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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 02/16/2023

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

(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. State deficiencies were identified.	S 003	This plan of correction constitutes my compliance for the deficiency cited. However, submission of this plan of correction is not an admission that a deficiency exists or that one was cited correctly. This plan of correction is submitted to meet requirements established by state law.	LK Rooney 3.9.23
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. 3. Staffing the residence with adequate and qualified personnel to attend to the food preparation, general housekeeping, assistance with personal care, medication administration, if	S 155	S 155 Halcyon at West Bay maintains policies and procedures consistent with state regulations regarding levels of licensure. Halcyon at West Bay presents below an IDR for tag S 155 for the following reasons: Resident ID #1's MAR has 0.125 ML Morphine, PRN, every hour. Addendum 1. Consistent with this practice, Halcyon at West Bay has our on-call DNS 24/7. If a resident required a medication administration, the DNS would come in to administer the medication. Staff is available when needed to administer morphine. Resident ID #1 is on Hope Hospice. It is the condition of participation of Hospice to coordinate on-call Nurse 24/7 to coordinate all symptom management.	

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

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S 155	Continued From page 1 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 a scheduled nurse to administer controlled substance medications, PRN (as needed) on the 11 PM-7 AM shift for one resident who requires assistance with medication administration, Resident ID #1. Findings are as follows: Record review on 2/16/2023 at approximately 11:00AM of the staffing schedule for the months of December-February 2023 revealed there is no registered nurse from 11PM-7:00AM. Record review of Resident ID #1's medical chart reveals a hospice admit date of 9/15/2022. Record review of medication list upon hospice admission reveals "Morphine [every] 4 hours for pain." Facilities February medication administration record (MAR) revealed the following prescribed PRN medications: Morphine every 4 hours as needed for pain. During an interview on 2/16/2023 at approximately 2:30 PM, the Administrator acknowledged this resident has a PRN order and there is no qualified staff scheduled to administer the medication at all times.	S 155	Continued from page 1 S 155 Halcyon at West Bay staffing schedule reflects a night nurse (11 pm - 7 am) having been staffed from 12/2022 through 01/2023. Addendum 2	3.9.23
S 365	Residency Requirements 2.4.16(D) Resident Assessment/Service Plans	S 365		

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S 365	Continued From page 2 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 that the residence failed to update the comprehensive assessment annually and/or for change of condition for one out of two residents reviewed, Resident ID #2. Findings are as follows: Resident ID #2 was admitted to the residence with a primary diagnosis of dementia. Record review of the Memory Care "Reminder Board" revealed that s/he has weekly weights ordered due to the loss of over 10 pounds in the last two months. During an interview on 2/16/2023 at approximately 1:30 PM, Staff A, Certified Medication Technician, revealed that the Resident has been experiencing weight loss and ensure was added for supplementation in response. Record review of the Resident's Comprehensive Assessment dated 2/1/2023 fails to reveal the above change in condition, or order for weekly weights. During a surveyor interview on 2/16/2023 at approximately 1:55 PM the Administrator acknowledged that the Resident's Comprehensive Assessment did not reflect the	S 365	S 365 This plan of correction constitutes my compliance for the deficiency cited. However, submission of this plan of correction is not an admission that a deficiency exists or that one was cited correctly. This plan of correction is submitted to meet requirements established by state law. S 365 Halcyon at West Bay maintains policies and procedures consistent with state regulations regarding levels of licensure. Reviewed resident ID #2 records were reviewed thoroughly and updated. Staff was comprehensively educated on the importance and expectation of both tracking weekly weights and its documentation.	

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S 365	Continued From page 3 above changes in condition.	S 365		
S 555	Residential Care Services 2.4.24(A)(3)(a) Medication Services 2.4.24 (A) (3) (a) Medication Services 3. Each residence shall provide medication services only in accordance with the appropriate level of licensure for which the residence is licensed, which shall be as follows: a. For assisted living residences licensed at the M2 Level, assistance with self- administration by unlicensed employees means that the residence shall only be responsible for reminding residents to take medications, and: (1) The resident or guardian must provide written authorization for the residence to provide assistance with the self-administration of medications; (2) The residence must provide, in writing, a description of services provided by the residence to each physician prescribing for a resident, including limitations on services; (3) Employees may only remind the resident and observe the self- administration of medication; (4) The resident shall not require nursing assessment of health status before receiving the medication, nor nursing assessment of the therapeutic or side effects after the medication is taken; (5) Except as provided in § 2.4.24(A)(3)(a)(7) of this Part, the medication shall be in the original pharmacy-dispensed container with proper label	S 555		

