

RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR01515	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/13/2024
NAME OF PROVIDER OR SUPPLIER HALCYON AT WEST BAY LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2783 WEST SHORE ROAD WARWICK, RI 02889		
(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 on 9/13/2024 at this residence. A deficiency was identified as a result of this survey.	S 003		
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 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.	S 155 <i>OWN</i> <i>10/23/24</i>	Per the regulation 2.4.12 Administrative Management, the license of the Administrator of the building was in a frame on a table in the lobby. We have maintained that framed update from the DOH website on the table, and will also be adding a copy of the original license to the wall by the reception area. RECEIVED OCT 15 2024 FACILITIES REGULATION	

Facilities Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

5099

T2FZ11

If continuation sheet 1 of 4

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S 155	Continued From page 1 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 record review and staff interview, it has been determined the residence failed to provide qualified staff to administer medications for 5 of 5 residents reviewed, Resident ID #s 1,2,3,4, and 5. Findings are as follows: A community reported complaint to the Rhode Island Department of Health dated 8/5/2024 alleges that the residence has reduced the hours of staff resulting in unsafe conditions. Review of the staff schedule from 9/1/2024-9/7/2024, reveals that on 9/4/2024 there was not a Certified Medication Technician (CMT) from 11:00 PM-7:00 AM. Further review of the staff schedule reveals that from 9/8/2024-9/14/2024 there was not a CMT scheduled from 11:00 PM-7:00 AM. 1) Resident ID #1's September electronic medication administration record (MAR) revealed the following prescribed as needed (PRN) medications: - Simethicone 1 tab by mouth every 6 hours as needed for indigestion - Systane instill 2 drops in each eye as needed related to Alzheimer's disease - Acetaminophen 2 tablets by mouth every 6 hours as needed for pain or fever	S 155	Per the staffing regulation, it was brought to my attention that we were not appropriately staffed for the 11-7a shift for one week due to FMLA absences and vacations. I have discussed with the Care Nurse Manager and we have since hired a per diem 3rd shift CMT. We have also made the scheduling expectation clearly stated, if there is no CMT available to work a shift, it is then the nurse's responsibility. If there is no nurse on schedule, it is the scheduler's responsibility to fill the shift with another nurse and/or it will be the responsibility of the Nurse Care Manager to come in to cover the shift. There is to be NO time when we do not have coverage for medication management during all hours of the day.	

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S 155	Continued From page 2 - Loperamide 1 capsule by mouth every 4 hours as needed for diarrhea. 2) Resident ID #2's September MAR revealed the following prescribed PRN medications: - Guaifenesin every 4 hours as needed for cough. - Loperamide 1 tab by mouth as needed for diarrhea - Salonpas 1 patch to right back daily as needed for pain, on 12 hours/ off 12 hours 3) Resident ID #3's September MAR revealed the following prescribed PRN medications: - Acetaminophen 2 tablets by mouth every 6 hours as needed for pain or fever - Bisacodyl 1 suppository every 3 days as needed for constipation - Docusate 1 capsule by mouth daily as needed for constipation - Enema 1 application daily as needed for constipation - Hydrocort cream every 12 hours as needed for hemorrhoids - Milk of Magnesium by mouth daily as needed for constipation. - Sodium Chloride 1 spray in each nostril every 8 hours as needed for rhinitis (used to relieve a stuffy nose) and congestion 4) Resident ID #4's September MAR revealed the following prescribed PRN medications: - Lactulose by mouth daily as needed for constipation - Miconazole cream 4 times a day as needed for yeast infection - APAP 1 tab daily as needed for headache or mild pain	S 155		

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S 155	Continued From page 3 5) Resident ID #5's September MAR revealed the following prescribed PRN medications: - Polyethene glycol by mouth daily as needed for constipation During a surveyor interview at approximately 10:00 AM with the Executive Director, she revealed that a nurse comes in at 5:00 AM to pass medications and that the Director of Nursing has been working 9:00 AM- 9:00 PM three days/week and is on call at night. She was unable to provide evidence that the residence was staffed with the appropriate licensed staff to meet the resident's needs relative to as needed medication administration.	S 155			