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 03/12/2026

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 A complaint investigation, ACTS references numbers 103032, 103027, and 103047, was conducted at this residence on 03/12/2026 to determine compliance with state laws and regulations. Deficiencies were identified.	S 003		
S 180	Organization And Management 2.4.13.C Administrative Management 2.4.13 (C)(1-5) Administrative Management C. Pursuant to R.I. Gen. Laws §§ 23-17.4-15.1.1 and 23-17.4-15.2, each assisted living residence shall have an administrator who is licensed by the Department in accordance with Regulations established pursuant to R.I. Gen. Laws § 23-17.4-21.1, in charge of the maintenance and operation of the residence and the services to the residents. The name and contact information for the current administrator shall be displayed in a conspicuous public area of the residence. The administrator is responsible for the safe and proper operation of the residence at all times by competent and appropriate employee(s) and shall be responsible for no less than the following: 1. The management and operation of the residence and services to the residents; 2. Compliance with federal, state, and local laws and Rules and Regulations pertaining to, but not limited to: the management and operation of assisted living residences, fire, safety, zoning, building codes, sanitation, food service, communicable and reportable diseases, Americans with Disabilities Act, employee health and safety, other relevant health and safety requirements, and these Regulations.	S 180	Received APR 07 2026 Facilities Regulation	

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

Emily Jones — Administrator — 4/7/26

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S 180	Continued From page 1 3. Staffing the residence with adequate and qualified personnel to attend to the food preparation, general housekeeping, assistance with personal care, medication administration, if applicable, and other such services; 4. Establishment of written policies and procedures governing the operation of the residence which are aimed, to the extent possible, at maintaining the independence of residents. Such policies shall include provisions to implement no less than the following: a. The appropriate provisions of § 2.4.18 of this Part and other applicable provisions pertaining to admission, transfer, discharge, visitation privileges, availability and utilization of community resources, leisure time and such other; b. Accountability of the residence when acting as a fiduciary agent for the resident pursuant to § 2.4.18 of this Part; c. Notification of next of kin or other responsible person designated by the resident in the event of illness, accident or death; and d. Such other provisions as may be deemed appropriate. 5. Compliance with all requirements appropriate to the service level for which the residence is licensed. This Requirement is not met as evidenced by: Based on record review and staff interview, it has	S 180		

RI Department of Health

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S 180	Continued From page 2 been determined the residence failed to comply with state and local laws and Rules and Regulations pertaining to, but not limited to: the management and operation of assisted living residences, fire safety, relevant health and safety requirements, and staffing requirements. Findings are as follows: According to R.I. Gen. Laws § 23-17.7.1-2 and the Rules and Regulations for the Licensing Nursing Service Agencies (216-RICR-40-10-10) a "'Nursing service agency' is defined as any person, firm, partnership, or corporation doing business within the state that supplies, on a temporary basis, registered nurses, licensed practical nurses, or nursing assistants to a hospital, nursing home, or other facility requiring the services of those persons, with the exception of hospitals, home nursing care providers, home care providers, and hospices licensed in this state. For all purposes a nursing service agency shall be considered an employer and those persons that it supplies on a temporary basis shall be considered employees and not independent contractors, and the nursing service agency shall be subject to all state and federal laws which govern employer-employee relations." According to R.I. Gen. Laws § 23-17.7.1-4 "No person shall establish, conduct, or maintain a nursing service agency in this state without a license issued pursuant to this chapter." According to 2.4.13B of these regulations, "Each licensee shall have responsible adult(s) who are employee(s) or who have a contractual relationship with the residence to provide the services required by these Regulations who is at least eighteen (18) years of age and	S 180 4/15/26 AD S 180	Evergreen assisted Living Corrective action plan March 12, 2026 1. All smoke detectors – non-wired checked For expiration dates. All expired where Replaced. Completed on 3/19/26 2. List was created (see attached) with all Room #'s And area's Where smoke detectors are located and exp. Dates. 3. Maintenance is adding the smoke detectors to their Monthly check list. 4. Administrator to keep list updated monthly.	