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S 555	Continued From page 4 and directions attached; (6) Unlicensed employees shall not monitor health indicators, make medication decisions, adjust medications or provide other medical or nursing decisions; (7) For residents capable of self-administration of medication but who wish to ask assisted living residence employees to use a medi-set (pre-poured packaging distribution system), only registered medication aide, licensed nurse, or pharmacist shall organize the medications for up to one (1) week; (8) All medication in the residence, regardless of whether controlled by employees or by the resident, shall be stored securely. All medications shall be stored in a manner to prevent spoilage, dosage errors, administration errors or inappropriate access by other residents, visitors, or unauthorized employees. Provisions for safe storage may include lockable containers, secure spaces, or lockable units, as appropriate to the residence and the resident population. (9) There shall be documented policies or procedures regarding medication disposal and inventory procedures in the policies and procedures manual. (10) Each person assisting residents with self-administration of medications shall: (AA) Be an employee of the residence; (BB) Be literate in English; and (CC) Receive orientation, instruction and on-the-job training regarding relevant policies and procedures; or	S 555		

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S 555	Continued From page 5 (DD Be a licensed nurse. (EE) M2 level facilities may limit record keeping for residents who retain possession and control of medications to the requirements of § 2.4.15(A)(6) of this Part. 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 all medication in the residence was stored securely to prevent spoilage, dosage errors, administration errors or inappropriate access by other residents, visitors, or unauthorized employees for one resident reviewed, Resident ID #3. Findings are as follows: Record review reveals Resident ID# 3 has a physician order for "Pregabalin Capsule 50Miligram (MG), 1 Capsule by mouth three times a day." Record review of facility incident report dated 1/31/2023 revealed that Resident ID #3's bottle of Pregabalin was identified as missing from the medication cart. Record review further revealed that an investigation was completed, and a police report was filed. The facility failed to find the medication. During an interview on 2/16/2023 at approximately 2:00 PM the Administrator acknowledged that the above medication was not stored securely to prevent inappropriate access.	S 555	S 555 This plan of correction constitutes my compliance for the deficiency cited. However, submission of this plan of correction is not an admission that a deficiency exists or that one was cited correctly. This plan of correction is submitted to meet requirements established by state law. S 555 Halcyon at West Bay maintains policies and procedures consistent with state regulations regarding levels of licensure. Resident ID # 3 Upon delivery of medications from the Pharmacy or family members, the nurse to check the medication to the receipt, then place the medication in the medication cart or the overflow medication cart. If the medication is depleted and there is no medication in the overflow medication cart, the nursing staff will order the medication through the facility Pharmacy for stat delivery.	3.9.23 ongoing
S 565	Residential Care Services 2.4.24(B)(1) Medication Services	S 565		

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S 565	Continued From page 6 2.4.24 (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. f. Injectable medications, including but not limited to insulin, which cannot be self-administered by the resident, must be administered by a licensed nurse.	S 565		

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S 565	Continued From page 7 g. There shall be written a policy/procedure for the disposal of hypodermic needles, syringes and other such instruments that is in compliance with rules and regulations governing Hypodermic Needles, Syringes & Other Such Instruments (Part 20-15-6 of this Title). (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 recorded. i. Any medication administered by the residence and refused by a resident shall be documented and reported, as appropriate.	S 565		

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S 565	Continued From page 8 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 § 2.4.24(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 administer medications in accordance with written orders of a physician for one of two residents, Resident ID #3. Findings are as follows: Record review reveals Resident ID# 3 has a physician order for "Pregabalin Capsule 50 Milligram (MG). 1 Capsule by mouth three times a day." Record review of facility incident report dated 1/31/2023 revealed that Resident ID #3's bottle of Pregabalin was identified as missing from the medication cart. Record review of Resident ID #3's Medication Administration Record (MAR) revealed the facility	S 565		

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S 565	Continued From page 9 failed to administer the Pregabalin on: 1/31/2023 at 7:00 AM, 12:00 PM and 7:00 PM 2/1/2023 at 8:23 AM and 1:22 PM During an interview on 2/16/2023 at approximately 2:00 PM the Administrator acknowledged that the Resident did not receive their medications as prescribed.	S 565	This plan of correction constitutes my compliance for the deficiency cited. However, submission of this plan of correction is not an admission that a deficiency exists or that one was cited correctly. This plan of correction is submitted to meet requirements established by state law. S 565 Halcyon at West Bay maintains policies and procedures consistent with state regulations regarding levels of licensure. Resident ID # 3 Upon delivery of medications from the Pharmacy or family members, the nurse to check the medication to the receipt, then place the medication in the medication cart or the overflow medication cart. If the medication is depleted and there is no medication in the overflow medication cart, the nursing staff will order the medication through the facility Pharmacy for stat delivery.	3.9.23 ongoing