RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01466	A. BUILDING: _____ B. WING _____	11/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ATRIA HARBORHILL	159 DIVISION STREET EAST GREENWICH, RI 02818

(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 was conducted from 11/6/2024 through 11/7/2024 at this residence. Deficiencies were identified.	S 003	Preparation, Execution, and Submission of this Plan of Correction does not constitute an admission of fault or labiality on the part of Atria Harborhill nor agreement by Atria Harborhill as to the truth of the facts alleged or conclusions drawn in the Statement of Deficiencies or any specific statement of non-compliance. Atria Harborhill prepares and submits this Plan of Correction to comply with state laws and regulatory provisions.	
S 310	Residency Requirements 2.4.15.A Resident Records 2.4.15 (A) Resident Records A. Each residence shall, at a minimum, maintain the following information for each resident: 1. The resident's name; 2. The resident's last address; 3. The name of the person or agency referring the resident to the home; 4. The name, specialty (if any), telephone number, and emergency telephone number of each physician who is currently treating the resident; 5. The date the resident began residing in the home; 6. A list of medications taken by the resident, including dosage, and specific records of medication administration as required by the Department; a. In residences licensed at the M2 level, if a resident refuses to provide the information cited in § 2.4.15(A)(6) of this Part, this fact shall be documented in the resident's service agreement. 7. Written acknowledgments that the resident	S 310	ID Tag S 310 Residency Requirements 2.4.15 (A) Resident Records. As set forth by the Residency Requirement section 2.4.15 (A) Resident Records. Within the State of Rhode Island Regulations. For Resident ID# 1 The community will provide documentation from the outpatient Occupational Therapy (OT) service provider from 7/12/2024 - 9/4/2024.	12/5/2024
			Nursing Staff will audit all residents currently receiving outside services for evidence and documentation of a resident's specific health problem of which S/He is receiving outside services in the resident's record.	12/30/2024
			The Community will Inservice Nursing Staff on Residency Requirement section 2.4.15 (A) Resident Records	12/5/2024
			Nursing Staff will audit all residents currently receiving outside services for evidence and documentation of a resident's specific health problem of which S/He is receiving outside services in the resident's record on an ongoing basis .	12/30/2024
			Resident Services Director or Designee and Executive Director will review compliance at the Quarterly Quality Assurance Meetings	12/30/2024

Facilities Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Executive Director — (X6) DATE: 11/27/2024

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S 310	Continued From page 1 has signed and received copies of the rights as provided in R.I. Gen. Laws § 23-17.4-16; 8. Information about any specific health problems of the resident, which may be useful in a medical emergency, including diagnostic and/or therapeutic orders; 9. A record of personal property and funds which the resident has entrusted to the residence; 10. The name, address, and telephone number of a person identified by the resident who should be contacted in the event of an emergency or death of the resident and the name, address, and telephone number of the legal guardian; 11. Any other health-related emergency, or pertinent information which the resident requests the residence to keep on record; 12. A copy of the initial and periodic assessments described in § 2.4.16 of this Part; 13. A copy of the service plan and nurse review as described in § 2.4.16 of this Part; 14. A copy of the residency agreement as described in § 2.4.14(C) of this Part. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined the residence failed to maintain, at a minimum, information about any specific health problems of the resident, which may be useful in a medical emergency, including therapeutic orders for the singular resident	S 310	Type text here	

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S 310	Continued From page 2 reviewed that was receiving outpatient therapy services, Resident ID #1. Findings are as follows: Record review revealed the resident moved into the residence in October of 2022 with a diagnosis including, but not limited to, dementia. Review of the resident's record failed to reveal evidence of documentation from the outpatient occupational therapy (OT) service provider from 7/12/2024 through 9/4/2024. Additional record review failed to reveal evidence of communication between the OT provider and the residence including, details of care being provided to the resident and their recommendations for this resident. During a surveyor interview on 11/7/2024 at approximately 1:30 PM with the Community Business Director in the presence of Registered Nurse, Staff A, she revealed that Resident ID #1 was receiving therapy services. She further revealed that she does not keep records for the residents when the services are provided outside of the residence.	S 310		
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.	S 365	ID Tag S 365 Residency Requirements 2.4.16 (D) Resident Assessment/Service Plans. As set forth on Residency Requirements 2.4.16 (D) Resident Assessment/Service Plans within the State of Rhode Island Regulations, the community will ensure that the assessment shall be reviewed at intervals not to exceed 12 months and each time a residents condition changes. In responce to resident ID #1. The comprehensive assessment has been updated to reflect the documentation that the resident recieved occupational therapy from 7/12/2024-9/4/2024.	12/30/2024 11/28/2024

