| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CUA IDENTIFICATIONNUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| THE PHYLLIS SIPERSTEIN TAMARISK ALR | 3 SHALOM DRIVE WARWICK, RI 02886 |

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| S 00 | Initial Comments<br><br>An unannounced complainUincident investigation survey was conducted at this residence. Continued non-compliance was identified as a result of this survey at 2.4.26D, 2,4.16F, 2.4.16G3, and 2.4.32B. An additional deficiency was identified. | S 003 | RECEIVED JUL 25 2024 FACILITIES REGULATION | |
| S 36 | Residency Requirements 2.4.16.D Resident AssessmenUService Plans<br><br>2.4.16 (d) Resident Assessments and Service Plans<br><br>D. The assessment shall be reviewed and at intervals not to exceed twelve (12) months and each time a resident's condition changes significantly.<br><br>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, requiring outside services, for 2 of 5 sample residents reviewed, Resident ID #s 3 and 5.<br><br>Findings are as follows:<br><br>1. Record review revealed Resident ID #3 moved into the residence in October of 2023 with a diagnosis of major depressive disorder.<br><br>Record review revealed the resident is receiving physical therapy services with a start of care of 4/18/2024.<br><br>Record review of the resident's comprehensive | S365 | S365<br>A full audit of all resident records was completed. See attachment (A).<br>Going forward the EMR will automatically send alerts to note due dates for upcoming Assessments and quarterlies. documentation will be audited quarterly for compliance. regarding 90-day notes, annual assessment. and ISP's. Monthly audits will ensure documentation of any changes in status with notation in notes and ISP's.<br><br>**Resident ID #3** Resident had PT from 4/8/24 to 5/2/24 and self -terminated the service. Late entry notes were added to the ISP and the assessment. See attachment B (updated ISP). | 7/22/2024 |

Facilities Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

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| S 365 | Continued From page 1<br>assessment updated on 5/8/2024 failed to accurately reflect the resident was receiving physical therapy services at the time of the **assessment.**<br><br>2. Record review revealed Resident ID #5 moved into the residence in December of 2020 with a diagnosis of dementia.<br><br>Record review revealed the resident is receiving hospice services with a start of care of 4/3/2024.<br><br>Record review of the resident's comprehensive assessment dated 12/28/2023 failed to reveal evidence the assessment was updated to reflect that the resident is receiving hospice services.<br><br>During a surveyor interview on 7/2/2024 at approximately 3:45 PM with the Resident Care Director, in the presence of the Executive Director, she could not provide evidence the assessments were updated to reflect the above-mentioned outside services, as required. | S 365 | S365 continued<br><br>**Resident ID #5** Hospice began on 4/3/24 The variance report was submitted on 4/8/24. The assessment and ISP had Reflected the onset of palliative care Services. A late entry note was added to reflect the change from a palliative care to a hospice focus on 7/17/2024. See attached C (updated ISP, quarterly review and assessment) | 7/22/2024 |
| S 37! | Residency Requirements 2.4.16.F Resident AssessmenUService Plans<br><br>2.4.16 (F) Nurse Review<br><br>1. Nurse review is necessary for all levels of **licensure.**<br><br>a. A registered nurse shall visit the residence at least once every thirty (30) days except as provided in§ 2.4.16(F)(1)(b) of this Part and shall complete a review to include the following:<br><br>(1) Monitor the medication regimen for all residents; | S 375 | S375 See Page 4 for POC | |

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| S 375 | Continued From page 2<br><br>(2) Review any new physician orders and evaluate the health status of all residents by identifying symptoms of illness and/or changes in mental/physical health status;<br><br>(3) Evaluate the appropriateness of placement for each resident;<br><br>(4) Make any necessary recommendations to the administrator;<br><br>(5) Follow up on previous recommendations;<br><br>(6) Provide a signed, written report in the residence documenting:<br><br>(AA) Date and time of assessment;<br><br>(88) Recommendations for follow-up;<br><br>(CC) Progress on previous recommendations;<br><br>(DD) Verification that the medication listed by the pharmacist on the mediset, blister pack or medication container is current with physician orders (M-1 level only);<br><br>(EE) Physical assessment identifying symptoms of illness and/or changes in mental or physical health status and appropriateness of placement;<br><br>(FF) Such reports shall be on file at the residence. | S 375 | S 375 See page 4 for POC | |

