RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01454	A. BUILDING: _____ B. WING _____	04/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VICTORIA COURT MEMORY CARE	55 OAKLAWN AVENUE CRANSTON, RI 02920

(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 at this residence on 4/14/2025 through 4/15/2025. Deficiencies were identified relative to the State Licensure survey.	S 003	Received MAY 10 2025 Facilities Regulation	
S 200	Organization And Management 2.4.12.I.2 Administrative Management 2.4.12 (I) (2) Personnel Records 2. Said personnel records shall be reviewed and updated at intervals not to exceed twelve (12) months and shall include, but not be limited to, all of the following components: a. Completed job application and/or resume; b. Written statements of references or documentation of verbal reference check; c. Written functional job descriptions; (1) These descriptions shall be updated at intervals not to exceed twelve (12) months and shall include, but not be limited to, minimal qualifications for the position, major duties and responsibilities, and shall be signed and dated by the individual employee. d. Evidence of credentials, current professional licensure and/or certification; e. Documentation of education and/or continuing training, including continuing education units (CEUs) related to administrator certification, food management, etc., medication administration, and dementia care; f. Documentation of attendance at in-service	S 200	S 200 Organization and Management 2.4.12.I.2 Administrative Management 2.4.12 (I) (2) Personnel Records Staff A, Staff B, and Staff C all have signed job descriptions in their personnel records. All employees had potential to be affected by the deficient practice. To ensure that this deficient practice does not recur, all personnel files will be audited to ensure that all components are complete of the following components as set forth the Rhode Island Department of Facilities Regulation of Organization and Management 2.4.12.I.2 Administrative Management Personnel Records. In addition, personnel records shall be reviewed and updated at intervals not to exceed (12) twelve months. The Business Office Manager and/or Executive Director will utilize and complete checklists to keep track of all new hired employee's required documents and records in each personnel file. (Please see attached checklist titled "Rhode Island- Employee File Checklist). The Business Office Manager and/or Executive Director will audit (5) five random employee personnel records monthly and document the audit.	5/15/2025 5/23/2025 5/23/2025

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

Executive Director 5/15/2025

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S 200	Continued From page 1 training and/or orientation; g. Documentation of at least one (1) performance evaluation at intervals not to exceed twelve (12) months; h. Signed copy of employee's awareness of resident's rights; i. Results of the criminal record (BCI) check. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined that the residence failed to ensure that personnel records contain job descriptions for 3 of 6 sample staff reviewed, Staff A, B, and C. Findings are as follows: 1) Record review of Staff A revealed a hire date of 12/9/2024. This staff was hired as a Nursing Assistant (NA). 2) Record review of Staff B revealed a hire date of 2/21/2025. This staff was hired as a Certified Medication Technician (CMT). 3) Record review of Staff C revealed a re-hire date of 9/11/2024. This staff was hired as a NA. Record review failed to reveal evidence that signed job descriptions were obtained for the above-mentioned staff. During a surveyor interview on 4/14/2025 at 2:53 PM, the Executive Director acknowledged that	S 200		

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S 200	Continued From page 2 the above-mentioned staff did not have a copy of their signed job description in their record, as required.	S 200		
S 230	Organization And Management 2.4.13.A Management Of Services 2.4.13 (A/B) Management of Services A. Each residence shall provide services with adequate professional and ancillary employees and in accordance with applicable state law. Further, the residence shall assure that all services are rendered in a safe and effective manner and consistent with the requirements herein. The residence shall provide all care and services to all residents in accordance with the prevailing community standard of care. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined the residence failed to provide care and services in accordance with the prevailing community standard of care relative to following physician's orders for 1 of 3 sample residents, Resident ID #1. Findings are as follows: According to Mosby's 4th Edition, Fundamentals of Nursing, page 314 states in part, "...The	S 230	S 230 Organization and Management 2.4.13.A Management of Services 2.4.13 (A/B) Management of Services Resident ID #1's prescribed medications following the physician's orders have all been ordered from the pharmacy and are now stored in the medication cart. 4/16/2025 Resident ID #1's blood pressure is currently being monitored per the resident's physician's directive. (Please see attached daily blood pressure monitoring sheet). 4/15/2025 All residents had potential to be affected by this deficient practice. To ensure that this deficient practice does not recur, the Resident Care Director and/or delegate will perform an immediate audit of physician's orders with a primary focus on medications as prescribed and any order for the directing of medical treatment. All physician's orders of medications and/or medical treatment will be complied. 4/16/2025 The Resident Care Director/ RN and medtechs will be retrained on the company's policy and procedures regarding medication and physician's orders. The Resident Care Director and/or delegate will continue to submit to the Executive Director a monthly Medication Room Audit and Medication Administration Review log of at least 5 residents' records. (please see attached template). continue to page 4....	

