PRINTED: 07/03/2023
FORM APPROVED

RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01515	A. BUILDING: _____ B. WING _____	C 06/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HALCYON AT WEST BAY LLC	2783 WEST SHORE ROAD WARWICK, RI 02889

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S 003	Initial Comments An unannounced complaint/incident investigation survey and a biennial State licensure survey. (Z9TD11, 06/28/2023) were conducted at this residence.	S 003		

CW
7/20/23

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FACILITIES REGULATION

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

STATE FORM 6899 VQY811 If continuation sheet 1 of 1

Paul D. Cardello 7-19-23
Interim Executive Director

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S 003	Initial Comments An unannounced biennial State Licensure survey and a complaint/incident investigation survey (VQY811, 06/28/2023) were conducted at this residence. Deficiencies were identified relative to the State Licensure survey.	S 003	Halcyon at West Bay, assisted living, will continue to follow and maintain a documented Quality Assurance program. We have created a structured committee, which will meet monthly (following Halcyon's policy) and consists of a Department Head from every department. This committee will meet with the purpose of monitoring the quality of the services offered to our residents. This will be done by focusing on identification, analysis and resolution of problems that affect the residents of the community. All department heads will be fully trained on this expectation to provide input in each of the regulated areas noted in the attached Quality Assurance Plan. Department Heads will review the Quality Assurance Plan and the QA Tracking Form (also attached) by Tuesday, July 25th and will sign an Acknowledgement form to be filed in each of their personnel files. Please see attached forms to be used for training purposes and with each meeting. Full compliance is expected by our next Quality Assurance Meeting on Monday, July 31, 2023.	
S 055	Licensure Requirements 2.4.3 Quality Assurance 2.4.3 Quality Assurance A. In accordance with R.I. Gen. Laws § 23-17.4-10.1, each assisted living residence shall develop, implement and maintain a documented, ongoing quality assurance program. 1. The purpose of this program shall be to attain and maintain a high quality assisted living residence through an on-going process of quality improvement that monitors quality, identifies areas to improve, methods to improve them, and evaluates the progress achieved. 2. Each licensed residence shall establish a quality improvement committee which shall include at least the following: assisted living administrator, registered nurse and a representative of dietary services. 3. The quality improvement committee shall meet at least quarterly; shall maintain records of all quality improvement activities; and shall keep records of committee meetings that shall be available to the Department during any onsite visit. 4. The quality improvement committee shall review and approve the quality improvement plan for the residence at intervals not to exceed twelve (12) months. Said plan shall be available to the	S 055		

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

STATE FORM 6899 Z9TD11 If continuation sheet 1 of 10

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S 055	Continued From page 1 public upon request. 5. Each assisted living residence shall establish a written quality improvement plan that includes: a. Program objectives; b. Oversight responsibility (e.g., reports to the governing body, QI records); c. Includes methods to identify, evaluate, and correct identified problems; d. Provides criteria to monitor personal assistance and resident services, including, but not limited to: (1) Resident/family satisfaction; (2) Medication administration/errors; (3) Reportable incidents as specified in § 2.4.17 of this Part; (4) Resident falls; (5) Plans of correction developed in response to the Department ' s inspection reports. B. In addition to the requirements of §§ 2.4.3(A) (1) through (5) of this Part, all assisted living residences with a "dementia care" license and/or a "limited health services license" shall also address the following areas in their quality improvement plan: a. Prevention and treatment of decubitus	S 055		

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S 055	Continued From page 2 ulcers; b. Dehydration, and nutritional status and weight loss or gain; and c. Changes in mental or psychological status. 1. Quality improvement documentation shall be kept on file for a minimum of five (5) years. This Requirement is not met as evidenced by: Based on record review and staff interview it has been determined that the residence failed to review and approve the quality improvement plan at intervals not to exceed twelve months and to establish a written quality improvement plan that included all required components including Alzheimer's Dementia Special Care Unit. Findings are as follows: Record review of the quality assurance program revealed the last update to the policy was 2021. Additionally, the written plan failed to reveal evidence that the residence has criteria that specifically relates to the plan of correction developed in response to the last Rhode Island Department of Health's inspection. Further record review of the last quality assurance written plan failed to reveal evidence that the residence included the required components related to the Dementia Special Care Unit/Program included, prevention and treatment of decubitus ulcers, dehydration, nutritional status, weight loss/gain, and changes in mental health.	S 055		

