RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01521	A. BUILDING: _____ B. WING	07/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LOFT AT LINN ASSISTED LIVING MEMOR'	30 ALEXANDER AVE 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 initial unannounced biennial State Licensure survey was conducted at this residence. A deficiency was identified.	S 003	The filing of this Plan of Correction (POC) does not constitute that the deficiencies alleged did in fact exist, rather this POC is filed as evidence of the facility's continuing commitment to high quality resident care in full compliance with state and federal regulations.	
S 840	Special Care License Requirements 2.5.2.L Specific Requirements 2.5.2 (L) Specific Requirements L. The Alzheimer Dementia Special Care Unit/Program shall provide a secure distinct living environment appropriate for the resident population. This requirement may include, but not be limited to, a locked unit, secured perimeter, or other mechanism to ensure resident safety and quality of life. The residence shall have elopement policies in place, specific to the Unit/Program. This Requirement is not met as evidenced by: Based on surveyor observation, record review, and staff interview, the residence's Alzheimer Dementia Special Care Unit failed to provide a secure distinct living environment appropriate for the resident population. Findings are as follows: Review of the residence's "Assisted Living Memory Care Disclosure Statement" provided to the Department with the licensure application states in part, "The Loft at Linn Assisted Living Memory Care Program is designed to provide a safe, secure and supportive environment...A single secured corridor links all resident rooms with the dining and activities areas. This physical circular design enables, supports, and promotes walking about freely while providing security at all	S840	Completion date for optimal compliance with POC will be August 8, 2024. **As a Plan of Correction (POC) for Tag 840** a) Resident ID #1 continues to reside at the Loft at Linn. Resident was returned safely to the 2nd floor neighborhood. Administration immediately met with staff to reinforce the importance of monitoring residents both on and off the floor. 7/9/24 b) Administration reviewed our current population to identify those who may be at risk for this issue identified by the survey team; residents who do not utilize the wander management system have potential to be affected. Reviewed current system and physical security measures in place. 7/10/24 c) Education will be completed for all staff on the protocols for proper monitoring residents in secured neighborhood and proper supervision when residents are taken off the secured area. 7/26/24 d) The Loft at Linn will upgrade current elevator security control system to ensure only authorized personnel have ability to release elevator. 8/8/24 e) Director of Wellness or designee will conduct random audits to check security measures of the Loft. 7/26/24 f) The Administrator/designee is responsible for the implementation of this plan. The plan will be revised as needed to ensure compliance is achieved. The plan will be monitored, and the audits will be reviewed through the QI committee to review progress and ensure ongoing compliance. This process will take place for no less than 3 months; after which time our QI committee will determine if our level of compliance is conducive to discontinuing the formal checks. 10/9/24	

RECEIVED
JUL 24 2024
FACILITIES REGULATION

Facilities Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 7/24/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01521	A. BUILDING: _____ B. WING	07/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LOFT AT LINN ASSISTED LIVING MEMOR'	30 ALEXANDER AVE 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
S840	Continued From page 1	S840		

times...Memory care is a self-contained area which is entered from the lobby area through electronically locked doors opened by passcodes...Our high level of staffing as well as monitoring systems ensures a secure environment..." Additionally, the disclosure statement indicates a courtyard that is accessible to residents with "support and supervision of the Loft staff."

Surveyor observation of the residence's licensed Alzheimer Dementia Special Care Unit on 07/09/2024 revealed the following:

-Elevator access to the unit without requiring a code.

-Two elevators being utilized by staff and visitors to enter and exit the unit.

-The elevator being utilized by residents, accompanied by staff, to leave the unit.

-The elevator door facing the dining area was stuck open for more than three minutes without an alarm or mechanism to alert staff, there were no residents in the area at the time. Three visitors were attempting to leave the unit; eventually, a kitchen staff member assisted the visitors to the other elevator to leave the unit.

-Observation of residents re-entering the unit via the elevators at lunch meal service.

-There were no observations of residents and staff utilizing the "Courtyard" during the survey, per the disclosure statement.

During an observation and subsequent interaction with Resident ID #1 at approximately 1:45 PM,

RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01521	A. BUILDING: _____ B. WING	07/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LOFT AT LINN ASSISTED LIVING MEMOR	30 ALEXANDER AVE 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 840	Continued From page 2 he/she requested this surveyor to assist him/her "to go." Initially, this surveyor did not understand the request, and was attempting to direct the resident to his/her room, At the time of this interaction, the surveyor and Resident ID #1 were standing in front of the elevator. Another resident on the unit indicated that the resident was asking to leave the unit via the elevator. Staff A, Certified Medication Technician, then assisted the resident into the elevator and they left the unit. The surveyors exited the unit shortly thereafter to return to the first floor of the building. Al approximately 2:00 PM this surveyor exited the Chapel to make a request of the Administrator and observed Resident ID #1 to be walking down the main corridor of the facility unattended. The resident was in an unsecure area of the building, out of line of sight of any staff, ambulating independently down the hallway towards the restroom. This surveyor then went to the Administrator's office, where two residents were observed to be sitting outside of the front of the building in an unsecure area, unattended by staff. Staff A was observed in the activity's office, next to the Chapel, engaged in conversation with another staff member. At approximately 2:10 PM, when the surveyor was returning to the Chapel three individuals were observed silting outside unattended and Resident ID #1 was ambulating the first-floor hallway again unattended. During an exit interview on 07/09/2024 at approximately 3:30 PM, the Administrator indicated that the residents are able to leave the unit, at their request, for those residents they have assessed to not require a Wanderguard.	S840		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01521	A. BUILDING: _____ B. WING	07/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LOFT AT LINN ASSISTED LIVING MEMOR'	30 ALEXANDER AVE 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 840	Continued From page 3 She indicated she can see the residents in the front of the building if she is in her office. The Administrator was unable to provide evidence that the residents who reside on the Special Care Unit are in a secure environment.	s 840		