RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01487	A. BUILDING: _____ B. WING _____	C 04/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING VILLA MEMORY CARE	59 PLEASANT STREET WEST WARWICK, RI 02893

(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, ACTS reference number 89702 was conducted at this residence on 4/3/2023. A deficiency was identified.	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 the residence failed to ensure that the comprehensive assessment accurately reflects the resident condition for 1 of 2 sample residents reviewed, ID #1. Findings are as follows: Record review revealed the resident moved into the residence in December of 2022 with diagnoses including psoriasis (a condition in which skin cells build up and form scales and itchy, dry patches) and dementia. Record review of the initial comprehensive assessment dated 12/26/2022 failed to reflect the resident was admitted with a skin impairment condition. During a surveyor interview on 4/3/2023 at 9:03 AM with a Nurse Practitioner, Staff A, she acknowledged the resident has had severe	S 365 CM 5/15/23	S365 The following procedure was put in place immediately following site visit: All referral requests for nursing assessments made to the Wellness Director of Spring Villa Memory Care will include assessing the individual thoroughly from head-to-toe for any skin impairments. Any findings of a skin impairment will be documented by the nurse (WD) providing the assessment. *A skin assessment form was created. See attached copy of this form. Upon admission to the facility, all new residents receive an initial assessment by the Wellness Director which includes a complete full body assessment for any skin impairment conditions. All findings in the initial assessment will be documented in the Resident's chart and in the Resident's QuickMAR electronic record by the Wellness Director. All staff are required to notify the Wellness Director of all skin changes to any of the Resident's of Spring Villa. Resident skin assessments will also be discussed regularly during Quality Assurance Meetings.	4/4/2023

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

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S 365	Continued From page 1 psoriasis for many years prior to his/her move into the residence. She further acknowledged the resident's condition has worsen since s/he moved into the residence in December requiring a dermatogist consultation. During a surveyor interview on 4/3/2023 at 10:42 AM with the Director of Wellness, she acknowledged that the resident moved into the residence with severe skin impairment. She further acknowledged the assessment did not reflect that the resident has skin impairment and it should have.	S 365		
S 565	Residential Care Services 2.4.24(B)(1) Medication Services 2.4.24 (B) (1) Administration of Medications 1. Residences licensed at the M1 level may administer medications to residents including, but not limited to, removing medication containers from storage, assisting with the removal of a medication from a container for residents with disability which prevents independence in this act, and/or administering the medication directly to the resident. a. The resident or guardian must provide written authorization for the residence to provide administration of medications. b. Medications shall be administered in accordance with written orders of a physician. The residence must provide in writing, a description of services provided by the residence to each physician, including limitations on service. c. All medications must be checked against a	S 565	S565 This was corrected by the following: A procedure was created for effective communication between CMT's/LPN's and the Wellness Director regarding Pharmacy orders. A binder was created for use by the CMT or LPN to document all [redacted] order requests. A pharmacy order of medication requests form was created (*see attached copy of this form) containing the following: Name of medication ordered, date & time medication was ordered, & initials of the CMT/LPN requesting the order. The CMT/LPN must also record on the form when the medication was received and also initial. The CMT's or LPN must also notify the Wellness Director if the medication is not received within two business days. If the medication has not been received after two	4/4/2023

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S 565	Continued From page 2 physician's orders by a licensed nurse, or pharmacist. d. The resident must be identified prior to administration of any medication. e. The medication must be in the original pharmacy-dispensed container with proper label and directions attached and be administered in accordance with such label. f. Injectable medications, including but not limited to insulin, which cannot be self-administered by the resident, must be administered by a licensed nurse. g. There shall be written a policy/procedure for the disposal of hypodermic needles, syringes and other such instruments that is in compliance with rules and regulations governing Hypodermic Needles, Syringes & Other Such Instruments (Part 20-15-6 of this Title). (1) The legal destruction of hypodermic needles, syringes or other such instruments is the responsibility of the last entitled or authorized possessor. (AA) All personnel or residents legally authorized to use disposal syringes and needles, shall destroy them after one (1) use. (BB) Excess and undesired needles, syringes and other such instruments shall be stored in impervious, rigid, puncture- resistant container for disposal. Intact needles shall be placed directly into the collection containers. (CC) Personnel handling disposal waste	S 565	business days, the Wellness Director will contact the Pharmacy to inquire about the status of the medication delivery. The Wellness Director will then notify the NP and/or MD prescribing the medication as to not being able to administer to the Resident as instructed and the reason why. This information will be documented in the Resident's electronic record. All licensed staff (CMT, LPN, WD/RN) will chart in the electronic record system the status of the medication and when it was administered to the Resident. The CMT or LPN must also notify the Wellness Director if any resident refuses the prescribed medication and document in the Resident's electronic record . If the medication is refused by the Resident for two consecutive days, the Wellness Director will contact the NP or MD.	

