RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01515	A. BUILDING: _____ B. WING _____	C 04/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HALCYON AT WEST BAY LLC	2783 WEST SHORE ROAD WARWICK, RI 02889

(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		
S 155	Organization And Management 2.4.12(C)(1-3) Administrative Management 2.4.12 Administrative Management (C)(1-3) C. Pursuant to R.I. Gen. Laws § 23-17.4-15.1.1, each assisted living residence shall have an administrator who is certified by the Department in accordance with regulations established pursuant to R.I. Gen. Laws § 23-17.4-21.1, in charge of the maintenance and operation of the residence and the services to the residents. The name and contact information for the current administrator shall be displayed in a conspicuous public area of the residence. The administrator is responsible for the safe and proper operation of the residence at all times by competent and appropriate employee(s) and shall be responsible for no less than the following: 1. The management and operation of the residence and services to the residents; 2. Compliance with federal, state, and local laws and rules and regulations pertaining to, but not limited to: the management and operation of assisted living residences, fire, safety, zoning, building codes, sanitation, food service, communicable and reportable diseases, Americans with Disabilities Act, employee health and safety, other relevant health and safety requirements, and these regulations. 3. Staffing the residence with adequate and qualified personnel to attend to the food preparation, general housekeeping, assistance with personal care, medication administration, if	S 155	1. All charts and MARs of residents with orders for insulin were reviewed for accuracy and administration of such. 2. Community is actively recruiting with successful hire of fulltime first shift nurse. Interviews are scheduled and ongoing for additional part time first shift and additional second shift and third shift nurses. Community is committed to recruit and incentivize hiring until 24/7 nurse staffing is achieved with per diem and part time staff to fill gaps ongoing. 3. Director of Wellness and Full Time RN Assessment nurse to fill in temporarily to ensure compliance with blood sugars and insulins ongoing. 4. Facility contracted with [redacted] to assist with clinical regulatory compliance and urgent nursing coverage as needed ongoing. 5. Training on staffing schedule program to ensure accuracy in staffing especially with professional nurses 05/01/2023—05/15/2023. 6. Schedule will be reviewed weekly for proper professional nurse staffing by the Director of Wellness and the scheduler weekly ongoing 7. Date of Compliance 6/1/2023	

Facilities Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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S 155	Continued From page 1 applicable, and other such services; This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined that the administrator failed to staff the residence with qualified staff to administer medication (insulin) and follow physician orders for 4 of 5 sample residents reviewed, ID #'s 2, 3, 4, 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 are in error of would harm the clients..." 1. Record review revealed Resident ID #2 moved into the residence in October of 2022. S/he has diagnosis including, but not limited to, type 1 diabetes. Record review revealed Resident ID #2 has the following physician's orders for insulins (a medication used to treat diabetes): - Humalog injection 100unit/ML (milliliter): inject 6 units twice daily with meals at 8:00 AM and 12:00 PM - Toujeo Solo 300IU/ML (international unit): inject 20 units daily at 8:00 AM Record review failed to reveal evidence that the resident received his/her insulins on the following dates and time: - Humalog 8:00 AM dose: 3/26/2023 and 4/3/2023	S 155		

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S 155	Continued From page 2 - Humalog 12:00 PM dose: 3/16/2023, 3/22/2023, and 3/26/2023 - Toujeo solo 8:00 AM dose: 3/26/2023 2. Record review revealed Resident ID #3 moved into the residence in April of 2021. S/he has diagnosis including, but not limited to, type 2 diabetes. Record review revealed Resident ID #3 has the following physician's orders for blood sugar checks and insulin: - Check blood sugar twice a day at 8:00 AM and 4:00 PM, and hold insulin for blood sugar less than 90. - Humalog mix insulin injection 75/25: inject 18 units every morning at 8:00 AM Record review failed to reveal evidence that the resident blood sugar was checked at 8:00 AM on 3/15 and 3/26/2023. Additional record review failed to reveal evidence that the resident received his/her Humalog insulin at 8:00 AM on 3/15 and 3/26/2023 as ordered. Record review of a progress note dated 3/26/2023 reveal that due to staffing issue on the 7:00 AM-3:00 PM shift, there was no nurse available to administer the resident his/her insulin as ordered. 3. Record review revealed Resident ID #4 moved into the residence in April of 2021. S/he has diagnosis including, but not limited to, type 1 diabetes. Record review revealed Resident ID #4 has the following physician's orders for blood sugar checks and insulin:	S 155		

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S 155	Continued From page 3 - Check blood sugar twice a day at 8:00 AM and 7:00 PM (contact physician if blood sugar is less than 70 or greater than 300). - Lantus solostar 100unit/ML: inject 20 units every morning at 8:00 AM (hold if blood sugar is less than 80). - Victoza insulin 18MG/ML (milligram/milliliter): inject 1.8 MG daily at 8:00 AM Record review failed to reveal evidence that the resident blood sugar was checked at 8:00 AM on 3/4 and 3/26/2023. Additional record review failed to reveal evidence that the resident received his/her Lantus insulin at 8:00 AM on 3/14 and 3/26/2023, and Victoza insulin at 8:00 AM on 3/26/2023 as ordered. Record review of a progress note dated 3/26/2023 reveal that due to staffing issue on the 7:00 AM-3:00 PM shift, there was no nurse available to administer the resident his/her insulin as ordered. 4. Record review revealed Resident ID #5 moved into the residence in April of 2021. S/he has diagnosis including, but not limited to, type 1 diabetes. Record review revealed Resident ID #5 has the following physician's orders for insulins: - Insulin Aspa injection 100units/ML: inject 4 units daily with breakfast - Insulin Aspa injection 100units/ML: inject 6 units daily with lunch - Insulin Aspa injection 100units/ML: inject 10 units daily with dinner - Lantus 100units/ML: inject 18 units daily at 8:00 PM	S 155		

