RI Department of Health

PRINTED: 03/28/2025
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01484	A. BUILD. Facilities Regulation B. WING	03/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST GERMAIN MANOR/WOONSOCKET HOUSIN	429 EAST SCHOOL ST WOONSOCKET, RI 02895

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S 003	Initial Comments An unannounced State Licensure survey was conducted at this residence on 3/17/2025 through 3/18/2025. Deficiencies were identified relative to the State Licensure survey.	S 003	Received APR 09 2025 Facilities Regulation	
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 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	S 450	S 450 **Corrective Measure:** Effective immediately, the administrator has removed the resident/staff roster from a previous survey. **Identification of residents:** N/A **Preventative Measure:** To ensure that the deficient practice does not recur, all annual surveys will not include the resident/staff roster in state survey binders. **Monitoring:** To monitor that the deficient practice does not recur, after each state survey the administrator will verify at the QI meeting that the resident/staff roster from the survey is not included in the state survey binder.	

Facilities Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Daniel Rumble — TITLE: Administrator — (X6) DATE: 4/9/25

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S 450	Continued From page 1. 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; 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,	S 450		

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S 450	Continued From page 2 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 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	S 450		

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S 450	Continued From page 3 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; 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:	S 450		

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S 450	Continued From page 4 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 implement procedures to ensure that all the residence's employees protect the resident's rights contained in these regulations and to observe the standards stated in R.I. Gen. Laws § 23-17.4-16 (a)(2)(ix) relative to identifying information for the residents listed in the facility's survey results binder located on the second floor. Findings are as follows: During a surveyor observation on 3/17/2025 at approximately 10:00 AM of the residence's survey binder, a copy of the 5/23/2023 and 2/3/2020 "Resident/Staff Roster" from the surveys was revealed. During a surveyor interview on 3/17/2025 at approximately 10:00 AM with the Administrator, he could not provide evidence the residents'	S 450		

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S 450	Continued From page 5 privacy was protected.			
S 575	Residential Care Services 2.4.24.B.3 Medication Services 2.4.24 (B) (3) Ordering Medications a. In M1 and M2 facilities, when assistance is needed, the certified administrator, or his/her qualified designee, shall assist with ordering medications. Assistance shall include coordinating prescriptions and delivery of medications, reorders of prescriptions, and receiving deliveries. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined that the residence failed to assist with ordering medications including coordinating delivery and receiving delivery of medications for 4 of 4 sample residents, Resident ID #s 1, 2, 3, and 4. Findings are as follows: 1. Record review revealed Resident ID #1 received a physician's order, dated 11/25/2024, for Senna 8.6-50 milligram (mg) tablet, take 2 tablets (17.2-100 mg) twice a day as needed. Observation of the medication cart failed to reveal the resident's Senna. During a surveyor interview with Certified Medication Technician, Staff A, on 3/18/2025 at 8:48 AM, she acknowledged the resident did not have the above medication.	S 575	**Corrective Measure:** 1)Effective immediately resident ID#3 and #4 have had their medications discontinued at their request. The residents do not want to have to pay for these medications. 2)Resident ID #4 had [redacted] medications at time of inspection. 3)Resident ID #2, the DOW has received a new order for the residents medication per the resident request, the new order is in the MAR and the medication is available to the residents. **Identification of residents:** For those residents having potential of being affected by the same deficient practice, the DOW has reviewed all residents MAR's and medication carts and it is confirmed that all medications are available to the resident. **Preventative Measure:** To ensure that the deficient practice does not recur, monthly the DOW and CMT will audit the MAR and medication cart to ensure that all medications are available to the residents. In addition, the DOW will document the attempts made to the physicians to refill medications. **Monitoring:** To monitor that the deficient practice does not recur, every 90 days at the quarterly Quality Improvement Meeting the DOW will provide the committee with her monthly findings and corrections, if applicable.	

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S 575	Continued From page 6 2. Record review revealed Resident ID #2 received a physician's order, dated 9/28/2023, for Nystop 100,000 unit/gram, apply topically twice/day. The resident has an order to self-administers this medication. During a surveyor interview with the resident on 3/18/2025 at 9:25 AM, he/she revealed that he/she no longer uses the Nystop powder and is out of it. During a surveyor interview with the Director of Wellness (DOW) on 3/18/2025 at 12:15 PM, she could not provide evidence that the resident's physician was notified that the resident is no longer using the above medication. 3. Record review revealed Resident ID #3 received a physician's order, dated 3/3/2025, for Morphine Sulfate 100 mg/5 milliliters (ml) concentrate, give 0.25 ml (5mg) by mouth every 4 hours as needed for pain or shortness of breath. During a surveyor interview with the DOW on 3/18/2025 at 12:15 PM, she acknowledged the resident did not have the above medication. Further record review revealed the resident received a physician's order, dated 12/29/2023, for Albuterol solution 3 ml, inhale 1 vial through the nebulizer three times daily as needed. Observation of the medication failed to reveal when it was opened. The manufacturer's instructions indicated to discard the medication 6 weeks after opening. During a surveyor interview with Staff A on 3/18/2025 at 8:36 AM, she acknowledged the	S 575	S 575 **Corrective Measure:** 1) Effective immediately resident ID#3 regarding her PRN Albuterol has had [redacted] medications destroyed and [redacted] new medication to include the open date and expiration date **Identification of residents:** For those residents having potential of being affected by the same deficient practice, the DOW and CMT has reviewed all residents MAR's and medication carts and it is confirmed that all medications have an open date and date of expiration. **Preventative Measure:** To ensure the practice does not recur, monthly the DOW and CMT will inspect all medications that require an open date, expiration date and verify compliance. **Monitoring:** To monitor that the deficient practice does not recur, every 90 days at the quarterly Quality Improvement Meeting the DOW will provide the committee with her monthly findings and corrections, if applicable.	

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S 575	Continued From page 7 Albuterol solution did not have a date of when it was opened. 4. Record review revealed Resident ID #4 received a physician's order, dated 1/7/2025, for Folic Acid 1 mg tablet, give by mouth once/day. Review of the resident's medication administration record (MAR) revealed that starting on 2/1/2025, his/her Folic Acid had not been available. Further record review revealed the resident received a physician's order, dated 10/29/2024, for a Salonpas patch, to apply 1 patch topically as needed for back pain. During a surveyor interview with Staff A on 3/18/2025 at 8:45 AM, she acknowledged the resident's prescribed Salonpas patch was unavailable. During a surveyor interview on 3/18/2025 at approximately 1:45 PM with the DOW, in the presence of the Executive Director, she could not provide evidence the residence assisted the residents with ordering, coordinating the delivery of, and receiving delivery of the above-mentioned medications. Additionally, she could not provide evidence that the physicians for the above-mentioned residents were aware that orders were not being followed and/or medication use had been discontinued.	S 575		