RI Denartment of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01426	A. BUILDING: _____ B. WING	C 10/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PHYLLIS SIPERSTEIN TAMARISK ALR	3 SHALOM DRIVE WARWICK, RI 02886

(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 97851, 96574, and 97922, was conducted at this residence on 10/18/2024 to determine compliance with state regulations. Deficiencies were identified as a result of this survey.	S 003	S365 In post review after the survey there was a note found on the service plan noting the onset of Speech Therapy. When the care plan was printed out the note did not auto populate.	
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 that the residence failed to complete and update the comprehensive assessment each time a resident's condition changed significantly for the singular resident reviewed for outside services, Resident ID #1. Findings are as follows: Record review revealed Resident ID #1 moved into the residence in May of 2024 with a diagnosis including, but not limited to, gastro-esophageal reflux disease (gastric acid flowing from your stomach back up into your food pipe/esophagus). Record review of the resident's comprehensive assessment updated on 10/15/2024 failed to accurately document that the resident is receiving	S 365	We have reviewed the issue with the support team for our EMR software who related that the way we were entering new information into the care plans or the most recent assessment (quarterly) "is a back door into the assessment and any changes made will not be reflected in the care plan". Moving forward all clinical updates will be documented by opening a new assessment. The information will be in the clinical update section of the new assessment and will will automatically be populated into the care plan. See attached updated assessment and care plan populated via our new process. Now when we update the assessment it is automatically noting the change on the care plan, and the quarterly. We just need to add a progress note separately. We also added a tab in our note section the prompts the start or end of ancillary services. We completed an audit of all residents who had any changes made to their plan of care using the wrong access method and we corrected 5 care plans and assessments. The above-mentioned corrected access change will prevent any future occurrence of the error. During the quarterly assessments we will audit to assure that the services are noted appropriately and translated to the plan of care. We will review in our QA meeting for services showing up in all places that it should be noted Quarterly meetings.	10/30/2024

11/8/24

RECEIVED
NOV 07 2024
FACILITIES REGULATION

Facilities Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Melyne Goldstein-Ramsey | TITLE: Executive Director | (X6) DATE: 11/8/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01426	A. BUILDING: _____ B.WING	C 10/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PHYLLIS SIPERSTEIN TAMARISK ALR	3 SHALOM DRIVE WARWICK, RI 02886

(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)	(XS) COMPLETE DATE
S 365	Continued From page 1 speech therapy beginning on 10/11/2024. Review of the residence's "Skilled Visit Documentation" reveals the resident was assessed by speech on 10/11/2024, due to swallowing changes (specific items felt like they were getting stuck in the resident's lower esophagus). During a surveyor interview with the Executive Director at approximately 2:30 PM, she could not provide evidence that the resident's most recent updated comprehensive assessment reflected the resident's receipt of speech therapy services.	S 365	S390 In post review after the survey there was a note found on the service plan noting the onset of Speech Therapy. When the care plan was printed out the note did not auto populate. We have reviewed the issue with the support team for our EMR software who related that the way we were entering new information into the care plans or the most recent assessment (quarterly) "is a back door into the assessment and any changes made will not be reflected in the care plan." Moving forward all clinical updates will be documented by opening a new assessment. The information will be in the clinical update section of the new assessment and will will automatically be populated into the care plan. See attached updated assessment and care plan populated via our new process. We completed an audit of all residents who had any changes made to their plan of care using the wrong access method and we corrected 5 care plans and assessments. The above-mentioned corrected access change will prevent any future occurrence of the error. During the quarterly assessments we will audit to assure that the services are noted appropriately and translated to the plan of care. Now that we update the assessment it is automatically noting the change on the care plan, and the quarterly. We just need to add a progress note separately. We also added a tab in our note section the prompts the start or end of ancillary services. We will review in our QA meeting for services showing up in all places that it should be noted Quarterly meetings.	
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 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 update the service plan each time a resident's condition changed significantly, relative to outside services for 1 of 1 sample resident reviewed, Resident ID #1. Findings are as follows: Record review revealed Resident ID #1 moved into the residence in May of 2024 with a diagnosis	S 390		10/30/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01426	A. BUILDING: _____ B.WING	C 10/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PHYLLIS SIPERSTEIN TAMARISK ALR	3 SHALOM DRIVE WARWICK, RI 02886

(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 including, but not limited to, gastro-esophageal reflux disease (gastric acid flowing from your stomach back up into your food pipe/esophagus). Record review revealed the resident is receiving speech therapy services with a start of care date of 10/11/2024. Record review of the resident's service plan updated on 10/15/2024 failed to accurately reflect that the resident is receiving speech therapy from an outside agency at the time of the service plan review. During a surveyor interview with the Executive Director at approximately 2:30 PM, she acknowledged that the resident is receiving speech therapy. Additionally, she acknowledged the service plan was not updated to accurately reflect that the resident is receiving outside services.	S 390		