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S 155	Continued From page 4 Record review failed to reveal evidence that the resident received his/her insulins on the following dates and time: - Insulin Aspa injection 100units/ML: inject 4 units daily with breakfast: 3/26/2023 and 4/3/2023 - Insulin Aspa injection 100units/ML: inject 6 units daily with lunch: 3/26/2023 - Insulin Aspa injection 100units/ML: inject 10 units daily with dinner: 3/7/2023 - Lantus 100units/ML: inject 18 units daily at 8:00 PM: 3/7/2023 Record review of a progress note dated 3/26/2023 reveal that due to staffing issue on the 7:00 AM-3:00 PM shift, there was no nurse available to administer the resident his/her insulin as ordered. Record review of the staffing schedule for 3/26/2023 revealed that there was no Registered Nurse or Licensed Practice Nurse available or assigned to work in the residence on the 7:00 AM-3:00 PM shift. During a surveyor interview on 4/4/2023 at 8:39 AM with the Staffing Coordinator, she acknowledged there was no nurse available in the residence on 3/26/2023 on the 7:00 AM-3:00 PM shift. During a surveyor interview on 4/4/2023 at 10:43 AM with a Registered Nurse, Staff A, she acknowledged the above-mentioned residents did not receive their insulins as ordered on 3/26/2023 due to insufficient staffing. Additionally, she could not provide evidence as to why the above-mentioned residents did not get their blood sugar checked, and insulins administered on the	S 155		

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S 155	Continued From page 5 other dates mentioned apart from 3/26/2023. During an additional surveyor interview on 4/4/2023 at 11:26 AM with the administrator, he acknowledged that the above-mentioned residents did not receive their insulins on 3/26/2023 due to insufficient licensed staff available to administer the medications.	S 155		
S 230	Organization And Management 2.4.13(A/B) 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. B. The residence shall have a policy and 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).	S 230		

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S 230	Continued From page 6 (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 provide a scheduled nurse to administer a schedule II-controlled substance medication to a resident PRN (as needed) on the 11 PM-7 AM shift for 1 of 5 sample residents reviewed who require assistance with medication administration ID #1. Findings are as follows: According to Appendix 1(B) of the "Rules and Regulations Pertaining to Rhode Island Certificates of Registration for Nursing Assistants, Medication Aides, and the approval of Nursing Assistant and Medication Aide Training Program" states in part, "...Medication Aides shall not administer any Schedule II controlled substance..." Record review for this resident revealed s/he moved into the residence in March of 2023 and has diagnoses including, lower back pain and osteoarthritis. Record review of the resident service plan dated 3/27/2023 states in part, "...Med Administration: Staff to store and administer medications..." Record review reveal a physician order dated 3/27/2023 for Oxycodone (a schedule II medication that must be administered by a	S 230	1. All charts and MARs of residents with orders for pain medication were reviewed for accuracy and administration of such. 2. Community is actively recruiting with successful hire of fulltime first shift nurse. Interviews are scheduled and ongoing for additional part time first shift and additional second shift and third shift nurses. Community is committed to recruit and incentivize hiring until 24/7 nurse staffing is achieved with per diem and part time staff to fill gaps ongoing. 3. Director of Wellness and Full Time RN Assessment nurse to fill in temporarily to ensure compliance with pain medications as needed ongoing. 4. Facility contracted with [redacted] to assist with clinical regulatory compliance and urgent nursing coverage as needed ongoing. 5. Med adjustment made for resident #1 to be given pain medication Q8h standing with Tylenol PRN for breakthrough pain 4/14/2023. 6. Training on staffing schedule program to ensure accuracy in staffing especially with professional nurses 05/01/2023—05/15/2023. 7. Schedule will be reviewed weekly for proper professional nurse staffing by the Director of Wellness and the scheduler weekly ongoing. 8. Date of Compliance 6/1/2023	

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S 230	Continued From page 7 Registered Nurse or a Licensed Practical Nurse) 7.5/325 MG (milligram) every 6 hours PRN for pain. Record review of the staffing schedule from 3/27/2023 through 4/3/2023 revealed that there was no Registered Nurse or Licensed Practice Nurse available to administer the PRN Oxycodone to the resident on 3/27/2023 through 4/3/2023 from 11:00 PM to 7:00 AM. During a surveyor interview on 4/4/2023 at approximately 9:41 AM with Staff A, she acknowledged that the resident does not receive the PRN Oxycodone as ordered. She further acknowledged that there is no licensed nurse on duty from 11:00 PM-7:00 Am to administer the above-mentioned medication.	S 230		

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