STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01460	A. BUILDING: _____ B. WING _____	C 02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVERGREEN ASSISTED LIVING	116 GREENE STREET WOONSOCKET, RI 02895

(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 numbers 99106 and 99317, was conducted at this residence on 2/5/2025 to determine compliance with state regulations. A deficiency was identified.	S 003		
S 535	Residential Care Services 2.4.22 Housekeeping 2.4.22 Housekeeping The residence shall maintain a comfortable, safe, clean, sanitary and orderly environment, free of litter, rubbish and offensive odors. This Requirement is not met as evidenced by: Based on surveyor observation, record review, and staff and resident interviews, it has been determined that the residence failed to maintain a comfortable, safe, clean, sanitary, and orderly environment, relative to one of six bathrooms observed and pest control services. Findings are as follows: A complaint received by the Rhode Island Department of Health on 1/9/2025 indicated the residents at this facility had concerns about the lack of housekeeping services being provided. A. Surveyor observation on 2/5/2025 at 9:30 AM, in the presence of the Administrator, of one of three bathrooms on the second floor revealed the following: Six detached/damaged floor tiles adjacent to the shower stall. This would present a safety/hazard risk to the thirteen residents on the second floor, who may use the shower in this full bathroom.	S 535	Evergreen assisted Living POC February 5, 2025 Addendum Received MAR 25 2025 Facilities Regulation 1. All full time / part time staff have certain Tasks to complete with Resident care services "Housekeeping". 2. All staff have designated rooms on their assignments For light housekeeping duties which include: A. Clean up any soiled areas in the room at that time. Resident's laundry and bedding is laundered by staff On a weekly schedule. B. All daily cleaning for staff includes all kitchen duties Rotating schedule was made to keep on task. C. Contractor, Arthur Lavoie was scheduled for 3/10/25 To replace the entire floor in the full bath on 2nd floor. Work was completed 3/18/2025, (see attached pictures) Quote was obtained and approved for 2nd floor hallway. Estimated start date 4/7/25. To be completed in 5-7 Business days depending on material availability. D. Room # 11 was deep cleaned after resident was discharged. Resident had a change in mental status and was accusing People/staff from stealing items from his room, interfering With room upkeep. E. Maintenance staff are on call 24/7 for emergencies, and Work orders are scheduled through a ticket system. F. EAL is contracted with "Don't Bug Me" for pest control which Comes every 3 months. Last visit 2/11/25 at which time more Mouse traps were set. Arrangement was made for pest Control to come monthly for Rodents until issue has been resolved. Every 3 months for bed bugs. (New contract included) 3. An additional Sunday was added to housekeeping services that Are already in place, M,W,F and Sunday. CCA is looking into adding mopping floors In the resident's bedrooms in the current contract. 4. Administrator will do daily and weekly walk through Of all areas Affected in this POC.	

Facilities Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Emmy James — TITLE: Administrator — (X6) DATE: 3/25/25

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EVERGREEN ASSISTED LIVING	116 GREENE STREET WOONSOCKET, RI 02895

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S 535	Continued From page 1 Due to this uneven surface area, there would be an increased risk to residents with impaired mobility and a surface area which promotes bacterial growth. B. Surveyor observation on 2/5/2025 at 9:45 AM, in the presence of the Administrator, of one of ten resident rooms on the second floor revealed the following: Observation of one of two resident beds/mattresses in room #11, found several mouse droppings on the mattress. The Administrator states this room is currently unoccupied, as the lone resident in this room was recently admitted to the hospital, with an uncertain return date to this facility. Further review of the January, 2025 staffing schedule failed to reveal any maintenance staff. During an interview on 2/5/2025 at approximately 2:15 PM, the Administrator indicated the facility was waiting for an approval for a contractor to repair/replace the floor tiles. Additionally, the Administrator stated the pest control contractor was unable to service this facility recently. Review of a pest control billing statement, dated 11/5/2024, indicated the last quarterly service was for bed bugs, did not include rodent control, and had occured on 10/1/2024. The Administrator was unable to provide any evidence of pest control services to this facility since 10/1/2024.	S 535		