STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01308	A. BUILDING: _____ B. WING _____	C 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOREST FARM ASSISTED LIVING	191 FOREST AVENUE MIDDLETOWN, RI 02842

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S 003	Initial Comments An unannounced complaint/incident investigation survey, ACTS reference numbers 101631, 100845, 102399, 101635, and 101833, was conducted at this residence on 11/7/2025 to determine compliance with state regulations. Deficiencies were identified as a result of this survey.	S 003	The filing of this Plan of Correction does not constitute that the deficiency alleged did in fact exist, rather this POC is filed as evidence of the facility's continuing commitment to high quality resident care in full compliance with state regulations.	
S 385	Residency Requirements 2.4.17.C Resident Assessment/Service Plans 2.4.17 (C) Resident Assessment and Service Plans C. The Department-approved assessment form, or such other assessment form as approved by the Department, shall be utilized in completing the assessment on each resident who is admitted to the residence. (Approved Department form is available for downloading online at http://health.ri.gov/forms/assessment/AssistedLivingResident.pdf). 1. Assisted living residences not intending to use the Department ' s assessment form shall submit their proposed assessment forms with a cover letter of intent to the Center for Health Facilities Regulation as specified in §2.4.6(A) of this Part. 2. All assessment forms shall report information appropriate to determine compatibility and compliance with the residency criteria, and shall indicate that the resident ' s needs can be met by the assisted living residence within its licensure level, and shall gather information appropriate for the development of an individualized service plan.	S 385	Received DEC 0 8 2025 Facilities Regulation	

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S 385	Continued From page 1 a. The assessment form shall be designed to demonstrate compliance with the assisted living residence ' s criteria for residency. b. The assessment form shall also be designed to demonstrate that the assisted living residence can meet the resident's needs and preferences. 3. The assessment form shall also be designed to provide information appropriate for the development of an individualized service plan in accordance with § 2.4.16(G)(1) of this Part. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined that the residence failed to ensure that annual comprehensive assessments were completed in their entirety, for 4 of 4 residents reviewed, Resident ID #s 1, 2, 3, and 4. Further, the residence failed to ensure that a resident's annual comprehensive assessment accurately reflected their smoking status, for the singular resident reviewed for smoking, Resident ID #2. Findings are as follows: Record review revealed the following components of the comprehensive assessments, listed under Section Six, titled, "Medication Administration," were not completed for Resident ID #s 1, 2, 3, and 4: - Total number of medications prescribed, including over the counter medications - List of all medications with dosage and frequency	S 385	Assessments were completed for all residents, however, if there was no change in components of the assessments, that component was not completed. Going forward all annual comprehensive assessments will be completed in their entirety regardless of change/no change. If the resident is a smoker, a separate smoking assessment will be completed quarterly. Audits will be conducted monthly X3 and quarterly X2 or until compliance has been met. The DNS or designee will report results at the quarterly QAPI meeting X4.	01/16/2025

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S 385	Continued From page 2 - Insulin dependence or glucose monitoring - Vaccination status including influenza and pneumovax - Tuberculin status 1) Record review revealed Resident ID #1 moved into the residence in September of 2019, with a diagnosis including ataxia (a neurological condition characterized by poor muscle control leading to difficulty with coordination, balance, speech or swallowing) following a stroke. Record review revealed an incomplete annual comprehensive assessment dated 1/8/2025. 2) Record review revealed Resident ID #2 initially moved into the residence in July of 2023, with a diagnosis including chronic obstructive pulmonary disease (COPD, a group of lung diseases that cause persistent airflow obstruction and breathlessness). Record review revealed an incomplete annual comprehensive assessment dated 1/24/2025. Further review of Resident ID #2's annual comprehensive assessment dated 1/24/2025, failed to reveal documentation of the resident's smoking status. 3) Record review revealed Resident ID #3 moved into the residence in February of 2024, with a diagnosis including diabetes mellitus type 2. Record review revealed an incomplete annual comprehensive assessment dated 1/22/2025. 4) Record review revealed Resident ID #4 initially moved into the residence in August of 2015, with a diagnosis including macular degeneration (an	S 385		

