RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01306	A. BUILDING: _____ B. WING _____	C 06/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMS RETIREMENT RESIDENCE INC, THE	22 ELM STREET 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 A complaint investigation, ACTS references numbers 102255, 103801, and 103766, was conducted at this residence on 06/12/2026 through 6/22/2026 to determine compliance with state laws and regulations. Deficiencies were identified.	S 003	Received JUL 20 2026 Facilities Regulation	
S 250	Organization And Management 2.4.14.A Management Of Services 2.4.14 (A) 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 observation, record review, and resident and staff interviews, it has been determined that the residence failed to provide services to all residents in accordance with the prevailing community standard of care relative to following physician's orders for two of three residents reviewed, Resident ID #s 1 and 2. Findings are as follows: The Rhode Island Department of Health received	S 250	7/21/26	

Facilities Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: A.D.M. — (X6) DATE: 07/20/2026

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S 250	Continued From page 1 a residence reported incident on 5/26/2026 alleging that a resident missed 2 doses of Symbicort (an inhaler used for asthma or chronic pulmonary obstructive disease) on 5/22/2026 and 5/23/2026 due to an untimely reorder and the medication was not available at the pharmacy. The resident was monitored closely by the nurse for symptoms and hospitalized on 5/25/2026 with a question of respiratory illness. Mosby's 4th Edition, Fundamentals of Nursing, page 314 states, "The 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." A) Record review of Resident ID #1 physician's orders for medications included, but were not limited to, hydrocortisone 2.5% rectal cream, apply rectally twice daily as needed. During a surveyor observation on 6/12/2026 at 12:40 PM, in the presence of the Nurse Manager,Staff A, the rectal cream was not available for administration, as ordered. B) Record review of Resident ID #2 physician's orders for medication included, but were not limited to, GERI-TUSSIN, take 10ml (milliliters) every six hours as needed cough/congestion. During a surveyor observation on 6/12/2026 at approximately 12:40 PM, in the presence of the Nurse Manager, Staff A, the GERI-TUSSIN was not available for administration, as ordered. During a surveyor interview on 6/12/2026, immediately following the above observations with the Nurse Manager, Staff A, he acknowledged that the above-mentioned	S 250	The resident returned from the hospital and fully recovered from [redacted] illness. The medications for Resident ID.s #1 and #2 were discontinued by their PCP.s as being no longer necessary. The Nurse Manager audited medication inventory for all managed residents to ensure availability. The Nurse Manager will be responsible to conduct medication cart audits to ensure ongoing availability.	07/08/2026

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S 250	Continued From page 2 medications were not available for Resident ID #s 1 and 2.	S 250		
S 375	Residency Requirements 2.4.17.A Resident Assessment/Service Plans 2.4.17 (A) Resident Assessment and Service Plans A. Prior to the admission of a resident, or the signing of a residency agreement with a resident, the administrator shall have a comprehensive assessment of the resident's health, physical, social, functional, activity, and cognitive needs and preferences conducted and signed by a registered nurse. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined that the residence failed to have a comprehensive assessment conducted and signed by a registered nurse for a singular resident reviewed upon admission, Resident ID #3. Findings are as follows: Record review of Resident ID #3 revealed s/he moved into the residence in September of 2024. Record review of the document titled, "Assisted Living Resident Assessment" dated 9/13/2024 revealed that the assessment was completed and signed by Staff A, Nurse Manager, a licensed practical nurse.	S 375		

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S 375	Continued From page 3 In a written statement from the Administrator on 6/22/2026, he aknowledged Staff A is an LPN; therefore, unable to complete assessments.	S 375	A staff RN. will complete a new comprehensive assessment for all current assisted living residents. A staff or contracted RN. will conduct all future comprehensive assessments. 7/21/26 The submission of this plan of correction is to acknowledge our partnership with the Rhode Island Department of Health in providing residency and services in a safe and secure manner. It is not an admission to allegations of non-compliance with licensing regulations.	08/31/2026 06/22/2026