PRINTED: 03/30/2026
FORM APPROVED

RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01509	A. BUILDING: _____ B. WING _____	C 03/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STILLWATER ASSISTED LIVING AND SKILLED	20 AUSTIN AVENUE GREENVILLE, RI 02828

(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 references numbers 103325 and 103345 was conducted at this residence on 03/25/2026 to determine compliance with state laws and regulations. A deficiency was identified.	S 003	The filing of this Plan of Correction (POC) does not constitute that the deficiencies 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 and federal regulations.	
S 390	Residency Requirements 2.4.17.D Resident Assessment/Service Plans 2.4.17 (D) Resident Assessments and Service Plans D. The assessment shall be reviewed and at intervals not to exceed twelve (12) months and each time a resident's condition changes significantly. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined the residence failed to update the comprehensive assessment each time a resident's condition changed significantly for the singular resident reviewed for outside services, Resident ID #1. Findings are as follows: Record review revealed Resident ID #1 moved into the residence in September of 2025 with a diagnosis including, but not limited to, dementia. Review of a facility reported incident sent to the Rhode Island Department of Health on 3/16/2026 revealed the resident had a fall on 3/16/2026. During a surveyor interview with a Doctor of Physical Therapy, Staff A, on 3/25/2026 at 1:40 PM, she revealed the resident received physical therapy services with a start of care date of.	S 390	**As a POC for S390:** a) We have reviewed the service plan for Resident ID#1 to ensure it is up to date and reflective of his/her current condition, care, and service needs. b) We have since reviewed all other residents' service plans to ensure that any changes in condition and/or new services (i.e. PT) have been noted in the service plans timely. c) The nurses have been educated regarding the need to update the resident service plan as changes in status/services are identified so that the service plan is current and resident specific. The Wellness Director reviews the resident assessments every 90 days to confirm accuracy and thoroughness however, the Wellness Director/designee will now confirm any changes in resident condition/service needs have been added to the resident service plan timely (at the time of the change). Received APR 07 2026 Facilities Regulation	

Facilities Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Robert Corrigan — TITLE: Administrator — (X6) DATE: 4/7/26

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S 390	Continued From page 1 1/8/2026 and an end of care date of 3/5/2026. Record review of the resident's comprehensive assessment, dated 8/15/2025, failed to reveal it had been updated to document that the resident received physical therapy services from 1/8/2026 through 3/5/2026. During a surveyor interview with the Wellness Director on 3/25/2026 at approximately 3:00 PM, she could not provide evidence the comprehensive assessment was updated with outside services.	S 390	d) The Wellness Director/designee is responsible for implementing this plan. Audits of service plans will be conducted on a routine basis to confirm any changes in condition or services ordered have been noted on the service plan timely. The results will be shared with the Quality Assurance Committee quarterly for a period of no less than 3 quarters; at which time we will determine the need/frequency to continue formal audits based on our level of improvement in this area.	