STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01468	A. BUILDING: _____ B. WING _____	03/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ATRIA LINCOLN PLACE	612 GEORGE WASHINGTON HIGHWAY LINCOLN, RI 02865

(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 and a complaint/incident investigation survey (3DFX11, 03/12/2025) were conducted at this residence. A deficiency was identified relative to the State Licensure survey.	S 003	CONFIDENTIAL NOT PUBLIC KNOWLEDGE TIL 3/29/25 S003: Preparation, execution, and submission of this Plan of Correction does not constitute an admission of fault or liability on the part of Atria Lincoln Place nor agreement by Atria Lincoln Place as to the truth of the facts alleged or conclusions drawn in the Statement of Deficiencies or any specific statement of non-compliance. Atria Lincoln Place prepares and submits this Plan of Correction to comply with state laws and regulatory provisions.	
S 310	Residency Requirements 2.4.15.A Resident Records 2.4.15 (A) Resident Records A. Each residence shall, at a minimum, maintain the following information for each resident: 1. The resident's name; 2. The resident's last address; 3. The name of the person or agency referring the resident to the home; 4. The name, specialty (if any), telephone number, and emergency telephone number of each physician who is currently treating the resident; 5. The date the resident began residing in the home; 6. A list of medications taken by the resident, including dosage, and specific records of medication administration as required by the Department; a. In residences licensed at the M2 level, if a resident refuses to provide the information cited in § 2.4.15(A)(6) of this Part, this fact shall be documented in the resident's service agreement.	S 310		

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S 310	Continued From page 1 7. Written acknowledgments that the resident has signed and received copies of the rights as provided in R.I. Gen. Laws § 23-17.4-16; 8. Information about any specific health problems of the resident, which may be useful in a medical emergency, including diagnostic and/or therapeutic orders; 9. A record of personal property and funds which the resident has entrusted to the residence; 10. The name, address, and telephone number of a person identified by the resident who should be contacted in the event of an emergency or death of the resident and the name, address, and telephone number of the legal guardian; 11. Any other health-related emergency, or pertinent information which the resident requests the residence to keep on record; 12. A copy of the initial and periodic assessments described in § 2.4.16 of this Part; 13. A copy of the service plan and nurse review as described in § 2.4.16 of this Part; 14. A copy of the residency agreement as described in § 2.4.14(C) of this Part. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined the residence failed to include, at a minimum, information about any specific health problems of the resident, which may be	S 310	S310: Residency Requirements 2.4.15 (A) Resident Records	

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S 310	Continued From page 2 useful in a medical emergency, including diagnostic and/or therapeutic orders, for the singular resident reviewed receiving dialysis services, Resident ID #1. Findings are as follows: Record review revealed the resident moved into the residence in November of 2023 with a diagnosis including chronic kidney disease. During a surveyor interview on 3/13/2025 at 12:47 PM with the resident, he/she revealed that he/she receives dialysis. Record review failed to reveal outside agency service notes from the dialysis center. During a surveyor interview with the Resident Service Director on 3/13/2025 at approximately 3:00 PM, she could not provide evidence of dialysis communications and treatments for this resident.	S 310	S310: Continuity of Care Consultation and Referral Form to be completed by Provider(s) for scheduled assessments, evaluations or procedures done at another facility, and filed in the resident record.	5/31/2025