12/13/24

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S 365	Continued From page 3 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 changed significantly for 2 of 3 residents reviewed for healthcare services the facility did not provide, Resident ID #s 1 and 2. Findings are as follows: 1. Record review revealed Resident ID #1 moved into the residence in October of 2022 with a diagnosis including, but not limited to, dementia. Record review of the resident's comprehensive assessment dated 8/7/2024 failed to be updated to accurately document that the resident received occupational therapy from 7/12/2024 through 9/4/2024. During a surveyor interview on 11/7/2024 at approximately 1:30 PM with the Community Business Director in the presence of Registered Nurse, Staff A, she revealed that Resident ID #1 was receiving therapy services. She acknowledged that the comprehensive assessment was not updated to reflect the resident received these services. 2. Record review revealed Resident ID #2 moved into the residence in December of 2022 with diagnoses including, but not limited to, diabetes mellitus, coronary heart disease, and Paget's disease (causes the bones to grow too large and weak. It can cause pain and damage in the bones).	S 365	Continued from page 3 In responce to resident ID #2. The comprehensive assessment has been updated to reflect the documentation that the resident recieved skilled nursing services from 9/12/2024- 10/25/2024. All residents comprensive assessments will be audited every 90 days or at a change in condition by the Resident Services Director or Designee. The Community will Inservice Nursing Staff on Residency Requirement section 2.4.16 (D) Resident Assessment/ Service Plans. Resident Services Director or Designee and Executive Director will review compliance at the Quarterly Quality Assurance Meetings	11/28/2024 12/30/2024 12/5/2024 12/30/2024

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S 365	Continued From page 4 The resident's comprehensive assessment dated 12/4/2023 failed to be updated to document that the resident received skilled nursing services from 9/12/2024 through 10/25/2024. During a surveyor interview on 11/7/2024 at approximately 1:30 PM with the Community Business Director, in the presence of Registered Nurse, Staff A, she revealed that Resident ID #2 was receiving outside services. She acknowledged that the comprehensive assessment was not updated to reflect the resident received outside services.	S 365		
S 370	Residency Requirements 2.4.16.E Resident Assessment/Service Plans 2.4.16 (E) Resident assessments and Service Plans E. In the event a resident has an admission to a health care facility and is scheduled to return to the residence without a significant change in status, then the assessment shall be updated within five (5) working days of readmission. 1. In case of an emergency admission, the required assessment shall take place within five (5) working days and shall include the following: a. An immediate admission necessitated by natural disaster, crisis, or threat to public safety at another licensed assisted living residence, independent living situation, community residential facility, or private residence; b. An immediate admission necessitated	S 370	ID Tag S 370 Residency Requirements 2.4.16 (E) Resident Assessment/Service Plans. As set forth on Residency Requirements 2.4.16 (E) Resident Assessment/Service Plans within the State of Rhode Island Regulations. The community will ensure that if a current resident has an admission to a health care facility and is scheduled to return without a significant change in status, the assessment will be updated within 5 working days of readmission. In responce to resident ID#1 the comprehensive assessment was updated to reflect the residents readmission from a skilled nursing facility on 6/24/2024. In responce to resident ID#3 the comprehensive assessment was updated to reflect the residents readmission from a skilled nursing facility on 10/15/2024 In responce to resident ID#4 the comprehensive assessment was updated to reflect the residents readmission from a skilled nursing facility on 7/24/2024. All residents comprensive assessments will be audited every 90 days or at a change in condition by the Resident Services Director or Designee. The community will ensure that if a current resident has an admission to a health care facility and is scheduled to return without a significant change in status, the assessment will be updated within 5 working days of readmission.	11/28/2024 11/28/2024 11/28/2024 11/28/2024 12/30/2024