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S 055	Continued From page 3 During a surveyor interview on 6/28/2023 at approximately 9:50 AM with the Executive Director, he acknowledged that the quality improvement plan did not have the required components. Additionally, he could not provide evidence as to why the plan was not reviewed at least annually as required.	S 055	Halcyon at West Bay, assisted living, will continue to follow and maintain a documented Resident Safe Handling program. We have created a structured committee, which will meet monthly and will consist of the Administrator, Director of Health and Wellness (RN), Director of Life Enrichment (Memory Care), along with three additional hourly staff members.	
S 085	Licensure Requirement 2.4.5.C Safe Resident Handling 2.4.5 (C) Safe Resident Handling C. Shall have a written safe resident handling program, with input from the safe handling committee, to prevent musculoskeletal disorders among health care workers and injuries to residents. As part of this program, each licensed assisted living shall: 1. Implement a safe resident handling policy for all shifts and units of the residence that will achieve the maximum reasonable reduction of manual lifting, transferring, and repositioning of all or most of a resident's weight, except in emergency, life-threatening, or otherwise exceptional circumstances; 2. Conduct a resident handling hazard assessment. This assessment should consider such variables as handling-handling tasks, types of units, resident populations, and the physical environment of resident care areas; 3. Develop a process to identify the appropriate use of the safe resident handling policy based on the resident ' s physical and mental condition, the resident's choice, and the availability of lifting equipment or lift teams. The	S 085	This committee will meet with the purpose of striving to reduce musculoskeletal injuries among associates and injuries to residents associated with lifting, transferring and repositioning. This will be done by focusing on identification, assessment and developing strategies for safe handling. All staff will be fully trained on this program and expectations of participation during our All Staff Meeting on Thursday, July 27th.. All staff members will sign off on the policy and acknowledgement of the program meetings. Please see attached forms to be used for training purposes and with each meeting. Full compliance is expected by our next Resident Safety Meeting to be held on Monday, August 14, 2023.	

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S 085	Continued From page 4 policy shall include a means to address circumstances under which it would be medically contraindicated to use lifting or transfer aids or assistive devices for particular residents; 4. Designate and train a registered nurse or other appropriate licensed health care professional to serve as an expert resource, and train all direct care staff on safe resident handling policies, equipment, and devices before implementation, and at intervals not to exceed twelve (12) months, or as changes are made to the safe handling policies, equipment and/or devices being used; and 5. Conduct a performance evaluation of the safe resident handling policy at intervals not to exceed twelve (12) months, with the results of the evaluation reported to the safe resident handling committee or other appropriately designated committee. The evaluation shall determine the extent to which implementation of the program has resulted in a reduction in musculoskeletal disorder claims and days of lost work attributable to musculo-skeletal disorder caused by resident handling, and include recommendations to increase the program's effectiveness. This Requirement is not met as evidenced by: Based on record review and staff interview, the residence with an "Alzheimer's Dementia Special Care Unit or Program" license failed to ensure there was a Safe Resident Handling program which complies with the provisions of §§ 2.4.5(c) as a condition of licensure. Findings are as follows: The residence failed to produce evidence there	S 085		

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S 085	Continued From page 5 was an established Safe Resident Handling program which included the following components as referenced in the provisions of §§ 2.4.5(C): As part of this program, each licensed assisted living shall: 4) "Designate and train a registered nurse or other appropriate licensed health care professional to serve as an expert resource, and train all direct care staff on safe resident handling policies, equipment, and devices before implementation, and at intervals not to exceed twelve (12) months, or as changes are made to the safe handling policies, equipment and/or devices being used 5) Conduct a performance evaluation of the safe resident handling policy at intervals not to exceed twelve (12) months, with the results of the evaluation reported to the safe resident handling committee or other appropriately designated committee..." During an interview on 6/27/2023 at approximately 2:10 PM, the Executive Director (ED) was unable to provide evidence that the residence designated and trained a registered nurse or other appropriate licensed health care professional to serve as an expert resource to train all direct care staff on their policies, at an interval not to exceed twelve months. Additionally, the ED was unable to provide evidence that a facility wide Safe Resident Handling evaluation was conducted at intervals not to exceed twelve (12) months as required.	S 085		

