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 _____	11/15/2023

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 biennial State Licensure survey and a complaint/incident investigation survey (25UT11, 11/15/2023) were conducted at this residence. Deficiencies were identified relative to the State Licensure survey.	S 003		
S 365	Residency Requirements 2.4.16.D Resident Assessment/Service Plans 2.4.16 (d) Resident Assessments and Service Plans D. The assessment shall be reviewed and at intervals not to exceed twelve (12) months and each time a resident's condition changes significantly. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined the residence failed to review the resident's comprehensive assessment at intervals not to exceed (12) months and each time a resident's condition changes significantly requiring outside services for 2 of 7 sample residents reviewed, ID #s 4 and 6. Findings are as follows: 1. Record review revealed Resident ID #4 moved into the residence in January of 2022 with a diagnosis of dementia. Record review revealed the resident was admitted to palliative care services on January 26, 2023. The resident received palliative care services from January 26, 2023, through September 12, 2023, and resumed palliative care on 10/23/2023 which is ongoing.	S 365	Effective immediately, Courtyard Memory Care Nurse Manager will do an audit of all Courtyard Memory Care charts, specifically comprehensive assessments, to ensure that appropriate documentation reflecting outside services are being done. Effective 12/1/23, the Courtyard Memory Care Nurse Manager will utilize the addendum sheet for all residents to ensure that each outside service is documented appropriately in the comprehensive assessment. Effective 12/1/23, the Assisted Living Administrator or his/her designee will Bring copies of the addendum sheets to the quarterly QI meetings for audit and evaluation of effectiveness of said document. This will continue until such time that a standard practice has been implemented.	12/1/23 12/1/23 12/1/23

AM 12/1/23

RECEIVED
DEC 01 2023
FACILITIES REGULATION

Facilities Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: AL Admin. — (X6) DATE: 12/1/23

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 _____	11/15/2023

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 365	Continued From page 1 Record review of the resident's comprehensive assessment dated 10/31/2023 failed to reveal evidence the assessment was updated to reflect that the resident is receiving the above-mentioned outside services. 2. Record review revealed Resident ID #6 moved into the residence in December of 2016 with a diagnosis of dementia. Record review revealed the resident is receiving occupational therapy with a start of care date of 10/10/2023. Record review of the resident's comprehensive assessment dated 1/28/2023 failed to reveal evidence the assessment was updated to reflect that the resident is receiving the above-mentioned outside services. During a surveyor interview on 11/15/2023 at approximately 1:05 PM with the Memory Care Manager, she acknowledged the above-mentioned residents are receiving outside services. Additionally, she acknowledged Resident ID #s 4 and 6 assessments were not updated to reflect the outside services, as required.	S 365		
S 390	Residency Requirements 2.4.16 G.3 Resident Assessment/Service Plan 2.4.16 (G)(3) Service Plans 3. The service plan shall be reviewed by both parties at intervals not to exceed twelve (12) months and each time a resident's condition changes significantly and all changes shall be	S 390	Effective immediately, Courtyard Memory Care Nurse Manager will do an audit of all Courtyard Memory Care charts, specifically service plans, to ensure that appropriate documentation reflecting outside services are being done.	12/1/23

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: _____	11/15/2023

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 390	Continued From page 2 acknowledged in writing by both parties. . This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined the residence failed to review the service plan each time a resident's condition changes significantly, and failed to accurately reflect that the resident is receiving outside services for 2 of 7 sample residents reviewed, Resident ID #s 4 and 6. Findings are as follows: 1. Record review revealed Resident ID #4 moved into the residence in January of 2022 with a diagnosis of dementia. Record review revealed the resident was admitted to palliative care services on January 26, 2023. The resident received palliative care services from January 26, 2023, through September 12, 2023, and resumed palliative care on 10/23/2023 which is ongoing. Record review of the resident's service plan dated 1/4/2023 failed to reveal evidence the service plan was updated to reflect that the resident is receiving the above-mentioned outside services. 2. Record review revealed Resident ID #6 moved into the residence in December of 2016 with a diagnosis of dementia. Record review revealed the resident is receiving occupational therapy with a start of care date of 10/10/2023. Record review of the resident's service plan dated 1/29/2023 failed to reveal evidence the service	S 390	Effective 12/1/23, the Courtyard Memory Care Nurse Manager will utilize the addendum sheet for all residents to ensure that each outside service is documented appropriately in the comprehensive assessment. Effective 12/1/23, the Assisted Living Administrator or his/her designee will Bring copies of the addendum sheets to the quarterly QI meetings for audit and evaluation of effectiveness of said document. This will continue until such time that a standard practice has been implemented.	12/1/23 12/1/23

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: _____	11/15/2023

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 390	Continued From page 3 plan was updated to reflect that the resident is receiving the above-mentioned outside services. During a surveyor interview on 11/15/2023 at approximately 1:05 PM with the Memory Care Manager, she acknowledged the above-mentioned residents are receiving outside services. Additionally, she acknowledged Resident ID #s 4 and 6 service plans were not updated to reflect the outside services, as required.	S 390		
S 725	Practices and Procedures, Violations, Sa 2.4.32.A Variance Procedure 2.4.32 (A) Variance Procedure A. The Department may grant a variance either upon its own motion or upon request of the applicant from the provisions of any rule or regulation in a specific case if it finds that a literal enforcement of such provision will result in unnecessary hardship to the applicant and that such a variance will not be contrary to the public interest, public health and/or health and safety of residents. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined the residence failed to submit a variance for approval from the Department for a singular sample resident receiving palliative care services, Resident ID #4. Findings are as follows: Per the Rules and Regulations for Licensing	S 725	Effective immediately, Courtyard Memory Care Nurse Manager will do an audit of all Courtyard Memory Care residents who are receiving outside services, to ensure that an appropriate variance has been submitted. Effective 12/1/23, the Courtyard Memory Care Nurse Manager will utilize the addendum sheet for all residents to ensure that a variance has been submitted for appropriate outside services. Effective 12/1/23, the Assisted Living Administrator or his/her designee will bring copies of the addendum sheets to the quarterly QI meetings for audit and evaluation of effectiveness of said document. This will continue until such time that a standard practice has been implemented.	12/1/23 12/1/23 12/1/23

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 _____	11/15/2023

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 725	Continued From page 4 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..." According to the Mayo Clinic, palliative care "is specialized medical care that focuses on providing relief from pain and other symptoms of a serious illness." Record review revealed Resident ID #4 moved	S 725		

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 _____	11/15/2023

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 725	Continued From page 5 into the residence in January 2022 with a diagnosis of dementia. Record review revealed the resident was admitted to palliative care services on January 26, 2023. The resident received palliative care services from January 26, 2023, through September 12, 2023, and resumed palliative care on 10/23/2023 which is ongoing. Review of the resident's record failed to reveal evidence an approved variance was obtained from the Department, as required. During a surveyor interview on 11/15/2023 at approximately 1:10 PM with the Memory Care Manager, she acknowledged the above-mentioned resident is receiving palliative care services. Additionally, she acknowledged an approval was not obtained from the Department, as required.	S 725		