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S 370	Continued From page 5 by the unanticipated incapacitation of the primary caregiver of the person to be admitted; c. Conditions or circumstances warranting emergency admission and as approved by Center for Health Facilities Regulation staff within forty- eight (48) hours. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined the residence failed to ensure the resident's comprehensive assessment was updated within five (5) working days of readmission from an admission to a health care facility for 3 of 3 residents reviewed for readmission, Resident ID #s 1, 3, and 4. Findings are as follows: 1. Record review revealed Resident ID #1 was transferred to the hospital after a fall on 6/3/2024 with a subsequent skilled nursing facility admission from 6/3/2024 through 6/24/2024. Record review revealed the comprehensive assessment was completed on 8/24/2023 and last updated on 4/19/2024. Record review failed to reveal the comprehensive assessment was updated within five working days from readmission to the residence on 6/24/2024. 2. Record review revealed Resident ID #3 was admitted to the hospital with a subsequent skilled nursing facility admission from 9/5/2024 through 10/15/2024. Record review revealed the comprehensive	S 370	Continued from page 5 The Community will Inservice Nursing Staff on Residency Requirement section 2.4.16 (E) Resident Assessment/ Service Plans. Resident Services Director or Designee and Executive Director will review compliance at the Quarterly Quality Assurance Meetings	12/5/2024 12/30/2024

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S 370	Continued From page 6 assessment was last completed on 11/10/2023. Record review failed to reveal the comprehensive assessment was updated within five working days from readmission to the residence on 11/10/2023. 3. Record review revealed Resident ID #4 was sent to the hospital on 7/11/2024 with a subsequent skilled nursing facility admission from 7/13/2024 through 7/24/2024. Record review revealed the comprehensive assessment was last completed on 4/23/2024. Record review failed to reveal the comprehensive assessment was updated within five working days from readmission to the residence on 7/24/2024. During a surveyor interview on 11/7/2024 at approximately 1:30 PM with the Community Business Director she could not provide evidence the above-mentioned residents' comprehensive assessments were updated within 5 working days of their readmission.	S 370		
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	S 375	ID Tag S 375 Residency Requirements 2.4.16 (F) Resident Assessment/Service Plans. 2.4.16 (F) Nurse Review As set forth on Residency Requirements 2.4.16 (F) Resident Assessment/Service Plans, Nurse Review within the State of Rhode Island Regulations.The Community will ensure Nurse Reviews will be completed at least once every 90 days and contain all required components for residents that self administer medications. In responce to residents ID #'s 5,6 and 7 The Community will ensure Nurse Reviews will be completed and contain all required components for residents that self administer medications.	12/30/2024 11/28/2024

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S 375	Continued From page 7 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: (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	S 375	Continued from page 7 All residents Nurse Reviews will be audited every 90 days by the Resident Services Director or Designee. The Community will Inservice Nursing Staff on Residency Requirement section 2.4.16 (F) Resident Assessment/ Service Plans and Nurse Reviews. Resident Services Director or Designee and Executive Director will review compliance at the Quarterly Quality Assurance Meetings 12/3/24 Typed text here	12/30/2024 12/5/2024 12/30/2024

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S 375	Continued From page 8 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 ensure monthly nurse reviews were completed at least once every ninety (90) days and that those that were completed contained all required components for 3 of 3 sample residents reviewed for self-administration, Resident ID #s 5, 6, and 7. Findings are as follows: 1. Record review revealed Resident ID #5 moved into the residence in April of 2023 with a diagnosis including, but not limited to, hypertension. The nurse review dated 10/9/2024 reveals that the resident's medications were not reviewed against the resident's active physician's orders, as required. 2. Record review revealed Resident ID #6 moved into the residence in May of 2024 with a diagnosis including, but not limited to, hyperlipidemia.	S 375		

