STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01454	A. BUILDING: _____ B. WING _____	C 12/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VICTORIA COURT MEMORY CARE	55 OAKLAWN AVENUE CRANSTON, RI 02920

(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, ACTS reference number 98565, was conducted at this residence on 12/09/2024 to determine compliance with state regulations. A deficiency was identified.	S 003	RECEIVED DEC 26 2024 FACILITIES REGULATION	
S 365	Residency Requirements 2.4.16.D Resident Assessment/Service Plans 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 each time a resident's condition changed significantly for 1 of 3 residents reviewed for activities of daily living (ADLs), Resident ID #1 and 1 of 1 resident reviewed for outside services, Resident ID #2. Findings are as follows: 1. Record review revealed Resident ID #1 moved into the residence in August of 2024 with diagnoses including, but not limited to, Alzheimer's disease, hypertension, and osteoporosis. Record review of the resident's comprehensive assessment dated 7/25/2024 failed to reveal the assessment was updated to accurately document	S 365	S 365 Residency Requirements 2.4.16.D Resident Assessment/ Service Plans Resident ID #1 is no longer a resident of Victoria Court Memory Care. Resident ID #1's comprehensive assessment has been updated to reflect the resident's change in condition for ADL's. 12/10/2024 Resident ID #2's comprehensive assessment has been updated to document that the resident is receiving skilled nursing services with a start of care date of 10/29/2024. 12/10/2024 All residents had potential to be affected by this deficient practice. To ensure that this deficient practice does not recur, the Resident Care Director has been re-inserviced on the State regulations pertaining to 2.4.16 (d) Resident Assessments and Service Plans. 12/26/24 The Resident Care Director will continue to meet weekly with the Executive Director to discuss all residents receiving outside services, and in addition, discuss any residents displaying a significant change of condition. Nurse reviews will be audited on a regular basis by the Executive Director for continued compliance. 12/26/24 Quarterly audits of nurse reviews by the Regional Director of Operations will be completed to ensure continued compliance. 12/26/24	

Facilities Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: Executive Director (X6) DATE: 12/26/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01454	A. BUILDING: _____ B. WING _____	C 12/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VICTORIA COURT MEMORY CARE	55 OAKLAWN AVENUE CRANSTON, RI 02920

(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 365	Continued From page 1 the resident's change in condition for ADLs. Further review of the assessment dated 7/25/2024 revealed the resident is continent of bladder and bowels. Additionally, it reveals the resident is independent for toileting and dressing, and a minimum assist for hygiene (requires cueing), and a moderate assist for bathing (requires stand-by assist). Review of a quarterly nursing assessment dated 11/5/2024, reveals that the resident is incontinent of bladder and bowels. Review of a document titled, "Resident Level of Care" dated 11/5/2024, revealed that the resident had declined in ADLs now requiring 1-person total assistance for bathing, dressing, grooming, and toileting. During a surveyor interview with the Director of Wellness (DOW) at approximately 12:30 PM, she could not provide evidence that the comprehensive assessment was updated to reflect the resident's decline in ADLs. 2. Record review revealed Resident ID #2 moved into the residence in January of 2024 with diagnoses including, but not limited to, dementia and hypertension. Record review of the resident's comprehensive assessment last updated on 10/22/2024 failed to reveal the assessment was updated to document that the resident is receiving skilled nursing (SN) services with a start of care date of 10/29/2024. During a surveyor interview with the DOW at approximately 12:30 PM, she could not provide evidence that the resident's comprehensive	S 365		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01454	A. BUILDING: _____ B. WING _____	C 12/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VICTORIA COURT MEMORY CARE	55 OAKLAWN AVENUE CRANSTON, RI 02920

(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 365	Continued From page 2 assessment accurately reflected the resident's receipt of SN services.	S 365		