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 04/13/2026 |

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| HIGHLANDS ON THE EAST SIDE | 101 HIGHLAND AVENUE PROVIDENCE, RI 02906 |

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| S 003 | Initial Comments<br><br>A complaint investigation, ACTS references numbers 103265,103210 and 103362, was conducted at this residence on 04/10/2026 through 04/13/2026 to determine compliance with state laws and regulations. Deficiencies were identified. | S 003 | This plan of correction constitutes my written compliance for the deficiencies cited. However, submission of this plan of correction is not an admission that a deficiency exists or that one was cited correctly. This plan of correction is submitted to meet requirements by state law. | |
| S 210 | Organization And Management 2.4.13.H Administrative Management<br><br>2.4.13 (H) In-service Training<br><br>1. Employees shall have on-going, at intervals not to exceed twelve (12) months, in-service training as appropriate for their job classifications and including the topics cited in § 2.4.12(G) of this Part.<br><br>2. All new employee orientation and on-going in-service training shall be documented in the employee's personnel file, and maintained onsite at the licensed residence.<br><br>This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined that the residence failed to ensure employees have appropriate initial and on-going, at intervals not to exceed twelve (12) months, in-service training in all required topics for dietary personnel.<br><br>Findings are as follows:<br><br>The Rhode Island Department of Health received a residence reported incident on 2/27/2026 alleging that there was smoke coming from the | S 210 | S210<br>Under the direction of the new leadership team, all current dietary personnel will be immediately retrained on all required initial and annual in-service topics applicable to their roles. Retraining will be completed to ensure all dietary staff meet regulatory training requirements.<br>Completion Date: 5/15/26<br><br>The Administrator and/or designee will conduct a complete review of all employee personnel files to verify completion and documentation of required initial and ongoing annual training for dietary staff and other applicable employees.<br><br>Completion Date: 5/15/26<br><br>Received<br>MAY - 1 2026 | 5/15/26<br><br>5/15/26 |

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

Courtney A. Fisher, ALRA — Executive Director — 5/01/2026

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| S 210 | Continued From page 1<br>opposite end of the kitchen.<br><br>Record review of the residence's internal investigation dated 3/2/2026 revealed that the fire alarm was activated due to smoke coming from the laundry room, caused by a fire inside the dryer unit. The materials that were inside of the dryer consisted of kitchen rags that emitted a noticeable chemical/cleaning solution odor, which may have contributed to the ignition.<br><br>During a surveyor observation on 4/10/2026 at approximately 10:15 AM of the main kitchen, a chemical cleaning agent, with a manufacturer label of "First Mark Foaming Oven & Grill Cleaner" was observed stored on a shelf located above a sink.<br><br>Record review of the label on the above-mentioned chemical cleaner stated in part, 'Extremely flammable...keep away from heat, open flames, hot surfaces..."<br><br>Record review of the SDS (Safety Data Sheet) book located in the main kitchen failed to have the SDS sheet for the above-mentioned chemical.<br><br>During a surveyor interview immediately following the above-mentioned observation with a dietary cook, Staff C, he revealed that the cleaning cloths that are used by the dietary staff are laundered at the residence or by a contracted laundry service. He was unaware that some of the chemicals in the department are flammable.<br><br>During a surveyor interview on 4/10/2026 at approximately 11:30 AM with the Administrator, she was unable to provide evidence that the dietary staff had been in-serviced on the chemical | S 210 | All dietary staff will be immediately retrained on Hazard Communication/Right to Know requirements and the safe handling of chemicals used within the dietary department. Dietary staff will also be reeducated that all cleaning cloths are to be laundered exclusively by the facility's contracted commercial laundry service and not laundered in house.<br>Completion Date: 5/15/26<br><br>The Safety Data Sheet (SDS) binder will immediately be audited for accuracy and completeness.<br>Completion Date: 5/15/26<br>Inspection of the dryer was conducted on 3/4/2026 and remains inoperable until replaced or repaired.<br><br>Under new leadership, The Highlands has implemented a standardized onboarding and annual training tracking process to ensure all newly hired dietary personnel receive appropriate initial orientation and required ongoing in-service education. Training compliance will be monitored through scheduled personnel file audits and maintained training logs. | 5/15/26<br><br>5/15/26 |

