RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01502	A. BUILDING: _____ B. WING _____	C 02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SMITHFIELD WOODS	171 PLEASANT VIEW AVENUE SMITHFIELD, RI 02917

(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 was conducted at this residence. A deficiency was identified.	S 003	RECEIVED MAR 14 2023 FACILITIES REGULATION	
S 230	Organization And Management 2.4.13(A/B) 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. B. The residence shall have a policy and procedure manual that is reviewed and updated by the administrator at intervals not to exceed twelve (12) months, and shall include, but not be limited to, the following items: 1. A written description of all services available to residents that shall be designed to promote the resident's efforts to maintain independence; 2. A written statement of admission criteria that shall include, at a minimum, the following information regarding the resident population: a. Nature and extent of disabling condition(s) served; and b. Restrictions (if any). (1) The statement of admission criteria shall include a statement that no otherwise qualified applicant shall be denied admission to the residence solely on the basis of race, creed, color, religion, sexual orientation, or national	S 230	No other residents identified as being affected. Weekly routine medication administration audits by the Wellness Director or designee for a period of x2 months and reviewed in QA for the next 4 months. All Nurses and CMT's re-educated on medication administration policy/ procedures, and medication administration audits/competencies completed. Omnicare Pharmacy scheduled for independent med pass observation on 3/10/23 and med pass in-service 3/22/23. Independent observation & in-service will be discussed in Q1 QA Meeting. Medication Administration inservicing and medication administration audits will be conducted monthly x2 months and reviewed in QA for the next 4 months.	

DTP 3/15/23

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

AHP 3/3/23

RI Department of Health

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S 230	Continued From page 1 origin. This Requirement is not met as evidenced by: Based on record review 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 1 of 1 sample resident reviewed, ID #1. 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..." Record review revealed the resident moved into the residence in July of 2022. S/he has diagnosis including dementia. Record review of a continuation of care consultation and referral form dated 1/24/2023 states in part, "...on the 21st at 8p [pm] was given another resident's medications, Diazepam [a medication used to treat anxiety] 4 mg [milligram], Trazodone 50 mg [a medication used to treat depression]..." Additional record review of a medication error report dated 1/21/2023 states in part, "medications involved: Atorvastatin 80 mg [a medication used to treat high cholesterol], Diazepam 4 mg, Trazodone 50 mg..." Record review of the resident's physician orders failed to reveal evidence of an order for the above-mentioned medications that were	S 230		

Brittany Mendlay ARA 3/3/23

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S 230	Continued From page 2 administered to the resident. During an interview on 2/2/2023 at 1:19 PM with the Director of Wellness, she acknowledged the resident was administered the above-mentioned medications in error. She further acknowledged the resident did not have a physician order for the above medications that were administered to him/her.	S 230		

Brittany Hemblay RRA 3/3/23