RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01482	A. BUILDING: _____ B. WING _____	C 08/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOCKWOTTON ON THE WATERFRONT	500 WATERFRONT DRIVE EAST PROVIDENCE, RI 02914

(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 91354, 91751, 91736, and 91100 was conducted at this residence on 8/25/2023. A deficiency was identified.	S 003	RECEIVED SEP 18 2023 FACILITIES REGULATION	
S 815	Special Care License Requirements 2.5.2.G Specific Requirements 2.5.2 (G) Specific Requirements G. The Alzheimer Dementia Special Care Unit/Program shall operate and provide services to all residents of the unit/program in accordance with the prevailing community standard of care for residents with the particular needs and behaviors with dementia This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined, the residence failed to provide all care and services in accordance with the prevailing community standard of care for residents with particular needs and behaviors related to dementia, including weight and nutritional status, for one of three residents reviewed, Resident ID #1. Findings are as follows: According to Gerontological Nursing: Scope and Standards of Practice, "The nurse collects comprehensive data pertinent to the older adult's physical and mental health or situation. Prioritizes data collection activities based on the older adult's immediate condition or needs, personal goals for physical and mental health care...collects data in a systematic and ongoing	S 815	Effective immediately, Resident Care Director will do an audit of all Courtyard Memory Care charts, specifically nursing documentation, to ensure that appropriate documentation reflecting changes of condition and overall health decline are being done. Effective 9/18/23, the Administrator or his/her designee, will conduct weekly Risk meetings with the Courtyard Memory Care staff to review the status of every Courtyard Memory Care resident, paying particular attention to any physical decline. Effective 9/18/23, the Assisted Living Administrator or his/her designee will bring meeting minutes from the weekly Risk meetings to the quarterly QI meetings for audit and evaluation of effectiveness of the Risk meeting. This will continue until such time that a standard practice has been implemented.	started 9/13/23 9/18/23 9/18/23

Facilities Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: A/L Admin. — (X6) DATE: 9/18/23

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S 815	Continued From page 1 process using appropriate evidence-based, standardized assessment tools and techniques." ID #1 has diagnoses including, but not limited to, dementia and Alzheimer's disease. The Resident was admitted to the Memory Care unit in October of 2021 due to a decline in cognitive function. Record review of ID #1's record revealed a downward trend in the resident's overall functioning and status over the course of several months, as evidenced by the following: -Weight documented in January of 2022 126.2 pounds and in December of 2022 98.8 pounds -Falls with no injuries documented on 2/19/2022, 4/7/2022, 4/17/2022, and 7/26/2022. -7/17/2023 Assessment to establish Palliative Care, "In the last month [he/she] has been more wheelchair dependent due to pain, stage IV [Avascular necrosis] left femoral head..." -7/23/2023 Left hip pain progressively worse over the last 48 hours, sent to hospital for evaluation. Upon admission s/he was found to have a left femur fracture and was admitted for surgery Record review of resident charting notes and other documentation fail to reveal evidence of monitoring relative to weight or physical status changes. Record review of the resident's 90-day nurse review and comprehensive assessment fail to reveal any nursing interventions or assessments completed related to changes in the resident's weight or physical decline.	S 815		

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S 815	Continued From page 2 An interview was not able to be completed with the resident due to an admission into a rehabilitation facility. During a surveyor interview on 8/25/2023 at approximately 1:35 PM, the Administrator acknowledged that Resident ID #1 did not have appropriate documentation reflecting changes of condition and overall health status decline.	S 815		