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S 180	Continued From page 3 1. Awake and on the premises at all times, 2. Designated in charge of the operation of the residence; and 3. Physically and mentally capable of communication with emergency personnel." A. The Rhode Island Department of Health received a facility reported incident on 2/4/2026 indicating a nursing assistant, Staff A, left her shift before her designated relief, Staff B, arrived, leaving the facility without a staff member onsite from 6:30 AM to 6:41 AM on 2/3/2026. Staff A and Staff B were employed by the same "agency." Record review of the residence's staff schedule for the month of February revealed that on 2/1/2026 through 2/9/2026 a nursing "agency" staff member was scheduled to work from this contracted provider. Record review revealed the "agency" does not hold a Rhode Island Nursing Service Agency license. During a surveyor interview on 3/12/2026 at approximately 1:30 PM with the Administrator, she acknowledged that staff from the nursing agency were scheduled to work at the residence, that the residence had a contract with this provider, and that she was not aware until 2/9/2026 that the agency was not licensed by the Rhode Department of Health. Additionally, she acknowledged that the residence did not have appropriate staffing on 2/3/2026, leaving the facility without a staff member for a period of time. B. The Rhode Department of Health received a reported incident of a fire alarm sounding on	S 180	S 180 CM 4/15/26 1. Nursing Agency Clipboard Health was Terminated immediately. All staffing Agencies will be chosen off the DOH RI Website that are licensed. 2. New staff have been hired to fill in The schedule. 3. Administrator and contract specialist Will work together to be in compliance. 4. Administrator will monitor if changes are Needed to be made.	

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S 180	Continued From page 4 2/4/2026 in a resident's room. During a surveyor interview on 3/12/2026 with the Administrator, she revealed that the smoke detector was faulty, and it was replaced. Record review of the manufacturer's guidelines for smoke detectors that are not hard wired to a local fire department revealed the following: -testing at least once a month -replace smoke alarms every ten years During a surveyor interview on 3/12/2026 at 1:45 PM with the Administrator, she was unable to provide evidence that the smoke detectors are checked routinely per manufacturer's guidelines. Additionally, the Plant Facility Manager was contacted, and he was unable to provide a record of when the smoke detectors were tested and replaced.	S 180		
S 390	Residency Requirements 2.4.17.D Resident Assessment/Service Plans 2.4.17 (D) Resident Assessments and Service Plans D. The assessment shall be reviewed and at intervals not to exceed twelve (12) months and each time a resident's condition changes significantly. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined that the residence failed to review the residents' comprehensive assessment at intervals not to exceed twelve (12) months and	S 390 S 390	1. Monthly assessments will be updated by Facility RN. Facility Rn was retrained on Annual updates and services provided. Document was created to keep on track. Located in RN book 2. All Residents that self-medicate have written Documentation from their prescriber for self-Administration. 3. Facilities License stand as a M1 F2 facility Which means facility handles central storage and Administration of medications. Facility has CAN/CMT 24/7. 4. All staff and Facility RN were re-educated on required Updates and policies and procedures. Administrator to Monitor areas and educate as needed.	

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S 390	Continued From page 5 each time a resident's condition changes significantly for two of two residents reviewed relative to accuracy of assessments, Resident ID #s 1 and 2. Findings are as follows: 1) Record review revealed Resident ID #1 moved into the residence in May of 2024 with a diagnosis that includes, but is not limited to, major depressive disorder. Record review revealed that the resident on 12/1/2025 had a fall while sitting on the porch. S/he was sent to the hospital and admitted with a diagnosis of orthostatic hypotension. S/he was transferred to a skilled nursing facility on 12/4/2025 and readmitted to the residence on 1/7/2026. Record review of the continuity of care dated 1/7/2026 from the skilled nursing facility revealed that s/he was receiving occupational and physical therapy for strengthening. Additionally, she was to receive skilled nursing services for medication management. Record review of the comprehensive assessment dated 4/17/2025 failed to be updated to reveal that the resident was hospitalized and not residing in the residence for greater than 30 days. Additionally, the comprehensive assessment failed to be updated to reflect that s/he was receiving skilled nursing services, occupational and physical therapy through 3/7/2026. Further review of the comprehensive failed to assess the resident with a change in his/her prescribed diet of a Regular diet with regular textured foods to a Controlled Carbohydrate diet	S 390		

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S 390	Continued From page 6 that was to be served in a ground from. 2. Record review revealed Resident ID #2 moved into residence in November of 2006 with a diagnosis that includes, but is not limited to, schizophrenia. Record review revealed that the comprehensive assessment in the record revealed a date of 11/14/2024. Additionally, the comprehensive assessment assessed the resident as being able to self-administer his/her own medications with supervision. During a surveyor interview on 3/12/2026 at approximately 2:30 PM with a medication aide, she revealed that the resident did not self-administer his/her own medications During a surveyor interview on 3/12/2026 at approximately 2:45 PM with the Administrator she was unable to provide evidence that the comprehensive assessments were done annually or with a change of condition, or that the assessments were reflective of the services being provided.	S 390	S 390 1. All service plans shall be updated Q 3 months By Administrator with any new services that are Needed. All Annual Appendix C will be updated yearly, Following hospitalization, and when new services are Ordered or resident experiences a significant medical change. 2. List was created with all dates and updates to Be completed. 3. All staff and RN were educated and retrained On rules and regulations for ALF pertaining to diets and Medication. Admin or RN coordinating D/c from higher LOC will confirm orders prior to accepting resident back to Residence. 4. Administrator will review regulations/changes monthly in Staff meetings or supervision.	