RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01507	A. BUILDING: _____ B. WING _____	06/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLENHEIM NEWPORT	303 VALLEY ROAD MIDDLETOWN, RI 02842

(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 was conducted at this residence. Deficiencies were identified relative to the State Licensure survey.	S 003	The filing of this Plan of Correction does not constitute an admission regarding the alleged findings, deficiencies, or violations. This Plan of Correction is filed in the compliance with applicable law and demonstrates the community's continuing commitment to QualityCare.	
S 155	Organization And Management 2.4.12.C(1-3) Administrative Management 2.4.12 Administrative Management (C)(1-3) C. Pursuant to R.I. Gen. Laws § 23-17.4-15.1.1, each assisted living residence shall have an administrator who is certified by the Department in accordance with regulations established pursuant to R.I. Gen. Laws § 23-17.4-21.1, in charge of the maintenance and operation of the residence and the services to the residents. The name and contact information for the current administrator shall be displayed in a conspicuous public area of the residence. The administrator is responsible for the safe and proper operation of the residence at all times by competent and appropriate employee(s) and shall be responsible for no less than the following: 1. The management and operation of the residence and services to the residents; 2. Compliance with federal, state, and local laws and rules and regulations pertaining to, but not limited to: the management and operation of assisted living residences, fire, safety, zoning, building codes, sanitation, food service, communicable and reportable diseases, Americans with Disabilities Act, employee health and safety, other relevant health and safety requirements, and these regulations.	S 155	S155 Resident ID #1, 2, 4, 5 & 6 had their physician orders reviewed and continue with PRN as clinically indicated. Resident ID #3 had controlled medication discontinued as per physicians' orders as no longer clinically indicated. The community is currently onboarding an overnight CMT and is continuing to recruit additional CMT's. The community will maintain community coverage with an on-call nurse.	Completion Date 9/30/23

8/1/23

RECEIVED
AUG 01 2023
FACILITIES REGULATION

Facilities Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Executive Director — (X6) DATE: 8/1/23

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S 155	Continued From page 1 3. Staffing the residence with adequate and qualified personnel to attend to the food preparation, general housekeeping, assistance with personal care, medication administration, if applicable, and other such services; This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined the residence failed to provide qualified staff to administer PRN (as needed) medications on the 11:00 PM-7:00 AM shift for 6 of 6 residents who required assistance with medication administration, Resident ID #s 1,2,4,5, and 6 and failed to have a scheduled nurse to administer controlled substance for a singular resident reviewed for schedule II medications, Resident ID #3. Findings are as follows: During an interview on 6/22/2023 at approximately 10:05 AM, the Nurse Designee, Staff A, she indicated there is a Certified Medication Technician (CMT) scheduled in the building from 7:00 AM-11:00 PM, and the Registered Nurses (RNs) and Licensed Practical Nurse (LPNs) are typically in the residence from 7:00 AM-7:30 PM daily. Additionally, she indicated CMTs are not scheduled from 11:00 PM-7:00 AM. Record review revealed the following residents have current physician's orders for PRN medications: 1. Resident ID #1's physician's orders revealed the following prescribed PRN medications: - Acetaminophen 325 MG (milligram) tablet "Take	S 155 8/1/23	Community wide audit of PRN medications completed to ensure no other residents effected. Ongoing 10% of residents will have a PRN medications audit completed a month x 3months. Audit findings will be brought to Quarterly QA committee meeting for interdisciplinary team review and follow up actions as indicated.	

