STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01459	A. BUILDING: _____ B. WING _____	10/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHESTNUT COTTAGE AT THE ELMS INC	25 CHESTNUT ST WESTERLY, RI 02891

(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 biennial State Licensure survey and a complaint/incident investigation survey (8I7511, 10/20/2023) were conducted at this residence. Deficiencies were identified relative to the State Licensure survey.	S 003		
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 that the residence failed to ensure employees shall have initial and on-going in-service training related to record keeping and service plans, in accordance with regulations, for 6 out of 6 staff reviewed, ID's A, B, C, D, E and F. Findings are as follows: Record review of personnel records and facility in-service training documents failed to reveal training on service plans and record keeping for the following staff:	S 190	**S 190** - New policies and procedures were created, including for service plans and record keeping, just prior to this survey to enhance the required staff training, The Administrator will ensure all required staff will complete this training as planned.	10/18/23 Ongoing

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FACILITIES REGULATION

Facilities Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Mark R. Taylor — TITLE: ADM — (X6) DATE: 11/08/2023

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S 190	Continued From page 1 1. Staff A was hired on 6/3/2014 as a Registered Nurse. 2. Staff B was hired on 2/6/2022 as a Certified Nursing Assistant (CNA). 3. Staff C was hired on 10/25/2014 as a Licensed Practical Nurse. 4. Staff D was hired on 4/21/2017 as a CNA. 5. Staff E was hired on 10/27/2021 as a CNA. 6. Staff F was hired on 11/9/2010 as a Personal Care Assistant. During an interview on 10/19/2023 at approximately 3:45 PM, the Administrator acknowledged the trainings for the above employees had not been completed, as required.	S 190		
S 725	Practices and Procedures, Violations, Sa 2.4.32.A Variance Procedure 2.4.32 (A) Variance Procedure A. The Department may grant a variance either upon its own motion or upon request of the applicant from the provisions of any rule or regulation in a specific case if it finds that a literal enforcement of such provision will result in unnecessary hardship to the applicant and that such a variance will not be contrary to the public interest, public health and/or health and safety of residents. This Requirement is not met as evidenced by:	S 725		

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S 725	Continued From page 2 Based on record review and staff interview, it has been determined the residence failed to submit a variance for approval from the Department for 4 of 4 sample residents receiving palliative services, Resident ID #s 1, 2, 3, and 4. 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, lodging and meals and may require the administration of medication and/or limited health services...Persons needing medical or skilled nursing care, including daily professional observation and evaluation, as provided in a health care facility, and/or persons who are bedbound or in need of the assistance of more than one (1) person for ambulation is not appropriate to reside in assisted living residences. However, an established resident may receive daily skilled nursing care or therapy from a licensed health care provider for a condition that results from a temporary illness or injury for up to forty-five (45) days subject to an extension of additional days as approved by the Department, or if the resident is under the care of a Rhode Island licensed hospice agency provided the assisted living residence assumes responsibility for ensuring that the required care is received. Furthermore, a new resident may receive daily therapy services and/or limited skilled nursing care services, as defined through these Regulations, from a Rhode Island licensed health care provider for a condition that results from a temporary illness or injury for up to	S 725	**S 725** - Variance requests for assisted living residents receiving Palliative Care outside services were submitted and approved. The Administrator will be responsible to ensure a variance request is submitted for any resident receiving palliative care outside services. The Administrator has been advised that RIDOH. considers Palliative Care as a reportable skilled nursing service requiring a variance. While the request form only states Hospice Care with a limitation of 180 days, or wound care with a limitation of 45 days, the Administrator has been directed to write in Palliative Care, request 180 days, with extensions considered at RIDOH.'s discretion.	11/1/23 11/30/23

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S 725	Continued From page 3 forty-five (45) days subject to an extension of additional days as approved by the Department..." According to the Mayo Clinic, palliative care "is specialized medical care that focuses on providing relief from pain and other symptoms of a serious illness." Record review of a list of residents receiving outside services, provided by the facility during the survey, revealed Resident ID #s 1, 2, 3, and 4 are receiving palliative care. 1. Resident ID #1 moved into the facility in January of 2023 with a diagnosis of Alzheimer's disease. Record review revealed the resident was admitted to palliative care on 1/18/2023. 2. Resident ID #2 moved into the facility in May of 2021 with a diagnosis of Alzheimer's disease. Record review revealed the resident was admitted to palliative care on 11/2/2022. 3. Resident ID #3 moved into the facility in Septemver of 2021 with a diagnosis of Alzheimer's disease. Record review revealed the resident was admitted to palliative care on 3/23/2022. 4. Resident ID #4 moved into the facility in March of 2023 with a diagnosis of Alzheimer's disease. Record review revealed the resident was admitted to palliative care on 3/29/2023. Record review failed to reveal a variance was	S 725		

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S 725	Continued From page 4 submitted to the Department of Health for the above services. During an interview on 10/19/2023 at approximately 4:10 PM, the Administrator acknowledged that variances had not been submitted to the Department for the above services, as required.	S 725		