RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01416	A. BUILDING: _____ B. WING _____	C 06/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN VILLA ASSISTED LIVING	3579 DIAMOND HILL ROAD CUMBERLAND, RI 02864

(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		
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 and staff interview, it has been determined that the residence failed to provide care and services in accordance with prevailing community standards of care relative to not following their policy for obtaining weights, for a singular resident reviewed, Resident ID #1. Findings are as follows: Record review of the residence policy titled, "Weight Monitoring" states in part, "...1. A routine cycle will be established in the assistance/service plan for weight monitoring for each resident (e.g. monthly, weekly)...5. All weights will be recorded on the vital sign page." Record review revealed the resident moved into the residence in November of 2017 and was	S 230	Retraining of Key Staff Vs to policy of vitals including weights to be done monthly with documentation on a monthly vitals sheet. Key staff including RN + Med Techs see attached A Service plans to be inspected by Administrator, RN. + Director of Social Services before being put away to catch any missing information.	July 3, 2023

RECEIVED
JUL 05 2023
FACILITIES REGULATION

7/7/23

S230

Facilities Regulation

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

Marcia Deockes — Administrator — July 3, 2023

RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01416	A. BUILDING: _____ B. WING _____	C 06/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN VILLA ASSISTED LIVING	3579 DIAMOND HILL ROAD CUMBERLAND, RI 02864

(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 230	Continued From page 1 discharged from the residence in March of 2023 to an acute care hospital. S/he has diagnoses Schizotypal Personality Disorder and cognitive disorder. Record review of a monthly summary dated 3/6/2023 states in part, "...Weight: 145...Weigh loss...11.5 weight loss since January..." Further record review revealed a weight was obtained for the resident on July 6, 2022 and the resident weighed 162 pounds. No other documented weights were available in the resident's record. Record review failed to revealed evidence of weights being obtained and documented for the resident per the residence policy. Record review of the service plan dated 2/21/2023 failed to reveal parameters for obtaining weights per their policy. During a surveyor interview on 6/20/2023 at approximately 9:30 AM with a Registered Nurse, Staff A, she could not provide evidence as to why the resident's weights were not obtained and documented per the residence's policy.	S 230	Check off list to be implemented as per RN duties monthly see attached B S 230 In nursing binder at nurses station a copy of vitals shall be stored + labeled for a minimum of 1 year. Vitals will also be faxed to RN + Administrator for safe storage.	June 29, 2023 June 29, 2023