7/31/24

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| s 375 | Continued From page 3<br><br>(7) Complete the quarterly evaluation of the residence's registered medication aide(s) administration of medication. (Approved Department form is available for downloading online).<br><br>b. In those residences that have one or more licensed registered nurses (i.e., at least one full-time equivalent equal to thirty-five (35) hours) on- site, the nurse review shall be completed at least once every ninety (90) days.<br><br>This Requirement is not met as evidenced by:<br>Based on record review and staff interview, it has been determined the residence failed to complete nurse reviews every 90 days as required for 4 of 5 sample residents reviewed, Resident ID#s 1, 3, 4, and 5.<br><br>Findings are as follows:<br><br>1. Record review revealed Resident ID#1 moved into the residence in April of 2016 with diagnoses including, but not limited to, chronic kidney disease and chronic obstructive pulmonary disease.<br><br>Record review revealed the resident's last 90-day nurse review was completed on 1/31/2024.<br><br>2. Record review revealed Resident ID#3 moved into the residence in October of 2023 with a diagnosis of major depressive disorder.<br><br>Further record review failed to reveal evidence that a nurse review was completed every 90 days as required since his/her move-in date of October 2023. | S375 | S 375<br>A full audit of all resident records was completed. See attachment (A).<br>Going forward the EMR will automatically Send alerts to note due dates for Upcoming Assessments and quarterlies. Documentation will be audited quarterly for compliance. regarding 90-day notes, annual assessments. and ISP's. Monthly audits will ensure documentation of any changes in status with notation in notes and ISP's.<br><br>**Resident ID # 1** Late entry quarterly Entered for 4/10/24. Resident went out MLOA on 6/22/24 note in EMR (See Attachment D) Quarterly note completed while assessed in rehab on 7/22/2024 To be re-assessed for return pending progress.<br><br>**Resident ID #3** (See attachment B, assessment, quarterlies and ISP)<br><br>**Resident ID #4** (See attachment E) Late entry Quarterly for 4/29/2024.<br><br>**Resident ID # 5** (See attachment C ) Late entry Quarterly for 5/2/2024. | 7/22/2024 |

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| s 375 | Continued From page 4<br><br>3. Record review revealed Resident ID #4 moved into the residence in November of 2022 with a diagnosis of diabetes mellitus.<br><br>Record review revealed the resident's last 90-day nurse review was completed on 1/30/2024.<br><br>4. Record review revealed Resident ID #5 moved into the residence in December of 2020 with a diagnosis of Alzheimer's disease.<br><br>Record review revealed the resident's last 90-day nurse review was completed on 1/28/2024.<br><br>During a surveyor interview on 7/2/2024 at approximately 3:45 PM with the Resident Care Director, in the presence of the Executive Director, she was unable to provide evidence that the 90-day nurse reviews had been completed for the above-mentioned residents, as required. | S375 | | |
| S 391 | Residency Requirements 2.4.16.G.3 Resident Assessment/Service Plan<br><br>2.4.16 (G)(3) Service Plans<br><br>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.<br><br>This Requirement is not met as evidenced by:<br>Based on record review and staff interview, it has been determined the residence failed to update the service plan each time a resident's condition changed significantly,relative to outside services, | S 390 | S390 See next Page<br><br>7/31/24 | |

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| S 390 | Continued From page 5<br>for 2 of 5 sample residents reviewed, Resident ID #s 3 and 5.<br><br>Findings are as follows:<br><br>1. Record review revealed Resident ID#3 moved into the residence in October of 2023 with a diagnosis of major depressive disorder.<br><br>Record review revealed the resident is receiving physical therapy services with a start of care date of 4/18/2024.<br><br>Record review of the resident's service plan updated on 5/4/2024 failed to accurately reflect the resident was receiving physical therapy from an outside agency at the time of the service plan review.<br><br>2. Record review revealed Resident ID#5 moved into the residence in December of2020 with a diagnosis of dementia.<br><br>Record review revealed the resident is receiving hospice services with a start of care of4/3/2024.<br><br>Record review of the resident's service plan dated 3/4/2024 failed to reveal evidence that the service plan was updated to reflect that the resident is receiving hospice services.<br><br>During a surveyor interview on 7/2/2024 at approximately 3:45 PM with the Resident Care Director, in the presence of the Executive Director, she was unable to provide evidence that service plans were updated for the above residents, as required. | S390 | S 390<br>A full audit of all resident records was completed. See attachment (A).<br>Going forward the EMR will automatically Send alerts to note due dates for Upcoming Assessments and quarterlies. Documentation will be audited quarterly for compliance. regarding 90-day notes, annual assessments. and ISP's. Monthly audits will ensure documentation of any changes in status with notation in notes and ISP's.<br><br>**Resident ID #3** the ISP was updated to include the beginning and ending of PT at the resident's request See attachment B Care Plan.<br><br>**Resident ID #5** See attachment F for the Variance report submitted to the DOH On 4/8/2024 and confirming email | 7/22/2024 |

