RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01479	A. BUILDING: _____ B. WING _____	11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN 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 A licensure survey was conducted at this facility on 11/06/2025 through 11/07/2025. 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. 3. Staffing the residence with adequate and qualified personnel to attend to the food	S 180	Received JAN 21 2026 Facilities Regulation 1/27/26	

Facilities Regulation

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

Nicole M Adams, RN / Administrator | Jan 19th, 2026

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S 180	Continued From page 1 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 been determined that the administrator failed to staff the residence with qualified staff to	S 180	Plan of Correction • Verification of all licenses and/or pending licenses will be verified on DOH Website and a copy will be placed in Personnel file • Personnel files of Nurse's and CNA's will be audited monthly for licensure renewal dates and employee will be provided written Notification from administration when there professional license is due for renewal. • QA → Monthly review of personnel files and fulfillment of Required Criteria (CEU's) for licensure compliance. • (Attached Exhibit A) [redacted] AB 1/27/26	

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S 180	Continued From page 2 administer medications for one of two staff reviewed that administers medications, Staff A. Findings are as follows: According to Appendix (B) of the "Rules and Regulations Pertaining to Rhode Island Certificates of Registration for Nursing Assistants, Medication Aides and the approval of Nursing Assistant and Medication Aide Training Programs" which states in part, "General Requirements: 2.14 Medication Aides...No person may serve as a medication aide without holding a valid medication aide license issued by the Department..." Record review of a document titled "Employee Manual Policies and Procedures" states in part, "...Personnel Files: Personnel records are maintained in the office. Personnel information maintained includes...Verification of current licenses..." Record review revealed Staff A's hire date was 9/13/2025. Additional record review of an employment application dated 10/18/2025 revealed she was hired as a medication aide. Record review of the staffing schedule revealed Staff A worked as a medication aide on the following dates and for the following hours: - 9/15/2025-9/21/2025: 12.5 hours (hrs.) - 9/22/2025-9/28/2025: 13.5 hrs. - 9/29/2025-10/5/2025: 13.5 hrs.	S 180

Redacted

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S 180	Continued From page 3 - 10/6/2025-10/12/2025: 13.5 hrs. - 10/13/2025-10/19/2025: 13.5 hrs. - 10/2025-10/26/2025: 13.5 hrs. - 11/3/2025-11/9/2025: 12.5 hrs. Record review of Staff A's personnel file failed to reveal evidence the residence had a verification of a current medication aide license in the record, as per the residence's policy. Additional review of the Rhode Island Department of Health License Verification page, failed to reveal evidence Staff A had a license to administer medications, as required. During a surveyor interview on 11/7/2025 at 10:36 AM with the owner, she acknowledged Staff A was hired as a medication aide and has been administering medications to the residents. Additionally, she was unable to provide evidence Staff A is licensed to administer medications as she had been performing at residence.	S 180		
S 200	Organization And Management 2.4.13.G.1 Administrative Management 2.4.13 (G) (1) Employee Training 1. The administrator shall ensure that all new employees shall receive at least two (2) hours of orientation and training within ten (10) days of hire and prior to beginning work alone in the assisted living residence, in addition to any training that may be required for a specific job classification at the residence. Such areas include:	S 200		

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S 200	Continued From page 4 a. Fire prevention; b. Recognition and reporting of abuse, neglect, and mistreatment; c. Assisted living philosophy (goals/values: dignity, independence, autonomy, choice); d. Resident's rights; e. Confidentiality; f. Emergency preparedness and procedures; g. Medical emergency procedures; h. Infection control policies and procedures; and i. Resident elopement. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined the residence failed to ensure all new employees received at least two hours of orientation and training within ten days of hire and prior to beginning work alone in the residence, in the areas specific to job classification and stipulated in §2.4.13(G)(1) of the regulations for two of three new employees reviewed, Staff B and Staff C. Findings are as follows: 1. Record review revealed Staff B was hired on 9/4/2025. This employee was hired as a Nursing Assistant.	S 200	Plan of Correction: New Hires Training will be Verified and Reviewed by Administrator #1 and Administrator #2 for Required Mandatory Orientation Inservice Trainings for First (10) days of hire, along with Mandatory (30) day Inservices A Tracking Sheet has been Created to ensure proper Compliance. (Attached Exhibit E) Signed Letters by new hires that they indeed received Required Training within First (10) days of hire. Document was Not dated / Signed on Tracking Sheet. Training Procedures Completed per Rules & Regulations (a2) 1/21/26	

