RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01426	A. BUILDING: _____ B. WING _____	C 04/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PHYLLIS SIPERSTEIN TAMARISK ALR	3 SHALOM DRIVE WARWICK, RI 02886

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S 003	Initial Comments A complaint investigation, ACTS references numbers 103375, 102121, 103183, 102552, and 102673 was conducted at this residence on 04/16/2026 through 04/17/2026 to determine compliance with state laws and regulations. Deficiencies were identified.	S 003	Received MAY 15 2026 Facilities Regulation S 250 Corrective Action Resident ID #1 has returned to the facility, and a medication reconciliation was completed. The resident's medication orders have been verified with the physician orders and the medications in the cart were reviewed and reflect the physician orders as well. ID Residents A review of all residents on high-risk medications (A medication is considered high-risk when its use carries a higher probability of causing severe harm or adverse effects to a resident) has been completed to be sure that they are receiving the medications and any necessary monitoring in accordance with physician orders. Systematic changes All nursing staff responsible to the administration and storage of medication (RN, LPN & Med Techs) have received in-service training on facility protocol for medication administration and physician orders. In addition, the facility protocol for receiving and accepting medication delivery has been reviewed with staff.	6/30/26
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 record review and staff interview, it has been determined that the residence failed to provide to all residents in accordance with the prevailing community standard of care relative to the policy for medication ordering and the singular resident reviewed relative to a medication administration error, Resident ID #1. Findings are as follows: Review of a facility reported incident that was received on 4/13/2026 by the Rhode Island	S 250		

Facilities Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Director | 5/8/26

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S 250	Continued From page 1 Department of Health revealed Resident ID #1's electronic medical record (EMR) indicates to administer Lithium 450 mg (milligram) tablets, 1 tablet twice a day. The pharmacy delivered Lithium 600 mg tablets and it was received by a nurse, Staff A. Per the certified medication technician (CMT), Staff B, she called the pharmacy and the pharmacist allegedly told her that the Lithium order was increased to 600 mg tablets. Review of a facility policy titled, "Ordering Medications Traditional and Renaissance" revealed, "...Procedure: When a resident needs assistance with coordinating prescriptions, delivery of medications, reordering prescriptions and receiving prescriptions, the following procedures will apply:...2) All medication orders received by phone [verbal order] must be verified within 24 hours...6) All newly delivered meds will be reviewed by our License staff before being put into secure storage..." Record review revealed the resident was admitted to the residence in May of 2024 with a diagnosis including, but not limited to, bipolar disorder. Review of the resident's April EMR revealed the resident was receiving Lithium 450 mg tablets, give 1 tablet by mouth, two times a day. Review of a progress note, dated 4/11/2026, revealed that the resident did not seem like himself/herself. The resident was observed at the dining room table with visible hand tremors and yesterday Staff B noted the resident had an episode of bowel incontinence this morning and yesterday morning, which is not his/her baseline. While the resident was being assessed Staff B,	S 250	Monitor The RCD will do random reviews on a monthly basis of the EMAR for residents on high-risk medications to ensure compliance.	

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S 250	Continued From page 2 stated, "they have been playing with [his/her] Lithium." When Staff B was asked by the Resident Care Director (RCD) who they were, she indicated the pharmacy. Staff B was then told that the pharmacy cannot change doses. The RCD and Staff B went to the medication cart and the RCD removed the medication card from the cart revealing it contained 450 mg doses. Staff B told the RCD that there was another card of Lithium in the back, which was identified as having 600 mg. Staff B told the RCD that she had been giving the resident 600 mg of Lithium. It was noted that there were 7 pills missing from the Lithium 600 mg card. Review of the Assisted Living Residence 5-day report reveals that the nurse, Staff A, acknowledged that she signed in and stored the Lithium 600 mg capsules without verifying the change in dose in the EMR. She confirmed that the updated order from the pharmacy had not been received or reconciled and therefore the EMR still reflected Lithium 450 mg twice a day. The medication was placed in a location accessible to CMTs despite the discrepancy not being resolved. Review of the discharge Continuity of Care form, updated on 4/14/2026, from the hospital, revealed that the resident was diagnosed with lithium toxicity and toxic metabolic encephalopathy (brain dysfunction often reversible, causing confusion and delirium). The report further revealed the resident's initial lithium level was supratherapeutic at 2.07 (higher than the therapeutic range) and that the resident was discharged on Lithium 300 mg tablets, to take 1 tablet twice a day. During a surveyor interview with the RCD on 4/17/2026 at approximately 1:45 PM, she	S 250		

