RI Department of Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | ALR01416 | A. BUILDING: _____ B. WING _____ | 02/02/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| AUTUMN VILLA ASSISTED LIVING | 3579 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 |
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| S 003 | Initial Comments<br><br>An unannounced biennial State Licensure survey and a complaint/incident investigation survey (SHDB11, 02/02/2024) were conducted at this residence. Deficiencies were identified relative to the State Licensure survey. | S 003 | | |
| S 370 | Residency Requirements 2.4.16.E Resident Assessment/Service Plans<br><br>2.4.16 (E) Resident assessments and Service Plans<br><br>E. In the event a resident has an admission to a health care facility and is scheduled to return to the residence without a significant change in status, then the assessment shall be updated within five (5) working days of readmission.<br><br>1. In case of an emergency admission, the required assessment shall take place within five (5) working days and shall include the following:<br><br>a. An immediate admission necessitated by natural disaster, crisis, or threat to public safety at another licensed assisted living residence, independent living situation, community residential facility, or private residence;<br><br>b. An immediate admission necessitated by the unanticipated incapacitation of the primary caregiver of the person to be admitted;<br><br>c. Conditions or circumstances warranting emergency admission and as approved by Center for Health Facilities Regulation staff within forty- eight (48) hours. | S 370 | S370<br>~RE-Educate both RN's on policy of updating comprehensive assessment within 5 working days of Resident return.<br><br>~Put into play a plan that upon any hospital or rehab admission of a Resident, all assessments that will need updating will be removed from Resident Chart and placed in the RN TO-DO box. This will not be returned to chart until Resident returns and all necessary updates on documentation are completed. This includes all PT/OT, significant change or no changes needed. | 2/3/24 |

2/19/24

RECEIVED
FEB 19 2024
FACILITIES REGULATION

Facilities Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 2-17-24

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| S 370 | Continued From page 1<br>This Requirement is not met as evidenced by:<br>Based on record review and staff interview it has been determined that the residence failed to ensure the comprehensive assessment was updated within five (5) working days of readmission from a health care facility for two of four residents reviewed, ID #s 2 and 4.<br><br>Findings are as follows:<br><br>1. Record review revealed Resident ID #2 moved into the residence in July of 2023.<br><br>Record review revealed the resident was hospitalized from 11/4/2023-11/16/2023.<br><br>Record review revealed Resident ID #2's last comprehensive assessment was completed on 7/5/2023. Record review failed to reveal evidence the assessment was updated within five working days of readmission from a health care facility, as required.<br><br>2. Record review revealed Resident ID #4 moved into the residence in May of 2016.<br><br>Record review revealed the resident was hospitalized from 12/15/2023-12/21/2023.<br><br>Record review revealed Resident ID #4's last comprehensive assessment was completed on 9/9/2023. Record review failed to reveal evidence the assessment was updated within five working days of readmission from a health care facility, as required.<br><br>During an interview on 2/2/2024 at approximately 9:55 AM with a Registered Nurse on duty, Staff A, she could not provide evidence the residents' comprehensive assessments were updated after | S 370 | | |

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| S 370 | Continued From page 2<br>an admission to a health care facility, as required. | S 370 | S470 | |
| S 470 | Residential Care Services 2.4.20.C(1-5) Illness And Emergencies<br><br>2.4.20 (C) (1-5) Reporting of Communicable Diseases<br><br>1. Each residence shall report promptly to the Center for Acute Infectious Diseases Epidemiology (IDE), cases of communicable diseases designated as "reportable diseases" when such cases are diagnosed in the residence in accordance with rules and regulations pertaining to the "Rules and Regulations Pertaining to Counseling, Testing, Reporting and Confidentiality".<br><br>2. When infectious diseases present a potential hazard to residents or personnel, these shall be reported to the Center for Acute Infectious Diseases Epidemiology (IDE) even if not designated as "reportable diseases."<br><br>3. When outbreaks of food-borne illness are suspected, such occurrences shall be reported immediately to the Center for Acute Infectious Diseases Epidemiology (IDE) or to the Center for Food Protection.<br><br>4. Residences must comply with the provisions of R.I. Gen. Laws § 23-28.36-3, which requires notification of fire fighters, police officers and emergency medical technicians after exposure to infectious diseases.<br><br>5. Infection Control<br><br>Infection control provisions shall be established | S 470 | ~Re-Education to all Residents requiring use of sharps, lancets, needles of any kind for proper protocol for using and disposing of all items.<br><br>~ Re-Education to all Med Techs and RN's of policy that requires them to observe each Resident from start to finish including disposal of all needles, sharps, and lancets used. During observation, Med Tech/RN will observe interior of supply container that holds each individual's insulin products to make certain that there isn't any used products left behind and that supplies are clear of visible bloodborne pathogens. While observing diabetic testing process, staff will observe if sharps container is at the 3/4 fill or above line and replace with new container if needed.<br><br>All staff signed for Re-Education by February 6, 2024<br><br>~RN will check weekly or more often that all policies are being adhered to and will spot check Residents for the ability to follow protocol. If a Resident is unable after re-education to demonstrate proper protocol a 30 day notice for higher level of care will be issued. RN will also observe sharps container for need to replace | 2/5/24 |

