will be issued. All nursing staff have been re-educated on the Hospice Services policy, Change of Resident Status/Condition and Safe Resident Handling.	

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S 285	Continued From page 3 resident abuse was received by the Rhode Island Department of Health on 2/21/2024; the allegation states in part, "...There are patients who cannot feed, clothe, or bathe themselves, or even stand at all, who are totally dependent for all care...This facility has many patients it isn't capable of safely caring for..." Per the Rules and Regulations for Licensing Assisted Living Residences the definition of a "resident" states in part "...persons who are bedbound or in need of the assistance of more than one (1) person for ambulation are not appropriate to reside in assisted living residences..." Per 2.4.1 (A)(4) of the regulation "Any assisted living residence which offers to provide or provides services for residents receiving hospice services that are bed-bound or in need of assistance from more than one staff person for ambulation is required to be licensed at the F1 level, as defined in § 2.4.2(A)(1)(a) of this Part, and must have a license endorsement, issued pursuant to these regulations, to provide limited health services..." Record review reveals this residence is licensed at the F1 level. The residence does not have a license endorsement to provide limited health services, which is required for any assisted living residence which offers to provide or provides residents that are bed-bound or in need of assistance from more than one person for ambulation while receiving hospice services. 1. Record review revealed Resident ID #1 moved into the residence in May of 2018 with a diagnosis of vascular dementia.	S 285	3. The staff will immediately notify the Resident Care Director or designee regarding a change of resident transfer status/condition. Staff will be re-educated by the RCD on adherence to the protocol by March 15, 2024. 4. The Resident Care Director will review any change of transfer status at stand up and report to the Quality Assurance meeting for the next 6 months.	

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S 285	Continued From page 4 Record review of nursing progress notes from 9/2/2023 through 2/19/2024 revealed the resident had 14 unwitnessed incidents where he/she was observed on the floor by staff. During a surveyor observation on 2/23/2024 at approximately 10:02 AM, Resident ID #1 was observed in the dining room in a high-back wheelchair (which provides extra upper body support). The resident was observed being propelled in the wheelchair by the staff due to him/her being unable to ambulate. When asked by the surveyor if the resident could ambulate, the resident was observed to be unable to ambulate with the assistance of two staff. 2. Record review revealed Resident ID #5 moved into the residence in November of 2022 with a diagnosis of dementia. Record review revealed the resident was admitted to hospice services on 11/10/2023. Record review of Resident ID #5's comprehensive assessment dated 12/26/2023 states in part, "...functional decline non-ambulatory...Ambulation status: non-ambulatory..." During a surveyor observation on 2/23/2024 at approximately 10:10 AM, Resident ID #5 was observed in the dining room in a high-back wheelchair. The resident was observed being propelled in the wheelchair by the staff due to him/her being unable to ambulate. When asked by the surveyor if the resident could ambulate, the resident was observed to be unable to ambulate with the assistance of two staff. During an interview immediately following the	S 285		

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S 285	Continued From page 5 observations of Resident ID #s 1 and 5 attempting to ambulate, the two Nursing Assistants (NA), Staff B and Staff C, acknowledged the two residents are non-ambulatory. During an interview on 2/23/2024 at approximately 2:12 PM with the Director of Wellness, she acknowledged that both Resident ID #s 1 and 5 are non-ambulatory.	S 285		3/15/2024
S 430	Residency Requirements 2.4.17.G Reporting Requirements 2.4.17 (G) Reporting Requirements G. The residence shall 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. Appropriate corrective action shall be taken, as necessary. The results of said investigation shall be reported to the Department, within five (5) business days, on forms supplied by the Department. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined the residence failed to thoroughly investigate and document an incident relative to any injury(ies) to a resident for 1 of 4 sample residents reviewed relative to abuse, ID #2. Findings are as follows: A community reported allegation of potential resident abuse was received by the Rhode Island	S 430	1. Resident ID # 2 had a full skin check. 2. RCD completed skin checks on all residents for any skin integrity issues. All nursing staff have been re-educated on the Abuse policy and Reporting Requirements policy. 3. The staff will immediately notify the Resident Care Director or designee regarding any bruise, skin tear or skin integrity issue. If a bruise is of unknown etiology, The incident will be reported to the Department of Health and investigation Initiated. All staff will be re-educated by the RCD on adherence to these policies by March 15, 2024.	

