| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | ALR01378 | A. BUILDING: _____ B. WING _____ | C 02/18/2025 |

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| BRIDGE AT CHERRY HILL, THE | ONE CHERRY HILL ROAD JOHNSTON, RI 02919 |

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| S 003 | Initial Comments<br><br>An unannounced complaint/incident investigation survey, ACTS reference numbers 97686, 98385, 98536, 98558, 98672, 98992, 99165, and 99298 was conducted at this residence on 2/17/2025 through 2/18/2025 to determine compliance with state regulations. Deficiencies were identified. | S 003 | | |
| S 230 | Organization And Management 2.4.13.A Management Of Services<br><br>2.4.13 (A/B) Management of Services<br><br>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.<br><br>This Requirement is not met as evidenced by:<br>Based on record review and staff interview, it has been determined that the residence failed to staff the residence with a licensed nurse to administer as needed medication (PRN) for a singular resident reviewed for schedule II-controlled medication, Resident ID #1.<br><br>Findings are as follows:<br><br>According to Mosby's 4th Edition, Fundamentals of Nursing, page 314 states in part, "...The | S 230 | **A. With Respect to the Specific Regulation Cited:**<br>S 230 Licensure Requirements 2.4.13 (A/B) Management of Services<br><br>**B. With Respect to how the Facility will identify and take correction action:**<br>The resident was a patient of Hope Health. On Hope Health's plan of care, there was a PO for family to administer the LORazepam but not for the morphine. The morphine was in a lock box in the resident's room and it was noted that the son was aware.<br>The Bridge at Cherry Hill had orders for both medications which were accurate. | |

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| S 230 | Continued From page 1<br>physician is responsible for directing medical treatment. Nurses are obligated to follow physician's orders unless they believe the orders are in error of would harm the clients..."<br><br>According to Appendix I (B) of the "Rules and Regulations Pertaining to Rhode Island Certificates of Registration for Nursing Assistants, Medication Aides and the approval of Nursing Assistant and Medication Aide Training Programs" states in part "3... shall not administer any Schedule II controlled substance..."<br><br>Record review revealed Resident ID #1 had a physician's order for Morphine Sulfate 100 milligrams (mg)/5 milliliters (ml). Take 0.125 ml (2.5 mg) every hour as needed for pain or shortness of breath, dated 1/30/2025 through 2/11/2025.<br><br>During a surveyor interview with the Executive Director on 2/17/2025 at 3:47 PM, she revealed that the residence has a nurse on the schedule from 7:00 AM-11:00 PM, but not from 11:00 PM-7:00 AM.<br><br>The residence does not have a licensed nurse on 3rd shift to administer this medication to the resident, as needed.<br><br>During a surveyor interview with the Executive Director on 2/18/2025 at 1:55 PM, she could not provide evidence of the resident's morphine, a schedule II-controlled medication, being available at all times, per the physician's order. | S 230 | **C. With Respect to What Systemic measures to be put in place to address the stated concern:**<br>The Resident Care Director and/or LPN will address the plan of care with hospice to ensure that there is an order for families to administer medications after 11:00 PM.<br><br>**D. With Respect to How the Plan Of Corrective Measures will Be monitored:**<br>The Resident Care Director and/or LPN will meet with the hospice nurse to ensure an order is in place for medication administration after 11:00 PM in the hospice orders binder, | |
| S 365 | Residency Requirements 2.4.16.D Resident Assessment/Service Plans | S 365 | | |

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| S 365 | Continued From page 2<br>2.4.16 (d) Resident Assessments and Service Plans<br><br>D. The assessment shall be reviewed and at intervals not to exceed twelve (12) months and each time a resident's condition changes significantly.<br><br>This Requirement is not met as evidenced by:<br>Based on record review and staff interview it has been determined that the residence failed to update the comprehensive assessment each time a resident's condition changed significantly for 5 of 5 residents reviewed for outside services, Resident ID #s 1, 2, 3, 4 and 5.<br><br>Findings are as follows:<br><br>1. Record review revealed Resident ID #1 moved into the residence in April of 2023 with diagnoses including, but not limited to: epilepsy, history of falling, and malignant neoplasm of the frontal lobe.<br><br>Record review of the resident's comprehensive assessment dated 4/3/2024 failed to reveal the assessment was updated to document that the resident received hospice services with a start of care date of 12/12/2024.<br><br>2. Record review revealed Resident ID #2 moved into the residence in June of 2024 with diagnoses including, but not limited to: spinal stenosis, osteoarthritis, and osteoporosis.<br><br>Record review of the resident's comprehensive assessment dated 6/4/2024 failed to reveal the assessment was updated to document that the | S 365 | **A. With Respect to the Specific Regulation Cited:**<br>S 365 2.4.16 (d) Resident Assessment and Service Plans<br><br>**B. With Respect to how the Facility will identify and take correction action:**<br>The new Resident Care Director will be monitoring and identifying any and all changes in conditions and will update the comprehensive assessment.<br><br>**C. With Respect to What Systemic measures to be put in place to address the stated concern:**<br>The new Resident Care Director will ensure that timely assessments are done, at a minimum,annually and with a change of condition. Any and all changes will be addressed on comprehensive assessment.<br><br>**D. With Respect to How the Plan Of Corrective Measures will Be monitored:**<br>The Resident Care Director will ensure compliance and will be part of the QMPI process The Resident | |

