Received NOV 14 2025 Facilities Regulation

FORM APPROVED

l Department of Health

TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01479	A. BUILDING: _____ B. WING _____	C 10/17/2025

AME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OLDEN YEARS ASSISTED LIVING COMMUNI	118 HIGH STREET WESTERLY, RI 02891

(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 102245, was conducted at this residence on 10/17/2025 to determine compliance with state regulations. Deficiencies were identified.	S 003	Plan of Care Plan of Correction. 1. Resident found to be affected by deficient practice plan of care as follows. G4ALC will forward a coc to be provided to [redacted] Methadone Clinic to be reviewed and signed by personnel at the clinic. G4ALC will request the clinic to fax coc to G4ALC after each visit to [redacted] clinic is to report directly to G4LAC of any changes in medication regimen.	
S 375	Residency Requirements 2.4.16.F Resident Assessment/Service Plans 2.4.16 (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; (4) Make any necessary recommendations to the administrator; (5) Follow up on previous recommendations; (6) Provide a signed, written report in the residence documenting:	S 375 12/1/25	2. Other residents will have to be affected by the same plan of correction. All residents who resides at G4ALC will continue to provide COC each or every appointment. See Blank COC exhibit "A". Furthermore, if a resident returns to the building w/coc staff will call provide immediately to obtain office notes from visit. 3. Same as 1+2 4. Quality assurance meetings nursing documentation will be addressed continuity of care for our elders.	

ies Regulation

RATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

E FORM 6899 3NXR11 If continuation sheet 1 of 10

POC Required Redaction - Only areas that are not redacted are part of approved POC - 12/1/2025 Author - Program manager ALR

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GOLDEN YEARS ASSISTED LIVING COMMUNI	118 HIGH STREET WESTERLY, RI 02891 Methadone as Ordered by [redacted] from

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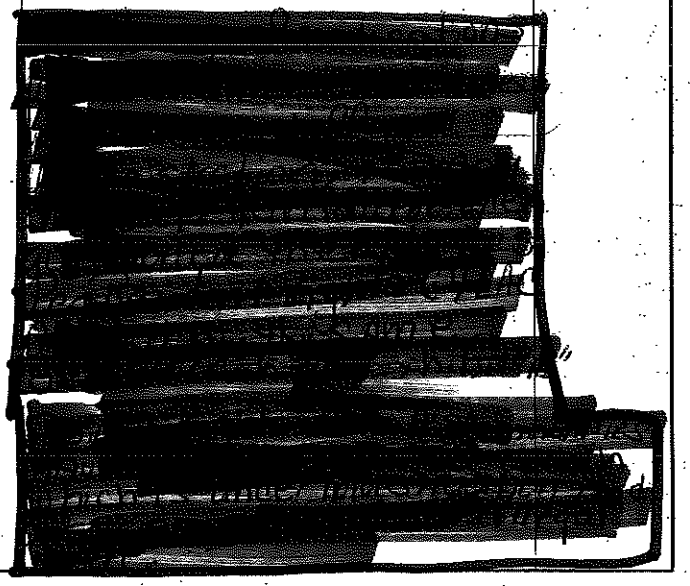
S 375	Continued From page 1 (AA) Date and time of assessment; (BB) Recommendations for follow-up; (CC) Progress on previous recommendations; (DD) Verification that the medication listed by the pharmacist on the mediset, blister pack or medication container is current with physician orders (M-1 level 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 or more licensed registered nurses (i.e., at least one 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 that the residence failed to monitor a resident's medication regimen for a	S 375	1. [redacted] and administered by clinic not by GYALC. GYALC has been following [redacted] going to/coming back from Clinic via [redacted] Scheduled x port Logout and sign in sheets. 2. If Methadone was being administered by GYALC RN/LPN documentation would have been completed to stay in compliance with DOH/ALF Rules and Regulations Quarterly assessments of Self-Administration of medication completed every 3 months for Competency and Self-administration See attach Exhibit "B" 	

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S 375	Continued From page 2 singular resident who is receiving Methadone (a Schedule II Controlled Substance, medication used to manage severe chronic pain or treat opioid use disorder), Resident ID #1. Findings are as follows: Review of a residence reported incident submitted to the Rhode Island Department of Health on 10/12/2025 revealed Resident ID #1 was observed with 14 bottles of Methadone in his/her room. Record review revealed Resident ID #1 moved into the residence in November of 2022 with a diagnosis including, but not limited to, chronic pain. Record review of a nurse review dated 7/16/2025, failed to reveal evidence the resident's Methadone regimen is being monitored to include the frequency of this medication administration and the frequency of the resident's clinic visit to ensure that the resident is receiving the required dosage of this medication daily. During a surveyor interview on 10/17/2025 at 8:56 AM with Licensed Practical Nurse, Staff A, she indicated that the resident is receiving Methadone at a clinic outside of the residence and was unaware that this medication regimen should include that it needs to be administered daily. Staff A indicated that the resident had been going to the Methadone clinic every two weeks prior to 10/11/2025 instead of daily. Staff A further acknowledged that she was unaware that the resident was bringing the medication with him/her to be self-administered at the residence. Additionally, she was unable to provide evidence the resident's nurse review included monitoring of	S 375	Upon admission to Golden Years resident's admission 11/23/2022 states that the methadone is for pain. See attached Exhibit "C" GYLAC followed Rules and Regs. regarding quarterly assessment of self-Administration of Medication (3) The 16th day of July 2025 was a Wednesday, the Methadone regimen was on the 30 day Nurse review just not in detail. See attached "C" GYALC monitored the frequency of Clinic visits via mthly pt's Pick-up and de Sign in/out sheets as not responsible. the required dosage of medication as it is administered/monitored by Clinic. See attached exhibit "B + C GYALC monitor the frequency of clinic visits via [redacted] transport pick up and sign and out sheets [redacted] would consistently inform Med Room staff on duty that [redacted] was for the clinic approximately 7:00am GYALC is not responsible for the administration of methadone QS order, as it is administered/ monitored by Dr [redacted] and Clinic nurses.	

