RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01496	A. BUILDING: _____ B. WING _____	C 08/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGHLANDS ON THE EAST SIDE	101 HIGHLAND AVENUE PROVIDENCE, RI 02906

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S 003	Initial Comments An unannounced complaint/incident investigation survey, ACTS reference numbers 101769, 101728, 101722, and 101765, was conducted at this residence on 08/08/2025-08/18/2025 to determine compliance with state regulations. Deficiencies were identified.	S 003	Preparation and execution of this plan of correction does not constitute admission or agreement of the facts alleged or conclusion set forth in the statement of deficiencies. The plan of correction is prepared and executed solely because it is required by state law	
S 153	Organization And Management 2.4.12.B Administrative Management 2.4.12 (B) Administrative Management B. 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 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. This Requirement is not met as evidenced by: Based on observation, record review, and staff interview, it has been determined that the residence failed to employ or contract with adequate and qualified personnel to attend to the food preparation, general housekeeping, assistance with personal care, medication administration, and other such services relative to a certified nursing assistant (CNA) providing care to Resident ID #1, Staff A. Findings are as follows:	S 153	S153 The community stopped utilizing the staffing agency "Nursa" on 8/3/25 and will no longer staff the community with this staffing agency. The ED performed an initial audit of all other staffing agencies contracted by the community. No concerns identified. The RDO or designee will conduct an education regarding staffing agency contracts and RI licensure requirements with the ED by 9/5/25. Random audits of staffing agency licensure will be conducted by the ED or designee monthly x 3, then quarterly x 4. The random audits will be reviewed at the QA monthly meeting until the committee determines resolution.	

Received
SEP 04 2025
Facilities Regulation

9/8/25

Facilities Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Pamela Jetreault, Asst ED — TITLE — (X6) DATE: 9/5/25

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S 153	Continued From page 1 According to 216-RICR-40-10-10."Licensing Nursing Service Agencies" 10.3, which states in part, "...No person shall establish, conduct or maintain a nursing service agency in this state without a license in accordance with R.I. Gen. Laws Chapter 23-17.7.1 and this Part. In addition to the requirements of R.I. Gen. Laws Chapter 23-17.7.1..." A facility reported incident form was sent to the Department on 07/28/2025, and alleged Resident ID #1 was being fed by Staff A on 07/27/2025 and was observed to be choking and coughing. The resident had a video and audio recording device in his/her room, and the device captured neglect on the part of the CNA during this encounter. It was identified in the report that Staff A was an "agency" employee. Observation of the video revealed Staff A failing to respond to the resident's difficulty with eating. Record review of a list of Rhode Island licensed nursing service agencies failed to reveal the agency that placed Staff A at the facility was appropriately licensed to do so. Record review of an email from that agency dated 08/14/2025 confirmed that the agency is not licensed to provide staff to long term care facilities such as nursing homes and assisted livings in Rhode Island. During an interview on 08/08/2024 at approximately 12:30 PM, the Regional Director of Operations indicated the residence had been using staff from the agency since June of 2025. She was unable to provide evidence the agency contracted to the residence held the appropriate license to provide staff to the facility. She further	S 153		

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S 153	Continued From page 2 Indicated that once the residence was made aware of the actions of Staff A, they reported the concern to the agency and requested that Staff A "do not return."	S 153	S 230 Resident #1 is no longer living in the community. The RCD/designee is conducting an initial audit of all residents with modified oral fluids and modified diets and their corresponding physician order. Any concerns found will be immediately addressed. Expected completion date 9/10/25 The Regional Nurse or designee will conduct an education with the RCD and nurses regarding modified oral fluids, modified diets and physician orders by 9/10/25. Random observation audits of residents' diet order versus what is being served will be conducted by the RCD/designee weekly x2, then monthly x2, then quarterly x4. Random audits of residents with modified oral fluids, modified diets, and physician orders will be conducted by the RCD/designee weekly x 2, then monthly x 2, then quarterly x 4 The random audits will be reviewed at the monthly QA meeting until the QA committee determines resolution or until substantial compliance is achieved.	
S 230	Organization And Management 2.4.13.A Management Of Services 2.4.13 (A/B) 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, it has been determined that the residence failed to provide care and services in accordance with prevailing community standards of care relative to following physician's orders for the singular resident reviewed for diet, Resident ID #1. Findings are as follows: Mosby's 4th Edition, Fundamentals of Nursing, page 314 states, "The physician is responsible for directing medical treatment. Nurses are obligated to follow physician's orders unless they believe the orders are in error or would harm the clients." Record review revealed Resident ID #1 was admitted to the residence in December of 2022 with a diagnosis including, but not limited to,	S 230		

