RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01520	A. BUILDING: _____ B. WING _____	C 03/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHAPEL HILL	10 OLD DIAMOND HILL ROAD CUMBERLAND, RI 02864

(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 90907, 91033, 91639, 92062, 92473, 92266, 92268, 93619, 93888, 93957, and 94456, was conducted at this residence on 03/04/2024. Deficiencies were identified.	S 003	The filing of this Plan of Correction does not constitute an admission of the allegations set forth in this statement of deficiencies. This Plan of Correction is prepared and executed as evidence of the facility's continued compliance with applicable laws.	
S 185	Organization And Management 2.4.12.G.2 Administrative Management 2.4.12 (G) (2) Employee Training 2. The administrator shall ensure that all new employees who will have regular contact with residents and provide residents with personal care shall receive at least ten (10) hours of orientation and training within thirty (30) days of hire and prior to beginning work alone in the assisted living residence, in addition to the areas stipulated in § 2.4.12(G) of this Part. Such areas include: a. Basic sanitation; b. Food service; c. Basic knowledge of cultural differences; d. Basic knowledge of aging-related behaviors including dementia and Alzheimer's disease; e. Personal assistance; f. Assistance with medications; g. Safety of residents; h. Body Mechanics;	S 185	1.) Employee A and B both have completed the required trainings as outlined. 2.) House wide audit to be done by ED or designee of employees hired within the last year to ensure all required trainings have been completed. 3.) In-service training to be completed by ED or designee with Business Office Manager BOM reviewing training expectations for the staff upon hire as well as required annual trainings. 4.) All new hires will be reviewed by Wellness Director or designee weekly x 4 weeks then monthly x 6 months. to ensure appropriate training is completed and signed off on. 5.) Audits will be review by ED, WD or designee at QA to ensure continued compliance for six months.	by 4/15

3/27/24

RECEIVED
MAR 27 2024
FACILITIES REGULATION

Facilities Regulation

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

Christine McAndrews — Executive Director — 3/27/2024

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S 185	Continued From page 1 i. Resident Transfers (required for residences licensed at the F1 level for fire safety); j. Record-keeping; k. Service plans; and l. Internal reporting. This Requirement is not met as evidenced by: Based on record review and staff interview it has been determined the residence failed to ensure all new employees received at least ten hours of orientation and training, in the areas stipulated in §2.4.12(G) of the regulations, within thirty days of hire and prior to beginning work independently in the residence for two of three sample employees, Staff A and B. Findings are as follows: 2.4.12 G 1 Employee Training includes: a. Fire prevention; b. Recognition and reporting of abuse, neglect, and mistreatment; c. Assisted living philosophy (goals/values: dignity, independence, autonomy, choice); d. Resident's rights. e. Confidentiality. f. Emergency preparedness and procedures; g. Medical emergency procedures; h. Infection control policies and procedures; and i. Resident elopement. 2.4.G 2 Employee Training includes: a. Basic sanitation; b. Food service;	S 185		

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S 185	Continued From page 2 c. Basic knowledge of cultural differences; d. Basic knowledge of aging-related behaviors including dementia and Alzheimer's disease; e. Personal assistance; f. Assistance with medications; g. Safety of residents; h. Body Mechanics; i. Resident Transfers (required for residences licensed at the F1 level for fire safety); j. Record-keeping; k. Service plans; and l. Internal reporting. A reported incident of a death of a resident was received by the Rhode Island Department of Health on 2/19/2024 states in part, "...[resident] became extremely pale, collapsed and assisted to floor. Became unresponsive...When EMS arrived resident was not breathing and did not have a pulse, resident was a full code..." Full code means that if a person's heart stopped beating and/or they stopped breathing, all resuscitation procedures will be provided to keep them alive. 1. Record review revealed Staff A was hired on 8/22/2023 as a Certified Medication Technician (CMT). This staff member is CPR (cardiopulmonary resuscitation) certified and was called by Staff B to respond to a medical emergency. 2. Record review revealed Staff B was hired on 5/31/2023 as a Certified Nursing Assistant (CNA). This staff member was assisting Resident ID #1 when s/he became unresponsive. Record review of the personnel records for the	S 185		

