RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01519	A. BUILDING: _____ B. WING _____	C 07/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SMITHFIELD WOODS	171 PLEASANT VIEW AVENUE SMITHFIELD, RI 02917

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S 003	Initial Comments An unannounced complaint/incident investigation survey was conducted at this residence. Deficiencies were identified.	S 003	The filing of this plan of correction does not constitute an admission of the allegations set forth in this statement of deficiencies. This plan of correction is prepared and executed as evidence of the facility's continued compliance with applicable law.	8/31/24
S 230	Organization And Management 2.4.13.A Management Of Services 2.4.13 (A/B) Management of Services 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. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined the residence failed to provide care and services in accordance with the prevailing community standard of care relative to administering medications in accordance with written physician's orders and monitoring the ordering of medications for the singular resident reviewed, Resident ID #1. Findings are as follows: 1) The National Institute of Health states in part, "Losartan potassium tablets are indicated for the treatment of hypertension in adults and pediatric patients 6 years of age and older, to lower blood pressure...take losartan potassium tablets exactly as prescribed by your doctor..."	S 230	1. Medications for resident #1 were audited by previous WD to ensure all meds were available per physician's orders 7/19/24. 2. Reviewed process of ordering and receiving medications to identify system breakdown. Plan will be to audit med carts for AL and MC. Audit of AL med carts started by previous WD. Med errors with adverse effect will be identified and reported per state guidelines. 3. ED, RDCS, and RDO discussed having consultant nurse come in to support community with med management. 4. RN and/or designee will audit 15% of residents to ensure meds are available per physician's order weekly x4 weeks then monthly x5 months. Results will be reviewed in quarterly QA x6months to ensure compliance.	

Facilities Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: ALRA | (X6) DATE: 8/7/24

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S 230	Continued From page 1 Record review of ID #1 revealed he/she was admitted to the residence in December of 2023 with diagnoses including, but not limited to, hypertension and chronic kidney disease. Record review of the resident's physician's orders revealed, "Losartan Potassium 100MG Tablet. Take 1 tablet by mouth everyday, origin date 12-March-2024." Record review of the medication administration record (MAR) failed to reveal evidence of administration of Losartan Potassium from 6/14/2024-6/26/2024. 2) Record review of a facility reported incident form sent to the Department of Health on 6/27/2024 revealed that ID #1 was sent to the hospital on 6/26/2024 for chest pain. Subsequently, he/she was diagnosed with a heart attack. During an interview on 7/1/2024 at approximately 11:30 AM, the Administrator revealed the facility sent the resident to the hospital due to chest pain. She further revealed that the hospital called to discuss the resident and their medications. Upon review of the MAR, the facility discovered that the resident had not been administered his/her Losartan since 6/14/2024. Record review of the MAR revealed: 6/14/2024: Not Administered. Recorded exception: physically unable to take 6/15/2024 Administered. Note: Waiting for delivers 6/16/2024 Administered. Note: 6/17/2024 Administered. Note: "na"	S 230	5. RNs to be in-serviced on reviewing exceptions and missed meds when completing 90-day nurse review.	

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S 230	Continued From page 2 6/18/2024 Administered. Note: Awaiting delivery 6/19/2024 Administered. Note: 6/20/2024 Administered. Note: 6/21/2024 Not Administered. Recorded exception: physically unable to take 6/22/2024 Administered. Note: 6/23/2024 Not Administered. Recoded exception: Resident Refused 6/24/2024: Administered. Note: 6/25/2024: Not Administered. Recorded exception: Physically unable to take 6/26/2024: Administered. Note: Record review failed to reveal evidence that the medication was ordered when it was not available. Furthermore, the record failed to reveal evidence the staff at the facility followed up with the pharmacy when the medication failed to be delivered. Additionally, the record failed to reveal evidence the ordering physician was contacted when the medication was missed. During a surveyor interview on 7/1/2024 at approximately 1:00 PM, the Director of Wellness acknowledged that the MAR is not accurate and revealed that ID #1 did not receive his/her Losartan Potassium from 6/14/2024-6/26/2024. She further revealed that when a medication is unavailable and needs to be requested from the pharmacy a request can be done by any clinical staff with Quick MAR (the facility's computerized medication system) access. During a concurrent interview with the Administrator, it was revealed that the facility failed to have a system that notifies management that a mediation refill has been requested. She further revealed there is no system of notification if the medication is unable to be filled by the pharmacy or the reason a medication is not being	S 230		

