RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01347	A. BUILDING: _____ B. WING _____	C 04/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAGE AT WATERMAN LAKE-LP	715 PUTNAM PIKE SMITHFIELD, 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 103088, 102419, and 102843, was conducted at this residence on 04/08/2026 to determine compliance with state laws and regulations. Deficiencies were identified.	S 003	Received APR 21 2026 Facilities Regulation	
S 395	Residency Requirements 2.4.17.E Resident Assessment/Service Plans 2.4.17 (E) Resident assessments and Service Plans E. In the event a resident has an admission to a health care facility and is scheduled to return to the residence without a significant change in status, then the assessment shall be updated within five (5) working days of readmission. 1. In case of an emergency admission, the required assessment shall take place within five (5) working days and shall include the following: a. An immediate admission necessitated by natural disaster, crisis, or threat to public safety at another licensed assisted living residence, independent living situation, community residential facility, or private residence; b. An immediate admission necessitated by the unanticipated incapacitation of the primary caregiver of the person to be admitted; c. Conditions or circumstances warranting emergency admission and as approved by Center for Health Facilities Regulation staff within forty-eight (48) hours.	S 395	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 community's continuing commitment to high quality resident care in full compliance with State regulations. Completion date for optimal compliance is 4/25/26.	

Oliver Harvey Chief Operating Officer 4/21/26

Facilities Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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S 395	Continued From page 1 This Requirement is not met as evidenced by: Based on record review and staff interview, the residence failed to update comprehensive assessments for two of three residents who were admitted to a health care facility within five (5) working days of readmission to the residence, Resident ID #1 and 2. Findings are as follows: 1.The Rhode Island Department of Health received a residence reported incident on 1/13/2026 alleging a resident had an unwitnessed fall on 1/9/2026 in his/her apartment. Record review of Resident ID #1 revealed that s/he was admitted to the hospital on 1/9/2026 with a fractured tibia, admitted to a short-term rehabilitation facility on 1/17/2026, and was readmitted back to the residence on 2/17/2026. Record review revealed a comprehensive assessment was last reviewed on 10/18/2025. Record review failed to reveal that a comprehensive assessment was completed within five (5) working days of readmission on 2/17/2026, as required. 2. The Rhode Island Department of Health received a residence reported incident on 2/12/2026 alleging a resident had an unwitnessed fall on 2/10/2026, and was found face down in his/her bathroom. Record review of Resident ID #2 revealed that s/he was admitted to the hospital, admitted to a short-term rehabilitation facility, and re-readmitted back to the residence on 2/27/2026.	S 395	S 395 Resident ID's # 1 and # 2 have experienced no untoward effects as a result of the surveyor findings. Going forward, upon a resident's return from hospital and/or rehab, the resident's file will be obtained from the wellness station, and dated, documented, and signed. Additionally, the comprehensive assessment will be revised to reflect any changes in needs and/or level of care. This will be signed and dated.	4/21/26

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S 395	Continued From page 2 Record review revealed a comprehensive assessment last reviewed on 4/1/2025. Additional record review of the comprehensive assessment revealed, a note in "Section Five: Health Information" stated in part, "...fall event 2/20/26 unwitnessed fall found face down in bathroom...2/27/2026 resident returned from [rehabilitation facility]..." Record review failed to reveal that a comprehensive assessment was completed within five (5) working days of readmission on 2/27/2026, as required. During a surveyor interview on 4/8/2026 at approximately 2:30 PM with the Director of Nursing Services and the Assistant Director of Nursing Services, they were unable to provide evidence that the assessments were reviewed and updated within five (5) working days from readmission, as required.	S 395		
S 405	Residency Requirements 2.4.17.G.1. Resident Assessment/Service Plans 2.4.17 (G) (1) Service Plans 1. Within a reasonable time after move-in, not to exceed seven (7) days, the Administrator shall be responsible for the development of a written service plan based on the initial assessment. The service plan shall include at least: a. The services and interventions needed, including all services provided by outside healthcare agencies (e.g., home nursing care, hospice);	S 405		

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S 405	Continued From page 3 b. Description, frequency, duration relating to the service or intervention, including personal assistance, medication, special diets, recreational activities, and other similar services rendered; c. Party responsible for arranging and/or providing the service; and d. The resident ' s requested and/or therapeutically needed recreational and social activities. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined that the residence failed to document on the service plan the description of all services, parties responsible for arranging and/or providing the services, as well as interventions needed, for two of three residents reviewed, Resident ID #s 1 and 2. Findings are as follows: Record review of Resident ID #s 1 and 2 failed to reveal the following components included in the most recent service plan: - The services and interventions needed, including all services provided - Description, frequency, and duration relating to the service or intervention - Party responsible for arranging and/or providing the service 1) Record review revealed Resident ID #1 was readmitted to the residence in February of 2026 with a diagnosis that includes, but is not limited	S 405	4/25/26 Resident ID's # 1 and # 2 have experienced no untoward effects as a result of the surveyor findings. Upon a resident's return from hospital and/or rehab, the Resident's Service Plan will be revised to reflect any interventions, noting the start date of such intervention, the company performing it, specific services needed, frequency of visits and reasons for the intervention. The "Initial Resident Service Plan" has been revised to include space for this information, to ensure it is always documented in full.	

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S 405	Continued From page 4 to, a fractured tibia. Record review revealed Resident ID #1's Service Plan was last updated on 1/9/2026, identifying on 1/9/2026 s/he had a fall and will require rehab. Further review of the service plan failed to reveal what interventions were needed upon his/her return inn February of 2026 from the rehabilitation facility from all staff including description, duration and frequency of the services. Additional review of the service plan failed to address that the resident was receiving the service of radiation therapy. 2) Record review revealed Resident ID #2 was readmitted to the residence in February of 2026 with a diagnosis that includes, but is not limited to, a hematoma. Record review revealed Resident ID #2's Service Plan was last updated on 4/6/2026. Further review of the Service Plan failed to reveal what interventions were needed upon his/her return from the rehabilitation facility from all staff including the description, duration, and frequency of the services. During a surveyor interview on 4/8/2026 at approximately 2:30 PM with the Assistant Director of Nursing Services, she was unable to provide evidence that the service plans were accurate and included all required components.	S 405		