RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01496	A. BUILDING: _____ B. WING _____	C 08/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGHLANDS ON THE EAST SIDE	101 HIGHLAND AVENUE PROVIDENCE, RI 02906

(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 was conducted at this residence from 8/5/2024 through 8/6/2024. A deficiency was identified as a result of this survey.	S 003		
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 complete and update the comprehensive assessment each time a resident's condition changed significantly for the singular resident reviewed for elopement, Resident ID #1. Findings are as follows: A residence reportable intake form submitted to the Rhode Island Department of Health on 8/2/2024 alleges that the resident eloped when s/he had gone for a medical appointment. Record review revealed Resident ID #1 moved into the residence on 5/20/2024 with a diagnosis including, but not limited to, alcohol dementia. The resident resides on a secure special care unit.	S 365	Tag: S365 The Comprehensive Assessment and Service plan has since been completed And updated on resident ID#1 to reflect [redacted] return on 8/2/2024. Initial assessments will be complete on admission. 8/14/24 RECEIVED AUG 13 2024 FACILITIES REGULATION	8/12/24

Facilities Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Karen VanDaden — TITLE: Executive Director — (X6) DATE: 8/12/24

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S 365	Continued From page 1 Record review of the resident's comprehensive assessment dated 5/14/2024 reveals Section Four titled, "Behavioral Information" was not completed. This section includes information related to "wandering", "assaultive/destructive behavior", "danger to self', and "self-preservation." During a surveyor interview on 8/5/2024 at approximately 2:00 PM with the Executive Director, she could not provide evidence that section four of the comprehensive assessment was completed, as required. During a surveyor interview on 8/6/2024 at 10:00 AM with the Resident Care Director, she acknowledged section four of the resident's comprehensive assessment was not completed. She further acknowledged the assessment had not yet been updated to reflect that the resident had eloped.	S 365		