RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01407	A. BUILDING: _____ B. WING _____	11/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLA AT SAINT ANTOINE, THE	400 MENDON ROAD NORTH SMITHFIELD, RI 02896

(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 on 11/10/2025 through 11/12/2025. A Deficiency was identified.	S 003	Received DEC 01 2025 Facilities Regulation	
S 640	Residential Care Services 2.4.26.B.1 Medication Services 2.4.26 (B) (1) Administration of Medications 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. a. The resident or guardian must provide written authorization for the residence to provide administration of medications. 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. c. All medications must be checked against a physician's orders by a licensed nurse, or pharmacist. d. The resident must be identified prior to administration of any medication. 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.	S 640	Resident #1 Trospium Chloride 20mg bottle was removed and destroyed. Medication has directions for use. An audit was conducted of all medication rooms and carts to ensure all medications will be stored securely to prevent storage, dosage errors, administration errors and/or inappropriate access. An audit was conducted of all medication rooms and carts to ensure all medications have directions for use. Bottle of Preservision Areds 2 and Advanced Multi 50 Plus for Her have directions for use, corrected immediately. Education was provided to appropriate staff (RN, LPN, CMT) on the requirement that all medications must be stored and secured properly and have directions for use. The wellness director and or designee will conduct audits of all medication rooms and carts to ensure medications are securely stored and compliance with directions for medication use. Audit findings will be presented to the QAPI committee, until determined compliance is achieved. The Executive Director is ultimately responsible to ensure compliance.	12/1/2025

12/3/25

Facilities Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Jennifer Simmons Pa — Exec Director — 12/1/25

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S 640	Continued From page 1 f. Injectable medications, including but not limited to insulin, which cannot be self-administered by the resident, must be administered by a licensed nurse. g. There shall be written a policy/procedure for the disposal of hypodermic needles, syringes and other such instruments that is in compliance with Part 20-16-6 of this Title, Hypodermic Needles, Syringes, and Other Such Instruments. (1) The legal destruction of hypodermic needles, syringes or other such instruments is the responsibility of the last entitled or authorized possessor. (AA) All personnel or residents legally authorized to use disposal syringes and needles, shall destroy them after one (1) use. (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. (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. 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	S 640	2. Expired Bottles of Melatonin 5mg and Trazodone 50mg were immediately removed and destroyed. An audit was conducted of all medication rooms and carts to ensure all medications will be stored securely to prevent storage, dosage errors, administration errors and/or inappropriate access. Education was provided to appropriate staff (RN, LPN, CMT) on the requirement that all medications must stored properly and checking expiration dates. The wellness director and or designee will conduct audits of all medication rooms and carts to ensure compliance with securely storing medications and checking expiration dates. Audit findings will be presented to the QAPI committee, until determined compliance is achieved. The Executive Director is ultimately responsible to ensure compliance.	

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S 640	Continued From page 2 recorded. I. Any medication administered by the residence and refused by a resident shall be documented and reported, as appropriate. 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. k. All medication in the residence, regardless of whether controlled by employees or by the resident, shall be stored securely as stated in § 2.4.25(A)(3)(a)(8) of this Part. l. All centrally stored medications shall be maintained in accordance with manufacturer ' s labeling and administered by authorized personnel. This Requirement is not met as evidenced by: Based on surveyor observation, record review, and staff interview, it has been determined that 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 2 medication carts observed. Findings are as follows: 1) a. Resident ID #1's Medication Administration Record (MAR) indicates the resident is prescribed the following medication, Trospium Chloride	S 640		

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S 640	Continued From page 3 (used to treat overactive bladder) ER (extended release) 60 mg (milligrams) capsule. Take 1 capsule by mouth every morning. During a surveyor observation of the downstairs medication cart on 11/10/2025 at 12:07 PM, in the presence of Licensed Practical Nurse, Staff A, revealed two bottles of Trospium Chloride ER for this resident. One bottle matched the above order, the other bottle read 20 mg. Take 1 tab at bedtime. Staff A acknowledged the 20 mg bottle did not match the order. b. Further observation of the medication cart revealed the following: - a bottle of Preservision Areds 2, no directions for use, as required. - a bottle of Advanced Multi 50 Plus for Her, no direction for use, as required. During a surveyor interview with Staff A following the above observation, she could not provide evidence the above-mentioned bottles had a label with directions for use on them, as required. 2) During a surveyor observation of the upstairs medication cart on 11/10/2025 at 1:52 PM, in the presence of Certified Medication Technician, Staff B, revealed the following: - Melatonin 5 mg with an expiration date of 9/30/2025. - Trazodone 50 mg to discard after 8/10/2025. Following the above observation, Staff B acknowledged the above medications had expired and should have been discarded.	S 640		

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S 640	Continued From page 4 During an interview on 11/10/2025 at approximately 4:30 PM, the Director of Wellness and Administrator were unable to provide evidence the above-mentioned were stored securely and in such a manner to prevent spoilage, dosage errors, administration errors, and/or inappropriate access, as required.	S 640		