RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01496	A. BUILDING: _____ B. WING _____	01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGHLANDS ON THE EAST SIDE	101 HIGHLAND AVENUE PROVIDENCE, RI 02906

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S 003	Initial Comments An unannounced biennial State Licensure survey and a complaint/incident investigation survey on 1/29/2025 through 1/30/2025 were conducted at this residence. Deficiencies were identified relative to the State Licensure survey.	S 003	Received FEB 19 2025 Facilities Regulation Tag: S285 Resident ID#1 no longer resides at the facility due to her wound. Resident ID#1 is a PACE resident, and we have been having issues regarding receiving the necessary documentation regarding PACE residents. The Executive Director had a meeting with PACE on2/14/25. During this meeting we discussed the status of any PACE resident and their continued appropriateness to meet definition of a resident. We will conduct a QAPI regarding wound care and hold a QAPI meeting on 3/5/2025 to discuss all residents receiving skilled nursing. We will review the notes and determine if there are any risks or no longer appropriate for assisted living. An in-service will be completed will all nurses by 2/28/25 to review outside services, the variance procedure and the definition of a resident.	2/14/25
S 285	Residency Requirements 2.4.14.A Residency Requirements 2.4.14 (A) Residency Requirements A. Each licensee, or his/her designee, through the assessment and evaluation procedures delineated in these regulations (see § 2.4.16(C) of this Part) shall be responsible to ensure that admission to and residency in an assisted living residence be limited to those individuals who meet the definition of "resident" in accordance with § 2.3(A)(32) of this Part. This Requirement is not met as evidenced by: Based on record review and staff interview it has been determined that the residence retained a resident that did not meet the definition of a "resident" for the singular resident reviewed for wound care, ID #1. Findings are as follows: Per the Rules and Regulations for Licensing Assisted Living Residences, the definition of a resident states in part, "'Resident means an individual not requiring medical or nursing care as provided in a health care facility but who as a result of choice and/or physical or mental limitation requires personal assistance..." Per 2.4.1(A)(4) of the regulation states "Any assisted living residence which offers to provide	S 285		

Facilities Regulation

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

Karen VanLinden — Executive Director — 2/19/25

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S 285	Continued From page 1 or provides services for residents receiving hospice services that are bed-bound or in need of assistance from more than one staff person for ambulation is required to be licensed at the F1 level, as defined in § 2.4.2(A)(1)(a) of this Part, and must have a license endorsement, issued pursuant to these regulations, to provide limited health services, and shall, at a minimum provide services for stage I and stage II pressure ulcer treatment and prevention and meet the requirements of § 2.6 of this Part." Assisted living residences licensed to provide limited health services may provide stage I and stage II pressure ulcer treatment and prevention services. According to "The National Pressure Ulcer Advisory Panel," a Stage III pressure ulcer definition states in part, "...Full thickness tissue loss. Subcutaneous fat may be visible, but bone, tendon, or muscle are not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling..." Record review revealed the resident moved into the residence in January of 2023 with diagnoses including, but not limited to, Alzheimer's disease and dementia. Further record review revealed the resident was admitted to an outside agency for skilled nursing wound care on 12/4/2024 due to an intact blister on his/her outer right heel and a bruise with an abrasion on his/her outer left heel. Review of the outside agency service form dated 12/9/2024 revealed the nurse met with the resident for wound care. The resident's left lateral	S 285		

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S 285	Continued From page 2 heel bone was noted with 25% slough (slough is dead tissue that covers a wound, making it difficult to determine the wound's depth and stage). Record review of a facility progress note dated 12/16/2024 revealed the resident with a left heel wound that is painful to the touch, "...appears to have slough under the scab..." During a surveyor interview with the Administrator in the presence of the Resident Care Director on 1/30/2025 at 2:15 PM, they were unable to provide evidence this resident met the definition of an appropriate resident.	S 285		
S 310	Residency Requirements 2.4.15.A Resident Records 2.4.15 (A) Resident Records A. Each residence shall, at a minimum, maintain the following information for each resident: 1. The resident's name; 2. The resident's last address; 3. The name of the person or agency referring the resident to the home; 4. The name, specialty (if any), telephone number, and emergency telephone number of each physician who is currently treating the resident; 5. The date the resident began residing in the home;	S 310 2/14/25	Tag: S310 Resident ID#1 is a PACE resident. We have been having issues regarding receiving the necessary documentation regarding PACE residents. The Executive Director had a meeting with PACE on 2/14/25. We currently have a system in place that all other home health agencies utilize to communicate information about any specific health problems of the resident that may be useful in medical emergency including diagnostic and /or therapeutic orders. Going forward PACE will follow the current system that is in place	2/14/25