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S 250	Continued From page 3 indicated the CMT should not have taken the order from the pharmacy that she should have locked the medication up and waited for the provider's order. She could not provide evidence the residence followed their ordering medication policy to prevent a medication error from occurring.	S 250		
S 410	Residency Requirements 2.4.17.G.2 Resident Assessment/Service Plan 2.4.17 (G)(2) Service Plans 2. The service plan shall be developed by a registered nurse and/or the certified assisted living residence administrator, and shall be signed, approved, and dated 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 have service plans developed by a registered nurse and/or the certified assisted living residence administrator, and shall be signed, approved, and dated by both parties for 5 out of 5 sample residents, Resident ID #s 1, 2, 3, 4, and 5. Findings are as follows: 1) Record review revealed Resident ID #1 moved into the residence in May of 2024 with a diagnosis including, but not limited to, bipolar disorder. Review of the service plan, dated 2/22/2026, failed to reveal the signature of the administrator and the resident/responsible party. 2) Record review revealed Resident ID #2 moved	S 410	S 410 Corrective Action Resident ID #s 1,2,3,4 and 5 service plans have been reviewed and signed by the administrator and the responsible party. ID Residents A review of all residents' current service plans has been conducted, and they have been reviewed and signed by the administrator quarterly and the resident/responsible party for annual reviews. Systematic changes Going forward, all resident service plans will printed when they are updated and the active plan will be reviewed and signed by the administrator (quarterly) and the resident/responsible party (annually) and a copy maintained. Monitor The RCD will do random reviews on a monthly basis of service plans to be sure that the required signatures are in place.	6/30/26

5/18/26

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S 410	Continued From page 4 into the residence in July of 2023 with a diagnosis including, but not limited to, major depressive disorder. Review of the service plan, dated 3/28/2026, failed to reveal the signature of the administrator and the resident/responsible party. 3) Record review revealed Resident ID #3 moved into the residence in April of 2024 with a diagnosis including, but not limited to, chronic obstructive pulmonary disease. Review of the service plan, dated 4/4/2026, failed to reveal the signature of the administrator and the resident/responsible party. 4) Record review revealed Resident ID #4 moved into the residence in January of 2025 with a diagnosis including, but not limited to, dementia. Review of the service plan, dated 4/13/2026, failed to reveal the signature of the administrator and the resident/responsible party. 5) Record review revealed Resident ID #5 moved into the residence in July of 2025 with a diagnosis including, but not limited to, multiple sclerosis. Review of the service plan, dated 10/7/2025, failed to reveal the signature of the administrator and the resident/responsible party. During a surveyor interview with the Resident Care Director on 4/17/2026 at approximately 1:30 PM, she could not provide evidence that the above-mentioned residents had service plans that were signed and approved by the Administrator and the resident/responsible party, as required.	S 410		

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S 460	Continued From page 5	S 460	S 460	
S 460	Residency Requirements 2.4.18.H Reporting Requirements 2.4.18 (H) Reporting Requirements H. The residence shall maintain evidence that all reportable incidents have been thoroughly investigated and that actions have been taken to prevent further incidents while the investigation is in progress. Appropriate corrective action shall be taken, as necessary. The results of said investigation shall be reported to the Department, within five (5) business days, on forms supplied by the Department. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined the residence failed to submit results of investigations within five (5) business days to the Department, for 2 of 5 incidents reviewed, ACTS intake #s 102552 and 102673. 1) Incident #102552 was sent to the Department of Health on 11/24/2025 and alleges staff to resident abuse. Record review revealed the facility failed to provide the 5-day investigation report to the Department of Health. 2) Incident #102673 was sent to the Department of Health on 12/15/2025 and alleges a resident had a fall when ambulating from the bathroom back to his/her bed. Record review revealed the facility failed to provide the 5-day investigation report to the	S 460	Corrective Action The investigations for incident #s 102552 and 102673 were provided to the investigator at the time of the survey. ID Residents A review of all residents with reportable incidents was conducted to be sure that the 5-day follow-up investigations were completed. Systematic changes Going forward, all incidents that meet the criteria for reporting will be reviewed and maintained by the ED. The ED and RCD will work together to complete the investigation and 5-day report. The initial report, 5-day follow-up and evidence of its submission will be maintained in a binder for review when needed. Monitor The ED will do random reviews monthly of reportable incidents to be sure that they have been submitted as required.	6/30/26