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S 230	Continued From page 3 diabetes type II. Record review of a Continuity of Care form from a skilled nursing facility dated 04/11/2025, where Resident ID #1 was previously admitted related to a hip fracture post fall, revealed a diet order of "mechanical soft; thin liquids." A dietary communication form dated 04/13/2025 was sent internally in the residence indicating "mechanical soft" and "thin liquids." Record review of a facility policy entitled, "Special Diets" undated, states in part, the residence " ...will provide therapeutic diets as prescribed by a resident's physician ..." Record review of the resident's comprehensive assessment revealed the resident was admitted to hospice services on 04/21/2025 due to a failure to thrive. Additional review revealed the resident became "NPO (nil per os)" or nothing by mouth on 07/29/2025. Prior to 07/29/2025 the assessment indicates the resident's diet is regular without added salt or concentrated sugar and "diabetic." Record review of the resident's service plan dated 04/12/2025 revealed a diet of "mechanical soft with thin liquids." The service plan was revised to "NPO" on 07/29/2025. Record review of progress notes revealed the following: -06/16/2025 "Seen by hospice RN (registered nurse) resident at baseline no new orders at this time" -06/17/2025 "Resident was up at lunch drinking thin liquids and coughing..."	S 230		

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S 230	Continued From page 4 -06/17/2025 "Called [family]...will order nectar thicken liquids from Amazon" Record review of physician's orders failed to reveal an order for a change to nectar thick liquids from thin liquids. During an interview on 08/08/2025a at approximately 11:30 AM with the Vice President of Resident Services, she was unable to provide evidence of a physician's order for a diet change to thickened liquids.	S 230		
S 285	Residency Requirements 2.4.14.A Residency Requirements 2.4.14 (A) Residency Requirements A. Each licensee, or his/her designee, through the assessment and evaluation procedures delineated in these regulations (see § 2.4.16(C) of this Part) shall be responsible to ensure that admission to and residency in an assisted living residence be limited to those individuals who meet the definition of "resident" in accordance with § 2.3(A)(32) of this Part. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined that the residence retained a resident that did not meet the definition of a "resident" for the singular resident reviewed, Resident ID #1. Findings are as follows: Per the Rules and Regulations for Licensing Assisted Living Residences, the definition of a resident states in part, "'Resident means an	S 285		

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S 285	Continued From page 5 individual not requiring medical or nursing care as provided in a health care facility but who as a result of choice and/or physical or mental limitation requires personal assistance..." Per 2.4.1(A)(4) of the regulation states "Any assisted living residence which offers to provide or provides services for residents receiving hospice services that are bed-bound or in need of assistance from more than one staff person for ambulation is required to be licensed at the F1 level, as defined in § 2.4.2(A)(1)(a) of this Part, and must have a license endorsement, issued pursuant to these regulations, to provide limited health services..." Record review revealed the residence does not hold a Limited Health Service license. Record review of the lease signed by Resident ID #1 on 12/12/2022 revealed a list of services that could not be accommodated in the residence. The form entitled, "Appendix G Limitation of Services", states in part, "The community is not able to accomodate residents who display...Limitations of Activities of Daily Care...Bed bound residents..." Record review revealed Resident ID #1 was admitted to the residence in December of 2022 with a diagnosis including, but not limited to, diabetes type II. Record review of a Continuity of Care form from a skilled nursing facility dated 04/11/2025, where Resident ID #1 was previously admitted to related to a hip fracture post fall, revealed the resident was discharging with physical therapy and occupational therapy services. Additionally, the form indicates the resident is weight bearing and	S 285	S 285 Resident #1 is no longer living in the community. The RCD/designee is conducting an initial audit of all residents' mobility and transfer status to identify any resident that may have limitations that the community cannot accommodate. Any concerns found will be immediately addressed. Expected completion date 9/10/25 The RDO or designee will conduct an education with the ED and the RCD regarding mobility and transfer status of residents that the community cannot accommodate by 9/10/25. The RCD/designee will conduct an education with nurses regarding mobility and transfer status of residents the community cannot accommodate by 9/10/25. Random audits of residents' mobility and transfer status will be conducted by the RCD/designee quarterly x 4 quarters starting October 2025. The random audits will be reviewed at the quarterly QA meeting until the QA committee determines resolution or until substantial compliance is achieved.	

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S 285	Continued From page 6 able to ambulate with a walker. Record review of the resident's comprehensive assessment revealed the resident was admitted to hospice services on 04/21/2025 due to a failure to thrive. Additional review revealed the resident required a wheelchair escort for long distances but could use a walker in his/her room. The assessment was later update to "not ambulating," undated. Record review of the resident's service plan revealed he/she was able to ambulate and transfer with the assistance of one until 06/10/2025, at which time the resident was placed on "bedrest." Record review of progress notes revealed the following: -04/12/2025 The "...resident refused to stand/walk, stating the doctor told [him/her] not to..." -04/20/2025 Resident having difficulty standing, "requiring 3 staff" -04/21/2025 Admitted to hospice, "...Resident noted with a stage 2 on [his/her] coccyx..." -05/28/2025 Resident is continuing to decline -06/10/2025 "Resident tried to self transfer from bed to recliner and fell to the floor..." -06/10/2025 "Resident tried to self transfer back to bed and fell again..." -06/20/2025 "Resident on bed rest this morning..." Record review of hospice notes failed to reveal the resident was able to ambulate. Record review of residence documentation failed to reveal the resident was ambulatory after	S 285		