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S 310	Continued From page 3 6. A list of medications taken by the resident, including dosage, and specific records of medication administration as required by the Department; a. In residences licensed at the M2 level, if a resident refuses to provide the information cited in § 2.4.15(A)(6) of this Part, this fact shall be documented in the resident's service agreement. 7. Written acknowledgments that the resident has signed and received copies of the rights as provided in R.I. Gen. Laws § 23-17.4-16; 8. Information about any specific health problems of the resident, which may be useful in a medical emergency, including diagnostic and/or therapeutic orders; 9. A record of personal property and funds which the resident has entrusted to the residence; 10. The name, address, and telephone number of a person identified by the resident who should be contacted in the event of an emergency or death of the resident and the name, address, and telephone number of the legal guardian; 11. Any other health-related emergency, or pertinent information which the resident requests the residence to keep on record; 12. A copy of the initial and periodic assessments described in § 2.4.16 of this Part; 13. A copy of the service plan and nurse	S 310		

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S 310	Continued From page 4 review as described in § 2.4.16 of this Part; 14. A copy of the residency agreement as described in § 2.4.14(C) of this Part. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined the residence failed to include, at a minimum, information about any specific health problems of the resident, which may be useful in a medical emergency, including diagnostic and/or therapeutic orders, for the singular resident reviewed receiving outpatient services for wounds, Resident ID #1. Findings are as follows: According to AHCPR (Agency for HealthCare Policy and Research) Clinical Practice Guideline, Pressure Ulcers in Adults: Prediction & Prevention Number 3, May, 1992, the skin of the "at risk" patient should be inspected on admission and at least daily. According to The Guideline for Prevention and Management of Pressure Ulcers 2003 edition, pressure ulcers are to be assessed and monitored at each dressing change, reassessed and measured at least weekly, including description of location, tissue type, size tunneling, exudates (amount, type, character, and odor), presence/absence of infection, wound edges, stage, periwound skin, pain, and adherence to prevention and treatment. Record review revealed the resident moved into the residence in January of 2023 with diagnoses including, but not limited to, Alzheimer's disease and dementia.	S 310		

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S 310	Continued From page 5 Further record review revealed the resident was admitted to an outside agency for skilled nursing wound care on 12/4/2024 due to an intact blister on his/her outer right heel and a bruise with an abrasion on his/her outer left heel. Record review failed to reveal outside agency service notes indicating the wound care orders, the information relative to wound treatments being provided, assessments of the wounds, and diagnostic information. During a surveyor interview with the Administrator in the presence of the Resident Care Director on 1/29/2025 at 2:15 PM, she could not provide evidence of outside agency wound care notes and wound assessments for this resident.	S 310		
S 450	Licensure Requirements 2.4.18 Rights of Residents 2.4.18 Rights of Residents A. Every assisted living residence for adults licensed pursuant to these regulations shall observe the standards stated in R.I. Gen. Laws § 23-17.4-16, "Rights of Residents" and such other appropriate standards as may be prescribed in rules and regulations promulgated by the Department with respect to each resident of the residence. B. For purposes of the following standards stated in §§ 2.4.18(B)(1) through (7) of this Part the term "resident" shall also mean the resident's agent as designated in writing or legal guardian. 1. Upon request have access to all records	S 450	Tag: S450 The Resident and Staff Roster was removed immediately during the survey process. The Executive Director will be responsible for completing an audit on a monthly basis for the next three months to ensure that the Resident and Staff Roster is not available for viewing in the entrance/lobby area.	2/14/25