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S 185	Continued From page 3 above-mentioned staff failed to reveal evidence that the staff received all of the required trainings mentioned above prior to beginning to work independently in the residence. During an interview on 3/5/2024 at approximately 10:28 AM, with the Business Office Manager, Staff C, she acknowledged the above-mentioned staff did not receive the required training within the timeframe upon hire and prior to working independently, as required. During an interview on 3/5/2023 at 2:50 PM, the Administrator and Director of Wellness could not provide evidence that the above-mentioned staff had received the required training.	S 185		
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 the residence failed to ensure that all services are rendered in a safe and effective manner, and to provide all care and	S 230	1.) In-service training completed by Fire department on 3/1/24. 2.) In-service completed by WD, with staff to review Advanced Directives and expectations. 3.) Binders created with updated copies of Advanced Directives to be kept on Memory Care, Assisted L[illegible] and the transportation bus. 4.) Concord Health is scheduled to do a mock drill of an emergency situation to be completed by all staff. 5.) The Wellness Director/designee will audit 10% of resident's AD weekly for four weeks then monthly for six months to ensure all is up-to-date.	by 4/15 by 4/15 by 4/15

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S 230	Continued From page 4 services to all residents in accordance with the prevailing community standard of care, related to a singular resident reviewed for emergency medical care, Resident ID #1. According to the Springhouse Illustrated Manual of Nursing Practice, 2002, which states in part, "you must initiate CPR (cardiopulmonary resuscitation) as soon as possible after cardiac and respiratory arrest begin. If you have any doubt about how long the patient's pulse and respirations have been absent, you should still go ahead and perform CPR." According to the residence's policy titled, "Resident-Advance Directives & DO NOT Resuscitate (DNR)" reviewed and updated on 11/4/2022 states in part, "...CPR will be initiated on any resident that is a full code..." Full code means that if a person's heart stopped beating and/or they stopped breathing, all resuscitation procedures will be provided to keep them alive. A reported incident of a resident death was received by the Rhode Island Department of Health on 2/19/2024 states in part, "...[resident] became extremely pale, collapsed and assisted to floor. Became unresponsive...When EMS arrived resident was not breathing and did not have a pulse, resident was a full code, CPR was started by [local EMS]..." Record review revealed Resident ID #1 moved into the residence in September of 2021 with a diagnosis of Alzheimer's disease. Record review the resident's code status informed consent form signed by the resident and physician, dated 12/4/2023, states in part, "...FULL CODE-which is defined as any and all	S 230	6.) The Wellness Director/designee will audit 10% of employees to ensure understanding of AD and expectations weekly for four weeks then monthly for six months. 7.) Audits will be reviewed by ED/WD in monthly QA and six months for continued compliance.	

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S 230	Continued From page 5 means both mechanical and physical to revive a resident in the event of a cardiac and/or respiratory arrest..." Record review of a staff statement dated 2/20/2024 obtained from Staff A, who was called to the unit on the date of the alleged incident, and was one of the CPR certified staff on duty, states in part, "I was getting a radio call from CNA's...so I went downstairs and check to see what happened and the CNA's were telling me to call 911...I checked and saw it was [Resident ID #1] I rushed upstairs to call rescue and check code status and notice [s/he] is a full code...I was going to start giving CPR but she [EMS dispatcher] told me to look for the defibrillator but I couldn't find it so I was going to start CPR and that's when rescue showed up..." During an interview on 3/5/2024 at approximately 8:25 AM with the Director of Wellness (DOW), she acknowledged Resident ID #1 was a full code. The DOW further acknowledged that CPR was not initiated by Staff A, who is CPR certified, when the resident became unresponsive; CPR was initiated by EMS when they arrived.	S 230		