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S 385	Continued From page 3 eye condition that causes vision loss). Record review revealed an incomplete annual comprehensive assessment dated 1/28/2025. During a surveyor interview on 11/7/2025 at 1:44 PM, with the Executive Director and the Director of Wellness, they were unable to provide evidence that Resident ID #s 1, 2, 3, and 4s' annual comprehensive assessments were completed in their entirety. Further, they were unable to provide evidence that Resident ID #2's smoking status was reflected on his/her annual comprehensive assessment.	S 385		
S 400	Residency Requirements 2.4.17.F Resident Assessments/Service Plans 2.4.17 (F) Nurse Review 1. Nurse review is necessary for all levels of licensure. a. A registered nurse shall visit the residence at least once every thirty (30) days except as provided in § 2.4.16(F)(1)(b) of this Part and shall complete a review to include the following: (1) Monitor the medication regimen for all residents; (2) Review any new physician orders and evaluate the health status of all residents by identifying symptoms of illness and/or changes in mental/physical health status; (3) Evaluate the appropriateness of placement for each resident;	S 400		

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S 400	Continued From page 4 (4) Make any necessary recommendations to the administrator; (5) Follow up on previous recommendations; (6) Provide a signed, written report in the residence documenting: (AA) Date and time of assessment; (BB) Recommendations for follow-up; (CC) Progress on previous recommendations; (DD) Verification that the medication listed by the pharmacist on the mediset, blister pack or medication container is current with physician orders (M-1 level only); (EE) Physical assessment identifying symptoms of illness and/or changes in mental or physical health status and appropriateness of placement; (FF) Such reports shall be on file at the residence. (7) Complete the quarterly evaluation of the residence ' s registered medication aide(s) administration of medication. (Approved Department form is available for downloading online). b. In those residences that have one (1) or more licensed registered nurses (i.e., at	S 400		

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S 400	Continued From page 5 least one (1) full-time equivalent equal to thirty-five (35) hours) on-site, the nurse review shall be completed at least once every ninety (90) days. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined the residence failed to ensure that nurse reviews held the required components for 4 of 4 sample residents with nurse reviews, Resident ID #s 1, 2, 3, and 4 and for 1 of 4 residents reviewed with a late assessment, Resident ID #2. Findings are as follows: Record review of Resident ID #s 1, 2, 3, and 4s' "Nurse Review(s)" failed to reveal the following components: - Monitoring of the resident's medication regimen - Review of any new physician orders - Recommendations for follow up or progress on previous recommendations - Physical assessment identifying symptoms of illness and or changes in mental or physical health status - Verification that the medication listed by the pharmacist on the mediset, blister pack or medication container is current with physician orders 1. Record review revealed Resident ID #1 moved into the residence in September of 2019 with a diagnosis including ataxia (a neurological condition characterized by poor muscle control leading to difficulty with coordination, balance, speech or swallowing) following a stroke. Record review revealed a "Nurse Review" was	S 400	All 90-day assessments were completed for all residents, however, required components were missing from the form. A new 90-day/Change in condition assessment is in development to include all required components and in their entirety, regardless of change/no change. The 90-day assessment will include a nurse review of medication, physician orders, identifying symptoms of illness and/or changes in mental/physical health. Assessments will be completed in a timely manner. Audits will be conducted monthly X3, and quarterly X2 or until compliance has been met. The DNS or designee will report results at the quarterly QAPI meeting X4.	01/16/2025