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| S 470 | Continued From page 3<br>for the mutual protection of residents, employees, and the public. The residence shall be responsible for no less than the following:<br><br>a. Establishing and maintaining a residence-specific infection prevention program;<br><br>b. Establishing policies governing the admission and isolation of residents with known or suspected infectious diseases;<br><br>c. Developing, evaluating and revising on a continuing basis infection control policies, procedures and techniques for all appropriate areas of the residence;<br><br>d. Developing and implementing protocols for:<br><br>(1) Discharge planning to home that include full instructions to the family or caregivers regarding necessary infection control measures; and<br><br>(2) Hospital and/or nursing facility transfer of residents with infectious diseases which may present the risk of continuing transmission. Examples of such diseases include, but are not limited to, tuberculosis (TB), Methicillin resistant staphylococcus aureus (MRSA), vancomycin resistant enterococci (VRE), and clostridium difficile;<br><br>This Requirement is not met as evidenced by:<br>Based on surveyor observation, record review, and staff interviews, it has been determined the facility failed to establish infection control provisions for the mutual protection of residents, employees, and the public relative to insulin | S 470 | | |

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| S 470 | Continued From page 4<br>administration and sharps disposal.<br><br>Findings are as follows:<br><br>Record review of the residence's policy titled "Disposal of Sharps", updated on 10/2/2023 states in part, "All disposals of needles and syringes or any form of sharps must be disposed of in the following manner. All sharps must be placed immediately after they are used in the red sharps container hanging on the med carts or in the nurse's station. When sharps containers are ¾ full they are to be closed and placed in the medical waste box in the supply closet in the basement..."<br><br>During a surveyor observation of the medication chart on 2/1/2024 at approximately 8:58 AM in the presence of a Certified Medication Technician (CMT), Staff B, the following was revealed:<br><br>- A red sharps container was observed on top of a small countertop where the residents were observed checking their blood glucose and disposing of the needles and lancets (a small broad two-edged blade with a sharp point) in the sharps container. This sharps container was observed filled to above the ¾ line indicated on the container.<br><br>- Upon observation of insulin storage, a resident's individual plastic container, which held one insulin pen, one glucose monitoring machine, and lancets was reviewed. When the surveyor reached into the plastic container to remove the insulin pen, she was pricked on her left thumb by the exposed used insulin pen needle.<br><br>During an interview with Staff B immediately following this observation and incident, she | S 470 | | |

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| S 470 | Continued From page 5<br>acknowledged the above-mentioned observation. Additionally, Staff B acknowledged the sharp object that pricked the surveyor's finger was a used insulin pen needle that was left in the plastic container that should have been discarded. Staff B further acknowledged the sharps container was filled above the 3/4 line indicated on the container.<br><br>During a surveyor interview on 2/1/2024 at approximately 9:00 AM with the Director of Wellness and the Administrator, both staff could not provide evidence the used needle was discarded appropriately, as required. | S 470 | | |
| S 490 | Residential Care Services 2.4.21.C Dietetic Services<br><br>2.4.21 (C) Dietetic Services<br><br>C. The food service in each residence shall comply with the appropriate requirements of R.I. Gen. Laws Chapters 21-27 and 21-31, Rhode Island Food Code (Part 50-10-1 of this Title), and such other applicable statutory or regulatory provisions.<br><br>This Requirement is not met as evidenced by:<br>Based on surveyor observation and staff interview, it has been determined that the residence failed to comply with the appropriate requirements of the Rhode Island Food Code.<br><br>Findings are as follows:<br><br>1. Section 3-501.17 of the Rhode Island Food Code indicates that "Ready-to-Eat, | S 490 | | |

