RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01482	A. BUILDING: _____ B. WING _____	C 04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOCKWOTTON ON THE WATERFRONT	500 WATERFRONT DRIVE EAST PROVIDENCE, RI 02914

(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 103348, 103247, 102650, was conducted at this residence on 04/01/2026 to determine compliance with state laws and regulations. Deficiencies were identified.	S 003	Received APR 21 2026 Facilities Regulation	
S 055	Licensure Requirements 2.4.3 Quality Assurance 2.4.3 Quality Assurance A. In accordance with R.I. Gen. Laws § 23-17.4-10.1, each assisted living residence shall develop, implement and maintain a documented, ongoing quality assurance program. 1. The purpose of this program shall be to attain and maintain a high quality assisted living residence through an on-going process of quality improvement that monitors quality, identifies areas to improve, methods to improve them, and evaluates the progress achieved. 2. Each licensed residence shall establish a quality improvement committee which shall include at least the following: assisted living administrator, registered nurse and a representative of dietary services. 3. The quality improvement committee shall meet at least quarterly; shall maintain records of all quality improvement activities; and shall keep records of committee meetings that shall be available to the Department during any on-site visit. 4. The quality improvement committee shall review and approve the quality improvement plan for the residence at intervals not to exceed twelve (12) months. Said plan shall be available to the	S 055	A weekly risk meeting has already been in effect which discusses several areas, one being resident falls, and interventions are discussed for each fall for each resident. Weekly risk meetings will continue to take place. As of 4/2/26, a new at-risk tracking spreadsheet with built in formulas for tracking falls over time, has been implemented to improve documentation of risk minutes. A summary of the weekly risk minutes will be reviewed at the Quality Improvement Committee meetings on a quarterly basis. Risk minutes have been reviewed at the quarterly QI meetings already, but the new at-risk tracking spreadsheet will help with better documentation and oversight.	4-2-26

Facilities Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE AL Admin | (X6) DATE 4/22/26

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01482	A. BUILDING: _____ B. WING _____	C 04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOCKWOTTON ON THE WATERFRONT	600 WATERFRONT DRIVE EAST PROVIDENCE, RI 02914

(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 055	Continued From page 1 public upon request. 5. Each assisted living residence shall establish a written quality improvement plan that includes: a. Program objectives; b. Oversight responsibility (e.g., reports to the governing body, QI records); c. Includes methods to identify, evaluate, and correct identified problems; d. Provides criteria to monitor personal assistance and resident services, including, but not limited to: (1) Resident/family satisfaction; (2) Medication administration/errors; (3) Reportable incidents as specified in § 2.4.17 of this Part; (4) Resident falls; (5) Plans of correction developed in response to the Department ' s inspection reports. B. In addition to the requirements of §§ 2.4.3(A) (1) through (5) of this Part, all assisted living residences with a "dementia care" license and/or a "limited health services license" shall also address the following areas in their quality improvement plan: 1. Prevention and treatment of decubitus	S 055		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01482	A. BUILDING: _____ B. WING _____	C 04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOCKWOTTON ON THE WATERFRONT	500 WATERFRONT DRIVE EAST PROVIDENCE, RI 02914

(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 055	Continued From page 2 ulcers; 2. Dehydration, and nutritional status and weight loss or gain; and 3. Changes in mental or psychological status. 4. Quality improvement documentation shall be kept on file for a minimum of five (5) years. This Requirement is not met as evidenced by: Based on record review and staff interviews, the residence failed to provide a quality improvement program that identifies areas to improve, methods to improve them, and evaluates the progress achieved, specifically related to falls. Findings are as follows: The Rhode Department of Health received a community reported complaint on 3/4/2026 regarding an increased number of falls that were not being reported on the memory care unit. Record review of the falls that occurred on the memory care unit for the 4th quarter revealed the following: - October 2025, 17 falls - November 2025, 23 falls - December 2025, 12 falls Record review of the document titled, "Falls Dashboard" revealed that the number of falls in the residence had increased in the 4th quarter (October 2025 through December 2025), without any methods to improve the outcomes or to evaluate the casual factors.	S 055		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01482	A. BUILDING: _____ B. WING _____	C 04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOCKWOTTON ON THE WATERFRONT	500 WATERFRONT DRIVE EAST PROVIDENCE, RI 02914

(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 055	Continued From page 3 There was no evidence of falls that were not reported as required, per the complaint. During a surveyor interview on 4/1/2026 at approximately 3:00 PM with the Administrator, she was unable to provide evidence that the QA (Quality Assurance) program identified the casual factors for the global increase in the number of falls, had meaningful interventions to the increase in falls, and since the residence reviews only one individual in the QA meeting, that progress is acheived.	S 055		
S 460	Residency Requirements 2.4.18.H Reporting Requirements 2.4.18 (H) Reporting Requirements H. The residence shall maintain evidence that all reportable incidents have been thoroughly investigated and that actions have been taken to prevent further incidents while the investigation is in progress. Appropriate corrective action shall be taken, as necessary. The results of said investigation shall be reported to the Department, within five (5) business days, on forms supplied by the Department. This Requirement is not met as evidenced by: Based on record review and staff interviews, the residence failed to put appropriate corrective action in place to prevent further fire alarm incidents related to residents having humidifiers in their rooms. Findings are as follows:	S 460	The humidifier was removed from the resident's apartment on 12/10/25. As of 4/22/26, an audit of all Assisted Living apartments will be done by the Administrator or his/her designee to check to see who has humidifiers and if humidifiers are being used, educate the resident on the proper use of a humidifier according to manufacturer's recommendations. As of 4/22/26, humidifiers will be added to the safety checklist to be checked on a quarterly basis.	4-22-26

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01482	A. BUILDING: _____ B. WING _____	C 04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOCKWOTTON ON THE WATERFRONT	500 WATERFRONT DRIVE EAST PROVIDENCE, RI 02914

(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 460	Continued From page 4 The Rhode Island Department of Health received a residence reported incident on 12/10/2025 alleging that a smoke detector was activated due to water mist from a humidifier. The East Providence Fire Department (EPFD) was contacted and arrived at the residence. The system was reset, and the residence was given the all clear from EPFD. Record review of the residence's 5-day internal investigation revealed that the humidifier in the resident's room was set at too high a setting. During a surveyor interview on 4/1/2026 at approximately 11:35 AM with the Administrator and the Director of Nursing Services, they revealed that the humidifier was filled with regular tap water versus distilled water, per manufacturer's guidance, and that the setting was too high. Upon further interview they were unable to provide evidence they identified other residents with humidifiers in their rooms, that other humidifiers were checked to ensure manufactures instructions were being followed, and residents were educated about the use of humidifiers, relative to smoke alarms.	S 460	As of 4/22/26, the Administrator or his/her designee will bring the completed quarterly Safety Checklist to the quarterly QI meetings for at least three months	