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S 190	Continued From page 6	S 190		
S 190	Organization And Management 2.4.12.H Administrative Management 2.4.12 (H) In-service Training 1. Employees shall have on-going, at intervals not to exceed twelve (12) months, in-service training as appropriate for their job classifications and including the topics cited in § 2.4.12(G) of this Part. 2. All new employee orientation and on-going in-service training shall be documented in the employee's personnel file, and maintained onsite at the licensed residence. This Requirement is not met as evidenced by: Based on record review and staff interview it has been determined the residence failed to ensure employees received on-going, at intervals not to exceed twelve (12) months, in-service training as appropriate for their job classifications and including the topics cited in § 2.4.12(G) for 3 of 6 sample employees, Staff ID's A, B, and C. Findings are as follows: 1. Record review of Staff A revealed a hire date of 9/2/2020. This employee was hired as a Licensed Practical Nurse. 2. Record review for Staff B revealed a hire date of 8/19/2021. This employee was hired as a Registered Nurse. 3. Record review for Staff C revealed a hire date of 10/27/2004. This employee was hired as a Certified Medication Technician and Certified	S 190	Halcyon at West Bay, assisted living facility, will update and maintain an In-Service Training/New Hire Orientation program. Employees will receive on-going in-service training appropriate for their job classifications and include topics cited in 2.4.12 G of the State Regulations. Employees will begin said training during an organized and documented New Hire Orientation. All training will be maintained in the employee personnel file and maintained onsite at the assisted living residence. All Department Heads have been assigned segments of the Orientation program and will be fully trained. BOM will audit all Orientation Checklists before filing new personnel file and will ensure completion by all new employees. Please find the attached documents to be used in tracking and auditing of Orientation and In-Service Training. Will be in full compliance by our next Orientation on Monday, July 31, 2023.	

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S 190	Continued From page 7 Nursing Assistant (CMT/CNA). Record review failed to reveal evidence that the above employees had received all required in-service training in the following areas on an annual basis: a. Fire prevention; b. Recognition and reporting of abuse, neglect, and mistreatment; c. Assisted living philosophy (goals/values: dignity, independence, autonomy, choice); d. Resident's rights; e. Confidentiality; f. Emergency preparedness and procedures; g. Medical emergency procedures; h. Infection control policies and procedures; i. Resident elopement; j. Basic sanitation; k. Food service; l. Basic knowledge of cultural differences; m. Basic knowledge of aging-related behaviors including dementia and Alzheimer's disease; n. Personal assistance; o. Assistance with medications; p. Safety of residents; q. Body Mechanics; i. Resident Transfers (required for residences licensed at the F1 level for fire safety); j. Record-keeping; k. Service plans; and l. Internal reporting. Record review of the above-mentioned staff's personnel file failed to reveal evidence of on-going in-service in 2022 for the above-mentioned staff. During a surveyor interview on 6/28/2023 at approximately 11:40 AM with the Director of	S 190		

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S 190	Continued From page 8 Wellness, she was unable to provide evidence that the above-mentioned staff received the required ongoing in-service as required.	S 190		
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. Finding are as follows: 1. According to the Section 3-501.17 of Rhode Island Food Code states in part, "...(A) Except when PACKAGING FOOD using a REDUCED OXYGEN PACKAGING method as specified under § 3-502.12, and except as specified in (E) and (F) of this section, refrigerated, READY-TO-EAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and held in a FOOD ESTABLISHMENT for more than 24 hours shall be clearly marked to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded..."	S 490	Halcyon at West Bay, assisted living residence, will ensure all staff are trained in clearly marking all refrigerated, ready-to-eat, prepared meals, while indicating the appropriate day or day by which the food should be consumed. Staff will also be trained to ensure hair restraints are to be worn to effectively keep their hair from contacting exposed food. The training will be completed, documented and placed in all dietary staff personnel files by Friday, July 21st, 2023.	

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S 490	Continued From page 9 During a surveyor observation of the refrigerator in the kitchen on 6/27/2023 at approximately 8:55 AM through 9:30 AM revealed the following items were observed without a date indicating the day when the food shall be consumed or discarded: - 2 plates of vegetable salad and grilled chicken - 1 plate of fruits with cottage cheese - 23 (2 ounce) containers of salad dressing - 4 (2 ounce) containers of mayonnaise 2. According to the Rhode Island Food Code 2018 Edition 2-402.11 states in part, "...food employees shall wear hair restraints, beard restraints that are designed and worn to effectively keep their hair from contacting exposed food..." - During a surveyor observation of the kitchen on 6/27/2023 at approximately 8:45 AM, a server, Staff D was observed slicing bananas without a hair restraint on. - During a surveyor observation on 6/27/2023 at approximately 12:15 PM, two servers, Staff E and Staff F were observed scooping soup from a container without a hair restraint. During a surveyor interview on 6/27/2023 at approximately 9:35 AM and at 12:30 PM with the Director of Culinary Service, he acknowledged the above-mentioned items in the refrigerator were not dated indicating the day when the food should be consumed or discarded. Additionally, he could not provide evidence as to why the above-mentioned staff were not wearing hair restraints while preparing exposed food.	S 490		