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S 565	Continued From page 3 materials such as needles, syringes, and other such instruments may treat and destroy such waste by a DEM-approved alternative treatment/destruction technology or prepare the regulated medical waste for off-site transport by a DEM-permitted medical waste transporter. h. Individual medication records must be retained for each resident to whom medications are being administered and each dose administered to the resident must be properly recorded. i. Any medication administered by the residence and refused by a resident shall be documented and reported, as appropriate. j. Medications shall be stored securely and in such a manner to prevent spoilage, dosage errors, administration errors, and/or inappropriate access. Provisions for safe storage may include lockable containers, secure spaces, or lockable units, as appropriate to the residence and the resident population. k. All medication in the residence, regardless of whether controlled by employees or by the resident, shall be stored securely as stated in § 2.4.24(A)(3)(a)(8) of this Part. l. All centrally stored medications shall be maintained in accordance with manufacturer's labeling and administered by authorized personnel. This Requirement is not met as evidenced by: Based on surveyor observation, record review, and staff interview, it has been determined that the residence failed to ensure all medications were administered in accordance with written	S 565		

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S 565	Continued From page 4 orders of a physician for 1 of 2 residents reviewed, ID #1. Findings are as follows: According to Mosby's 4th Edition, Fundamentals of Nursing, page 314 states in part, "...The physician is responsible for directing medical treatment. Nurses are obligated to follow physician's orders unless they believe the orders are in error of would harm the clients..." Record review revealed the resident moved into the residence in December of 2022. S/he has diagnoses including psoriasis (a condition in which skin cells build up and form scales and itchy, dry patches) and dementia. Record review revealed the resident has the following physician's orders as treatment for psoriasis: - Prednisone 10 MG (milligram) 4 tablets (tab) daily - Nystatin 100,000 Unit/GM (gram) powder 3 times a day - Triamcinolone 0.1% cream twice daily - Ketoconazole 2% cream daily - Lac-hydrin 5% lotion 2 times a day - Cetirizine 10 mg daily - Clotrimazole 1% cream 2 times a day Record of the Electronic Medication Administration Record (EMAR) for April 2023 failed to reveal evidence of the resident receiving following medications: - Prednisone 10 MG (milligram) 4 tablets (tab)- resident missed 2 doses (April 1st and April 2nd) - Nystatin 100,000 Unit/GM (gram) powder 3	S 565		

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S 565	Continued From page 5 times a day- resident missed 1 doss (April 1st) - Triamcinolone 0.1% cream twice daily-resident missed 1 dose (April 1st) Record of the Electronic Medication Administration Record (EMAR) for March 2023 failed to reveal evidence of the resident receiving following medications: - Lac-hydrin 5% lotion-resident missed 2 doses (March 15 and March 18) - Ketoconazole 2% cream- resident missed 6 doses (March 15, 16, 17, 18, and 19) Record of the Electronic Medication Administration Record (EMAR) for February 2023 failed to reveal evidence of the resident receiving following medications: - Lac-hydrin 5% lotion-resident missed 4 doses (February 2nd and 3rd) - Ketoconazole 2% cream- resident missed 6 doses (February 2nd, 14, 15, and 28) Record of the Electronic Medication Administration Record (EMAR) for January 2023 failed to reveal evidence of the resident receiving following medications: - Ketoconazole 2% cream- resident missed 11 doses (January 5, 7, 11, 12, 18, 22, 31) - Triamcinolone 0.1% cream- resident missed 4 doses (January 5, 7, 11, and 12) - Clotrimazole 1% cream- resident missed 2 doses (January 18 and 31) - Lac-hydrin 5% lotion-resident missed 3 doses (January 30 and 31) Record of the Electronic Medication Administration Record (EMAR) for December	S 565		

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S 565	Continued From page 6 2022 failed to reveal evidence of the resident receiving following medications: - Nystatin 100, 000 Unit/GM- resident missed 4 doses (December 27 and 28) - Ketoconazole 2% cream- resident missed 3 doses (December 2 and 30) Record review failed to reveal evidence that the physician was made aware of the above-mentioned medications not being administered to the resident as ordered. During a surveyor interview on 4/3/2023 at 10:42 AM with the Director of Wellness, she acknowledged that the above-mentioned medications were not documented as being administer as ordered. She further acknowledged that she nor the physician was made aware that the resident was not being administered the medications as ordered.	S 565		