RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01515	A. BUILDING: _____ B. WING _____	06/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HALCYON AT WEST BAY LLC	2783 WEST SHORE ROAD WARWICK, RI 02889

(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 biennial State licensure survey was conducted at this residence on 06/09/2025 through 06/10/2025. Deficiencies were identified relative to the State licensure survey.	S 003		
S 190	Organization And Management 2.4.12.H Administrative Management 2.4.12 (H) In-service Training 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. 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. 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 shall have initial and on-going, at intervals not to exceed twelve (12) months, in-service training in all required topics for 9 of 9 staff reviewed, Staff A, B, C, D, E, F, G, H, and I. Findings are as follows: Record review of personnel records and facility in-service training documents failed to reveal the following staff were in-serviced on all required topics identified in 2.4.12(G1) and 2.4.12(G2). According to 2.4.12(G1), the administrator shall	S 190	The community has signed a contract with CE Solutions to maintain all training electronically beginning July 16, 2025. The specific topics that are mentioned in the RI Regulations for Assisted Living Residences has been given to CE Solutions to create an appropriate orientation training session and all ongoing training for annual in-services. The department head for each department will run monthly reports to ensure all associates are completing their scheduled trainings. The department head will then answer to it on their monthly QA report. This will be completed by August 30, 2025. Received JUL 02 2025 Facilities Regulation	

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

Melissa Stucke — Executive Director — 6/27/25

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S 190	Continued From page 1 ensure that all new employees shall receive at least two (2) hours of orientation and training within ten (10) days of hire and prior to beginning work in the assisted living residence. These trainings include the following: a. Fire prevention b. Recognition and reporting of abuse, neglect, and mistreatment c. Assisted living philosophy (goals/values: dignity, independence, autonomy, choice) d. Resident's rights e. Confidentiality f. Emergency preparedness and procedures g. Medical emergency procedures h. Infection control policies and procedures i. Resident elopement According to 2.4.12(G2), the administrator shall ensure that all new employees who will have regular contact with residents and provide residents with personal care shall receive at least ten (10) hours of orientation and training within thirty (30) days of hire and prior to beginning work alone in the assisted living residence. These trainings include the following: j. Basic sanitation k. Food service l. Basic knowledge of cultural differences m. Basic knowledge of aging-related behaviors including dementia and Alzheimer's disease n. Personal assistance o. Assistance with medications p. Safety of residents q. Body Mechanics i. Resident Transfers (required for residences licensed at the F1 level for fire safety) j. Record-keeping k. Service plans	S 190		

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S 190	Continued From page 2 I. Internal reporting. The following staff did not receive training in cultural differences, medical emergencies, and record keeping upon hire: Staff A was hired as a Nursing Assistant (NA) on 4/7/2025. Staff B was hired as a NA on 4/15/2025. Staff C was hired as a Certified Medication Technician (CMT)/NA on 5/5/2025. Staff G was hired as a CMT/NA on 2/9/2025. The following staff did not receive training in cultural differences, medical emergencies, and record keeping upon hire and ongoing at intervals not to exceed 12 months: Staff D was hired as a NA on 7/13/2023. Staff E was hired as a NA on 8/14/2023. Staff F was hired as a Director of Wellness/Registered Nurse on 4/20/2021. Staff H was hired as a NA on 4/12/2023. Staff I was hired as a NA on 3/14/2023. During a surveyor interview with the Assistant Executive Director on 6/10/2025 at approximately 3:00 PM, she could not provide evidence that the above-mentioned required trainings were completed by the above-mentioned staff.	S 190		

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S 490	Continued From page 3	S 490		
S 490	Residential Care Services 2.4.21.C Dietetic Services 2.4.21 (C) Dietetic Services C. The food service in each residence shall comply with the appropriate requirements of R.I. Gen. Laws Chapters 21-27 and 21-31, Rhode Island Food Code (Part 50-10-1 of this Title), and such other applicable statutory or regulatory provisions. This Requirement is not met as evidenced by: Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to comply with all appropriate standards of the Rhode Island Food Code relative to the main kitchen. Findings are as follows: A. Record review of the Rhode Island Food Code 2022 edition, Section 6-301.14 states in part, "Handwashing Signage. "A sign or poster that notifies FOOD EMPLOYEES to wash their hands shall be provided at all HANDWASHING SINKS used by FOOD EMPLOYEES and shall be clearly visible to FOOD EMPLOYEES." B. Record review of the Rhode Island Food Code 2022 edition, Section 6-501.113 states in part, "Storing Maintenance Tools. Maintenance tools such as brooms, mops, vacuum cleaners, and similar items shall be: (A) Stored so they do not contaminate FOOD, EQUIPMENT, UTENSILS, LINENS, and SINGLE-SERVICE and SINGLE-USE ARTICLES..."	S 490	S-490 - A. Handwashing sign was put up before surveyor left the building. B-F. In-services will be completed on all topics and will be signed by staff employed in the dietary department. All sections that were found to be non-compliant will be added to the monthly QA. Culinary Director will maintain a weekly log to ensure these areas are being maintained properly. This will be completed by 7/31/25.	