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| S 490 | Continued From page 6<br><br>Time/Temperature Control for Safety Food, Date Marking. (A) Except when PACKAGING FOOD using a REDUCED OXYGEN PACKAGING method as specified under § 3-502.12, and except as specified in (E) and (F) of this section, refrigerated, READY-TO -EAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and held in a FOOD ESTABLISHMENT for more than 24 hours shall be clearly marked to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded when held at a temperature of 5°C (41°F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1."<br><br>During surveyor observation of a refrigerator in the main kitchen on 2/1/2024 at approximately 2:20 PM, in the presence of the Food Service Director (FSD), the following was revealed:<br><br>- Two containers of low-fat cottage cheese with a used by date of 1/19/2024.<br>- Two stacks of sliced salami dated 1/1/2024.<br><br>2. According to the Rhode Island Food Code 2018 Edition 2-402.11 Hair Restraints states in part, "...Food Employees shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed Food; clean EQUIPMENT, UTENSILS, and LINENS; and unwrapped SINGLE-SERVICE and SINGLE-USE ARTICLES..."<br><br>During a surveyor observation of the main kitchen in the presence of the FSD on 2/1/2024 at approximately 2:25 PM, a prep cook, Staff C, was observed plating desert; she was not wearing a | S 490 | S 490<br>~ A new additional work day has been added to the head chef/Manager work week. This extra day will consist of uninterrupted food delivery prep, organization and storage of items in dry storage , freezers and refrigerators<br>The managerial tasks for this day will include going through all dry storage items for damage and expiration dates. Storing items using First in First out, checking all expiration dates for food being delivered. Observing the storage room for any concerns of wetness or pests or if items have fallen off shelves to the floor. Inspecting each freezer and refrigerator for proper top to bottom storage. Going through all expiration dates on all items and discarding of items needed, checking all labels for proper item and cook date and discarding anything past edible date. Rewrapping any items that may have become loose if needed. This is every cook's job every day but this extra day of inspection will be the double check. | 2/5/24 |

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| S 490 | Continued From page 7<br>hair restraint while in contact with exposed food.<br><br>3. Section 3-305.11 of the Rhode Island Food Code requires that "...FOOD shall be protected from contamination by storing the FOOD: (1) In a clean, dry location; (2) Where it is not exposed to splash, dust, or other contamination".<br><br>During surveyor observation of the food storage area in the basement in the presence of the FSD on 2/1/2024 at approximately 2:41 PM, revealed five boxes of Devil food cake mix were observed to be in direct contact with the floor. Additional observation of these food items revealed the packaging was soiled and had an expiration date of September 6, 2023.<br><br>4. According to the Rhode Island Department of Health "Food Code" dated 2018, "'Time/temperature control for safety food' means a FOOD that requires time/temperature control for safety (TCS) to limit pathogenic microorganism growth or toxin formation...TIME/TEMPERATURE CONTROL FOR SAFETY FOOD that is cooked to a temperature and for a time specified under §§ 3-401.11 3-401.13 and received hot shall be at a temperature of 57 °C (135 °F) or above...Except as specified under (B) and in (C) and (D) of this section, raw animal FOODS such as EGGS, FISH, MEAT, POULTRY, and FOODS containing these raw animal FOODS, shall be cooked to heat all parts of the FOOD to a temperature and for a time that complies with one of the following methods based on the FOOD that is being cooked:...74 °C (165 °F) or above for 15 seconds for POULTRY, BALUTS, wild GAME ANIMALS as specified under Subparagraphs 3-201.17(A)(3) and (4), stuffed FISH, stuffed MEAT, stuffed pasta, stuffed POULTRY, stuffed RATITES, or | S 490 | S490<br>~A Re-Education to all kitchen staff as to the importance of proper hair covering at all times in food area. Addition Hair coverings were purchased for staff by administration and hands on instruction was given on how to use to each individual.<br><br>~ A Re-Education and instruction to all other staff regarding use of hair coverings if helping in the kitchen.<br><br>~A Re-Education of proper temperature and hot holding to all cooks was administered.<br><br>~Testing of stove holding temperature concluded temp was out of range<br>~Testing of right side steam table temp concluded temp was out of range.<br>Repair was called in and Staff was advised that those 2 areas are out of order til repair completed. Other sides that are working properly will be utilized for now only.<br><br>Manager will test devices for proper usage in kitchen weekly during her managerial day to make sure all is in good working condition. | 2/6/24 |