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S 375	Continued From page 3 the resident's Methadone regimen, as required. During a surveyor interview on 10/17/2025 at approximately 10:40 AM with the Administrator, she was unable to provide evidence the resident's Methadone regimen was being monitored, as required by the nurse, when the nurse reviews were completed.	S 375		
S 430	Residency Requirements 2.4.17.G Reporting Requirements 2.4.17 (G) Reporting Requirements G. The residence shall maintain evidence that all reportable incidents have been thoroughly investigated and that actions have been taken to prevent further incidents while the investigation is in progress. Appropriate corrective action shall be taken, as necessary. The results of said investigation shall be reported to the Department, within five (5) business days, on forms supplied by the Department. This Requirement is not met as evidenced by: Based on record review, and resident and staff interview, it has been determined the residence failed to maintain evidence that all reportable incidents had been thoroughly investigated related to medication storage for a singular resident reviewed, ID #1. Findings are as follows: Review of a residence reported incident submitted to the Rhode Island Department of Health on 10/12/2025 revealed Resident ID #1	S 430		

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S 430	Continued From page 4 was observed with 14 bottles of Methadone (a Schedule II Controlled Substance, medication used to manage severe chronic pain or treat opioid use disorder) stored in his/her room. Record review revealed Resident ID #1 moved into the residence in November of 2022 with a diagnosis including, but not limited to, chronic pain. During a surveyor interview on 10/17/2025 at 9:25 AM with the resident, s/he acknowledged that s/he had 14 bottles of Methadone in his/her room when it was discovered by the residence's staff on 10/11/2025. The resident acknowledged that s/he self-administered this medication daily. Record review failed to reveal evidence the residence had obtained a physician's order for the resident to self-administer this medication. Additionally, the residence's records failed to reveal evidence the residence thoroughly investigated this reportable incident, as required. During a surveyor interview on 10/17/2025 at approximately 11:00 AM with the Administrator, she was unable to provide evidence the residence had thoroughly investigated this incident, as required.	S 430	See attached exhibit "D" clinic had [redacted] order to self-Administer. the clinic didn't advise resident that [redacted] enayd of told the Nursing staff that [redacted] had the Methadone in the buiding. IP [redacted] wanted to, the option was'n't conveyed to [redacted] by the clinic. on 10/11/25 the administrator did speak with the surveyor, I explained to the surveyor that accordingly to Resident Rights I was in violation of HIPAA regarding the resident and [redacted] treatment plan. see attache Exhibit "E" with regards to violation HIPAA [redacted] chose not to inform GHALC Nursing Administration [redacted] should have needed to sign a [redacted] clinic on a consent form from [redacted] clinic to Release medical documentation to GHALC - Never Provided	
S 565	Residential Care Services 2.4.24.B.1 Medication Services 2.4.24 (B) (1) Administration of Medications 1. Residences licensed at the M1 level may administer medications to residents including, but not limited to, removing medication containers from storage, assisting with the removal of a	S 565		

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S 565	Continued From page 5 medication from a container for residents with disability which prevents independence in this act, and/or administering the medication directly to the resident. a. The resident or guardian must provide written authorization for the residence to provide administration of medications. b. Medications shall be administered in accordance with written orders of a physician. The residence must provide in writing, a description of services provided by the residence to each physician, including limitations on service. c. All medications must be checked against a physician's orders by a licensed nurse, or pharmacist. d. The resident must be identified prior to administration of any medication. e. The medication must be in the original pharmacy-dispensed container with proper label and directions attached and be administered in accordance with such label. f. Injectable medications, including but not limited to insulin, which cannot be self-administered by the resident, must be administered by a licensed nurse. g. There shall be written a policy/procedure for the disposal of hypodermic needles, syringes and other such instruments that is in compliance with rules and regulations governing Hypodermic Needles, Syringes & Other Such Instruments (Part 20-15-6 of this Title).	S 565		