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S 155	Continued From page 2 1 to 2 tablets by mouth every 6 hours as needed" - Glucose 4 Gram tablet "Take 1 tablet for glucose under 70 MG/DL ...as needed." - Hydralazine 10 MG tablet "Take 1 tablet twice a day as needed for high blood pressure" - Ondansetron 4 MG tablet "Take 1 tablet by mouth every 12 hours as needed for nausea" - Senna Plus tablet "Take one tablet by mouth at bedtime as needed for constipation" 2. Resident ID #2's physician's orders revealed the following prescribed PRN medication: - Acetaminophen 325 MG tablet "Take 2 tablets by mouth every 6 hours PRN for mild pain" 3. Resident ID #3's physician's orders revealed the following prescribed PRN medications: - Bisacodyl EC 5 MG tablet "Take one tablet by mouth at bedtime in no bowel movement for 3 days" - Ondansetron 4 MG tablet "Dissolve 1 tablet in mouth ever 8 hours as needed for nausea" - Oxycodone 5 MG tablet (a schedule II controlled medication) "Take ½ tablet (2.5 mg) twice daily as needed for severe pain" - Ropinirole 1 MG tablet "Take one tablet at bedtime as needed for restless legs" 4. Resident ID #4's physician's orders revealed the following prescribed PRN medications: - Albuterol 0.083% inhaler solution "Inhale 1 vial nebulizer every 4 hours as needed for wheezing/shortness of breath" - Diclofenac sodium 1% gel "Apply 4 GM topically three times a day as needed for joint pain" - Lidocaine 5% ointment "Apply to affected areas 3 times a day as needed"	S 155		

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S 155	Continued From page 3 - Ventolin 90 MCG (microgram) "Inhale 1 puff every 4 hours as needed for shortness of breath" 5. Resident ID #5's physician's orders revealed the following prescribed PRN medications: - Acetaminophen 325 MG tablet "Take 2 tablets by mouth every 6 hours PRN" - Albuterol 90 MCG "Inhale 2 puffs by mouth every 4 hours as needed for shortness of breath" - Anti-diarrheal 2 MG caplet "Take 1 caplet by mouth every 6 hours as needed for diarrhea" - Biofreeze pain relieving cream "Apply topically to the affected area as needed for pain at bedtime" - Calcium 500 MG tablet "Take 1 tablet by mouth three times a day as needed" - Diphenhydramine 25 MG capsule "Take 1 capsule three times a day as needed for itch/allergies" - Docusate 100 MG capsule "Take 1 capsule by mouth two times a day as needed for constipation" - Hydrocortisone 1% cream "Apply to affected area three times daily as needed for hemorrhoid" - Nystop 100,000 units/gram powder "Apply to affected area twice daily until redness resolved and then as needed" 6. Resident ID #6's physician's orders revealed the following prescribed PRN medications: - Acetaminophen 325 MG tablet "Take 2 tablets every four hours as needed for moderate pain" - Diphenhydramine 25 MG capsule "Take 1 capsule by mouth every 8 hours as needed for itching" - Fluocinonide 0.05% cream "Apply to back and chest twice daily as needed"	S 155		

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S 155	Continued From page 4 - Trazodone 50 MG tablet "Take ½ tablet by mouth up to three times daily as needed for agitation" Record review of the staffing schedules from 6/18/2023 through 6/24/2023 revealed that there was not a CMT to administer any medications to the residents from 11 PM-7 AM daily. During an interview on 6/23/2023 at approximately 10:20 AM, the Executive Director acknowledged that the above-mentioned residents have PRN orders and there is not a qualified staff scheduled to administer these medications at all times.	S 155		
S 230	Organization And Management 2.4.13.A Management Of Services 2.4.13 (A/B) Management of Services A. Each residence shall provide services with adequate professional and ancillary employees and in accordance with applicable state law. Further, the residence shall assure that all services are rendered in a safe and effective manner and consistent with the requirements herein. The residence shall provide all care and services to all residents in accordance with the prevailing community standard of care. This Requirement is not met as evidenced by: Based on record review, resident, and staff interview, it has been determined that the residence failed to provide care and services in accordance with the prevailing community standards of care relative to following physician's orders for 6 of 6 sample residents reviewed, ID	S 230 8/1/23	S230 Resident ID #1, 2,3, 4, 5 & 6 had their physician orders reviewed and continue with PRN as clinically indicated. Resident ID #3 had controlled medication discontinued as per physicians' orders as no longer clinically indicated. The community is currently onboarding an overnight CMT and is continuing to recruit additional CMT's. The community will maintain community coverage with an on-call nurse.	Completion Date 9/30/23 Completion Date 6/26/23