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S 285	Continued From page 7 06/20/2025. During an interview on 08/08/2025 at approximately 11:30 AM, the Vice President of Resident Services was unable to provide evidence the resident was able to ambulate per the requirement for a "resident" in an assisted living residence which does not hold a Limited Health Service license.	S 285	S 310 Resident #1 is no longer living in the community. The community is updating their policy regarding notification to physicians and obtaining physician orders when transferring residents with dementia and a change in condition to memory care. Expected date of completion 9/5/25. The community is updating the resident's face sheets for all memory care residents in the community's electronic medical record to ensure resident's dementia diagnosis is populated upon move in. Expected date of completion 9/10/25. The RCD/designee will be conducting an initial audit of existing residents transferred to memory care to ensure physician was notified and physician order was obtained prior to transfer. Any concerns found will be immediately addressed. Expected date of completion 9/10/25	
S 310	Residency Requirements 2.4.15.A Resident Records 2.4.15 (A) Resident Records A. Each residence shall, at a minimum, maintain the following information for each resident: 1. The resident's name; 2. The resident's last address; 3. The name of the person or agency referring the resident to the home; 4. The name, specialty (if any), telephone number, and emergency telephone number of each physician who is currently treating the resident; 5. The date the resident began residing in the home; 6. A list of medications taken by the resident, including dosage, and specific records of medication administration as required by the Department; a. In residences licensed at the M2 level,	S 310		

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S 310	Continued From page 8 if a resident refuses to provide the information cited in § 2.4.15(A)(6) of this Part, this fact shall be documented in the resident's service agreement. 7. Written acknowledgments that the resident has signed and received copies of the rights as provided in R.I. Gen. Laws § 23-17.4-16; 8. Information about any specific health problems of the resident, which may be useful in a medical emergency, including diagnostic and/or therapeutic orders; 9. A record of personal property and funds which the resident has entrusted to the residence; 10. The name, address, and telephone number of a person identified by the resident who should be contacted in the event of an emergency or death of the resident and the name, address, and telephone number of the legal guardian; 11. Any other health-related emergency, or pertinent information which the resident requests the residence to keep on record; 12. A copy of the initial and periodic assessments described in § 2.4.16 of this Part; 13. A copy of the service plan and nurse review as described in § 2.4.16 of this Part; 14. A copy of the residency agreement as described in § 2.4.14(C) of this Part. This Requirement is not met as evidenced by:	S 310	S 310 The RCD/designee will be conducting an initial audit of existing residents with dementia diagnosis to ensure diagnosis is reflected on their PCF form. Any concerns found will be immediately addressed. Expected date of completion 9/10/25 The RDO/designee will conduct an education with the RCD and the nurses regarding the updated resident face sheets and the updated policy for notifying physicians and obtaining physician orders when transferring residents with dementia and a change in condition to memory care. Expected completion date 9/10/25. Random audits of PCF forms and resident face sheets will be conducted by the RCD/designee quarterly x 4 quarters. The random audits will be reviewed at the monthly QA meeting until the QA committee determines resolution or until substantial compliance is achieved.	

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S 310	Continued From page 9 Based on record review and staff interview, it has been determined the facility failed to maintain information about any specific health problems of the resident, which may be useful in a medical emergency, including diagnostic and/or therapeutic orders for the singular resident reviewed for readmission to the residence, Resident ID #1. Findings are as follows: According to the Alzheimer's Association, Alzheimer's disease is a degenerative brain disease and the most common cause of dementia. Dementia is a syndrome-a group of symptoms-that has a number of causes. The characteristic symptoms include difficulties with memory, language, problem solving, and other cognitive skills that affect a person's ability to perform everyday activities. Mosby's 4th Edition, Fundamentals of Nursing, page 314 states, "The physician is responsible for directing medical 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 a Continuity of Care form, dated 04/11/2025, from the skilled nursing facility that Resident ID #1 was admitted to 03/15/25 through 04/11/2025, indicated diagnoses of delirium (an altered state of consciousness, characterized by episodes of confusion, that can develop over hours or days), a left hip fracture with surgical intervention, and dementia. Review revealed Resident ID #1's record failed to be updated with a diagnosis of dementia; however, was residing on the residence's secured Alzheimer Dementia Special Care Unit.	S 310		

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S 310	Continued From page 10 Review of "Resident Caregiver Notes" revealed an entry dated 04/03/2025 which states in part, "...mental status changed, requiring memory care unit..." According to R.I. Gen. Laws § 23-17.4-16 "Rights of residents", which states in part, "...(a)(iii) To be free from physical or chemical restraints for the purpose of discipline or convenience and not required to treat the resident's medical symptoms. No chemical or physical restraints will be used except on order of a physician..." The record failed to reveal a physician's order for the resident to be placed in the physically restrictive environment of a secured "Alzheimer Dementia Special Care Unit/Program." The residence was unable to provide evidence the record for Resident ID #1 was updated with a diagnosis of dementia, which impacted the resident's plan of care and level of restriction in the residence. Additionally, the residence was unable to provide evidence of a physician order to reside on the Alzheimer Dementia Special Care Unit/Program or communication to the physician regarding the change.	S 310		