I Department of Health

TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01467	A. BUILDING: _____ B. WING _____	01/23/2024

AME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ATRIA BAY SPRING	147 BAY SPRING AVENUE BARRINGTON, RI 02806

(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 biennial State Licensure survey and a complaint/incident investigation survey (FNL511, 01/22/2024 through 01/23/2024) were conducted at this residence. Deficiencies were identified relative to the State Licensure survey.	S 003	RECEIVED FEB 9 2024 FACILITIES REGULATION	
S 055	Licensure Requirements 2.4.3 Quality Assurance 2.4.3 Quality Assurance A. In accordance with R.I. Gen. Laws § 23-17.4-10.1, each assisted living residence shall develop, implement and maintain a documented, ongoing quality assurance program. 1. The purpose of this program shall be to attain and maintain a high quality assisted living residence through an on-going process of quality improvement that monitors quality, identifies areas to improve, methods to improve them, and evaluates the progress achieved. 2. Each licensed residence shall establish a quality improvement committee which shall include at least the following: assisted living administrator, registered nurse and a representative of dietary services. 3. The quality improvement committee shall meet at least quarterly; shall maintain records of all quality improvement activities; and shall keep records of committee meetings that shall be available to the Department during any onsite visit. 4. The quality improvement committee shall review and approve the quality improvement plan for the residence at intervals not to exceed twelve (12) months. Said plan shall be available to the	S 055	S 055 The community Quality Assurance committee will Continue to meet regulatory standards. Attached is the revised Quality Assurance Meeting Minutes form, now including the Life Guidance criteria. The information has been forwarded for policy review & possible revision. Going forward, both the ED & the RSD will sign the top of the Meeting Minutes Form @ the meeting. This community will be in compliance by 3/1/2024.	

Facilities Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE M LeLoad TITLE ED 2-9-24 (X6) DATE

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S 055	Continued From page 1 public upon request. 5. Each assisted living residence shall establish a written quality improvement plan that includes: a. Program objectives; b. Oversight responsibility (e.g., reports to the governing body, QI records); c. Includes methods to identify, evaluate, and correct identified problems; d. Provides criteria to monitor personal assistance and resident services, including, but not limited to: (1) Resident/family satisfaction; (2) Medication administration/errors; (3) Reportable incidents as specified in § 2.4.17 of this Part; (4) Resident falls; (5) Plans of correction developed in response to the Department ' s inspection reports. B. In addition to the requirements of §§ 2.4.3(A) (1) through (5) of this Part, all assisted living residences with a "dementia care" license and/or a "limited health services license" shall also address the following areas in their quality improvement plan: a. Prevention and treatment of decubitus	S 055		

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S 055	Continued From page 2 ulcers; b. Dehydration, and nutritional status and weight loss or gain; and c. Changes in mental or psychological status. 1. Quality improvement documentation shall be kept on file for a minimum of five (5) years. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined that the residence failed to establish a quality assurance committee which shall include at least the following: the Administrator, a registered nurse, and a representative of dietary services. Additionally, the written quality assurance program failed to include all required components. Findings are as follows: Record review of the quality assurance program revealed the last update to the policy was June 28, 2023. The written plan failed to reveal evidence that the plan included: - Prevention and treatment of decubitus ulcers (pressure ulcer, pressure sore, or bedsore); - Dehydration, nutritional status, and weight loss/gain; and - Changes in mental status. Record review of the quality assurance meeting minutes failed to reveal evidence that the Administrator was in attendance, as required, on	S 055		

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S 055	Continued From page 3 the following dates: 12/28/2023, 9/28/2023, 6/29/2023, and 9/28/2022. Further record review of the quality assurance meeting minutes failed to reveal evidence that a registered nurse was in attendance on 12/28/2023 and 9/28/2023. During surveyor interviews on 1/23/2024 at approximately 11:55 AM and 12:25 PM with the Residence Services Director, she could not provide evidence the quality assurance committee had the required participants and components, as indicated in the regulations.	S 055		
S 155	Organization And Management 2.4.12.C(1-3) Administrative Management 2.4.12 Administrative Management (C)(1-3) C. Pursuant to R.I. Gen. Laws § 23-17.4-15.1.1, each assisted living residence shall have an administrator who is certified by the Department in accordance with regulations established pursuant to R.I. Gen. Laws § 23-17.4-21.1, in charge of the maintenance and operation of the residence and the services to the residents. The name and contact information for the current administrator shall be displayed in a conspicuous public area of the residence. The administrator is responsible for the safe and proper operation of the residence at all times by competent and appropriate employee(s) and shall be responsible for no less than the following: 1. The management and operation of the residence and services to the residents; 2. Compliance with federal, state, and local	S 155	S 155 We immediately framed & placed the name & contact information of our current Administrator in the front lobby. The community will continue to post the correct name & contact information for the current Administrator. The most up to date information is now posted in the lobby. This community will be in compliance by 3/1/2024.	