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S 450	Continued From page 6 pertaining to the resident, including clinical records, within the next business day or immediately in emergency situations; 2. Upon admission and during the resident's stay be fully informed in a language the resident understands, of all resident rights and rules governing resident conduct and responsibilities; a. Each resident shall receive a copy of their rights. b. Each resident shall acknowledge receipt in writing; and c. Each resident shall be informed promptly of any changes. 3. Be informed in writing, prior to, or at the time of admission or at the signing of a residential contract or agreement of: a. The scope of the services available through the residence's service program, including health services, and of all related fees and charges, including charges not covered either under federal and/or state programs by other third party payers or by the residence's basic rate; b. The residence's policies regarding overdue payment including notice provisions and a schedule for late fee charges; c. The residence's policy regarding acceptance of state and federal government reimbursement for care in the residence both at time of admission and during the course of residency if the resident depletes his or her own private resources;	S 450		

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S 450	Continued From page 7 d. The residence's criteria for occupancy and termination of residency agreements; e. The residence's capacity to serve residents with physical and cognitive impairments; f. Support any health services that the residence includes in its service package or will make appropriate arrangements to provide these services; 4. Upon provision of at least thirty (30) days notice, if a resident chooses to leave a residence, the resident shall be refunded any advanced payment made provided that the resident is current in all payments; 5. The residence can discharge a resident only for the following reasons and within the following guidelines: a. Except in life-threatening emergencies and for nonpayment of fees and costs, the residence gives thirty (30) days' advance written notice of termination of residency agreement with a statement containing the reason, the effective date of termination, the resident's right to an appeal under state law, and the name/address of the State Ombudsperson's office; b. If resident does not meet the requirements for residency criteria stated in the residency agreement or requirements of state or local laws or regulations; c. If resident is a danger to self or the welfare of others; and the residence has attempted to make a reasonable accommodation without success to	S 450		

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S 450	Continued From page 8 address resident behavior in ways that would make termination of residency agreement or change unnecessary; which would be documented in the resident's records; d. For failure to pay all fees and costs stated in the contract, resulting in bills more than thirty (30) days outstanding. A resident who has been given notice to vacate for nonpayment of rent has the right to retain possession of the premises, up to any time prior to eviction from the premises, by tendering to the provider the entire amount of fees for services, rent, interest, and costs then due. The provider may impose reasonable late fees for overdue payment; provided that the resident has received due notice of such charges in accordance with the residence's policies. Chronic and repeated failure to pay rent is a violation of the lease covenant. However the residence must make reasonable efforts to accommodate temporary financial hardship and provide information on government or private subsidies available that may be available to help with costs; and e. The residence makes a good faith effort to counsel the resident if the resident shows indications of no longer meeting residence criteria or if service with a termination notice is anticipated; 6. To be able to share a room or unit with a spouse or other consenting resident of the residence in accordance with terms of the resident contract; 7. To live in a safe and clean environment. C. In addition to the standards stated in R.I.	S 450		

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S 450	Continued From page 9 Gen. Laws § 23-17.4-16, residents are entitled to the following: 1. Receive dental services from a dentist of his/her choice; 2. Each resident shall be given, in writing, the names, addresses, and telephone numbers of: the Department; the Medicaid Fraud and Patient Abuse Unit of the Department of Attorney General; the State Ombudsperson; and local police offices. D. The residence must: 1. Implement written policies and procedures to ensure that all residence employees are aware of and protect the resident's rights contained in these regulations; 2. Have prominently displayed a posting of the most recent state licensing survey of the assisted living residence; and 3. Provide each resident or his or her representative upon admission, a copy of the provisions of § 2.4.18 of this Part and shall display in a conspicuous place on the premises a copy of the "Rights of Residents." This Requirement is not met as evidenced by: Based on surveyor observation and staff interview, it has been determined the residence failed to implement written policies and procedures to ensure that all the residence's employees protect the resident's rights contained in these regulations and to observe the standards stated in R.I. Gen. Laws § 23-17.4-16 (a)(2)(ix)	S 450		