5/18/26

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S 460	Continued From page 6 Department of Health. During a surveyor interview with the Resident Care Director on 4/17/2026 at approximately 1:30 PM, she was unable to provide evidence the 5-day investigation reports were sent to the Department of Health, as required.	S 460		
S 950	Limited Health Services License Require 2.6.2(a/b) Specific Requirements 2.6.2 (a/b) Specific Requirements A. All limited health services provided by a licensed assisted living residence shall be ordered by the resident ' s physician, and provided by qualified licensed assisted living staff members. B. Assisted living residences licensed to provide limited health services may provide any or all of the following services: 1. Stage I and stage II pressure ulcer treatment and prevention; 2. Simple wound care including postoperative suture care/removal and stasis ulcer care; 3. Ostomy care including appliance changes for residents with established stomas; 4. Urinary catheter care. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined that the residence failed to obtain a physician's order prior to delivering	S 950	S 950 Corrective Action A physician order for Resident Id# 4 was obtained to indicate the residence was to provide SP tube care under the limited healthcare license. ID Residents A review of all residents receiving care under the limited healthcare license (LHS) was conducted to be sure that a physician's order was in place for the services being received under the LHS. Systematic changes At the initiation of a resident requiring services under the LHS license, the RCD or designee contact the physician to request an order to provide the service that is to be provided under the LHS license. Monitor The RCD or designee will do random reviews monthly, of residents whose care is being provided under the LHS license to be sure that a physician order is in place for the service.	6/30/26

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S 950	Continued From page 7 limited health services (LHS) for the singular resident reviewed relative to utilizing the residence's LHS, Resident ID #4. Findings are as follows: Record review revealed Resident ID #4 was admitted in January of 2025. Review of the resident's service plan, dated 4/13/2026, revealed s/he has an "SP tube" (suprapubic (SP) catheter is a tube that enters the urinary bladder through the wall of the abdomen). Interventions include: needs help with day bag and night bag change, ensure the bag is capped hanging in the shower not touching anything, and twist an alcohol wipe (in the wrapper) around the end of the tube to remain sterile. Record review of the "Tamarisk Senior Living Disclosure Statement" which is acknowledged by residents or their responsible party upon admission, states in part "...If a resident requires limited health services provided by Tamarisk there shall be an order by the resident's physician and the services will be provided by qualified licensed staff members of Tamarisk..." The record failed to reflect a physician's order for the residence to utilize the LHS license to administer care of the SP tube. During a surveyor interview with the Resident Care Director on 4/17/2026 at 12:15 PM, she could not provide evidence the above-mentioned resident had a physician's order that reflected the residence was to provide SP tube care utilizing their LHS license.	S 950		

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S 960	Continued From page 8	S 960		
S 960	Limited Health Services License Require 2.6.2.D Specific Requirements 2.6.2 (D) Specific Requirements D. When it is identified that a resident requires a limited health services as defined in § 2.6.2(B) of this Part, the residence must inform the resident in writing of his/her right to access a licensed home nursing care agency or hospice provider for the services needed. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined the residence failed to inform the resident in writing of his/her right to access a licensed home nursing care agency or hospice provider for the services needed, when it is identified that a resident requires a limited health service (LHS), for a singular resident reviewed relative to LHS, Resident ID #4. Findings are as follows: Record review revealed Resident ID #4 was admitted in January of 2025. Review of the resident's service plan, dated 4/13/2026, revealed s/he has an "SP tube" (suprapubic (SP) catheter is a tube that enters the urinary bladder through the wall of the abdomen). Record review of the residence's "Limited Health Services (LHS)" policy states in part, "...Residents requiring Limited Health Services will be informed in writing of his/her right to access a licensed home health agency or hospice agency for these	S 960	S 960 Corrective Action Resident ID #4 was informed in writing of his/her right to access a licensed nursing agency for the LHS needed. ID Residents A review of all residents receiving care under the limited healthcare license (LHS) was conducted to be sure that a written notification was provided of their right to access a licensed nursing care agency or hospice provider for the services needed. Systematic changes At the initiation of resident requiring services under the LHS license, the RCD or designee will provide the resident/responsible party with written notification of their right to access a licensed nursing care agency or hospice provider for the services needed. Monitor The RCD or designee will do random reviews monthly, of residents whose care is being provided under the LHS license to be sure that evidence of written notification of their right to access a licensed nursing care agency or hospice provider for the services needed.	6/30/26

5/18/26