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S 155	Continued From page 4 laws and rules and regulations pertaining to, but not limited to: the management and operation of assisted living residences, fire, safety, zoning, building codes, sanitation, food service, communicable and reportable diseases, Americans with Disabilities Act, employee health and safety, other relevant health and safety requirements, and these regulations. 3. Staffing the residence with adequate and qualified personnel to attend to the food preparation, general housekeeping, assistance with personal care, medication administration, if applicable, and other such services; This Requirement is not met as evidenced by: Based on surveyor observation and staff interview, it has been determined the residence failed to display a posting of the name and contact information for the current administrator in a conspicuous public area of the residence. Findings are as follows: During surveyor observations on 1/22/2024 at 9:40 AM and on 1/23/2024 at approximately 10:00 AM of the residence's lobby area and other prominent areas, failed to reveal posting of the name and contact information for the current administrator. During a surveyor interview on 1/23/2024 at approximately 10:19 AM with the Residence Services Director, she acknowledged the name and contact information for the current administrator was not posted, as required.	S 155		

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S 365	Continued From page 5	S 365		
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 review the resident's comprehensive assessment at intervals not to exceed (12) months and each time a resident's condition changes significantly for 1 of 4 sample residents reviewed for falls, ID #6. Findings are as follows: Record review of an incident reported to the Rhode Island Department of Health on 1/12/2024 revealed that a resident was found on the floor in his/her apartment with a large laceration on his/her head and bleeding profusely. Additionally, the report revealed the resident was transported to the hospital and admitted with an intracranial hemorrhage (bleeding on the brain). Record review revealed the resident moved into the residence in February of 2016 with a diagnosis of dementia. Record review of the resident's progress notes revealed the following: - 1/11/2024: "...staff found resident on the	S 365	S 365 The community assessment process requires re-assessment for changes in condition. Residents who have a fall trigger a Root Cause Analysis, appropriate intervention & revised service plan if necessary. Residents who have had 3 falls in 90 days will be discussed @ the bi-monthly Resident Needs Review & also @ the quarterly Quality Assurance Meeting. This community will be in compliance by 3/1/2024.	

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S 365	Continued From page 6 floor...with a large laceration..." - 1/6/2024: "...Around 7pm [resident] was found on the floor..." - 12/25/2023: "...Resident was found on the floor..." - 12/20/2023: "...[Resident] was on the floor in front of his/her door..." - 11/20/2023: "...the resident fell and hit [his/her] head on the table..." - 10/10/2023: "resident was found on the floor in front of [his/her] apartment..." - 10/1/2023: "Resident was found on the floor in [his/her] apartment..." Record review of the resident's comprehensive assessment dated 4/10/2023 failed to reveal evidence the assessment was updated to reflect that the resident had the above-mentioned unwitnessed falls. Additionally, the assessment failed to reveal changes were made to the level of assistance provided to the resident. During a surveyor interview on 1/24/2024 at approximately 9:39 AM with the Residence Services Director, she could not provide evidence that the assessment was updated for the resident, as required.	S 365		
S 390	Residency Requirements 2.4.16.G.3 Resident Assessment/Service Plan 2.4.16 (G)(3) Service Plans 3. The service plan shall be reviewed by both 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.	S 390		

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S 390	Continued From page 7 This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined the residence failed to review and update the service plan each time a resident's condition changes significantly for 1 of 4 sample resident reviewed for falls, ID #6. Findings are as follows: Record review of an incident reported to the Rhode Island Department of Health on 1/12/2024 revealed that a resident was found on the floor in his/her apartment with a large laceration on his/her head and bleeding profusely. Additionally, the report revealed the resident was transported to the hospital and admitted with an intracranial hemorrhage (bleeding on the brain). Record review revealed the resident moved into the residence in February of 2016 with a diagnosis of dementia. Record review of the resident's progress notes revealed the following: - 1/11/2024: "...staff found resident on the floor...with a large laceration..." - 1/6/2024: "...Around 7pm [resident] was found on the floor..." - 12/25/2023: "...Resident was found on the floor..." - 12/20/2023: "...[Resident] was on the floor in front of his/her door..." - 11/20/2023: "...the resident fell and hit [his/her] head on the table..." - 10/10/2023: "resident was found on the floor in front of [his/her] apartment..." - 10/1/2023: "Resident was found on the floor in [his/her] apartment..."	S 390	S 390 The community assessment process requires re-assessment for changes in condition. Residents who have a fall trigger a Root Cause Analysis, appropriate intervention & revised service plan if necessary. Residents who have had 3 falls in 90 days will be discussed @ the bi-monthly Resident Needs Review & also @ the quarterly Quality Assurance Meeting. This community will be in compliance by 3/1/2024.	