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| S 210 | Continued From page 2<br>usage and hazards of cleaning products and was unable to provide evidence that the SDS book held a sheet for the "Foaming Oven &Grill Cleaner." | S 210 | The Administrator and/or designee will audit a minimum of 10% of employee personnel files monthly x 90 days and quarterly thereafter.<br><br>Completion Date: 7/21/26 | 7/21/26 |
| S 250 | Organization And Management 2.4.14.A Management Of Services<br><br>2.4.14 (A) Management of Services<br><br>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.<br><br>This Requirement is not met as evidenced by:<br>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 relative to following physician's orders for one of two residents reviewed, Resident ID #2.<br><br>Findings are as follows:<br><br>The Rhode Island Department of Health received an anonymous complaint on 3/9/2026 alleged in part that medications were not being ordered and that medications were missing for a few days or | S 250<br><br>AD 5/4/26 | Results of the audits will be reviewed quarterly through the Quality Assurance/Performance Improvement (QAPI) program.<br><br>Any identified deficiencies will be addressed promptly through retraining and corrective action.<br>Completion Date: Ongoing<br><br>The Safety Data Sheet SDS) binder will be audited for accuracy and completeness monthly ongoing by the Regional Food Service Director (FSD) and/or Divisional FSD.<br><br>Findings from the audit will be reported and reviewed through the Quality Assurance/Performance Improvement (QAPI) program to ensure compliance and to identify and address any needed corrective actions.<br><br>Once the on-site Food Service Director (FSD) position is filled, the FSD will receive training on Right to Know and SDS management upon | ongoing |

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| S 250 | Continued From page 3<br>more.<br><br>Record review of Resident ID #2's physician's orders for medications included, but were not limited to:<br><br>- Ear Wax Removal Drops<br><br>- Loperamide (used to treat diarrhea) 2mg capsule<br><br>- MiraLAX (laxative) 17 gm (grams)<br><br>During a surveyor observation on 4/10/2026 at approximately 2:00 PM of the medication cart, the above-mentioned medications were not available.<br><br>Further record review of the physician's orders revealed an order for Vitamin D2 50 mcg (micrograms).<br><br>During a surveyor observation of the medication cart revealed that Vitamin D2 50 mcg was not available and that the supplement that was being administered to the resident was Vitamin D3 20mcg.<br><br>Record review failed to reveal that the physician was made aware of the above-mentioned medications not being available and that the incorrect Vitamin D and doses were being administered.<br><br>During a surveyor interview on 4/10/2026 at approximately 2:15 PM with a Registered Nurse, Staff B, she was unable to provide evidence that the above-mentioned medications were available and that the resident was given the correct Vitamin D and dose. | S 250 | hire and will include verification of SDS accuracy and chemical safety compliance in their weekly departmental audits.<br><br>Completion Date: Upon hire; ongoing weekly thereafter.<br><br>The Administrator will be responsible for monitoring all reports and the Regional Director of Operations or Resident Care will complete random intermittent reviews for compliance.<br><br>The Administrator or designee will be responsible for scheduling and documenting all in services.<br><br>Quarterly QA Reviews will be conducted by the Administrator, Regional Director of Operations or Resident Care and the information will be filed in the QA binder.<br><br>S250<br>Resident ID #2: Medication orders were immediately reviewed and resolved as indicated with ear wax removal drops, MiraLAX, loperamide and vitamin D delivered and available.<br><br>All nurses and medication technicians will be re-educated by the Resident Care Director (RCD) and/or RN Designee on the | Upon Hire ongoing weekly |