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S 430	Continued From page 6 Department of Health on 2/21/2024; the allegation states in part, "...There are multiple patients at [assisted living residence] with handprint on their arms from being pulled...patients assault each other..." Record review revealed Resident ID #2 moved into the residence in October of 2023 with a diagnosis of Alzheimer's disease. Record review revealed the following nursing progress notes: - 11/14/2023: "Resident was noted at 4:20 PM by activity aide to be walking down the hall with area above and below right eye to have swelling.; Abrasion also noted below right eye..." - 12/17/2023: "Staff noted large amount of bruising to left buttock and a large bruise to the back of left thigh...Staff have not reported a fall..." - 1/22/2024: "Staff noticed that this resident's left hand was swollen, puffy and bruise..." Record review failed to reveal evidence the above-mentioned injuries had occurred as a result of a particular incident and were thoroughly investigated. During an interview on 2/23/2024 at approximately 11:50 AM with the Director of Wellness, she could not provide evidence the above-mentioned injuries were the result of a particular incident and were thoroughly investigated.	S 430	4. The Resident Care Director will review reportable of unknown etiology at stand up and report to the Quality Assurance meeting for the next 6 months.	
S 730	Practices and Procedures, Violations, Sa 2.4.32.B Variance Procedure	S 730		

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S 730	Continued From page 7 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. 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 the residence failed to obtain a variance for approval from the Department for a	S 730	1. Sent initial variance for Resident ID # 5 on 3/7/2024. 2. Submitted initial hospice variances for all current residents receiving Hospice services on 3/7/2024. The Executive Director and Resident Care Director was re-educated on the variance protocol. 3. The variance tickler will be updated with the initial date of submission and 180 days thereafter, if approved. The Executive Director and Resident Care Director will be re-educated by March 15, 2024. 4. The Resident Care Director will review all new variances at stand up and report to the Quality Assurance meeting for the next 6 months.	3/15/2024

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S 730	Continued From page 8 singular resident reviewed that is receiving hospice services, Resident ID #5. Findings are as follows: Per the Rules and Regulations for Licensing Assisted Living Residences, the definition of a resident states in part, "Resident" means "...an individual not requiring medical or nursing care as provided in a health care facility but who as a result of choice and/or physical or mental limitation requires personal assistance, lodging and meals and may require the administration of medication and/or limited health services...Persons needing medical or skilled nursing care, including daily professional observation and evaluation, as provided in a health care facility, and/or persons who are bedbound or in need of the assistance of more than one (1) person for ambulation is not appropriate to reside in assisted living residences. However, an established resident may receive daily skilled nursing care or therapy from a licensed health care provider for a condition that results from a temporary illness or injury for up to forty-five (45) days subject to an extension of additional days as approved by the Department, or if the resident is under the care of a Rhode Island licensed hospice agency provided the assisted living residence assumes responsibility for ensuring that the required care is received. Furthermore, a new resident may receive daily therapy services and/or limited skilled nursing care services, as defined through these Regulations, from a Rhode Island licensed health care provider for a condition that results from a temporary illness or injury for up to forty-five (45) days subject to an extension of additional days as approved by the Department..."	S 730		

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S 730	Continued From page 9 A community reported allegation of potential resident abuse was received by the Rhode Island Department of Health on 2/21/2024; the allegation states in part, "...[resident]...not suited to be in assisted living..." Record review revealed Resident ID #5 moved into the residence in November of 2022 with a diagnosis of dementia. Record review revealed the resident was admitted to hospice services on 11/10/2023. Record review failed to reveal evidence an approved variance for hospice services provided by an outside agency was obtained from the Department, as required. During a surveyor interview on 2/23/2024 at approximately 1:34 PM with the Director of Wellness, she acknowledged the above-mentioned resident is receiving hospice services. Additionally, she was unable to provide evidence an approval was obtained from the Department, as required.	S 730		