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S 230	Continued From page 5 #s' 1,2, 3,4,5, and 6. Findings are as follows: According to Mosby's 4th Edition, Fundamentals of Nursing, page 314 states in part, "...The physician is responsible for directing medical treatment. Nurses are obligated to follow physician's orders unless they believe the orders are in error of would harm the clients..." During an interview on 6/22/2023 at approximately 10:05 AM, the Nurse Designee, Staff A, she indicated there is a Certified Medication Technician (CMT) scheduled in the building from 7:00 AM-11:00 PM, and the Registered Nurses (RNs) and Licensed Practical Nurse (LPNs) are typically in the residence from 7:00 AM-7:30 PM daily. Additionally, she indicated CMTs are not scheduled from 11:00 PM-7:00 AM. Record review revealed the following residents have current physician's orders for PRN medications: 1. Resident ID #1's physician's orders revealed the following prescribed PRN medications: - Acetaminophen 325 MG (milligram) tablet "Take 1 to 2 tablets by mouth every 6 hours as needed" - Glucose 4 Gram tablet "Take 1 tablet for glucose under 70 MG/DL ...as needed." - Hydralazine 10 MG tablet "Take 1 tablet twice a day as needed for high blood pressure" - Ondansetron 4 MG tablet "Take 1 tablet by mouth every 12 hours as needed for nausea" - Senna Plus tablet "Take one tablet by mouth at bedtime as needed for constipation"	S 230 8/1/23	Community wide audit of PRN controlled medications completed to ensure no other residents effected. Current residents with PRN medication orders had the potential to be affected. Ongoing 10% of residents will have a PRN medications audit completed a month x 3months. Audit findings will be brought to Quarterly QA committee meeting for interdisciplinary team review and follow up actions as indicated.	

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S 230	Continued From page 6 2. Resident ID #2's physician's orders revealed the following prescribed PRN medication: - Acetaminophen 325 MG tablet "Take 2 tablets by mouth every 6 hours PRN for mild pain" 3. Resident ID #3's physician's orders revealed the following prescribed PRN medications: - Bisacodyl EC 5 MG tablet "Take one tablet by mouth at bedtime in no bowel movement for 3 days" - Ondansetron 4 MG tablet "Dissolve 1 tablet in mouth ever 8 hours as needed for nausea" - Oxycodone 5 MG tablet (a schedule II controlled medication) "Take ½ tablet (2.5 mg) twice daily as needed for severe pain" - Ropinirole 1 MG tablet "Take one tablet at bedtime as needed for restless legs" 4. Resident ID #4's physician's orders revealed the following prescribed PRN medications: - Albuterol 0.083% inhaler solution "Inhale 1 vial nebulizer every 4 hours as needed for wheezing/shortness of breath" - Diclofenac sodium 1% gel "Apply 4 GM topically three times a day as needed for joint pain" - Lidocaine 5% ointment "Apply to affected areas 3 times a day as needed" - Ventolin 90 MCG (microgram) "Inhale 1 puff every 4 hours as needed for shortness of breath" 5. Resident ID #5's physician's orders revealed the following prescribed PRN medications: - Acetaminophen 325 MG tablet "Take 2 tablets by mouth every 6 hours PRN" - Albuterol 90 MCG "Inhale 2 puffs by mouth	S 230		

