RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01482	A. BUILDING: _____ B. WING _____	C 04/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOCKWOTTON ON THE WATERFRONT	500 WATERFRONT DRIVE EAST PROVIDENCE, RI 02914

(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 numbers 99532 and 100410, was conducted at this residence on 04/16/2025 to determine compliance with state regulations. Deficiencies were identified as a result of this survey.	S 003	Received MAY 09 2025 Facilities Regulation	
S 370	Residency Requirements 2.4.16.E Resident Assessment/Service Plans 2.4.16 (E) Resident assessments and Service Plans 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. 1. In case of an emergency admission, the required assessment shall take place within five (5) working days and shall include the following: 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; b. An immediate admission necessitated by the unanticipated incapacitation of the primary caregiver of the person to be admitted; c. Conditions or circumstances warranting emergency admission and as approved by Center for Health Facilities Regulation staff within forty- eight (48) hours.	S 370	Residency Requirements 2.4.16.E Resident Assessment/Service Plans: As of 5/9/25, Resident ID #1's comprehensive assessment was updated to reflect the re-admission to the residence after being admitted to a higher level of care. As of 5/9/25, a Readmission Checklist will be updated and implemented for any residents returning to the residence from a higher level of care to ensure a comprehensive assessment has been done. As of 5/9/25, audits will be implemented in the River's Edge Assisted Living program for any readmissions to that program by the Resident Care Director or his/her designee. Documentation of these audits will be brought to quarterly Quality Improvement Committee meetings for review and input with any interventions, if relevant and warranted.	5/9/25 5/9/25 5/9/25

Facilities Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Unit Clerical AL Admin — (X6) DATE: 5/9/25

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This Requirement is not met as evidenced by:
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 admission to a health care facility for the singular resident reviewed for readmission, ID #1

Findings are as follows:

Record review revealed ID #1 was readmitted to the residence in March of 2025 with a diagnosis that includes, but is not limited to, dementia.

Record review revealed he/she was hospitalized on 2/8/2025 after an alleged unwitnessed fall which resulted in a hip fracture.

Record review of a Continuity of Care form revealed the resident was in a skilled nursing facility from 2/16/2025 through 3/24/2025.

The record failed to reveal evidence the resident was assessed prior to or within five days of returning to the residence after being admitted to a higher level of care for more than five days.

During a telephone interview on 4/16/2025 at approximately 2:00 PM with Staff B, Courtyard Nurse Manager, she was unable to provide evidence of a current comprehensive assessment that was completed prior to or upon readmission to the residence within five days.

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S 415	Continued From page 2	S 415		
S 415	Residency Requirements 2.4.17.D Reporting Requirements 2.4.17 (D) Licensure Requirements D. Any employee of an assisted living residence who has reasonable cause to believe that a resident has been abused, exploited, neglected, or mistreated shall within twenty-four (24) hours of the receipt of said information, transfer such to the Director and to the Office of the Long- Term Care Ombudsman. Any person required to make a report pursuant to this section shall be deemed to have complied with these requirements if a report is made to a high managerial agent. Once notified, said agent shall be required to meet the above reporting requirements. The residence shall establish a written policy or procedure for reporting abused, exploited or neglected residents that complies with the provisions of this section. The report may be submitted by telephone but shall be followed up in writing. 1. Upon receipt of such information or allegation, the Director shall forthwith conduct such investigation as may be necessary and submit a report of findings of the investigation(s) to the Attorney General of the State of Rhode Island. This Requirement is not met as evidenced by: Based on record review and staff interviews, it has been determined that facility staff failed to report suspected or known abuse, exploitation, neglect, or mistreatment which resulted in bodily injury immediately, but not later than four hours from discovery, for the singular resident reviewed relative to abuse, Resident ID #2.	S 415	Residency Requirements 2.4.17.D Reporting Requirements Effective as of 4/29/25, we changed the shift to shift form to include text prompting each staff member to report any suspicions/ allegations of abuse, neglect, mistreatment, bruises of unknown origin, etc., to a supervisor immediately. As of 5/9/25, we re-educated the caregivers and supervisors on memory care re: abuse/ neglect reporting policy and procedure. Effective 5/9/25, the Courtyard Memory Care Managers will sign off on the shift to shift form each day they are working, documenting that they have reviewed the form and identified any areas of concern. Effective 5/9/25, once a month the staff educator or his/her designee will conduct re-training with all staff on abuse reporting requirements. This will continue for three months and then quarterly thereafter. This re-training documentation will be reviewed at the quarterly Quality Improvement Committee meetings. Effective 5/9/25, Risk meetings held by the Administrator or his/her designee will now include suspicions of abuse/neglect/ misappropriation. These Risk meeting minutes will be reviewed at the quarterly Quality Improvement Committee meetings.	

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S 415	Continued From page 3 Findings are as follows: The residence's "Policy on Abuse and Neglect" states in part, "...Any employee or consultant who has reasonable cause to believe that a resident has been abused, exploited or neglected shall immediately report such an incident to the senior member of the nursing staff on duty..." Record review revealed that Resident ID #2 was admitted to the residence in March of 2022 with a diagnosis that includes, but is not limited to, vascular dementia. Record review of a document titled, "The Courtyard Memory Care Shift-to Shift Log" with an entry on 4/13/2025 on the 7-3 shift, reads in part, "...Resident ID #2 shoulder bruise R arm..." During a surveyor interview on 4/16/2025 at 2:20 PM with nursing assistant, Staff A, she revealed she noted 2 bruises to the resident's right upper arm while performing morning care for the resident. Additionally, she revealed she shared the information with the medication technician and the information was put on the shift-to-shift report. During a surveyor interview on 4/17/2025 at approximately 2:30 PM with the Executive Director, she indicated she learned of the bruising of unknown origin to the resident's arm on 4/14/2025 at 10:30 AM during a morning clinical meeting. Additionally, she revealed the residence's nurse manager of the memory care unit was working from 7:00 AM to 3:00 PM on 4/13/2025 and was not notified of the bruising that was identified on the resident, thus the reporting to the Department was late.	S 415		