PRINTED: 10/10/2025
FORM APPROVED

RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01509	A. BUILDING: _____ B. WING _____	C 10/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STILLWATER ASSISTED LIVING AND SKILLED	20 AUSTIN AVENUE GREENVILLE, RI 02828

(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 102191 was conducted at this residence on 10/06/2025 to determine compliance with state regulations. A deficiency was identified.	S 003	The filing is a Plan of Correction (POC) does not constitute that the deficiencies alleged did in fact exist, rather this POC is filed as evidence of the facility's commitment to high quality resident care in the full compliance with state and federal regulations. Completion date for the optimal compliance with POC will be November 10, 2025. As a Plan Of Correction (POC) for Tag S 360: a) Residents ID#1 has since been transferred from Memory Lane to Camelot (which is a secured memory care unit). The resident is adjusting well. Memory Lane is not a memory care unit and is not locked or alarmed. We are renaming the unit so that there is no confusion with the name of the unit and the "type" of Unit. b) We recognize the potential risk to the residents if the comprehensive unit assessments and resident care plans are not thoroughly and/or accurately completed. The Wellness Director has reviewed comprehensive assessments and care plans to ensure accuracy of the information and thoroughness of completion for all new admissions (since this incident) and any other resident who may exhibit wandering tendencies.	
S 360	Residency Requirements 2.4.16.C Resident Assessment/Service Plans 2.4.16 (C) Resident Assessments and Service Plans C. The Department-approved assessment form, or such other assessment form as approved by the Department, shall be utilized in completing the assessment on each resident who is admitted to the residence. (Approved Department form is available for downloading online at http://health.ri.gov/forms/assessment/AssistedLivingResident.pdf). 1. Assisted living residences not intending to use the Department's assessment form shall submit their proposed assessment forms with a cover letter of intent to the Center for Health Facilities Regulation as specified in § 2.4.6(A) of this Part. 2. All assessment forms shall report information appropriate to determine compatibility and compliance with the residency criteria, and shall indicate that the resident's needs can be met by the assisted living residence within its licensure level, and shall gather information appropriate for the development of an individualized service plan. a. The assessment form shall be designed to demonstrate compliance with the	S 360		

Facilities Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Robert Corrigan — TITLE: Administrator — (X6) DATE: 10/13/25

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S 360	Continued From page 1 assisted living residence's criteria for residency. b. The assessment form shall also be designed to demonstrate that the assisted living residence can meet the resident's needs and preferences. 3. The assessment form shall also be designed to provide information appropriate for the development of an individualized service plan in accordance with § 2.4.16(G)(1) of this Part. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined that the resident's comprehensive assessment form failed to be completed accurately and updated with all relevant information for the development of a service plan for 1 of 3 sample residents on the Memory Lane Unit, Resident ID #1. Findings are as follows: Record review revealed an "Assisted Living Residence Required Incident Reporting" form sent to the Rhode Island Department of Health (RIDOH) on 10/3/2025 which states in part, "...Elopement or wandering...Date of Incident: 10/3/2025..." This form reported that the police contacted the facility after Resident ID #1 was found at a nearby hardware store with confusion. Record review revealed ID #1 moved into the residence in September of 2025 with a diagnosis	S 360	We have reviewed all residents on Memory Lane with to ensure they are appropriate to live on this unit (vs. requiring the special care unit, Camelot): a cognitive assessment and 90-day complete assessment has been done for all the residents on Memory Lane with no identified issues of elopement risk, requiring transfer to Camelot. We have not had to transfer any resident off of Memory Lane at this time. c) The Wellness Director is re-educating those nurses who are responsible to complete these assessments and care plans of the importance of assuring timely, accurate and thorough completion of assessments to include the proper service plan based on the assessed area of risk/concern, with an enhanced focus on those who are newly admitted (with any cognitive impairment) and monitoring their behaviors (i.e. wandering) for the first several days of move-in so as to ensure optimal safety as they adjust to their new environment. The Wellness Director and The Administrator will determine when the new move-in no longer requires 11/28/25	

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S 360	Continued From page 2 of dementia. Record review of the initial comprehensive assessment, dated 8/28/2025, revealed the resident did not wander. Further review revealed the resident was at the facility for a short-term stay and was admitted to the unlocked "memory" unit. This unit is not secure, which is a requirment for a memory care unit Record review of a progress note dated 9/29/2025 at 1:42 PM revealed per the 11:00 PM - 7:00 AM staff, ID #1 was out of his/her room repeatedly attempting to leave the unit. Further review revealed the resident was found wandering in the skilled nursing facility and was returned to the unit twice. Review of the nursing shift to shift report revealed the following: -9/29/2025 - "...frequent wandering off unit [and] found in nursing home lobby...monitor frequently..." -10/3/2025 - "...elope[d] to hardware store, returned by [town name redacted] police around 11 AM..." Record review failed to reveal evidence that the facility implemented any interventions following the wandering noted on 9/29/2025 to ensure the resident's safety. Additionally, ID #1 was able to sucessfully elope to a hardware store on a nearby main street while being monitored frequently. Record review failed to reveal evidence that any plan of care was created until 10/3/2025, the day of the elopement. During a surveyor interview with the Director of	S 360	our enhanced monitoring and that will be based on a review of their adjustment to the new environment and awareness of their surroundings. We are also hiring a "receptionist(s)" 7 Days per week- this is a new position for us. This person will be located near the front door and will be expected to monitor the lobby area/front door during designated work hours (approximately 10am-6pm) as an additional safety measure (and hospitality focus) d) The administrator is responsible for ensuring this POC is executed timely and effectively. We will conduct random audits (accuracy and completion of the assessments and service plans) and formally monitor this for the next three months after which time, the QAPI Committee will evaluate our level of compliance and determine if we will "drop" the indicator or continue based on our level of improvement.	

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S 360	Continued From page 3 Clinical Services on 10/6/2025 at 2:28 PM, she acknowledged that there had not been any interventions in place regarding wandering or elopement until after ID #1's successful elopement to the hardware store on 10/3/2025. Additionally, she could not provide evidence that any plan of care was in place prior to 10/3/2025 to prevent the resident from being at risk since his/her admission in September.	S 360		