STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01308	A. BUILDING: _____ B. WING _____	C 04/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOREST FARM ASSISTED LIVING	191 FOREST AVENUE MIDDLETOWN, RI 02842

(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 102502, 103373, and 103305, was conducted at this residence on 4/28/2026 to determine compliance with state laws and regulations. Deficiencies were identified.	S 003	The filing of this plan of correction does not constitute that the deficiency alleged did in fact exist, rather this POC is filed as evidence of the facility's continuing commitment to high quality resident care in full compliance with state regulations.	
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 observation, record review, and resident and staff interviews, it has been determined that the residence failed to provide services to all residents in accordance with the prevailing community standard of care for all residents relative to following physician's orders for therapeutic diets for Resident ID #s 2 and 3 and for a singular resident who is self-administering medications without a physician's order, Resident ID #1. Findings are as follows:	S 250		

Received
MAY 15 2026
Facilities Regulation

Facilities Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 05/15/2026

FORM APPROVED

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S 250	Continued From page 1 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." A. 1. Record review of Resident ID #2's physician's orders revealed a therapeutic diet order for a "Regular No Concentrated Sweets" diet. 2. Record review of Resident ID #3's physician's orders revealed a therapeutic diet order for a "Regular NAS (No Added Salt)" diet Record review of the menu for Thursday 4/30/2026 revealed the following: Italian Sausage Sauteed Spinach Parmesan Noodles Dinner Roll/Margarine Peach Crisp During a surveyor interview on 4/30/2026 at approximately 12:10 PM with Staff A, who was assisting the residents in the dining room for the lunch meal, she indicated that there are no entrée or dessert options at mealtimes, aside from the "Always Available" menu. Additionally, she indicated that "special" diets are not served, all residents receive the same meal unless they choose not to order it. B. Record review of Resident ID #1's physician's orders failed to reveal a physician order for the	S 250	A Diet Requisition Form will be developed to send to the Dietary Department for all current residents needing a modified diet. This form will also be included in New Resident Paperwork. Upon admission the form, if needed, will be completed and sent to Dietary. A copy will remain in the Resident Record. The menu that corresponds to the specific diet, will be sent to the Dietary Department for those residents. Audits will be conducted monthly X3 and quarterly X2, or until compliance has been met. The DNS or designee will report results at the quarterly QAPI meeting X4.	05/22/26

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S 250	Continued From page 2 resident to self-administer his/her own medications. Additionally, the resident's service plan and comprehensive assessment indicate that the residence is responsible for administering all of the resident's medications. During a surveyor observation on 4/30/2026 at approximately 10:30 AM at his/her bedside were the following over the counter ointments: - Cortizone 10 - Neosporin - Equate triple antibiotic cream Additionally, a bottle of Systane eye drops was also observed at bedside. During a surveyor interview with the resident immediately following the above-mentioned observations, the resident stated s/he also has Loperamide (medication used to treat diarrhea) at his/her bedside. During a surveyor interview on 4/30/2026 at approximately 2:00 PM with the Director of Nursing Services, she was unaware that the resident had medications at his/her bedside and indicated that Resident ID #1 does not self-administer any of his/her own medications. Additionally, she indicated that she was unaware that therapeutic diets are not offered to the residents per physician orders.	S 250	All residents' rooms will be inspected for any medication not listed on the MAR. Calls will be placed to PCPs to obtain orders for the medications, along with an order to self-administer. If the resident is permitted to self-administer, they will be educated to store the medication in their resident lockbox. If not permitted to self-administer the medication will be placed in the medication lockbox, labeled, and administered by appropriately licensed staff. Audits will be conducted as part of the Medication Lockbox Audit., which occurs monthly and is ongoing.	
S 625	Residential Care Services 2.4.26.A.3.A Medication Services 2.4.26 (A) (3) (A) Medication Services	S 625		

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S 625	Continued From page 3 3. Each residence shall provide medication services only in accordance with the appropriate level of licensure for which the residence is licensed, which shall be as follows: a. For assisted living residences licensed at the M2 Level, assistance with self- administration by unlicensed employees means that the residence shall only be responsible for reminding residents to take medications, and: (1) The resident or guardian must provide written authorization for the residence to provide assistance with the selfadministration of medications; (2) The residence must provide, in writing, a description of services provided by the residence to each physician prescribing for a resident, including limitations on services; (3) Employees may only remind the resident and observe the self-administration of medication; (4) The resident shall not require nursing assessment of health status before receiving the medication, nor nursing assessment of the therapeutic or side effects after the medication is taken; (5) Except as provided in § 2.4.25(A)(3)(a)(7) of this Part, the medication shall be in the original pharmacy-dispensed container with proper label and directions attached; (6) Unlicensed employees shall not monitor health indicators, make medication	S 625		

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S 625	Continued From page 4 decisions, adjust medications or provide other medical or nursing decisions; (7) For residents capable of self-administration of medication but who wish to ask assisted living residence employees to use a medi-set (pre-poured packaging distribution system), only registered medication aide, licensed nurse, or pharmacist shall organize the medications for up to one (1) week; (8) All medication in the residence, regardless of whether controlled by employees or by the resident, shall be stored securely. All medications shall be stored in a manner to prevent spoilage, dosage errors, administration errors or inappropriate access by other residents, visitors, or unauthorized employees. Provisions for safe storage may include lockable containers, secure spaces, or lockable units, as appropriate to the residence and the resident population. (9) There shall be documented policies or procedures regarding medication disposal and inventory procedures in the policies and procedures manual. (10) Each person assisting residents with self-administration of medications shall: (AA) Be an employee of the residence; (BB) Be literate in English; and (CC) Receive orientation, instruction and on-the-job training regarding relevant policies and procedures; or	S 625		

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S 625	Continued From page 5 (DD) Be a licensed nurse. (EE) M2 level facilities may limit record keeping for residents who retain possession and control of medications to the requirements of § 2.4.15(A)(6) of this Part. This Requirement is not met as evidenced by: Based on surveyor observation, and resident and staff interviews, the residence failed to ensure medications are stored securely to prevent dosage errors and safety risks for the singular resident reviewed for medication management, Resident ID #1. Findings are as follows: During a surveyor observation on 4/30/2026 at approximately 10:30 AM at his/her bedside were the following over the counter ointments: - Cortizone 10 - Neosporin - Equate triple antibiotic cream Additionally, a bottle of Systane eye drops was also observed at bedside. During a surveyor interview with the resident immediately following the above-mentioned observations, the resident stated s/he also has Loperamide (medication used to treat diarrhea) at his/her bedside. During a surveyor interview on 4/30/2026 at	S 625	All residents' rooms will be inspected for any medication not listed on the MAR. Calls will be placed to PCPs to obtain orders for the medications, along with an order to self-administer. If the resident is permitted to self-administer, they will be educated to store the medication in their resident lockbox. If not permitted to self-administer the medication will be placed in the medication lockbox, labeled, and administered by appropriately licensed staff. Audits will be conducted as part of the Medication Lockbox Audit., which occurs monthly and is ongoing.	5/18/26

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S 625	Continued From page 6 approximately 11:15 AM with the Director of Nursing Services, she acknowledged that the medications should not have been stored at bedside.	S 625		