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S 390	Continued From page 8 Record review of the resident's service plan dated 4/10/2023 failed to reveal the service plan was updated to reflect evidence of interventions being implemented related to the multiple falls the resident has had. During a surveyor interview on 1/24/2024 at approximately 9:39 AM with the Residence Services Director, she could not provide evidence that the service plan was updated for the resident, as required.	S 390		
S 450	Licensure Requirements 2.4.18 Rights of Residents 2.4.18 Rights of Residents A. Every assisted living residence for adults licensed pursuant to these regulations shall observe the standards stated in R.I. Gen. Laws § 23-17.4-16, "Rights of Residents" and such other appropriate standards as may be prescribed in rules and regulations promulgated by the Department with respect to each resident of the residence. B. For purposes of the following standards stated in §§ 2.4.18(B)(1) through (7) of this Part the term "resident" shall also mean the resident's agent as designated in writing or legal guardian. 1. Upon request have access to all records pertaining to the resident, including clinical records, within the next business day or immediately in emergency situations; 2. Upon admission and during the resident's stay be fully informed in a language the resident	S 450	S 450 The community will post State surveys as required by regulation. There is a sign in the community's vestibule that the State surveys are available for viewing @ any time. This community will be in compliance by 3/1/2024.	

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S 450	Continued From page 9 understands, of all resident rights and rules governing resident conduct and responsibilities; a. Each resident shall receive a copy of their rights. b. Each resident shall acknowledge receipt in writing; and c. Each resident shall be informed promptly of any changes. 3. Be informed in writing, prior to, or at the time of admission or at the signing of a residential contract or agreement of: a. The scope of the services available through the residence's service program, including health services, and of all related fees and charges, including charges not covered either under federal and/or state programs by other third party payers or by the residence's basic rate; b. The residence's policies regarding overdue payment including notice provisions and a schedule for late fee charges; c. The residence's policy regarding acceptance of state and federal government reimbursement for care in the residence both at time of admission and during the course of residency if the resident depletes his or her own private resources; d. The residence's criteria for occupancy and termination of residency agreements; e. The residence's capacity to serve residents with physical and cognitive impairments;	S 450		

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S 450	Continued From page 10 f. Support any health services that the residence includes in its service package or will make appropriate arrangements to provide these services; 4. Upon provision of at least thirty (30) days notice, if a resident chooses to leave a residence, the resident shall be refunded any advanced payment made provided that the resident is current in all payments; 5. The residence can discharge a resident only for the following reasons and within the following guidelines: a. Except in life-threatening emergencies and for nonpayment of fees and costs, the residence gives thirty (30) days' advance written notice of termination of residency agreement with a statement containing the reason, the effective date of termination, the resident's right to an appeal under state law, and the name/address of the State Ombudsperson's office; b. If resident does not meet the requirements for residency criteria stated in the residency agreement or requirements of state or local laws or regulations; c. If resident is a danger to self or the welfare of others; and the residence has attempted to make a reasonable accommodation without success to address resident behavior in ways that would make termination of residency agreement or change unnecessary; which would be documented in the resident's records; d. For failure to pay all fees and costs stated in	S 450		

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S 450	Continued From page 11	S 450		

the contract, resulting in bills more than thirty (30) days outstanding. A resident who has been given notice to vacate for nonpayment of rent has the right to retain possession of the premises, up to any time prior to eviction from the premises, by tendering to the provider the entire amount of fees for services, rent, interest, and costs then due. The provider may impose reasonable late fees for overdue payment; provided that the resident has received due notice of such charges in accordance with the residence's policies. Chronic and repeated failure to pay rent is a violation of the lease covenant. However the residence must make reasonable efforts to accommodate temporary financial hardship and provide information on government or private subsidies available that may be available to help with costs; and

e. The residence makes a good faith effort to counsel the resident if the resident shows indications of no longer meeting residence criteria or if service with a termination notice is anticipated;

6. To be able to share a room or unit with a spouse or other consenting resident of the residence in accordance with terms of the resident contract;

7. To live in a safe and clean environment.

C. In addition to the standards stated in R.I. Gen. Laws § 23-17.4-16, residents are entitled to the following:

1. Receive dental services from a dentist of his/her choice;

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S 450	Continued From page 12 2. Each resident shall be given, in writing, the names, addresses, and telephone numbers of: the Department; the Medicaid Fraud and Patient Abuse Unit of the Department of Attorney General; the State Ombudsperson; and local police offices. D. The residence must: 1. Implement written policies and procedures to ensure that all residence employees are aware of and protect the resident's rights contained in these regulations; 2. Have prominently displayed a posting of the most recent state licensing survey of the assisted living residence; and 3. Provide each resident or his or her representative upon admission, a copy of the provisions of § 2.4.18 of this Part and shall display in a conspicuous place on the premises a copy of the "Rights of Residents." This Requirement is not met as evidenced by: Based on surveyor observation and staff interview, it has been determined the residence failed to prominently display a posting of the most recent state licensing survey of the assisted living residence, as required. Findings are as follows: During surveyor observations on 1/22/2024 at 9:40 AM and on 1/23/2024 at approximately 10:00 AM of the residence's lobby area and other prominent areas, failed to reveal a posting of the most recent state licensing survey results.	S 450		