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| S 365 | Continued From page 3<br>resident received physical therapy (PT) services with a start of care date of 12/17/2024 and skilled nursing (SN) services with a start of care date of 12/12/2024.<br><br>3. Record review revealed Resident ID #3 moved into the residence in September of 2024 with diagnoses including, but not limited to: fractured ribs on left side, dementia with agitation, and hypertension.<br><br>Record review of the resident's comprehensive assessment dated 9/16/2024 failed to reveal the assessment was updated to document that the resident received SN services with a start of care date of 9/20/2024.<br><br>4. Record review revealed Resident ID #4 moved into the residence in September of 2021 with diagnoses including, but not limited to: dementia with behavioral disturbance, osteoporosis, and asthma.<br><br>Record review of the resident's comprehensive assessment last updated on 11/1/2024 failed to reveal the assessment was updated to document that the resident received PT services with a start of care date of 10/10/2024.<br><br>5. Record review revealed Resident ID #5 moved into the residence in April of 2024 with diagnoses including, but not limited to: fracture T7-T8 vertebrae, history of falling, and osteoarthritis.<br><br>Record review of the resident's comprehensive assessment dated 5/29/2024 failed to reveal the assessment was updated to document that the resident is receiving occupational therapy, SN, and PT services with a start of care date of 1/18/2025. | S 365 | Care Director will audit from March 3rd to March 31st weekly. | 3/31/25 |

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| S 365 | Continued From page 4<br><br>During a surveyor interview with the Executive Director at 1:50 PM, she could not provide evidence that the above-mentioned resident's comprehensive assessments accurately reflected the resident's receipt of outside services. | S 365 | | |
| S 370 | Residency Requirements 2.4.16.E Resident Assessment/Service Plans<br><br>2.4.16 (E) Resident assessments and Service Plans<br><br>E. In the event a resident has an admission to a health care facility and is scheduled to return to the residence without a significant change in status, then the assessment shall be updated within five (5) working days of readmission.<br><br>1. In case of an emergency admission, the required assessment shall take place within five (5) working days and shall include the following:<br><br>a. An immediate admission necessitated by natural disaster, crisis, or threat to public safety at another licensed assisted living residence, independent living situation, community residential facility, or private residence;<br><br>b. An immediate admission necessitated by the unanticipated incapacitation of the primary caregiver of the person to be admitted;<br><br>c. Conditions or circumstances warranting emergency admission and as approved by Center for Health Facilities Regulation staff within forty- eight (48) hours. | S 370 | **A. With Respect to the Specific Regulation Cited:**<br>S 370.2.4.16 (E) Resident Assessment/Service Plans<br><br>**B. With Respect to how the Facility will identify and take correction action:**<br>The new Resident Care Director will be monitoring admissions and readmissions and will be completing and/or updating the comprehensive assessment. plans and documenting when there has been a significant change in condition and/or outside services | |

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| S 370 | Continued From page 5<br><br>This Requirement is not met as evidenced by:<br>Based on record review and staff interview, it has been determined the residence failed to ensure the resident's comprehensive assessment was updated within five (5) working days of readmission from an admission to a health care facility for 4 of 4 residents reviewed, Resident ID #s 2, 4, 5, and 6.<br><br>Findings are as follows:<br><br>1. Record review revealed Resident ID #2 was transferred to the hospital after a fall on 11/22/2024 with a subsequent skilled nursing facility admission from 11/22/2024 through 12/10/2024.<br><br>Record review revealed the comprehensive assessment was completed on 6/4/2024.<br><br>Record review failed to reveal the comprehensive assessment was updated within five working days from readmission to the residence on 12/10/2024.<br><br>2. Record review revealed Resident ID #4 was diagnosed with a leg fracture on 9/19/2024 with a subsequent skilled nursing facility admission from 9/19/2024 through 12/21/2024.<br><br>Record review revealed the resident's comprehensive assessment was last updated on 11/1/2024.<br><br>Record review failed to reveal the comprehensive assessment was updated within five working days from readmission to the residence on 12/21/2024. | S 370 | **C. With Respect to What Systemic measures to be put in place to address the stated concern:**<br>The new Resident Care Director will ensure that the comprehensive assessment is updated within five (5) working days of a readmission. We will have weekly monitoring x 4 weeks and then monitoring in QMPI.<br><br>**D. With Respect to How the Plan Of Corrective Measures will Be monitored:**<br>The Resident Care Director will ensure compliance and will be part of the QMPI process. The Resident Care Director will do weekly audits from March 3rd to March 31st. | 3/31/25 |

