RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01495	A. BUILDING: _____ B. WING _____	C 10/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALL AMERICAN ASSISTED LIVING	55 TOLL GATE FARM ROAD WARWICK, RI 02886

(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. A deficiency was identified.	S 003	On October 20, 2023 we had a complaint survey completed at our facility. Our Plan of corrections is as followed:	
S 360	Residency Requirements 2.4.16.C Resident Assessment/Service Plans 2.4.16 (C) Resident Assessments and Service Plans C. The Department-approved assessment form, or such other assessment form as approved by the Department, shall be utilized in completing the assessment on each resident who is admitted to the residence. (Approved Department form is available for downloading online at http://health.ri.gov/forms/assessment/AssistedLivingResident.pdf). 1. Assisted living residences not intending to use the Department's assessment form shall submit their proposed assessment forms with a cover letter of intent to the Center for Health Facilities Regulation as specified in § 2.4.6(A) of this Part. 2. All assessment forms shall report information appropriate to determine compatibility and compliance with the residency criteria, and shall indicate that the resident's needs can be met by the assisted living residence within its licensure level, and shall gather information appropriate for the development of an individualized service plan. a. The assessment form shall be designed to demonstrate compliance with the assisted living residence's criteria for residency.	S 360	We will ensure that the required RI assessment tool (appendaged c) is used for the intial assessments, 90 days assessments, annual assessments and each time a resident's condition change significantly. In order to ensure all residents charts are in complaince the faclity will conduct chart aduits. Going forward chart aduits will be counducted on an quartly basis to ensure all charts are in complaince. We are requesting a timeframe of 90 days to ensure all charts are in compliance with using the RI resident assessment tool. The date of completion for the correction will be by 1/31/24. We are asking for the Plan of correction to have an extension end on 2/26/24. 1/30/24	

Facilities Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Elisabeth A. Lamantia — TITLE: Executive Director — (X6) DATE: 11/2/23

Elisabeth A. Lamantia Executive Director 1/30/24

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S 360	Continued From page 1 b. The assessment form shall also be designed to demonstrate that the assisted living residence can meet the resident's needs and preferences. 3. The assessment form shall also be designed to provide information appropriate for the development of an individualized service plan in accordance with § 2.4.16(G)(1) 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 utilize the Department-approved assessment form, or such other assessment form as approved by the Department, when completing an assessment on each resident who is admitted to the residence for 2 of 2 sample residents, Resident ID #s 1 and 2. Findings are as follows: 1) Record review revealed Resident ID #1's record failed to reveal a "Rhode Island Department of Health Assisted Living Resident Assessment." 2) Record review revealed Resident ID #2's record failed to reveal a completed "Rhode Island Department of Health Assisted Living Resident Assessment." The records of the above-mentioned resident's failed to reveal comprehensive assessments, completed annually or at each change of condition, documented on the Department-approved assessment form, or such other assessment form as approved by the Department.	S 360		

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S 360	Continued From page 2 During an interview on 10/20/2023 at approximately 2:30 PM, the Acting Wellness Director and the Administrator acknowledged the records of the above-mentioned residents failed to have a comprehensive assessment completed upon admission.	S 360		