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 10/30/2025

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

(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 An unannounced complaint/incident investigation survey, ACTS reference numbers 101936, 101854, 102219 and 101871, was conducted at this residence on 10/30/2025 to determine compliance with state regulations. A deficiency was identified.	S 003	**400 Corrective Action** **2.4 17. F Resident Assessments/Service Plans.** 1. Resident ID# 1: Chart was audited to ensure appropriate Nurse Reviews were currently in place. 2. Resident ID# 1 has all required 90 Day Review documentation in place. 3. All residents' charts were audited to ensure that a Nurse Review was completed every 90 days, as required by regulation. 4. RDW/or Designee will review 5 charts weekly to monitor for continued compliance with 2.4 17.F. 5. The result of the weekly audits will be reviewed at the Weekly DRW/Administrator Meeting. 6. RDW/RN's received in-service education reviewing the regulations relative to 2.4 17. F 7. Findings will be formally reported to the (QA) Quality Assurance Meeting. These reports will be ongoing for two quarters.	
S 400	Residency Requirements 2.4.17.F Resident Assessments/Service Plans 2.4.17 (F) Nurse Review 1. Nurse review is necessary for all levels of licensure. a. A registered nurse shall visit the residence at least once every thirty (30) days except as provided in § 2.4.16(F)(1)(b) of this Part and shall complete a review to include the following: (1) Monitor the medication regimen for all residents; (2) Review any new physician orders and evaluate the health status of all residents by identifying symptoms of illness and/or changes in mental/physical health status; (3) Evaluate the appropriateness of placement for each resident; (4) Make any necessary recommendations to the administrator; (5) Follow up on previous recommendations; (6) Provide a signed, written report in the residence documenting:	S 400	12/3/25	

cilities Regulation

ORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Received
NOV 26 2025
Facilities Regulation

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S 400	Continued From page 1 (AA) Date and time of assessment; (BB) Recommendations for follow-up; (CC) Progress on previous recommendations; (DD) Verification that the medication listed by the pharmacist on the mediset, blister pack or medication container is current with physician orders (M-1 level only); (EE) Physical assessment identifying symptoms of illness and/or changes in mental or physical health status and appropriateness of placement; (FF) Such reports shall be on file at the residence. (7) Complete the quarterly evaluation of the residence ' s registered medication aide(s) administration of medication. (Approved Department form is available for downloading online). b. In those residences that have one (1) or more licensed registered nurses (i.e., at least one (1) full-time equivalent equal to thirty-five (35) hours) on-site, the nurse review shall be completed at least once every ninety (90) days. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined the residence failed to complete nurse reviews every 90 days as required for 1 of	S 400		

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S 400	Continued From page 2 3 residents reviewed, Resident ID #1. Findings are as follows: Record review revealed Resident ID #1 moved into the residence in June of 2025 with a diagnosis including dementia. Record review failed to reveal evidence that a nurse review was completed every 90 days, since s/he moved into the residence, as required. During a surveyor interview on 10/30/2025 at 1:53 PM, with the Executive Director and Resident Care Director, they were unable to provide evidence that a 90-day nurse review had been completed for Resident ID #1, as required.	S 400		