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S 230	Continued From page 3 filled by the pharmacy.	S 230		
S 310	Residency Requirements 2.4.15.A Resident Records 2.4.15 (A) Resident Records A. Each residence shall, at a minimum, maintain the following information for each resident: 1. The resident's name; 2. The resident's last address; 3. The name of the person or agency referring the resident to the home; 4. The name, specialty (if any), telephone number, and emergency telephone number of each physician who is currently treating the resident; 5. The date the resident began residing in the home; 6. A list of medications taken by the resident, including dosage, and specific records of medication administration as required by the Department; a. In residences licensed at the M2 level, if a resident refuses to provide the information cited in § 2.4.15(A)(6) of this Part, this fact shall be documented in the resident's service agreement. 7. Written acknowledgments that the resident has signed and received copies of the rights as provided in R.I. Gen. Laws § 23-17.4-16;	S 310	1. WD completed a physician's orders review and MAR review on 7/19/24. 2. Plan will be to print out physician's orders and diagnosis list on all residents and send to physician's for review and accuracy. To be completed by 9/30/24. 3. Ongoing education with med techs and nurses on appropriate documentation on the eMAR and in nurses notes. 4. RN and/or designee will audit at minimum 10% of residents eMAR and nurses notes to ensure appropriate follow up and documentation weekly x4 weeks then monthly x5 months. Results of audits to be reviewed in quarterly QA x6 months. RN completing 90 day nurse review and comprehensive assessment will review the eMAR and documentation.	

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S 310	Continued From page 4 8. Information about any specific health problems of the resident, which may be useful in a medical emergency, including diagnostic and/or therapeutic orders; 9. A record of personal property and funds which the resident has entrusted to the residence; 10. The name, address, and telephone number of a person identified by the resident who should be contacted in the event of an emergency or death of the resident and the name, address, and telephone number of the legal guardian; 11. Any other health-related emergency, or pertinent information which the resident requests the residence to keep on record; 12. A copy of the initial and periodic assessments described in § 2.4.16 of this Part; 13. A copy of the service plan and nurse review as described in § 2.4.16 of this Part; 14. A copy of the residency agreement as described in § 2.4.14(C) 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 accurately document medication administration for the singular resident reviewed, Resident ID #1. Findings are as follows:	S 310		

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S 310	Continued From page 5 Record review of ID #1 revealed he/she was admitted to the residence in December of 2023 with diagnoses including, but not limited to, hypertension and chronic kidney disease. Record review of the resident's physician's orders revealed, "Losartan Potassium 100MG Tablet. Take 1 tablet by mouth everyday, origin date 12-March-2024." Record review of the medication administration record (MAR) failed to reveal administration of Losartan Potassium from 6/14/2024-6/26/2024, as it was unavailable in the facility. Record review of the MAR revealed: 6/14/2024: Not Administered. Recorded exception: physically unable to take 6/15/2024 Administered. Note: Waiting for delivers 6/16/2024 Administered. Note: 6/17/2024 Administered. Note: "na" 6/18/2024 Administered. Note: Awaiting delivery 6/19/2024 Administered. Note: 6/20/2024 Administered. Note: 6/21/2024 Not Administered. Recorded exception: physically unable to take 6/22/2024 Administered. Note: 6/23/2024 Not Administered. Recoded exception: Resident Refused 6/24/2024: Administered. Note: 6/25/2024: Not Administered. Recorded exception: Physically unable to take 6/26/2024: Administered. Note: During an interview on 7/1/2024 at approximately 1:00 PM, the Director of Wellness acknowledged that the MAR is not accurate, and ID #1 did not receive his/her Losartan Potassium from	S 310		