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S 565	Continued From page 6 (1) The legal destruction of hypodermic needles, syringes or other such instruments is the responsibility of the last entitled or authorized possessor. (AA) All personnel or residents legally authorized to use disposal syringes and needles, shall destroy them after one (1) use. (BB) Excess and undesired needles, syringes and other such instruments shall be stored in impervious, rigid, puncture- resistant container for disposal. Intact needles shall be placed directly into the collection containers. (CC) Personnel handling disposal waste materials such as needles, syringes, and other such instruments may treat and destroy such waste by a DEM-approved alternative treatment/destruction technology or prepare the regulated medical waste for off-site transport by a DEM-permitted medical waste transporter. h. Individual medication records must be retained for each resident to whom medications are being administered and each dose administered to the resident must be properly recorded. i. Any medication administered by the residence and refused by a resident shall be documented and reported, as appropriate. j. Medications shall be stored securely and in such a manner to prevent spoilage, dosage errors, administration errors, and/or inappropriate access. Provisions for safe storage may include lockable containers, secure spaces, or lockable units, as appropriate to the residence and the	S 565		

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S 565	Continued From page 7 resident population. k. All medication in the residence, regardless of whether controlled by employees or by the resident, shall be stored securely as stated in § 2.4.24(A)(3)(a)(8) of this Part. l. All centrally stored medications shall be maintained in accordance with manufacturer's labeling and administered by authorized personnel. This Requirement is not met as evidenced by: Based on surveyor observation, and resident and staff interviews, it has been determined the residence failed to ensure that medications shall be stored securely and in such a manner to prevent spoilage, dosage errors, administration errors, and/or inappropriate access for a singular resident, ID #1. Findings are as follows: Review of a residence reported incident submitted to the Rhode Island Department of Health on 10/12/2025 revealed Resident ID #1 was observed with 14 bottles of Methadone (a Schedule II Controlled Substance, medication used to manage severe chronic pain or treat opioid use disorder) in his/her room. Record review revealed Resident ID #1 moved into the residence in November of 2022 with a diagnosis including, but not limited to, chronic pain.	S 565	G4ALC has self administration polices in place regarding self administration of medication and proper storage with a lock box and key. However, [redacted] about situation and admitted [redacted] G4ALC management [redacted] G4ALC nursing and administration staff [redacted] bringing methadone dosing from clinic into G4ALC.	

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S 565	Continued From page 8 Record review of a comprehensive assessment dated 11/23/2022 revealed the resident was admitted to the residence to assist with lodging, meals, and medication administration. Additional review of this assessment revealed the resident goes to a Methadone clinic every other week for medication administration. Record review failed to reveal evidence the residence was aware Resident ID #1 had in his/her possession the above-mentioned medication and failed to ensure this medication was being stored in a secured location. Additional record review failed to reveal evidence a physician's order was obtained for the resident to self-administer his/her medications, as required. During a surveyor interview on 10/17/2025 at 8:56 AM with Licensed Practical Nurse, Staff A, she indicated that the resident is receiving Methadone at a clinic outside of the residence, and was not aware that this medication is required to be administered daily. Staff A indicated that the resident had been going to the Methadone clinic every two weeks prior to 10/11/2025 and was not aware that the resident was bringing back the medication with him/her to be self-administered at the residence. Additionally, she acknowledged that the resident did not have an order to self-administer the Methadone. During a surveyor interview on 10/17/2025 at 9:25 AM with the resident, s/he acknowledged that s/he had 14 bottles of Methadone in his/her room when it was discovered by the residence's staff on 10/11/2025. The resident acknowledged that s/he self-administered this medication daily. During a surveyor interview on 10/17/2025 at 10:22 AM with a staff at the Methadone clinic,	S 565	See attached Exhibit "F" Assisted Living Resident Assessment Initial Assessment does not reveal that resident was reporting for dosing every other week. [redacted] was reporting to clinic everyday with scheduled rides and confirmed with [redacted] upon admission and confirmed with [redacted] GYALC always ensures that medication is being stored in a secured location See attached exhibit " " see medication policy If GYALC was not provided knowledge by [redacted] MD@Clinic nurses and [redacted] how is GYALC able to enforce the same No knowledge or Orders provided by prescribing MD and clinic staff for home dosing.	

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S 565	Continued From page 9 Staff B, she acknowledged that the resident had the Methadone provided to him/her to self-administer daily at the residence since November 2023. Additionally, Staff B acknowledged that the resident has a physician's order with the Methadone clinic, to administer the Methadone daily and a 14-day supply is given to the resident during his/her biweekly appointments to bring back with him/her to the residence. During a surveyor interview on 10/17/2025 at 10:35 AM with the Administrator, she acknowledged the staff had found 14 bottles of Methadone in the resident's room on 10/11/2025. The Administrator indicated that she was unaware the resident had this medication in his/her possession and had been self-administering it. The Administrator was unable to provide evidence the resident's medication was being store securely, as required.	S 565	[redacted] failure by prescribing MD and Nursing Staff. Failure to provide documentation and Orders regarding resident being cleared For 2 week administration at G4ALC. [redacted] failed to inform nursing and administration of the same. Per documentation this conversation didn't occur with the administrator [redacted]. However this conversation was with another employer of G4ALC. Furthermore upon investigation it was noted [redacted] did have medication stored [redacted] See attached exhibit "G"	