

RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR01515	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/14/2025
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NAME OF PROVIDER OR SUPPLIER HALCYON AT WEST BAY LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2783 WEST SHORE ROAD WARWICK, RI 02889
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S 003	Initial Comments An unannounced complaint/incident investigation survey, ACTS reference number 101698, was conducted at this residence on 08/14/2025 to determine compliance with state regulations. Deficiencies were identified.	S 003	Received SEP 04 2025 Facilities Regulation	
S 390	Residency Requirements 2.4.16.G.3 Resident Assessment/Service Plan 2.4.16 (G)(3) Service Plans 3. The service plan shall be reviewed by both parties at intervals not to exceed twelve (12) months and each time a resident's condition changes significantly and all changes shall be acknowledged in writing by both parties. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined the residence failed to document a description of the services and interventions needed, including all services provided by outside healthcare agencies, on the service plan for one of three residents receiving physical therapy, Resident ID #2. Findings are as follows: Record review revealed Resident ID #2 moved into the residence in August of 2024 with diagnoses including, but not limited to, Alzheimer's disease and age-related osteoporosis. Record review of progress notes revealed the resident had an unwitnessed fall on 6/15/2025 and physical therapy was ordered on 6/17/2025 for gait instability.	S 390	In response to tag S390, Residency Requirements 2.4.16.G.3 Resident Assessment/Service Plan: A comprehensive census of all residents receiving in-house therapy services was conducted, and a full audit of each resident's chart was completed to verify that therapy services were accurately reflected in their individualized service plans. A centralized binder was created to house "Visit Summary Sheets" completed by visiting service providers. An additional audit was conducted to ensure that all residents receiving outside services, including physical, occupational and speech therapy, had those services appropriately documented in their service plans. All residents receiving therapy services will be subject to ongoing monitoring. As new residents are initiated on therapy services or as progress notes are received, weekly audits will be conducted to ensure that all therapy services are promptly and accurately reflected in the resident's service plan. Documentation of these audits will be maintained to ensure continued compliance and consistency across all resident records. Results of the audits will be reviewed by the administrative team to ensure ongoing compliance and to address any identified gaps promptly.	

Facilities Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6896

JVQ611

If continuation sheet 1 of 8

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S 390	Continued From page 1 Record review of the service plan, dated 8/29/2024, failed to identify physical therapy for mobility and gait instability was being provided to the resident by an outside agency beginning 6/17/2025. During a surveyor interview on 8/14/2025 at 2:15 PM with the Director of Wellness, she acknowledged that the service plan did not reflect the resident was receiving physical therapy, as required.	S 390		
S 450	Licensure Requirements 2.4.18 Rights of Residents 2.4.18 Rights of Residents A. Every assisted living residence for adults licensed pursuant to these regulations shall observe the standards stated in R.I. Gen. Laws § 23-17.4-16, "Rights of Residents" and such other appropriate standards as may be prescribed in rules and regulations promulgated by the Department with respect to each resident of the residence. B. For purposes of the following standards stated in §§ 2.4.18(B)(1) through (7) of this Part the term "resident" shall also mean the resident's agent as designated in writing or legal guardian. 1. Upon request have access to all records pertaining to the resident, including clinical records, within the next business day or immediately in emergency situations; 2. Upon admission and during the resident's stay be fully informed in a language the resident	S 450	In response to tag S450, Licensure Requirements 2.4.18 Rights of Residents: An order was entered into the resident's EMAR directing staff to follow up with family every eight weeks regarding podiatry care. Family will be asked whether they prefer to wait for the next scheduled in-house podiatry clinic (date provided) or arrange for the resident to be seen by an outside provider, as permitted by insurance, at approximately nine weeks. Documentation of these discussions is required in the resident's chart under progress notes. A daily checklist has been implemented for aides to complete during morning and evening care to assess whether residents' toenails are appropriate or require attention. This will be consistently reviewed by nursing and the nurses will follow up with families accordingly. Documentation of all family communications will be maintained in residents' charts. To ensure accountability, the staff who is completing the checklist will be required to initial and sign daily entries, Director of Health and Wellness will collect completed checklists weekly and conduct audits to confirm compliance.	

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S 450	Continued From page 2 understands, of all resident rights and rules governing resident conduct and responsibilities; a. Each resident shall receive a copy of their rights. b. Each resident shall acknowledge receipt in writing; and c. Each resident shall be informed promptly of any changes. 3. Be informed in writing, prior to, or at the time of admission or at the signing of a residential contract or agreement of: a. The scope of the services available through the residence's service program, including health services, and of all related fees and charges, including charges not covered either under federal and/or state programs by other third party payers or by the residence's basic rate; b. The residence's policies regarding overdue payment including notice provisions and a schedule for late fee charges; c. The residence's policy regarding acceptance of state and federal government reimbursement for care in the residence both at time of admission and during the course of residency if the resident depletes his or her own private resources; d. The residence's criteria for occupancy and termination of residency agreements; e. The residence's capacity to serve residents with physical and cognitive impairments;	S 450 <i>(Handwritten: 1/23 9/15/25)</i>	Both of these plans have been started and been put into effect, as of 8/20/25.	

