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 _____	05/08/2026

Received
MAY 26 2026

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 complaint investigation, ACTS reference numbers 103432 and 103511, was conducted at this residence on 05/08/2026 to determine compliance with state laws and regulations. Deficiencies were identified.	S 003	Plan of Correction: (1.) LPN has been reeducated as to his/her RNE responsibilities, and duties, according to the LPN Licensing Board. In Rhode Island, LPN's are not allowed to complete assessments and Self-Administration of medication. Will be completed by a Registered Nurse (RN) going forward. (2.) All Residents who Self-Administer medication will be tracked monthly by RN and Medications Staff to ensure compliance. Will be reviewed Quarterly at Quality Assurance Meetings Completion Date: May 16th, 2026 Nurse (LPN) Reeducation.	
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	5/27/26	

Facilities Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Nicole M Adams, Administrator — TITLE — (X6) DATE: May 24th, 2026

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S 180	Continued From page 1	S 180			

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

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S 180	Continued From page 2 been determined that the residence continued to fail to be in compliance for staffing the residence with qualified staff to perform self-administration of medication assessments for 2 of 3 residents reviewed for self-administration of medications, Resident ID #s 1 and 2. Findings are as follows: According to the Rhode Island General Laws 23-17.4-15.1.1 and 23-17-.4-15.2, states in part, "...that the administrator is responsible for the safe and proper operations of the residence at all times by competent and appropriate employees..." Record review of the Rhode Island Nurse Practice Act 5-34-1.1 states in part, "...19. Professional nursing is practiced by a registered nurse. The practice of professional nursing is a dynamic process of assessment of an individual's health status, identification of health care needs, determination of health care goals..." Record review of Resident ID #1's record revealed a document titled, "Medication Self-Administration Evaluation Form", that was completed on 1/1/2026 by a licensed practical nurse (LPN), Staff A. Record review of Resident ID #2's record revealed a document titled "Medication Self Administration Evaluation Form", that was completed on 1/1/2026 by a LPN, Staff A. Review of the Rhode Island Department of Health License Verification page, revealed that Staff A, was licensed as a LPN and failed to have a license as a registered nurse (RN), as required to complete assessments.	S 180			

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S 180	Continued From page 3 During a surveyor interview with the Administrator on 5/8/2026 at approximately 3:00 PM, she acknowledged that Staff A was a LPN and that she was not qualified to do assessments on residents per state licensure requirements.	S 180		
S 250	Organization And Management 2.4.14.A Management Of Services 2.4.14 (A) Management of Services A. Each residence shall provide services with adequate professional and ancillary employees and in accordance with applicable state law. Further, the residence shall assure that all services are rendered in a safe and effective manner and consistent with the requirements herein. The residence shall provide all care and services to all residents in accordance with the prevailing community standard of care. This Requirement is not met as evidenced by: Based on record review and staff interview, the residence failed to provide care in accordance with community standards of care for residents that self-administer their own medications, Resident ID #s 1, 2, 3, and 4. Findings are as follows: Record review of Mosby's 4th Edition, Fundamentals of Nursing, page 314 states, "The physician is responsible for directing medical	S 250	See Exhibit A: Document has been sent to all Physicians to complete and return to, Golden Years Assisted Living Community, Registered Nurse (RN) by May 31st, 2026 for residents who are capable, efficient and proficient in Self-Administration of Medication. 5/20/26	

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S 250	Continued From page 4 treatment. Nurses are obligated to follow physician's orders unless they believe the orders are in error or would harm the clients." Record review of physicians' orders for Resident ID #s 1, 2, 3 and 4 failed to reveal evidence that physicians' orders to administer their own medications and/or treatments were obtained. During a surveyor interview on 5/8/2026 at approximately 2:45 PM with the Administrator, she acknowledged that the above-mentioned residents did not have physician's orders to self administer his/her own medications. Additionally, Resident #4 failed to have physician's orders for him/her to obtain his/her blood sugars, weights, and blood pressure.	S 250	See Exhibit B: ID #4 has medical Orders - doctors for daily Weights and Blood Sugars. ID #4 - Proficient, Efficient and Capable of obtaining own Weight (daily), Blood Sugars and Blood Pressures and Reports to PCP (Primary Care Physician). Golden Years ALF will obtain Orders for Self Blood Sugars, Blood Pressures and daily Weights.	
S 495	Licensure Requirements 2.4.19.D Rights of Residents 2.4.19 (D) Rights of Residents 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/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."	S 495	5/12/26	

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S 495	Continued From page 5 This Requirement is not met as evidenced by: Based on surveyor observations and staff interview, it has been determined that the residence failed to ensure that the most recent State licensing survey results of the assisted living residence was prominently displayed, as required. Findings are as follows: A surveyor observation of the main entrance and lobby area of the residence, on 5/8/2026 at approximately 10:00 AM, failed to reveal evidence of the most recent State licensing survey results being prominently displayed, as required. The green colored binder that was labeled, "Golden Years Assisted Living Community State Survey," had letters dated 2/19/2025, 4/10/2025, and 12/1/2025 that acknowledged investigations were conducted at the residence. The results of the investigations were not placed in the binder. Additionally, on the wall of the main lobby was a letter dated 1/27/2026 acknowledging that an investigation was conducted. The results of this investigation were not included. During a surveyor interview on 5/8/2026 at approximately 2:30 PM with the Administrator, she acknowledged that the residence's survey results were not accessible and prominently displayed, as required.	S 495	Plan of Correction Residence State Survey binder/Book will be reviewed after each Residence Survey to ensure all proper documentation has been filed in Residence Survey binder/book accordingly by: Administrator #1 [redacted] Administrator #2 [redacted] 5/27/26 Kindly Note, results were placed in Residence Survey binder/book promptly. All other previous Residence Surveys were filed in Residence Binder/Book which is centrally located in Foyer Area. Deficiency corrected prompt on site on May 7th, 2026.	