RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01487	A. BUILDING: _____ B. WING _____	C 03/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING VILLA MEMORY CARE	59 PLEASANT STREET WEST WARWICK, RI 02893

(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 102610, 102675, and 103105, was conducted at this residence on 3/3/2026 to determine compliance with state laws and regulations. Deficiencies were identified.	S 003	Received MAR 26 2026 Facilities Regulation • As of 4/30/26, Spring Villa will be a Smoke-free facility.	4/30/26 JR
S 295	Organization And Management 2.4.14.J Management Of Services 2.4.14 (J) Smoking Policy 1. If the residence permits smoking, it shall have a policy that includes the following: a. Location of designated smoking area(s) separate from the common area; b. Prohibition of smoking in any area other than the designated area(s); c. Adequate ventilation in smoking areas; d. Assessment (upon admission, quarterly, and when a significant change in function occurs) of all residents that smoke to ensure safe smoking capabilities. This Requirement is not met as evidenced by: Based on surveyor 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 smoking procedures. Additionally, the residence failed to follow the interventions on their smoking assessments and policies relative to smoking for 4 of 4 residents reviewed, Resident ID #s 1,2,3,	S 295	• Smoking policy was updated to reflect this change. (EXHIBIT "A") • Notification of Smoking policy change was sent to the residents families. (EXHIBIT "B"). • Residents were notified of the policy on Smoking Update. • Admission Agreement was updated reflecting this new Smoke-free policy. (EXHIBIT "C")	3/16/26 JR 3/16/26 JR 3/16/26 JR 3/18/26 JR

3/31/26

Facilities Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE Adm. (X6) DATE 3/26/26

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S 295	Continued From page 1 and 4. Findings are as follows: The Rhode Island Department of Health received a residence reported incident on 2/16/2026 alleging that a resident was smoking a cigarette and approached the nursing station, she/he requested help, because his/her coat was "smoking." 1. Record review of a document titled, "Spring Villa Memory Smoking Policy", last updated 6/10/2025, states in part the following: -smoking is only allowed on the outside deck located on the 2nd floor -no resident is allowed to store or carry on their person a cigarette -upon admission, quarterly and when significant changes occur, a smoking assessment will be conducted to ensure safe smoking capabilities During a surveyor interview on 3/3/2026 at approximately 1:30 PM with Resident ID #1 s/he revealed that s/he "thought" s/he had extinguished his/her cigarette before placing it in his/her coat pocket. During a surveyor interview on 3/3/2026 at approximately 11:00 AM with the Director of Nursing Services, she revealed that prior to the incident of the resident having a lit cigarette in their coat pocket, the residents smoked on the balcony, unsupervised. She indicated that smokers are required to go to the nursing station to obtain their smoking materials to ensure the resident does not have independent access. 2. Record review of the smoking assessments for	S 295	• Residents will be offered assistance with quitting smoking before 4/30/26. (Nicotine patch, nicotine gum, nicotine lozenges, etc) • Prior to 4/30/26, the cigarette schedule will be cut down to help with this transition to smoke-free. • Residents that currently smoke are now monitored by a CNA staff member. The CNA escorts the resident out to the smoking area. The CNA lights the cigarette and makes sure it is properly extinguished in the outdoor ashtray.	4/30/26 JF 3/16/26 JF

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S 295	Continued From page 2 Resident ID #s 1,2,3, and 4 states in part the following: - Would you like your cigarettes held at nurse' station voluntarily and given out as requested. Answer: "No" - Is resident safe to smoke at their own leisure without smoking management. Answer:" No" - If no, what is the plan that is decided between the Resident and the Residence. Answer: "Per SV (Spring Villa) protocol" The residence failed to follow their smoking assessment and policy, as it relates to residents smoking without smoking management and possession of smoking materials. Additionally, no was no plan in place if a resident chooses not to be compliant relative to residents being supervised while smoking. During a surveyor interview on 3/3/2026 at approximately 12:15 PM with the Director of Nursing Services, she was unable to provide evidence that residents were supervised while smoking. Additionally, she acknowledged that the smoking assessment was not followed related to residents smoking unsupervised and psosession of the smoking materials.	S 295 3/31/26	• If a resident refuses to follow the Smoke-free policy or except assistance with quitting, they will be given a 30-day notice to vacate.	4/30/26 JR
S 405	Residency Requirements 2.4.17.G.1. Resident Assessment/Service Plans 2.4.17 (G) (1) Service Plans 1. Within a reasonable time after move-in, not to exceed seven (7) days, the Administrator shall be	S 405		

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S 405	Continued From page 3 responsible for the development of a written service plan based on the initial assessment. The service plan shall include at least: a. The services and interventions needed, including all services provided by outside healthcare agencies (e.g., home nursing care, hospice); b. Description, frequency, duration relating to the service or intervention, including personal assistance, medication, special diets, recreational activities, and other similar services rendered; c. Party responsible for arranging and/or providing the service; and d. The resident ' s requested and/or therapeutically needed recreational and social activities. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined that the residence failed to accurately reflect the services and interventions needed on the service plan for 4 of 4 residents reviewed relative to smoking, Resident ID #s 1, 2,3, and 4; a singular resident reviewed for attending adult day care, Resident ID #2; and for two of two residents reviewed for behaviors, Resident ID #s 2 and 5 with behavioral concerns. Findings are as follows: 1. Record review of Resident ID #s 1,2, 3, and 4s' service plans failed to address the services and interventions that are needed for smoking.	S 405 3/31/26	• Residents Service plans Where immediately Updated and included in residents Chart. • "Resident Needs Form" Was updated to include "Smoking" and "PACE Program" (EXHIBIT "D") • The white board in the 2nd floor CNA Station lists all residents who are going to the PACE program daily. • PACE Program chart is also pinned up in the CNA Station listing PACE residents. (EXHIBIT "E")	3/3/26 JV 3/3/26 JV 3/3/26 JV 3/3/26 JV

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S 405	Continued From page 4 2. Record review of Resident ID # 2's service plan failed to address the services of an adult day care program two times weekly. 3. Record review of Resident ID #2 and #5's service plans failed to address multiple incidents of behavioral and physical disturbances to other residents. During a surveyor interview on 3/3/2026 at approximately 2:00 PM with the Director of Nursing Services, she acknowledged that the service plans did not address the smoking interventions for residents that smoke. Additionally, she acknowledged that the service plan did not address the utilization of an adult day program or the services and interventions for the residents that have multiple behavioral and physical disturbances.	S 405		