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| S 580 | Continued From page 4 | S 580 | community's medication management policies in accordance with RIDOH Assisted Living Residence Regulation S-250. | |
| S 580 | Residential Care Services 2.4.23.G(1-4) Dietetic Services<br><br>2.4.23 (G) (1-7) Dietetic Services<br><br>G. All food services shall be conducted in accordance with Part 50-10-2 of this Title, Certification of Managers in Food Safety that include but are not limited to the following provisions:<br><br>1. Each residence where potentially hazardous foods are prepared shall employ at least one (1) full-time, on-site manager certified in food safety who is at least eighteen (18) years of age.<br><br>2. Residences that primarily serve the elderly and individuals with diminished immune systems shall have a manager certified in food safety present during preparation of all hot potentially hazardous foods.<br><br>3. Residences that have a licensed capacity of twenty-six (26) or more residents and that employ ten (10) or more full-time equivalent employees directly involved in food preparation shall employ at least two (2) full time, on-site managers certified in food safety.<br><br>4. Residences that have a licensed capacity of twenty-five (25) or fewer residents and that employ five (5) or fewer full-time equivalent employees involved in preparation and serving of food, shall only be required to employ one (1) full time manager certified in food safety. | S 580 | Education will include proper medication ordering procedures, verification of provider orders, and required communication with the primary care provider (PCP) when a medication is unavailable, when an incorrect dose has been administered, or when clarification of a medication order is required.<br><br>Completion Date: 5/15/26<br><br>Nursing staff will be re-educated by the RCD or RN Designee on when a PRN medication is determined to no longer be clinically indicated or utilized, the nurse is required to notify the PCP to obtain an order to discontinue the medication in compliance with S-250 requirements for current and accurate medication orders.<br><br>Completion Date: 5/15/26<br><br>A complete medication cart audit will be completed within 30 days to ensure accuracy and availability of all medications ordered.<br><br>Any identified discrepancies will be documented and immediately rectified as indicated with provider notification.<br><br>Completion Date: 5/15/26 | 5/15/26<br><br>5/15/26 |

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| S 580 | Continued From page 5<br><br>This Requirement is not met as evidenced by:<br>Based on observation, record review, and staff interview, it has been determined the facility failed to ensure that all food services are conducted in accordance with Certification of Managers in Food Safety (216-RICR-50-10-2) relative to the preparation of all hot potentially hazardous foods.<br><br>Findings are as follows:<br><br>A reported community complaint was received by the Rhode Island Department of Health on 11/14/2025 alleging that the residence does not have "Rhode Island Food Safety Managers" on duty during the preparation of potentially hot hazardous food items.<br><br>Record review of the plan of correction for the survey conducted on 12/3/2026 revealed that the residence had hired two full-time RI-licensed Food Service Managers and alleged they were in compliance as of 12/20/2025.<br><br>The Rhode Island Department of Health received a complaint on 3/9/2026 alleging, in part, that there is not enough food or snacks for the residents.<br><br>During a surveyor interview on 4/10/2026 of the main dining room during the breakfast meal, Resident ID #s 1, 2, and 3 revealed that they do get enough food at mealtime and that the snacks are limited.<br><br>Record review of the menu for Friday 4/10/2026 revealed the following:<br><br>- Grilled Flank Steak<br>- Pecan Crusted Salmon | S 580 | The Resident Care Director (RCD) or RN Designee will audit a minimum of 10% of resident's medication orders and medication cart supply monthly x 90 days and quarterly thereafter. Any identified non-compliance will be addressed promptly through corrective action, re-education, and provider notification as indicated.<br><br>Completion Date: 7/21/26<br><br>Results of the audits will be reviewed quarterly through the Quality Assurance/Performance Improvement (QAPI) program. Any identified deficiencies will be addressed promptly through retraining and corrective action.<br><br>Completion Date: Ongoing<br><br>The Administrator and Resident Care Director will be responsible for monitoring all reports and the Regional Director of Resident Care will complete random intermittent reviews for compliance.<br><br>The Resident Care Director or designee will be responsible for scheduling and documenting all in services. | 7/21/26 |