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S 450	Continued From page 3 f. Support any health services that the residence includes in its service package or will make appropriate arrangements to provide these services; 4. Upon provision of at least thirty (30) days notice, if a resident chooses to leave a residence, the resident shall be refunded any advanced payment made provided that the resident is current in all payments; 5. The residence can discharge a resident only for the following reasons and within the following guidelines: a. Except in life-threatening emergencies and for nonpayment of fees and costs, the residence gives thirty (30) days' advance written notice of termination of residency agreement with a statement containing the reason, the effective date of termination, the resident's right to an appeal under state law, and the name/address of the State Ombudsperson's office; b. If resident does not meet the requirements for residency criteria stated in the residency agreement or requirements of state or local laws or regulations; c. If resident is a danger to self or the welfare of others; and the residence has attempted to make a reasonable accommodation without success to address resident behavior in ways that would make termination of residency agreement or change unnecessary; which would be documented in the resident's records; d. For failure to pay all fees and costs stated in	S 450		

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S 450	Continued From page 4 the contract, resulting in bills more than thirty (30) days outstanding. A resident who has been given notice to vacate for nonpayment of rent has the right to retain possession of the premises, up to any time prior to eviction from the premises, by tendering to the provider the entire amount of fees for services, rent, interest, and costs then due. The provider may impose reasonable late fees for overdue payment; provided that the resident has received due notice of such charges in accordance with the residence's policies. Chronic and repeated failure to pay rent is a violation of the lease covenant. However the residence must make reasonable efforts to accommodate temporary financial hardship and provide information on government or private subsidies available that may be available to help with costs; and e. The residence makes a good faith effort to counsel the resident if the resident shows indications of no longer meeting residence criteria or if service with a termination notice is anticipated; 6. To be able to share a room or unit with a spouse or other consenting resident of the residence in accordance with terms of the resident contract; 7. To live in a safe and clean environment. C. In addition to the standards stated in R.I. Gen. Laws § 23-17.4-16, residents are entitled to the following: 1. Receive dental services from a dentist of his/her choice;	S 450			

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S 450	Continued From page 5 2. Each resident shall be given, in writing, the names, addresses, and telephone numbers of: the Department; the Medicaid Fraud and Patient Abuse Unit of the Department of Attorney General; the State Ombudsperson; and local police offices. D. The residence must: 1. Implement written policies and procedures to ensure that all residence employees are aware of and protect the resident's rights contained in these regulations; 2. Have prominently displayed a posting of the most recent state licensing survey of the assisted living residence; and 3. Provide each resident or his or her representative upon admission, a copy of the provisions of § 2.4.18 of this Part and shall display in a conspicuous place on the premises a copy of the "Rights 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 ensure that residents' rights were adhered to relative to one of three residents reviewed for activities of daily living (ADLs), Resident ID #1. Findings are as follows: According to the Rhode Island (RI) General Law § 23-17.4-16 "Rights of Residents", which states in part, "... (a) Every assisted living residence for adults licensed under this chapter shall observe the following standards and any other appropriate standards as may be prescribed in rules and regulations promulgated by the licensing agency	S 450		

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S 450	Continued From page 6 with respect to each resident of the residence: (1) Residents are entitled to all rights recognized by state and federal law with respect to discrimination, service decisions (including the right to refuse services), freedom from abuse and neglect, privacy, association, and other areas of fundamental rights including the right to freedom of religious practice. Some of these basic rights include ... (xx) To have the resident's responsible person and physician notified when there is: (A) An accident involving the resident that results in injury and required physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status or treatment ..." Record review of a residence policy titled "ADL Care of Dementia Unit Residents", which states in part, "...it is the policy of this facility to provide ADL care to residents on the dementia unit to ensure all ADL needs are met on a daily basis...the resident and or family representative will be included in setting goals of care related to ADL/Physical functioning..." Record review of a policy titled, "Abuse, Neglect and Exploitation", revised on 4/9/2025, states in part, "...Neglect means failure of the facility...to provide goods and services to a resident that are necessary to avoid physical harm, pain..." The Department received a community reported complaint on 7/23/2025 alleging a resident was observed to have signs of neglect, as evidenced by his/her toenails that were severely overgrown and wrapped around his/her toes. Record review revealed ID #1 was admitted to the residence in June of 2025 with a diagnosis that includes, but is not limited to, mild cognitive impairment. Additional record review revealed the	S 450		

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S 450	Continued From page 7 resident was admitted to the special care unit due to his/her cognitive impairments and has a resident representative. Record review of a service plan, initiated on 7/10/2025, states in part "...reluctant to accept care...if you meet resistance with ADLs stop; ensure safety and resume/reapproach at a later time..." Record review of progress notes and communication failed to provide evidence that the resident's responsible party was notified that he/she was refusing care. During a surveyor interview on 8/14/2025 at approximately 11:00 AM with the Executive Director, she indicated that the resident had not received podiatry services until it was brought to the residence's attention by an outside agency that the resident's toenails had grown to an excessive length and required the services of a podiatrist. Additionally, she was unable to provide evidence the family was notified of refusals of care by the resident.	S 450			