RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01526	A. BUILDING: _____ B. WING _____	C 10/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALL AMERICAN ASSISTED LIVING	55 TOLL GATE FARM ROAD WARWICK, RI 02886

(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 101869, 101479, 102047, 102076, and 1012001, was conducted at this residence on 10/02/2025 to determine compliance with state regulations. A deficiency was identified.	S 003		
S 725	Practices and Procedures, Violations, Sa 2.4.32.A Variance Procedure 2.4.32 (A) Variance Procedure A. The Department may grant a variance either upon its own motion or upon request of the applicant from the provisions of any rule or regulation in a specific case if it finds that a literal enforcement of such provision will result in unnecessary hardship to the applicant and that such a variance will not be contrary to the public interest, public health and/or health and safety of residents. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined the residence failed to obtain a variance for a singular established resident receiving wound care services, ID #1. Findings are as follows: Per the Rules and Regulations for Licensing Assisted Living Residences the definition of a resident states in part, "...an established resident may receive daily skilled nursing care or therapy from a licensed health care provider for a condition that results from a temporary illness or injury for up to forty-five (45) days subject to an	S 725 10/31/25	S725 Variance Procedure Resident was not affected. Wound care was being provided by Adoration Home Care (prior Capital Home Care). [redacted] continues to recieve wound care. Any resident needing care from an outside home care agency will be ID at start of care by nurse(s) managing the daily office activities. The DON will enter agency name and resident (initals only) onto a tracking board located in the DON office. The start of care and due date will be noted on the board. DON will review information daily and update as needed. There are currently two RN in the Wellness Department. Due to a miscommunication, the variance was missed because each RN believed it was sent to the department. In order to prevent this from occuring in the future, the DON will be responsible for completing and managing all variances from this point forward. Expected completion date 10/21/25 Received OCT 21 2025 Facilities Regulation	

Facilities Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Elizabeth A. Lamantia — Executive Director — 10/21/25

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S 725	Continued From page 1 extension of additional days as approved by the Department, or if the resident is under the care of a Rhode Island licensed hospice agency provided the assisted living residence assumes responsibility for ensuring that the required care is received..." Record review revealed Resident ID #1 moved into the residence in July of 2024 with a diagnosis including, but not limited to, dementia. Record review of a progress note dated 6/23/2025 revealed the resident returned to the residence on 6/23/2025 from a skilled nursing facility with an order for skilled nursing wound care from an outside provider for necrosis (death of tissue and cells caused by a lack of blood supply) to the second toe on his/her right foot. Record review of an outside provider's wound care documentation revealed a start of care date of 7/3/2025. At the time of this survey, wound care services were still being performed for Resident ID #1. Record review failed to reveal a variance was submitted for approval to the Rhode Island Department of Health for the above-mentioned outside service for the resident until 9/29/2025, which is 59 days instead of 45 days, as required. During a surveyor interview on 10/2/2025 at 2:00 PM, the Director of Wellness acknowledged Resident ID #1 is still receiving skilled nursing wound care services provided by an outside agency since 7/3/2025. Additionally, she acknowledged the variance was not submitted for approval until 9/29/2025.	S 725		