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| S 580 | Continued From page 6<br>- Mashed Potatoes<br>- Broccoli<br>- Chef Special Dessert<br><br>During a surveyor observation of the café on 4/10/2026 at approximately 10:45 AM revealed a fruit bowl of bananas was available along with hot beverages.<br><br>During a surveyor observation on 4/10/2026 of the lunch meal, portion sizes served were adequate and no resident concerns were revealed related to portion sizes.<br><br>During a surveyor observation and interview of the main kitchen on 4/10/2026 at approximately 10:30 AM, with Dietary Cook, Staff C, he revealed that the Food Service Manager was on a leave of absence and that he was in charge.<br><br>Record review of the dietary schedule for the month of April revealed on the following dates when a R.I Food Safety Manager was not on duty during the preparation of potentially hot hazardous food items:<br><br>- 4/4/2026<br>- 4/5/2026<br>- 4/8/2026<br>- 4/9/2026<br>- 4/10/2026<br>- 4/15/2026<br>- 4/16/2026<br>- 4/17/2026<br>- 4/18/2026<br>- 4/19/2026<br>- 4/22/2026<br>- 4/23/2026<br>- 4/24/2026<br>- 4/25/2026 | S 580 | Quarterly QA Reviews will be conducted by Administrator, Regional Director of Operations or Resident Care and the information will be filed in the QA binder.<br><br>S580<br>The community will ensure that a certified Food Safety Manager (FSM) is present during all food preparation and service periods. FSM hours will be clearly reflected on the posted food service schedule to ensure continuous oversight during all meal preparation times.<br><br>Current staffing assignments and schedules were reviewed to ensure certified coverage as required.<br><br>Completion Date: 4/23/26<br><br>Staff C remains employed and maintains current Food Safety Manager certification.<br>Staff D is no longer employed by The Highlands and has been removed from all schedules and consideration for FSM coverage. | 4/23/26 |

5/4/26 (m)

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| S 580 | Continued From page 7<br><br>Record review of the dietary work schedule for 4/10/2026 revealed that Dietary Cook, Staff C, had a current Rhode Island Food Safety Manager Certificate, and it was visibly posted in the main kitchen. Further review of the work schedule revealed that Dietary Cook, Staff D, was scheduled to work from 11:00 AM to 7:00 PM and did not hold a Rhode Island Food Safety Manager Certificate.<br><br>During a surveyor interview on 4/10/2026 at approximately 1:00 PM with the Administrator, she revealed that snacks of fruit and beverages are available to the residents and that the snack choices have been revised. Additionally, she was unable to provide evidence that two people are currently employed that hold a current Rhode Island Food Safety Manager Certificate and that one was present during the preparation of the meals on the above-mentioned dates. | S 580 | The Highlands is actively interviewing for a new Food Service Director and Cook who hold current Food Safety Manager certifications. Once hired, certification status will be verified prior to scheduling independent food preparation duties.<br><br>Current staff applied for RI FSM Certification and is active effective 4/29/2026<br><br>Food service scheduling procedures have been updated to require documented FSM coverage for all shifts involving meal preparation.<br><br>The Administrator and/or designee will review food service schedules weekly to verify FSM coverage.<br><br>Ongoing compliance will be included and reviewed through the Quality Assurance/Performance Improvement (QAPI) program. Any identified deficiencies will be addressed promptly through retraining and corrective action.<br><br>Completion Date: Ongoing | 4/29/26<br><br>ongoing |
| S 650 | Residential Care Services 2.4.26.B.3 Medication Services<br><br>2.4.26 (B) (3) Ordering medications<br><br>3. Ordering medications<br><br>a. In M1 and M2 facilities, when assistance is needed, the certified administrator, or his/her qualified designee, shall assist with ordering medications. Assistance shall include coordinating prescriptions and delivery of medications, reorders of prescriptions, and receiving deliveries. | S 650 | | |