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| S 370 | Continued From page 6<br>3. Record review revealed Resident ID #5 was transferred to the hospital after a fall on 1/1/2025 with a subsequent skilled nursing facility admission from 1/6/2025 through 1/16/2025.<br><br>Record review revealed the resident's comprehensive assessment was last updated on 5/29/2024.<br><br>Record review failed to reveal the comprehensive assessment was updated within five working days from readmission to the residence on 1/16/2025.<br><br>4. Record review revealed Resident ID #6 was transferred to the hospital after the resident was experiencing back pain on 12/5/2024 with a subsequent skilled nursing facility admission from 12/7/2024 through 1/6/2025.<br><br>Record review revealed the resident's comprehensive assessment was last updated on 10/19/2024.<br><br>Record review failed to reveal the comprehensive assessment was updated within five working days from readmission to the residence on 1/6/2025.<br><br>During a surveyor interview with the Executive Director on 2/18/2025 at 1:50 PM, she could not provide evidence the above-mentioned resident's comprehensive assessment was updated within 5 working days of readmission. | S 370 | | |
| S 390 | Residency Requirements 2.4.16.G.3 Resident Assessment/Service Plan<br><br>2.4.16 (G)(3) Service Plans<br><br>3. The service plan shall be reviewed by both | S 390 | | |

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| S 390 | Continued From page 7<br>parties at intervals not to exceed twelve (12) months and each time a resident's condition changes significantly and all changes shall be acknowledged in writing by both parties.<br><br>This Requirement is not met as evidenced by:<br>Based on record review and staff interview, it has been determined that the residence failed to update the service plan each time a resident's condition changed significantly for 4 of 4 residents reviewed for outside services, Resident ID #s 2, 3, 4, and 5.<br><br>Findings are as follows:<br><br>1. Record review revealed Resident ID #2 moved into the residence in June of 2024 with diagnoses including, but not limited to: spinal stenosis, osteoarthritis, and osteoporosis.<br><br>Record review of the resident's service plan dated 11/21/2024 failed to reveal the service plan was updated to document that the resident received physical therapy (PT) services with a start of care date of 12/17/2024 and skilled nursing (SN) services with a start of care date of 12/12/2024.<br><br>2. Record review revealed Resident ID #3 moved into the residence in September of 2024 with diagnoses including, but not limited to: fractured ribs on left side, dementia with agitation, and hypertension.<br><br>Record review of the resident's service plan dated 10/15/2024 failed to reveal the service plan was updated to document that the resident received SN services with a start of care date of 9/20/2024. | S 390 | **A. With Respect to the Specific Regulation Cited:**<br>S 390 2.4.16 G.3 Resident Assessment/Service Plans<br><br>**B. With Respect to how the Facility will identify and take correction action:**<br>The new Resident Care Director will be updating the service plans and documenting when there has been a significant change in condition and/or outside services<br><br>**C. With Respect to What Systemic measures to be put in place to address the stated concern:**<br>The new Resident Care Director will be meeting with the parties to update the service plans when there has been a significant change in condition and any outside services not to exceed 12 months each time and will be acknowledged in writing by both parties | |

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| S 390 | Continued From page 8<br>3. Record review revealed Resident ID #4 moved into the residence in September of 2021 with diagnoses including, but not limited to: dementia with behavioral disturbance, osteoporosis, and asthma.<br><br>Record review of the resident's service plan dated 10/10/2024 and updated on 12/4/2024 failed to reveal the service plan accurately reflected that the resident received PT services with a start of care date of 10/10/2024.<br><br>4. Record review revealed Resident ID #5 moved into the residence in April of 2024 with diagnoses including, but not limited to: fracture T7-T8 vertebrae, history of falling, and osteoarthritis.<br><br>Record review of the resident's service plan dated 1/16/2025 failed to reveal the service plan was updated to document that the resident is receiving occupational therapy, SN, and PT services with a start of care date of 1/18/2025.<br><br>During a surveyor interview with the Executive Director at 1:50 PM, she could not provide evidence that the above-mentioned resident's service plans accurately reflected the resident's receipt of outside services. | S 390 | **D. With Respect to How the Plan Of Corrective Measures will Be monitored:**<br>The Resident Care Director will ensure compliance and will be part of the QMPI process. The Resident Care Director will do weekly audits from March 3rd to March 31st. | 3/31/25 |