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S 230	Continued From page 3 physician is responsible for directing medical treatment. Nurses are obligated to follow physician's orders unless they believe the orders are in error or would harm the clients..." Record review revealed Resident ID #1 moved into the residence in February of 2025 with a diagnosis including, but not limited to, frontal temporal dementia. 1) Record review revealed the following physician's orders: - Acetaminophen 325 milligrams (mg), take 2 tablets by mouth every 6 hours as needed for pain/fever. - Bisacodyl 5 mg, take 2 tablets by mouth daily as needed for constipation. - Diphenhydramine 25 mg, take 1 capsule by mouth every 4 hours as needed for itching. - Per diem Overnight Relief 15 mg, take 2 tablets by mouth daily as needed for constipation. During a surveyor observation of the resident's medications in the medication cart on 4/15/2025 at approximately 8:30 AM, failed to reveal the above medications. During a surveyor interview immediately following the above observation with Certified Medication Technician, Staff D, she could not produce evidence of the above-mentioned medications. 2) Record review of the physician's visit notes for ID #1 revealed the following: - on 3/13/2025 the physician wrote next to the	S 230	continued from page 3... The Resident Care Director, or delegate, will review the Medication Administration Records (MARs) daily for continued compliance on the administration of medication to include monitoring.	5/1/2025

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S 230	Continued From page 4 diagnosis of hypertension (HTN) "...will check daily BP (blood pressure) and med adjust as needed..." - on 3/27/2025 the physician wrote next to the diagnosis of HTN, to monitor blood pressure. Record review failed to reveal evidence that the resident's blood pressure was being monitored per the physicians directive. During a surveyor interview with the Resident Care Director on 4/15/2025 at 11:45 AM, she could not produce evidence that the residence had the above-mentioned actively ordered medications. Additionally, she could not produce evidence that the resident's blood pressure was being monitored as indicated by the physician.	S 230		
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.	S 565	S 565 Residential Care Services 2.4.24.B.1 Medication Services 2.4.24 (B) (1) Administration of Medications All medications are now stored securely and in such a manner to prevent spoilage, dosage errors, administration errors, and/or inappropriate access for the singular medication cart observed in the facility. 4/16/2025 The medications mentioned during the surveyor observation of the medication cart now have "Open Date" stickers with dates written on the stickers, expiration dates are written and have been highlighted, and pre-packaged envelopes of medications will have the expriration date strips retained. 4/16/2025 All expired medications have been safely and properly discarded. continue to page 6....	

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S 565	Continued From page 5 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 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	S 565	continued from page 5 All residents had potential to be affected by this deficient practice. To ensure this deficient practice does not recur, medication carts will be audited by the wellness nurse and/or delegate weekly. The Resident Care Director/ RN and medtechs will be retrained on the company's policy and procedures regarding Medications, including but not limited to medication services, medication handling, and medication storage-centrally stored medications. The Resident Care Director and/or delegate will continue to submit to the Executive Director a monthly Medication Room Audit and Medication Administration Review log of at least 5 residents' records. (please see attached template).	5/20/2025

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S 565	Continued From page 6 stored in impervious, rigid, puncture- resistant container for disposal. Intact needles shall be placed directly into the collection containers. (CC) Personnel handling disposal waste 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.	S 565		

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S 565	Continued From page 7	S 565		

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 that medications shall be stored securely and in such a manner to prevent spoilage, dosage errors, administration errors, and/or inappropriate access for the singular medication cart observed.

Findings are as follows:

During a surveyor observation of the medication cart on 4/15/2025 at 8:25 AM, the following was revealed:

- an opened Trelegy Ellipta 100 mcg/62.5/25.5 mcg inhaler, with a delivery date of 1/14/2025 and without a date to determine when opened. The manufacturer instructions indicate to discard 6 weeks after opening.

- 3 bottles of Acetaminophen 325 mg, with the following expiration dates: 9/10/2024, 3/8/2025, and 4/1/2025.

-a singular unidentified pill in the drawer.

- Pravastatin 40 mg, a use by date of 3/24/2025.

- Vaseline advanced repair lotion, no label to identify to whom it belongs.

- 20 pre-packaged envelopes of medications containing 1 omeprazole 20 mg, ½ sertraline 100 mg, and 1 sertraline, without a expiration date.

- 1 pre-packaged envelope of medications

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S 565	Continued From page 8 containing 1 donepezil 10 mg, 1 lovastatin 40 mg, and 3 quetiapine 25 mg, without a expiration date. - 4 pre-packaged envelopes of medications containing 1 Eliquis 2.5 mg, 1 metoprolol 100 mg, and atorvastatin 40 mg, without an expiration date. - 1 pre-packaged envelope of medications containing 1 benazepril 20 mg, 1 Eliquis 25 mg, and 1 metoprolol tartrate 100 mg, without a expiration date. During a surveyor interview with Certified Medication Technician, Staff D, on 4/15/2025 at 8:30 AM, she revealed the top of the pre-packaged medications were cut off that had the expiration dates. During a surveyor interview on 4/15/2025 at approximately 8:45 AM with the Resident Care Director, she acknowledged medications with a shortened expiration date should be dated when opened and that expired meds should be discarded. She further could not produce evidence that the pre-packaged medications were not expired.	S 565		