RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01499	A. BUILDING: _____ B. WING _____	12/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHARLESGATE SENIOR LIVING CENTER	670 NORTH MAIN STREET PROVIDENCE, RI 02904

(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 (6JRP11, 12/05/2023) were conducted at this residence. Deficiencies were identified relative to the State Licensure survey.	S 003		
S 375	Residency Requirements 2.4.16.F Resident Assessment/Service Plans 2.4.16 (F) Nurse Review 1. Nurse review is necessary for all levels of licensure. 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: (1) Monitor the medication regimen for all residents; (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; (3) Evaluate the appropriateness of placement for each resident; (4) Make any necessary recommendations to the administrator; (5) Follow up on previous recommendations; (6) Provide a signed, written report in the residence documenting:	S 375		

Facilities Regulation

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

James J Yahn — ADMINISTRATOR

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S 375	Continued From page 1 (AA) Date and time of assessment; (BB) Recommendations for follow-up; (CC) Progress on previous recommendations; (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); (EE) Physical assessment identifying symptoms of illness and/or changes in mental or physical health status and appropriateness of placement; (FF) Such reports shall be on file at the residence. (7) Complete the quarterly evaluation of the residence's registered medication aide(s) administration of medication. (Approved Department form is available for downloading online). 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. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined the residence failed to complete nurse reviews every 30 days as required for 4 of 4 sample residents reviewed, Resident ID #s 1, 2,	S 375		

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S 375	Continued From page 2 3, and 4. Finding are as follows: 1. Record review revealed Resident ID #1 moved into the residence in July of 2014 with a diagnosis of schizophrenia. Record review revealed the resident's last 30-day nurse review was completed on 7/31/2023. 2. Record review revealed Resident ID #2 moved into the residence in June of 2023 with a diagnosis of schizophrenia. Record review revealed the resident's last 30-day nurse review was completed on 7/28/2023. 3. Record review revealed Resident ID #3 moved into the residence in October of 2014 with a diagnosis of a diffuse traumatic brain injury. Record review revealed the resident's last 30-day nurse review was completed on 6/23/2023. 4. Record review revealed Resident ID #4 moved into the residence in May of 2019 with a diagnosis of unspecified mood disorder. Record review revealed the resident's last 30-day nurse review was completed on 7/31/2023. Record review failed to reveal evidence 30-day nurse reviews were completed for the above-mentioned residents, as required. During a surveyor interview on 12/4/2023 at approximately 11:16 AM with the Director of Wellness, she was unable to provide evidence that the 30-day nurse reviews had been	S 375	S375 1, 2, 3, and 4. Missing monthly nurse reviews are being completed for resident ID#s 1, 2, 3,and 4. S375 Furthermore, to identify any other residents affected, all resident files are being audited to identify any other instances of missing monthly reviews. We plan to utilize [redacted] with Four Winds Senior Care Consultants to carry out the audit and to update all necessary nurse reviews. All nurse reviews going forward will be completed timely. We have also chosen to complete all reviews on a paper document in order to maintain files. See nurse review document attached.	2/29/2024 2/29/2024

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S 375	Continued From page 3 completed for the above-mentioned residents.	S 375	S375 To monitor the corrective action related to monthly nurse reviews, Charlesgate Senior Living Center has added "Monthly Nurse Reviews" as a quality indicator to be reviewed in our quarterly Quality Assurance meetings. We will monitor this quality indicator for one year to ensure compliance remains intact. Please see attached Quality Indicator Report.	12/26/2023
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. 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 service plan at intervals not to exceed twelve (12) months and each time a resident's condition changes significantly, including receipt of outside services for 2 of 4 sample residents reviewed, Resident ID #s 3 and 4. Findings are as follows: 1. Record review revealed Resident ID #3 moved into the residence in October of 2014 with a diagnosis of a diffuse traumatic brain injury. Record review revealed the last service plan was review on 10/26/2022. The service plan failed to reveal evidence a review was completed at an interval not to exceed 12 months, as required. 2. Record review revealed Resident ID #4 moved into the residence in May of 2019 with a diagnosis of unspecified mood disorder. Record review revealed the resident is receiving	S 390	S390 1. Service plan for resident ID# 3 has been reviewed and updated as regulated. S390 Furthermore, all resident service plans are being audited by [redacted] and will be in compliance by 2/28/2023	12/14/2023

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S 390	Continued From page 4 physical therapy and skilled nursing services for wound care with a start of care date of 11/8/2023. Record review of the resident's service plan dated 7/24/2023 failed to reveal evidence that the service plan was updated to reflect that the resident is receiving the above-mentioned outside services. During a surveyor interview on 12/4/2023 at approximately 11:23 AM with the Director of Wellness, she acknowledged Resident ID #3's service plan was not reviewed annually, as required. Additionally, she acknowledged Resident ID #4's service plan was not updated to reflect the outside services the resident is receiving.	S 390	S390 To monitor the corrective action related to service plan documentation, Charlesgate Senior Living Center has added "Service Plan Documentation" as a quality indicator to be reviewed in our quarterly Quality Assurance meetings. We will monitor this quality indicator for one year to ensure compliance remains intact. Please see attached Quality Indicator Report.	12/6/2023

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S 003	Initial Comments An unannounced complaint/incident investigation survey and a biennial State licensure survey (Z6EL11, 12/05/2023) were conducted at this residence.	S 003		

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