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| S 490 | Continued From page 8<br>stuffing containing FISH, MEAT, POULTRY, or RATITES...3-501.16 Time/Temperature Control for Safety Food, Hot and Cold Holding. (A) Except during preparation, cooking, or cooling, or when time is used as the public health control as specified under §3-501.19, and except as specified under (B) and in (C ) of this section, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD shall be maintained: (1) At 57 °C (135 °F) or above, except that roasts cooked to a temperature and for a time specified in 3-401.11(B) or reheated as specified in 3-403.11(E) may be held at a temperature of 54 °C (130 °F) or above; P or (2) At 5°C (41°F) or less..."<br><br>During a surveyor observation and testing of food temperatures in the main kitchen in the presence of a cook, Staff D, on 2/2/2024 at approximately 11:40 AM and 11:45 AM, revealed two pans of salmon casserole ready to be served on the steam table with a temperature of 120-degree Fahrenheit.<br><br>During an interview immediately following this observation with Staff D, she acknowledged the above-mentioned food temperature was not in the appropriate range.<br><br>During an interview on 2/2/2024 at approximately 2:40 PM with the Administrator, she could not provide evidence the food temperature of the casserole was within the appropriate range. Additionally, she could not provide evidence the above-mentioned food items were stored appropriately, as required. | S 490 | | |
| S 565 | Residential Care Services 2.4.24.B.1 Medication Services | S 565 | | |

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| S 565 | Continued From page 9<br><br>2.4.24 (B) (1) Administration of Medications<br><br>1. Residences licensed at the M1 level may administer medications to residents including, but not limited to, removing medication containers from storage, assisting with the removal of a medication from a container for residents with disability which prevents independence in this act, and/or administering the medication directly to the resident.<br><br>a. The resident or guardian must provide written authorization for the residence to provide administration of medications.<br><br>b. Medications shall be administered in accordance with written orders of a physician. The residence must provide in writing, a description of services provided by the residence to each physician, including limitations on service.<br><br>c. All medications must be checked against a physician's orders by a licensed nurse, or pharmacist.<br><br>d. The resident must be identified prior to administration of any medication.<br><br>e. The medication must be in the original pharmacy-dispensed container with proper label and directions attached and be administered in accordance with such label.<br><br>f. Injectable medications, including but not limited to insulin, which cannot be self-administered by the resident, must be administered by a licensed nurse. | S 565 | S 565<br>~A Re-Education to all Med Techs/ RN's regarding policy on all insulin pens needing to be dated immediately upon first use and discarded per prescription instruction.<br><br>~All staff shown where labels are kept and how to label properly<br><br>~DON to observe cart once weekly and as needed to inspect all carts, storage areas, insulin boxes, sharps containers, and fridges for proper labeling, handling, and storage. | 2/5/24 |

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| S 565 | Continued From page 10<br><br>g. There shall be written a policy/procedure for the disposal of hypodermic needles, syringes and other such instruments that is in compliance with rules and regulations governing Hypodermic Needles, Syringes & Other Such Instruments (Part 20-15-6 of this Title).<br><br>(1) The legal destruction of hypodermic needles, syringes or other such instruments is the responsibility of the last entitled or authorized possessor.<br><br>(AA) All personnel or residents legally authorized to use disposal syringes and needles, shall destroy them after one (1) use.<br><br>(BB) Excess and undesired needles, syringes and other such instruments shall be stored in impervious, rigid, puncture- resistant container for disposal. Intact needles shall be placed directly into the collection containers.<br><br>(CC) Personnel handling disposal waste materials such as needles, syringes, and other such instruments may treat and destroy such waste by a DEM-approved alternative treatment/destruction technology or prepare the regulated medical waste for off-site transport by a DEM-permitted medical waste transporter.<br><br>h. Individual medication records must be retained for each resident to whom medications are being administered and each dose administered to the resident must be properly recorded.<br><br>i. Any medication administered by the residence and refused by a resident shall be documented and reported, as appropriate. | S 565 | | |