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S 230	Continued From page 7 every 4 hours as needed for shortness of breath" - Anti-diarrheal 2 MG caplet "Take 1 caplet by mouth every 6 hours as needed for diarrhea" - Biofreeze pain relieving cream "Apply topically to the affected area as needed for pain at bedtime" - Calcium 500 MG tablet "Take 1 tablet by mouth three times a day as needed" - Diphenhydramine 25 MG capsule "Take 1 capsule three times a day as needed for itch/allergies" - Docusate 100 MG capsule "Take 1 capsule by mouth two times a day as needed for constipation" - Hydrocortisone 1% cream "Apply to affected area three times daily as needed for hemorrhoid" - Nystop 100,000 units/gram powder "Apply to affected area twice daily until redness resolved and then as needed" 6. Resident ID #6's physician's orders revealed the following prescribed PRN medications: - Acetaminophen 325 MG tablet "Take 2 tablets every four hours as needed for moderate pain" - Diphenhydramine 25 MG capsule "Take 1 capsule by mouth every 8 hours as needed for itching" - Fluocinonide 0.05% cream "Apply to back and chest twice daily as needed" - Trazodone 50 MG tablet "Take ½ tablet by mouth up to three times daily as needed for agitation" Record review of the staffing schedules from 6/18/2023 through 6/24/2023 revealed that there was not a CMT to administer any medications to the residents from 11 PM-7 AM and no licensed nurse to administer schedule II medications to the residents from 7:30 PM-7:00 AM daily.	S 230		

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S 230	Continued From page 8 During an interview on 6/23/2023 at approximately 10:20 AM, the Executive Director could not provide evidence as to why the physician's orders were not followed for the above-mentioned residents.	S 230		
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 assessment at intervals not to exceed (12) months and each time a resident's condition changes significantly requiring outside services for 4 of 6 sample residents reviewed, Resident ID #s 2, 4, 5, and 6. Findings are as follows: Record review of a list of residents receiving outside service provided during the entrance conference revealed the following residents are receiving outside services: 1. Record review revealed Resident ID #2 moved into the residence in May of 2021 and has diagnoses including, abnormal gait and spinal stenosis of the lumbar region.	S 365 8/1/23	S 365 Resident(s) ID # 2, 4,5, & 6 have had their assessments and service plans reviewed and updated. The community will complete an audit of 10% of resident's assessment & service plans a month x 6 months. RCD / Designee to provide reeducation to the licensed nurses on S 365 Resident Assessments and Service Plans and BSL S&P F-100-02. Audit findings will be brought to Quarterly QA committee meeting for interdisciplinary team review and follow up actions as indicated.	Completion Date 12/31/23 Completion Date 7/13/23

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S 365	Continued From page 9 Record review revealed the resident is receiving outside service for physical therapy with a start of care date of 5/22/2023. Record review of a comprehensive assessment updated on 8/13/2022 failed to reveal evidence the assessment was updated to reflect the outside service the resident is receiving. 2. Record review revealed Resident #4 moved into the residence in December of 2022 and has a diagnosis of Chronic Obstructive Pulmonary Disease. Record review revealed the resident is receiving outside service for physical therapy with a start of care date of 3/6/2023. Record review of a comprehensive assessment dated on 2/19/2023 failed to reveal evidence the assessment was updated to reflect the outside service the resident is receiving. 3. Record review revealed Resident ID #5 moved into the residence in December of 2015 and has a diagnosis of unspecified pain in the right leg. Record review revealed the resident is receiving outside service for wound care with a start of care date of 1/20/2023. Record review of a comprehensive assessment dated on 4/23/2023 failed to reveal evidence the assessment was updated to reflect the outside service the resident is receiving. 4. Record review revealed Resident ID #6 moved into the residence in March of 2021 and has a diagnosis of vascular dementia.	S 365		