12/8/25

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S 400	Continued From page 6 completed on 4/3/2025, 8/5/2025, and 11/7/2025. 2. Record review revealed Resident ID #2 initially moved into the residence in July of 2023 with a diagnosis including chronic obstructive pulmonary disease (COPD, a group of lung diseases that cause persistent airflow obstruction and breathlessness). Record review revealed a "Nurse Review" was completed on 4/24/2025 and 7/23/2025. Further review failed to reveal evidence that a "Nurse Review" was completed every 90 days for Resident ID #2. 3. Record review revealed Resident ID #3 moved into the residence in February of 2024 with a diagnosis including diabetes mellitus type 2. Record review revealed a "Nurse Review" was completed on 4/17/2025, 7/30/2025, and 10/22/2025. 4. Record review revealed Resident ID #4 initially moved into the residence in August of 2015 with a diagnosis including macular degeneration (an eye condition that causes vision loss). Record review revealed a "Nurse Review" was completed on 4/17/2025, 7/30/2025, and 10/22/2025. During a surveyor interview on 11/7/2025 at 1:44 PM, with the Executive Director and the Director of Wellness, they were unable to provide evidence that the "Nurse Reviews" were completed with all required components for Resident ID #s 1, 2, 3, and 4. Further, they were unable to provide evidence that Resident ID #2's	S 400		

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S 400	Continued From page 7 90-day "Nurse Review" was completed in October of 2025.	S 400		
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 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 document on the service plan the description of all services, parties responsible for arranging and/or providing the services, as well as interventions needed, for 4 of 4 sample residents	S 405		

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S 405	Continued From page 8 reviewed, Resident ID #s 1, 2, 3, and 4, including 2 of 4 reviewed for safety risks, Resident ID #s 1 and 2. Findings are as follows: Record review of Resident ID #s 1, 2, 3, and 4, failed to reveal the following components included in the most recent service plan: - The services and interventions needed, including all services provided - Description, frequency, and duration relating to the service or intervention - Party responsible for arranging and/or providing the service 1) Record review revealed Resident ID #1 moved into the residence in September of 2019 with a diagnosis including ataxia (a neurological condition characterized by poor muscle control leading to difficulty with coordination, balance, speech or swallowing) following a stroke. This resident was reviewed due to a successful elopement on 11/2/2025. Record review revealed the resident has had three successful elopements from the residence on 11/26/2019, 8/9/2022, and 11/2/2025. Record review revealed Resident ID #1's Service Plan was last updated on 10/6/2025. Further review failed to reveal the resident's elopements, including any interventions to prevent the resident from eloping again from the residence. 2) Record review revealed Resident ID #2 initially moved into the residence in July of 2023 with a diagnosis including chronic obstructive pulmonary disease (COPD, a group of lung diseases that	S 405	Service Plans were completed for all residents, however, required components were missing from the form. A new Service Plan is in development which will include all regulatory required components. The new service plan will include smoking status and elopements, along with any and all interventions put in place. Audits will be conducted monthly X3 and quarterly X2 or until compliance has been met. The Administrator or designee will report results at the quarterly QAPI meeting X4.	01/16/2025

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S 405	Continued From page 9 cause persistent airflow obstruction and breathlessness). This resident was reviewed for smoking. Record review revealed Resident ID #2's Service Plan was last updated on 9/22/2025. Further review failed to reveal the resident's smoking status, including any interventions to ensure the resident can smoke safely. 3) Record review revealed Resident ID #3 moved into the residence in February of 2024 with a diagnosis including diabetes mellitus type 2. Record review revealed Resident ID #3's Service Plan was last updated on 4/3/2025. 4) Record review revealed Resident ID #4 initially moved into the residence in August of 2015 with a diagnosis including macular degeneration (an eye condition that causes vision loss). Record review revealed Resident ID #4's Service Plan was last updated on 9/23/2025. During a surveyor interview on 11/7/2025 at 1:44 PM, with the Executive Director and the Director of Wellness, they were unable to provide evidence that Resident ID #s 1, 2, 3, and 4s' Service Plans were accurate and included all required components. Further, they were unable to provide evidence that Resident ID #1's Service Plan revealed that s/he had successfully eloped from the residence, including interventions to prevent further elopements, and were unable to provide evidence that Resident ID #2's Service Plan revealed s/he is a smoker, including interventions to ensure s/he can safely smoke.	S 405		