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| 5430 | Continued From page 6 | S430 | | |
| S43I | Residency Requirements 2.4.17.G Reporting Requirements<br><br>2.4.17 (G) Reporting Requirements<br><br>G. The residence shall maintain evidence that all reportable incidents have been thoroughly investigated and that actions have been taken to prevent further incidents while the investigation is in progress. Appropriate corrective action shall be taken, as necessary. The results of said investigation shall be reported to the Department, within five (5) business days, on forms supplied by the Department.<br><br>This Requirement is not met as evidenced by:<br>Based on record review and staff interview, it has been determined that all reportable incidents by this residence failed to report the results of their investigation to the Department, within five (5) business days for 4 of 4 incidents reviewed, ACTS intake#s 95632, 95880, 96168 and 94937.<br><br>Findings are as follows:<br><br>1) An incident report, ACTS #95632, was submitted to the Department of Health on 5/8/2024 and alleges that a resident fell, requiring hospitalization.<br><br>Record review revealed the residence failed to submit a "Center for Health Facility Regulation Assisted Living Residence - Five (5) Day Investigation Report" to the Department of Health.<br><br>2) An incident report, ACTS #95880 was submitted to the Department of Health on 5/24/2024 and alleges that a resident fell, requiring hospitalization. | S430 | S430<br>During the survey we were educated that there is a 5-day investigation review form that we had not been aware of. The surveyor was shown our investigation summaries that had been submitted with the incidents. She had the review form sent to us and going forward we submit these forms in a timely fashion. See attachment G including instances post the survey where we completed the required documentation. The process has been added to our incident reporting procedure. | 7/22/2024 |

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| S 43( | Continued From page 7<br><br>Record review revealed the residence failed to submit a "Center for Health Facility Regulation Assisted Living Residence - Five (5) Day Investigation Report" to the Department of Health.<br><br>3) An incident report, ACTS #96168, was submitted to the Department of Health on 6/10/2024 and alleges that a resident fell, requiring hospitalization.<br><br>Record review revealed the residence failed to submit a "Center for Health Facility Regulation Assisted Living Residence - Five (5) Day Investigation Report" to the Department of Health.<br><br>4) An incident report, ACTS #94937, was submitted to the Department of Health on 3/26/2024 and alleges staff to resident abuse on the memory care unit.<br><br>Record review revealed the residence failed to submit a "Center for Health Facility Regulation Assisted Living Residence - Five (5) Day Investigation Report" to the Department of Health.<br><br>During a surveyor interview on 7/2/2024 at approximately 4:00 PM with the Executive Director, in the presence of the Residence Care Director, she was unable to provide evidence that the residence's investigations into the incidents mentioned above were submitted to the Rhode Island Department of Health within 5 business days, as required. | S430 | | |
| S 731 | Practices and Procedures, Violations, Sa 2.4.32.B Variance Procedure<br><br>2.4.31 (B) Variance Procedure | S730 | S730 See page 10 for POC | |

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| S 730 | Continued From page 8<br><br>B. A request for a variance shall be filed by a high managerial agent of the assisted living residence in writing, and must set forth in detail the basis upon which the request is made including:<br><br>1. Identification of the specific regulatory section(s) herein;<br><br>2. Alternative actions, processes, or procedures that through the facility's implementation will facilitate compliance with the specific regulatory intent, and how the Residence will ensure staff awareness and training regarding the variance, when appropriate.<br><br>3. A variance period shall not exceed the assisted living residence's license period. An assisted living residence must request renewal of the variance when it submits its annual license renewal application.<br><br>4. Upon the filing of each request for variance with the Department, and within a reasonable time thereafter, the Department shall notify the applicant by certified mail of its approval or in the case of a denial, a hearing date, time and place may be scheduled if the residence appeals the denial and held in accordance with the provisions of§ 2.4.33 of this Part.<br><br>This Requirement is not met as evidenced by:<br>Based on record review and staff interview, it has been determined that the residence failed to submit a variance for outside services received, beyond 45 days, for the singular sample resident reviewed relative to hospice services, Resident ID | S 730 | S730 See POC on Page 10 | |

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| s 730 | Continued From page 9<br>#5.<br><br>Findings are as follows:<br><br>Record review revealed the resident was admitted to the facility in December of 2020 with a diagnosis of Alzheimer's disease.<br><br>Record review of the outside provider notes revealed a hospice start of care of 4/3/2024.<br><br>Record review failed to reveal a variance request submitted to the Department of Health for hospice services, as required.<br><br>During a surveyor interview on 7/2/2024 at approximately 10:30 **AM** with the Executive Director, she acknowledged the resident is currently receiving hospice services provided by an outside agency and a variance had not been submitted for approval. | S 730 | S730<br><br>**Resident ID #5** See attachment F for the Variance report that had been submitted to the DOH On 4/8/2024 and confirming email<br><br>AB 7/31/24<br>-email to facility regarding this and follow up tracking of variance requests | 7/22/24 |