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S 450	Continued From page 13 During a surveyor interview on 1/23/2024 at approximately 10:19 AM with the Residence Services Director, she acknowledged the most recent survey results were not posted, as required.	S 450		
S 565	Residential Care Services 2.4.24.B.1 Medication Services 2.4.24 (B) (1) Administration of Medications 1. Residences licensed at the M1 level may administer medications to residents including, but not limited to, removing medication containers from storage, assisting with the removal of a medication from a container for residents with disability which prevents independence in this act, and/or administering the medication directly to the resident. a. The resident or guardian must provide written authorization for the residence to provide administration of medications. b. Medications shall be administered in accordance with written orders of a physician. The residence must provide in writing, a description of services provided by the residence to each physician, including limitations on service. c. All medications must be checked against a physician's orders by a licensed nurse, or pharmacist. d. The resident must be identified prior to administration of any medication. e. The medication must be in the original	S 565	S 565 The community has a medication program that requires staff follow policies regarding expired medication. RSD immediately ordered the two expired medications for the resident identified @ survey. Going forward, the RSD or Nursing Designee will audit the medication carts weekly x 90 days to ensure all medications are up to date. The RSD or Nursing Designee will also make sure the 3-way cart audit is completed by the Med Techs per Atria policy. This community will be in compliance by 3/1/2024.	

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(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 565	Continued From page 14 pharmacy-dispensed container with proper label and directions attached and be administered in accordance with such label. f. Injectable medications, including but not limited to insulin, which cannot be self-administered by the resident, must be administered by a licensed nurse. g. There shall be written a policy/procedure for the disposal of hypodermic needles, syringes and other such instruments that is in compliance with rules and regulations governing Hypodermic Needles, Syringes & Other Such Instruments (Part 20-15-6 of this Title). (1) The legal destruction of hypodermic needles, syringes or other such instruments is the responsibility of the last entitled or authorized possessor. (AA) All personnel or residents legally authorized to use disposal syringes and needles, shall destroy them after one (1) use. (BB) Excess and undesired needles, syringes and other such instruments shall be stored in impervious, rigid, puncture- resistant container for disposal. Intact needles shall be placed directly into the collection containers. (CC) Personnel handling disposal waste materials such as needles, syringes, and other such instruments may treat and destroy such waste by a DEM-approved alternative treatment/destruction technology or prepare the regulated medical waste for off-site transport by a DEM-permitted medical waste transporter.	S 565		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01467	A. BUILDING: _____ B. WING _____	01/23/2024

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S 565	Continued From page 15 h. Individual medication records must be retained for each resident to whom medications are being administered and each dose administered to the resident must be properly recorded. i. Any medication administered by the residence and refused by a resident shall be documented and reported, as appropriate. j. Medications shall be stored securely and in such a manner to prevent spoilage, dosage errors, administration errors, and/or inappropriate access. Provisions for safe storage may include lockable containers, secure spaces, or lockable units, as appropriate to the residence and the resident population. k. All medication in the residence, regardless of whether controlled by employees or by the resident, shall be stored securely as stated in § 2.4.24(A)(3)(a)(8) of this Part. l. All centrally stored medications shall be maintained in accordance with manufacturer's labeling and administered by authorized personnel. This Requirement is not met as evidenced by: Based on surveyor observation and staff interview, it has been determined the residence failed to ensure that medications shall be stored securely and in such a manner to prevent spoilage, dosage errors, administration errors, and/or inappropriate access for the 1 of 3 medication carts observed. Findings are as follows:	S 565		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S 565	Continued From page 16 During a surveyor observation of the second-floor medication cart on 1/22/2024 at approximately 10:20 AM in the presence of a Certified Medication Technician (CMT), Staff A, revealed the following: - Omeprazole 40 MG (milligram, a medication used to treat and prevent stomach ulcers) with a manufacturer expiration date of "11/25/2020." - Creon 24,000 Units (a medication used to treat pancreatic disease) with a manufacturer expiration date of "2/15/2023." During an interview immediately following this observation with Staff A, she acknowledged the above-mentioned medications are currently being administered to a resident and were expired. During an interview on 1/22/2024 at approximately 10:25 PM with the Residence Services Director, who was present during the above observation, she acknowledged the above-mentioned medications were expired.	S 565		