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S 200	Continued From page 5 2. Record review revealed Staff C was hired on 10/23/2025. This employee was hired as a Certified Medication Technician. Record review of the personnel records for the above-mentioned staff failed to reveal evidence the staff received at least two hours of orientation and training within ten days of hire and prior to beginning working alone in the residences as stipulated in the regulations which include the following: - Fire and Emergency procedures - Recognition and reporting of abuse, neglect, and mistreatment - Assisted Living Philosophy - Confidentiality - Medical emergency procedures - Infection control - Resident elopement During a surveyor interview on 11/7/2025 at 12:30 PM with the owner, she was unable to provide evidence Staff B and Staff C has received the required training, as per the regulations.	S 200		
S 560	Residential Care Services 2.4.23.C Dietetic Services 2.4.23 (C) Dietetic Services C. The food service in each residence shall comply with the appropriate requirements of R.I. Gen. Laws Chapters 21-27 and 21-31, Part 50-10-1 of this Title, Rhode Island Food Code, and such other applicable statutory or regulatory provisions.	S 560		

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S 560	Continued From page 6 This Requirement is not met as evidenced by: Based on surveyor observation and staff interviews, it has been determined that the residence failed to comply with the appropriate requirements of the Rhode Island Food Code related to the main kitchen. Findings are as follows: Record review of the 2022 Food Code published by the U.S. Food and Drug Administration Section 4-702.11 states in part, "...Utensils and Food-Contact Surfaces of Equipment shall be SANITIZED before use after cleaning..." During additional surveyor observations on 11/7/2025 at approximately 12:30 PM, of the lunch meal service in the main kitchen/dining room, in the presence of Staff D, he was observed using his gloved hand, which was holding a crumpled piece of cellophane, to wipe off the thermometer between lunch item temperature checks. He then put the same thermometer into a prepared container of pickled beets to check it's temperature before being stopped by the surveyor. During a surveyor interview with Staff D immediately following the above-mentioned observations, he acknowledged that he did not sanitize the thermometer prior to inserting it into ready to serve meals as observed and he indicated that his practice was to sanitize the thermometer only when he was done using it. During a surveyor interview on 11/7/2025 at approximately 1:10 PM with the Food Service Director (FSD), she was unable to provide evidence that Staff D was working in compliance	S 560	An adequate Supply of disinfectant wipes, Agents Will be Supplied to dietary department for proper infection control and food Sanitation during Servicing of meals. Inventory document Created for dietary department for reordering of Supplies (Attached Exhibit D)	

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S 560	Continued From page 7 with the Food Code. During an additional surveyor interview on 11/7/2025 at 1:15 PM with the owner, she was unable to provide evidence that the staff followed all requirements as indicated in the Food Code related to the main kitchen and all food services in the residence.	S 560		
S 640	Residential Care Services 2.4.26.B.1 Medication Services 2.4.26 (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 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.	S 640		

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S 640	Continued From page 8 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 Part 20-15-6 of this Title, Hypodermic Needles, Syringes, and Other Such Instruments. (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.	S 640		

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S 640	Continued From page 9	S 640		

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 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 § 2.4.25(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 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 one of two medication carts observed.

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S 640	Continued From page 10 Findings are as follows: A surveyor observation on 11/6/2025 at 9:13 AM of the medication technician medication cart in the presence of a Certified Medication Technician, Staff C, revealed the following: - A Lantus Solostar 100 milliliter/unit insulin pen (a medication used to treat diabetes), opened and not dated. Manufacturer instructions indicate to discard the insulin pen 28 days after opening. - A Trelegy Elipta 200 microgram (mcg)/62.5 mcg/25 mcg inhaler (a medication used to treat asthma and other respiratory conditions), opened and not dated. Manufacturer instructions indicate to discard 6 weeks after opening. During a surveyor interview with Staff C immediately following the above-mentioned observation, she acknowledged the insulin pen, and inhaler were opened and not dated, as required. During a surveyor interview on 11/6/2025 at 11:10 AM with the owner, she was unable to provide evidence the above-mentioned medications were stored appropriately, as required.	S 640	Plan of Correction All Stored Oral, Eye drops, Inhalers, Insulin will be Reviewed daily for proper Storage and labeled and dated properly. Medication Cart Audit Document (Attached Exhibit F) Owner and RN of Golden Years Corrected deficiency on site. Insulin Pen Lantus and Inhaler Trelegy Elipta were dated properly as they were received by pharmacy on the evening of Wednesday, November 6th, 2025. Hence dated Insulin/Inhaler for November 6th, 2025.	