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S 365	Continued From page 10 Record review revealed the resident is receiving outside service for wound care with a start of care date of 12/9/2022. Record review of a comprehensive assessment dated on 4/28/2023 failed to reveal evidence the assessment was updated to reflect the outside service the resident is receiving. During a surveyor interview on 6/22/2023 at approximately 2:35 PM with the Nurse Designee, Staff A, she acknowledged the residents are receiving outside services. Additionally, she acknowledged the comprehensive assessments were not updated to reflect the outside services the residents are receiving.	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 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 the plan failed to accurately reflect the resident is receiving outside services for 3 of 6 sample residents reviewed, ID #s 2,5, and 6.	S 390	S 390 Resident(s) ID # 2,5, & 6 have had their service plans reviewed and updated. The community will complete an audit of 10% of resident's assessment & service plans a month x 6 months. RCD / Designee to provide reeducation to the licensed nurses on S 390 Resident Assessments and Service Plans and BSL S&P F-100-02. Audit findings will be brought to Quarterly QA committee meeting for interdisciplinary team review and follow up actions as indicated.	Completion Date 12/31/23 Completion Date 7/13/23

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S 390	Continued From page 11 Findings are as follows: Record review of a list of residents receiving outside service provided during the entrance conference revealed the following residents are receiving outside services: 1. Record review revealed Resident ID #2 moved into the residence in May of 2021 and has diagnoses including, abnormal gait and spinal stenosis of the lumbar region. Record review revealed the resident is receiving outside service for physical therapy with a start of care date of 5/22/2023. Record review of a service plan dated 8/13/2023 failed to reveal evidence that the service plan was updated to reflect the outside service the resident is receiving. 2. Record review revealed Resident ID #5 moved into the residence in December of 2015 and has a diagnosis of unspecified pain in the right leg. Record review revealed the resident is receiving outside service for wound care with a start of care date of 1/20/2023. Record review of a service plan dated 4/23/2023 failed to reveal evidence that the service plan was updated to reflect the outside service the resident is receiving. 3. Record review revealed Resident ID #6 moved into the residence in March of 2021 and has a diagnosis of vascular dementia. Record review revealed the resident is receiving outside service for wound care with a start of care	S 390		

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S 390	Continued From page 12 date of 12/9/2022. Record review of a service plan dated 4/26/2023 failed to reveal evidence that the service plan was updated to reflect the outside service the resident is receiving. During a surveyor interview on 6/22/2023 at approximately 2:40 PM with the Nurse Designee, Staff A, she acknowledged the residents are receiving outside services. Additionally, she acknowledged the service plans were not updated to reflect the outside services the residents are receiving.	S 390		
S 490	Residential Care Services 2.4.21.C Dietetic Services 2.4.21 (C) Dietetic Services 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. This Requirement is not met as evidenced by: Based on surveyor observations and staff interview, it has been determined that the residence failed to comply with the appropriate requirements of the Rhode Island Food Code. Findings are as follows: According to the Rhode Island Food Code 2018 Edition 2-402.11 states in part, "...food employees	S 490	S 490 No residents identified as being affected. ED/Designee to provide re-education to kitchen staff on requirement to wear hair restraints at all times when preparing food and in kitchen. ED/ Designee to review BSL standard practices and S 490 RI Food Code Quarterly at QA meeting.	Completion Date 7/10/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01507	A. BUILDING: _____ B. WING _____	06/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLENHEIM NEWPORT	303 VALLEY ROAD MIDDLETOWN, RI 02842

(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 490	Continued From page 13 shall wear hair restraints, beard restraints that are designed and worn to effectively keep their hair from contacting exposed food..." 1. During a surveyor observation of the kitchen on 6/22/2023 at approximately 9:20 AM, a server, Staff B was observed scooping ice cream from a container without a hair restraint on. 2. During a surveyor observation of the kitchen on 6/22/2023 at approximately 9:30 AM, a server, Staff C was observed toasting slices of bread without a hair restraint on. During a surveyor interview on 6/22/2023 at approximately 9:34 AM with the Dining Service Director, he acknowledged the above-mentioned staff were not wearing hair restraint while preparing exposed food.	S 490		