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| (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 |
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| S 565 | Continued From page 11<br><br>j. Medications shall be stored securely and in such a manner to prevent spoilage, dosage errors, administration errors, and/or inappropriate access. Provisions for safe storage may include lockable containers, secure spaces, or lockable units, as appropriate to the residence and the resident population.<br><br>k. All medication in the residence, regardless of whether controlled by employees or by the resident, shall be stored securely as stated in § 2.4.24(A)(3)(a)(8) of this Part.<br><br>l. All centrally stored medications shall be maintained in accordance with manufacturer's labeling and administered by authorized personnel.<br><br>This Requirement is not met as evidenced by:<br>Based on surveyor observation and staff interview, it has been determined the residence failed to ensure that medications shall be stored securely and in such a manner to prevent spoilage, dosage errors, administration errors, and/or inappropriate access for the 1 of 2 medication carts observed.<br><br>Findings are as follows:<br><br>During a surveyor observation of a medication cart where insulins are stored on 2/1/2024 at approximately 8:50 AM in the presence of a Certified Medication Technician (CMT), Staff B, the following was revealed:<br><br>- One Humalog U-100 insulin kwik pen was opened and not dated. The manufacturer's instructions indicate to discard this medication 28 | S 565 | | |

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| | ALR01416 | A. BUILDING: _____ B. WING _____ | 02/02/2024 |

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| S 565 | Continued From page 12<br>days after opening.<br><br>- Two Basaglar Kwik glargine U-100 insulin pens were opened and not dated. The manufacturer's instructions indicate to discard this medication 28 days after opening.<br><br>- Two Lispro U-100 insulin pens were opened and not dated. The manufacturer's instructions indicate to discard this medication 28 days after opening.<br><br>- One Lantus Solostar U-100 insulin pen was opened and not dated. The manufacturer's instructions indicate to discard this medication 28 days after opening.<br><br>- One Flex touch Tresiba U-100 insulin pen was opened and not dated. The manufacturer's instructions indicate to discard 8 weeks after opening.<br><br>During an interview immediately following this observation with Staff B, she acknowledged the above-mentioned insulins were opened and not dated.<br><br>During an interview on 2/1/2024 at approximately 9:40 AM with the Director of Wellness, she could not provide evidence the medications listed above were stored appropriately, as required. | S 565 | | |
| S 730 | Practices and Procedures, Violations, Sa 2.4.32.B Variance Procedure<br><br>2.4.31 (B) Variance Procedure<br><br>B. A request for a variance shall be filed by a high managerial agent of the assisted living residence | S 730 | | |

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| S 730 | Continued From page 13<br>in writing, and must set forth in detail the basis upon which the request is made including:<br><br>1. Identification of the specific regulatory section(s) herein;<br><br>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.<br><br>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.<br><br>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.<br><br>This Requirement is not met as evidenced by:<br>Based on record review and staff interview, it has been determined the residence failed to obtain a variance for approval from the Department for one of two sample residents receiving outside services, Resident ID #1.<br><br>Findings are as follows: | S 730 | S730<br><br>A Re-Education to RN's that all variances need a reply from DOH in order to be approved.<br><br>~Educated RN on how to fill out a variance via PDF and send through encrypted email for variance request.<br><br>~RN will now request variance through email only instead of FAX and will save email.<br><br>RN will put variance request in Administrators TO-DO box until approval is sent by DOH. At that time variance will go in resident chart and a copy will go in Nurses binder. RN will put in her calendar when a new variance request will be needed and will send accordingly. | 2/5/24 |

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| S 730 | Continued From page 14<br><br>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..."<br><br>Record review of the list of residents receiving outside services provided by the Director of Wellness on 2/1/2024 revealed Resident ID #1 is receiving skilled nursing services. | S 730 | | |

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| S 730 | Continued From page 15<br><br>Record review revealed the resident moved into the residence in April of 2016. S/he has a diagnosis of bilateral lower extremities ulcers (wounds).<br><br>Record review revealed the resident was admitted to skilled nursing services from an outside agency on 11/13/2023 and continues to receive such services.<br><br>Record review failed to reveal evidence an approved variance was obtained from the Department, as required.<br><br>During a surveyor interview on 2/1/2024 at approximately 10:24 AM with the Director of Wellness, she acknowledged the above-mentioned resident is receiving skilled nursing services from an outside agency. Additionally, she could not provide evidence an approval was obtained from the Department, as required. | S 730 | | |