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| S 650 | Continued From page 8<br><br>This Requirement is not met as evidenced by:<br>Based on observation and staff interview, the residence failed to assist in receiving prescription deliveries and did not have a system for medication deliveries for residents that self-administer their own medications for one of two residents reviewed, Resident ID #1.<br><br>Findings are as follows:<br><br>The Rhode Island Department of Health received an anonymous complaint on 3/9/2026 that alleged, in part, that medication orders were not being placed and that medications were missing for a few days or more were not being ordered on time.<br><br>Record review of physician's orders for Resident ID #1 revealed the physician prescribed medications that included, but were not limited to:<br><br>- Levetiracetam PAM (medication used to treat seizures)25 mg Cap<br><br>- Vitamin B-1 100mg tablet<br><br>Additional, record review of physician's orders revealed that the resident was able to self-administer his/her medications.<br><br>During a surveyor observation on 4/10/2026 at approximately 1:30 PM with the resident in his/her room, Levetiracetam PAM and Vitamin B 1 were not available.<br><br>During a surveyor interview with the resident immediately following the above observation s/he revealed s/he was not aware s/he had a physician's orders for the above-mentioned | S 650 | The Administrator will be responsible for monitoring all reports and the Regional Director of Operations or Food Services will complete random intermittent reviews for compliance.<br><br>The Administrator or designee will be responsible for scheduling and documenting all in services.<br><br>Quarterly QA Reviews will be conducted by the Administrator or Regional Director of Operations, and the information will be filed in the QA binder.<br><br>S650<br>Resident ID #1: Medication orders were immediately reviewed with a subsequent physician follow-up appointment on 4/29/26. Medication orders for Keppra and Vitamin B1 were discontinued by provider.<br><br>All nurses will be re-educated by the Resident Care Director (RCD) and/or RN Designee on the community's medication management policies in accordance with RIDOH Assisted Living Residence Regulation S-650.<br><br>Education will include proper verification of delivered medication against the | |

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| S 650 | Continued From page 9<br>medications. S/he indicated that the staff order his/her medications.<br><br>During a surveyor interview on 4/13/2026 at approximately 9:00 AM with Licensed Practical Nurse, Staff A, she revealed that the medications that are delivered to the residence by a pharmacy are left with the nursing staff and in turn the nursing staff will deliver the medications to the resident. She further revealed that the nursing staff does not verify the delivered medications against the physician's orders for residents that self-administer their own medications, nor do they track if ordered medications are received from the pharmacy for those residents. | S 650 | physician's orders for residents that self-administer their own medications and required communication with the primary care provider (PCP) and/or pharmacy when a medication is unavailable, when an incorrect dose has been administered, when clarification of a medication order is required or to assist in coordinating delivery of medications as indicated.<br>Completion Date: 5/15/26<br><br>All residents assessed for self-administration of medications will receive a comprehensive medication audit completed by the RCD or RN Designee to ensure medication orders are current, accurate, and administered according to provider orders and community policy within 30 days. Any identified non-compliance will be addressed promptly through corrective action, re-education, and provider notification as indicated<br><br>Completion Date: 5/15/26<br>The Resident Care Director (RCD) or RN Designee will complete a comprehensive medication audit for a minimum of 10% of all resident's assessed for self-administration of medication monthly x 90 days and quarterly thereafter. | 5/15/26<br><br>5/15/26 |

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| 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 |
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| S 650 | Continued From page 9<br>medications. S/he indicated that the staff order his/her medications.<br><br>During a surveyor interview on 4/13/2026 at approximately 9:00 AM with Licensed Practical Nurse, Staff A, she revealed that the medications that are delivered to the residence by a pharmacy are left with the nursing staff and in turn the nursing staff will deliver the medications to the resident. She further revealed that the nursing staff does not verify the delivered medications against the physician's orders for residents that self-administer their own medications, nor do they track if ordered medications are received from the pharmacy for those residents. | S 650 | Any identified non-compliance will be addressed promptly through corrective action, re-education, and provider notification as indicated.<br><br>Completion Date: 7/21/26<br><br>Results of the audits will be reviewed quarterly through the Quality Assurance/Performance Improvement (QAPI) program. Any identified deficiencies will be addressed promptly through retraining and corrective action.<br><br>Completion Date: Ongoing<br><br>The Administrator and Resident Care Director will be responsible for monitoring all reports and the Regional Director of Resident Care will complete random intermittent reviews for compliance.<br><br>The Resident Care Director or designee will be responsible for scheduling and documenting all in services.<br><br>Quarterly QA Reviews will be conducted by Administrator, Regional Director of Operations or Resident Care and the information will be filed in the QA binder | Ongoing |

5/4/26