RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01459	A. BUILDING: _____ B. WING _____	C 09/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHESTNUT COTTAGE AT THE ELMS INC	25 CHESTNUT ST WESTERLY, RI 02891

(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 101957, was conducted at this residence on 09/11/2025 to determine compliance with state regulations. A deficiency was identified as a result of this survey.	S 003	Received OCT 03 2025 Facilities Regulation	
S 722 SS=F	Licensure Requirements 2.4.31.A COVID 19 - Practice and Procedures 2.4.31 COVID-19 Practices and Procedures A. Assisted Living Residents. 1. All assisted living residences shall ensure residents who are not fully vaccinated are tested at least once every fourteen (14) days during a period in which COVID-19 prevalence rate is greater than or equal to ten (10) cases per one hundred thousand (100,000) people per week or greater than one hundred ten (110) cases per week, as reported by RIDOH. 2. Upon the identification of residents who test positive for COVID-19, the residence shall take proper actions to prevent the transmission of COVID-19 in accordance with Department guidance. 3. Assisted living residences shall have policies and procedures in place for addressing residents who refuse testing or unable to be tested. 4. The assisted living residence shall document all COVID-19 testing, which documentation shall include at minimum the individuals name, date of test, and test result.	S 722		

Facilities Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Mark Taylor — TITLE: ADM — (X6) DATE: 09/22/2025

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S 722	Continued From page 1 This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined that the facility failed to ensure that the residence took proper actions to prevent the transmission of COVID-19 upon the identification of residents and/or staff who tested positive for COVID-19, in accordance with Department guidance for 22 staff and 16 residents. Findings are as follows: Record review of a community reported complaint submitted to the Rhode Island Department of Health on 8/29/2025 alleged in part, appropriate personal protective equipment was not available for personnel to utilize during a COVID-19 outbreak. Record review of a "Rapid test registry" form indicated Nursing Assistant, Staff A, tested positive for COVID-19 on 8/17/2025. Additional review of the form revealed Staff A reported first feeling ill at the start of her 3:00 PM to 11:00 PM shift on 8/15/2025. Further review revealed Staff A worked 8/13/2025, 8/14/2025, 8/15/2025, and 8/16/2025 before subsequently testing positive on 8/17/2025 for COVID-19. This series of dates worked indicated that all residents residing within the residence had been potentially exposed to Staff A, due to the facility layout within the special care unit and the length of time. Record review of a "Rapid test registry" form indicated Resident ID #1 tested positive for COVID-19 on 8/18/2025, one day after Staff A was identified as positive. Record review revealed that upon identification of the positive COVID-19 testing for Resident ID #1	S 722		

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S 722	Continued From page 2 and Staff A, guidance was given to the residence from The Rhode Island Department of Health Center for Acute Infectious Disease Epidemiology related to further testing of residents and personnel including, but not limited to, the following: All personnel and residents exposed to a COVID-19 positive staff or resident are tested with contact trace testing (testing that occurs on days 1, 3, and 5 after exposure to COVID-19) and upon identification of further positive cases broad based outbreak testing of all residents and staff within the affected area twice weekly until there are no new positive cases in 14 days. Further record review failed to reveal evidence that the above-mentioned guidance was implemented by the facility relative to testing. During a surveyor interview on 9/11/2025 at 12:38 PM, the Adminstrator acknowledged that he had received the aforementioned testing guidance and further acknowledged that the guidance had not been implemented.	S 722	**S 722 -** The Administrator will be responsible to ensure that the most current testing guidance for any future Covid-19 outbreak is implemented, adhered to and documented for compliance.	Ongoing.