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S 450	Continued From page 10 relative to identifying information for the two residents listed in the facility's survey results binder located in the main lobby, Resident ID #s 2 and 3. Findings are as follows: During a surveyor observation on 1/29/2025 at approximately 10:30 AM of the residence's survey binder, a copy of the 8/6/2024 survey identifying Resident ID #2 on the "Resident/Staff Roster" was revealed. Additionally, the survey dated 2/10/2023 identifying Resident ID #3 was revealed. During a surveyor interview on 1/30/2025 at approximately 2:15 PM with the Administrator, she could not provide evidence the residents' privacy was protected.	S 450		
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, record review, and staff interview, it has been determined that the residence failed to comply with the appropriate requirements of the Rhode Island	S 490		

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S 490	Continued From page 11 Food Code. Findings are as follows: 1. According to Section 3-501.17 of the Rhode Island Food Code states in part, "Ready-to Eat, Time/Temperature Control for Safety, Date Marking...(A) 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 when held at a temperature of 5 Celsius (41 F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1." Section 3-602.11 Food Labels states, "...(B) Label information shall include: (1) The common name of the food..." 2. According to the Rhode Island Food Code 2018 Edition 3-304.12 states in part, "...In-Use Utensils, Between-Use Storage. During pauses in FOOD preparation or dispensing, FOOD preparation and dispensing UTENSILS shall be stored: (A) Except as specified under (B) of this section, in the FOOD with their handles above the top of the FOOD and the container: (B) In FOOD that is not TIME/TEMPERATURE CONTROL FOR SAFETY FOOD with their handles above the top of the FOOD within containers or EQUIPMENT that can be closed, such as bins of sugar, flour..." 3. According to Section 4-601.11 of the Rhode Island Food Code requires that "...(C) Non-FOOD-CONTACT SURFACES of EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other debris..."	S 490	Tag: S490 The failures that were identified on the "2nd floor kitchenette" occurred on out Reflections unit (memory care unit). This unit will now be overseen by the dietary department. A daily cleaning schedule was implemented for the 2nd floor kitchenette on 2/12/2025. The dietary staff will initial the cleaning log once daily cleaning has been completed. A visible inspection and audit of cleaning logs will be completed by the Food Service Director once a week for 6 weeks to ensure compliance. All scoops were removed from containers on 1/29/2025. All Dietary staff were educated about potential contamination and appropriate storage of scoops. All inadequately dated/labeled food items were removed from storage. All dietary staff were educated regarding appropriate storage and requirement to label and date all items.	2/12/25

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S 490	Continued From page 12 A. During a surveyor observation of the dry food storage room on 1/29/2025 at approximately 8:42 AM in the presence of the Food Service Director (FSD) the following was revealed: - Two large containers of flour and oatmeal with a scoop stored inside both containers and lying directly on the food items. - Eight (14 ounce) cans of condense milk with a manufacturer's use by date of 12/19/2024. - Three (1gallon) containers of hot sauce with a manufacturer's use by date of 1/2/2025. During a surveyor interview immediately following this observation with the FSD, he acknowledged the above-mentioned observations. B. During a surveyor observation of the second-floor kitchenette on 1/29/2025 at 9:31 AM, in the presence of the FSD the following was revealed: - clear plastic container of what appeared to be egg salad that was not labeled or dated. - plastic container with toast and sausage that was not dated. - plastic container with broccoli and meat that was not dated. - whipped topping container labeled "soup" dated 1/10/2025. - 46 once of Ready Care Thickened apple juice, opened, and not dated. Manufacturer's instructions state in part, "...after opening, may be	S 490		

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S 490	Continued From page 13 kept up to 7 days under refrigeration..." - A juice dispensing machine was observed stained on the surface of the machine and dried liquid substance observed at the bottom of the dispensers. During a surveyor interview immediately following this observation with the FSD, he acknowledged the above-mentioned observations of the kitchenette. Additionally, the FSD was unable to provide evidence of when the juice dispenser was last cleaned.	S 490		