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S 310	Continued From page 6 6/14/2024-6/26/2024, as ordered.	S 310		
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 the residence failed to update the comprehensive assessment each time a resident's condition changed significantly for the singular resident reviewed, Resident ID #1. Findings are as follows: Record review of ID #1 revealed he/she was admitted to the residence in December of 2023 with diagnoses including, but not limited to, hypertension and chronic kidney disease. Record review the resident's comprehensive assessment dated 1/4/2024 stated the resident self-administers his/her own medications. Record review of the resident's service plan dated 6/1/2024 stated the resident in unable to self-administer his/her own medications. During an interview on 7/2/2024 at approximately 12:30 PM, the Administrator acknowledged that the resident no longer self-administers his/her	S 365	1. Assessment and service plan for resident #1 completed on 7/23/24. 2. House wide audit of assessments completed by RDCS and identified whether a 90 day nurse review or comprehensive assessment required. 3. House wide audit of all service plans to be completed by 8/31/24 to ensure all residents have an active service plan completed within the year per regulation. 4. Revisited Meridian evaluation process to create a 90 day nurse review in PCC that directly aligns with regulation to improve accuracy of assessments. 5. ED, RDCS, and RDO discussed resuming weekly risk meeting to identify any residents that meet the definition of a COC. 6. In-service charge nurses on identifying COC and reporting timely. 7. RN and/or designee will audit 10% of resident's assessments and service plans as well as COCs weekly x4 weeks then monthly x5 months. Results will be reviewed in quarterly QA x6 months to ensure compliance.	

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S 365	Continued From page 7 own medications.	S 365		
S 560	Residential Care Services 2.4.24.A.3.b Medication Services 2.4.24 (A) (3) (b) Medication Services b. For assisted living residences licensed at the M1 level, licensed employees (registered medication aides, registered nurses, licensed practical nurses) may administer oral or topical drugs and monitor health indicators. However, schedule II medications shall only be administered by licensed personnel. The physician or nurse supervisor shall conduct and document quarterly evaluations of the registered medication aides who are administering drugs and place a copy in the employee's personnel record. This Requirement is not met as evidenced by: Based on record review and staff interview it has been determined the residence failed to conduct and document quarterly evaluations of the registered medication aides for three of three staff reviewed, Staff A, B, and C. Findings are as follows: Staff A, Certified Medication Technician (CMT), was hired on 7/31/2012. Record review reveals her last quarterly evaluation to be dated 1/2/2024. Staff B, CMT, was hired on 9/20/2022. Record review reveals her last quarterly evaluation to be dated 1/12/2024. Staff C, CMT, was hired on 9/2/2005. Record	S 560	1. CMT observations completed for staff A and C on 7/18/24. Med pass observation for staff B pending completion. Staff B has been removed from the schedule until observation is complete. 2. Audit of all CMTs to ensure current observation in place will be completed by 7/19/24. Any staff member identified as needing an observation form will be completed by WD or designee by 7/31/24. 3. WD or designee will audit 100% of the CMT observations for all new and existing observations weekly x4 weeks then monthly x5 months. Results will be reviewed in Quarterly QA x6 months to ensure compliance. 4. Discussed availability of RN consultant and/or Omnicare representative to conduct audit for added compliance.	

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S 560	Continued From page 8 review reveals her last quarterly evaluation to be dated 12/16/2023. During a surveyor interview on 7/1/2024 at approximately 1:00 PM, the Administrator and Director of Wellness acknowledged the facility failed to conduct mediation technician reviews quarterly, as required.	S 560		