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S 375	Continued From page 9 The nurse review dated 10/22/2024 reveals that the resident's medications were not reviewed against the resident's active physician's orders, as required. 3. Record review revealed Resident ID #7 moved into the residence in June of 2023 with a diagnosis including, but not limited to, vascular dementia. The nurse review dated 10/3/2024 reveals that the resident's medications were not reviewed against the resident's active physician's orders, as required. During a surveyor interview on 11/7/2024 at approximately 1:30 PM with the Community Business Director, in the presence of Registered Nurse, Staff A, she was unable to provide evidence that the above-mentioned nurse reviews were completed, including all of the required components of the nurse reviews.	S 375		
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 that the residence failed to	S 390	ID Tag S 390 Residency Requirements 2.4.16 G.3 Resident Assessment/Service Plans. As set forth by Residency Requirements 2.4.16 (G)(3) Resident Assessments/Service Plan. Within the State of Rhode Island Regulations. For Resident ID #1 The community will update the residents service plan to reflect that the resident is receiving outside services for Occupational Therapy with a start date of 7/12/2024. For Resident ID #2 The community will update the residents service plan to reflect that the resident was receiving outside services for Skilled Nursing from 9/12/2024-10/25/2024 For Resident ID #5 The community will update the residents service plan to reflect that the resident is receiving outside services for Physical Therapy with a start date of 6/11/2024	11/28/2024 11/28/2024 11/28/2024

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S 390	Continued From page 10 update the service plan each time a resident's condition changed significantly for 3 of 3 residents reviewed for healthcare services the facility did not provide, Resident ID #s 1, 2, and 5. Findings are as follows: 1. Record review revealed Resident ID #1 moved into the residence in October of 2022 with a diagnosis including, but not limited to, dementia. Record review revealed the resident is receiving occupational therapy (OT) services with a start of care date of 7/12/2024. Record review of the resident's service plan dated 8/7/2024 failed to accurately reflect that the resident is receiving OT services from an outside agency at the time of the service plan review. During a surveyor interview on 11/7/2024 at approximately 1:30 PM with the Community Business Director, in the presence of Registered Nurse, Staff A, she acknowledged that the resident is receiving OT services. Additionally, she acknowledged the service plan did not accurately reflect OT services. 2. Record review revealed Resident ID #2 moved into the residence in December of 2022 with diagnoses including, but not limited to, diabetes mellitus, coronary heart disease, and Paget's disease (causes the bones to grow too large and weak. It can cause pain and damage in the bones). Record review revealed the resident was receiving skilled nursing services from 9/12/2024 through 10/25/2024.	S 390	Continued from page 10 The Community will Inservice Nursing Staff on Residency Requirements 2.4.16 (G)(3) Resident Assessments/Service Plan Nursing Staff will audit all new and current residents receiving outside services documented in the resident's record to accurately reflect the outside services the residents are receiving on an ongoing basis. Resident Services Director or Designee and Executive Director will review compliance at the Quarterly Quality Assurance Meetings	12/5/2024 12/30/2024 12/30/2024

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S 390	Continued From page 11 Record review of the resident's service plan dated 12/4/2023 failed to be updated to reflect that the resident was receiving skilled nursing services. During a surveyor interview on 11/7/2024 at approximately 1:30 PM with the Community Business Director, in the presence of Registered Nurse, Staff A, she acknowledged that the resident received skilled nursing services from 9/12/2024 through 10/25/2024. Additionally, she acknowledged the service plan was not updated to reflect that the resident was receiving outside services. 3. Record review revealed Resident ID #5 moved into the residence in April of 2023 with a diagnosis including, but not limited to, hypertension. Record review revealed the resident is receiving physical therapy (PT) services with a start of care date of 6/11/2024. Record review of the resident's service plan dated 10/9/2024 failed to accurately reflect that the resident is receiving PT services. During a surveyor interview on 11/7/2024 at approximately 1:30 PM with the Community Business Director, in the presence of Registered Nurse, Staff A, she acknowledged that the resident is receiving PT services. Additionally, she acknowledged the service plan was not updated to accurately reflect that the resident is receiving outside services.	S 390		