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S 490	Continued From page 4 C. Record review of the Rhode Island Food Code 2022 edition, Section 3-501.17 states in part"...refrigerated, READY-TO -EAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and held in a FOOD ESTABLISHMENT for more than 24 hours shall be clearly marked to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded when held at a temperature of 5°C (41°F) or less for a maximum of 7 days..." D. Record review of the Rhode Island Food Code 2022 edition, Section 3-602.11 states in part, "Food Labels states in part...(B) Label information shall include: (1) The common name of the food..." E. Record review of the Rhode Island Food Code 2022 edition, Section 4-601.11 states in part, "... (C) NonFOOD-CONTACT SURFACES of EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other debris..." F. Record review of the Rhode Island Food Code 2022 edition, Section 5-501.15 states in part, "...Outside Receptacles...Proper storage and disposal of garbage and refuse are necessary to minimize the development of odors, prevent such waste from becoming an attractant and harborage or breeding place for insects and rodents..." During the initial tour of the main kitchen on 6/9/2025 at 9:00 AM in the presence of Executive Chef, Staff J, the following was revealed: 1. No signage at the handwashing sink, this would indicate to employees that the sink is for	S 490		

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S 490	Continued From page 5 handwashing purposes only. 2. Two long handle brooms and a dustpan stored near the clean cups. 3a. In the reach in freezer a pink substance was stuck to the back wall; there was 22 dishes of pink colored ice cream, no label and uncovered; an additional 15 dishes of light-colored ice cream, no label and uncovered; and 3 puree molds filled with a green substance, not labeled or dated. 3b. The "lazy boy" refrigerator contained egg salad in a clear container, without an expiration date. 4. In the dry storage area was a container of green lentils, not fully covered and dry oats splattered on the bottom shelf and floor behind the shelving. 5a. In the walk-in refrigerator to the left side corner behind the shelving on the floor were 2 oranges, a bun, and celery. Raw fish was stored in a pan with a use by date of 6/1/2025. 5b. In the main walk-in freezer to the far-left side on the floor towards the back was a sheet of ice. The ceiling on the right-hand side towards the back, had approximately 6 inches of built-up frost. 6. The dietary dumpster area was found to have produce (tomatoes and lettuce) on the ground, which attract pests. During a surveyor interview following the above observations with Staff J, he acknowledged the handwashing sink had no signage, the brooms were stored near the clean cups, the reach-in freezer needed to be cleaned, the ice-cream	S 490		

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S 490	Continued From page 6 dishes had no labels and were not covered, the shelving and floor in the dry storage area needed to be cleaned, the lid to the lentils should be on tight, the walk-in refrigerator floor behind the shelves needed to be cleaned, the egg salad was without a date, the ice and frost accumulation in the main walk-in freezer needed to be defrosted, and the area surrounding the dumpster needed to be cleaned to comply with the Rhode Island Food Code.	S 490		
S 555	Residential Care Services 2.4.24.A.3.a Medication Services 2.4.24 (A) (3) (a) Medication Services 3. Each residence shall provide medication services only in accordance with the appropriate level of licensure for which the residence is licensed, which shall be as follows: a. For assisted living residences licensed at the M2 Level, assistance with self- administration by unlicensed employees means that the residence shall only be responsible for reminding residents to take medications, and: (1) The resident or guardian must provide written authorization for the residence to provide assistance with the self-administration of medications; (2) The residence must provide, in writing, a description of services provided by the residence to each physician prescribing for a resident, including limitations on services; (3) Employees may only remind the resident and observe the self- administration of medication;	S 555	S555 - The med carts will be audited weekly and signed off by the CMT completing the audit. The signed audit will then be reviewed and signed off by the Director of Health and Wellness. Once the DHW reviews and signs, the med cart audits will be submitted to the ED for review and a final sign off. The ED will keep the med cart audits in the ED office. If there are issues or med cart audits are not completed within the timeframe delegated, then the DHW will ensure staff accountability is held. The med cart audits will be added to the monthly QA for the DHW. This will be completed by August 1, 2025.	

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S 555	Continued From page 7 (4) The resident shall not require nursing assessment of health status before receiving the medication, nor nursing assessment of the therapeutic or side effects after the medication is taken; (5) Except as provided in § 2.4.24(A)(3)(a)(7) of this Part, the medication shall be in the original pharmacy-dispensed container with proper label and directions attached; (6) Unlicensed employees shall not monitor health indicators, make medication decisions, adjust medications or provide other medical or nursing decisions; (7) For residents capable of self-administration of medication but who wish to ask assisted living residence employees to use a medi-set (pre-poured packaging distribution system), only registered medication aide, licensed nurse, or pharmacist shall organize the medications for up to one (1) week; (8) All medication in the residence, regardless of whether controlled by employees or by the resident, shall be stored securely. All medications shall be stored in a manner to prevent spoilage, dosage errors, administration errors or inappropriate access by other residents, visitors, or unauthorized employees. Provisions for safe storage may include lockable containers, secure spaces, or lockable units, as appropriate to the residence and the resident population. (9) There shall be documented policies or procedures regarding medication disposal and inventory procedures in the policies and	S 555		

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S 555	Continued From page 8 procedures manual. (10) Each person assisting residents with self-administration of medications shall: (AA) Be an employee of the residence; (BB) Be literate in English; and (CC) Receive orientation, instruction and on-the-job training regarding relevant policies and procedures; or (DD) Be a licensed nurse. (EE) M2 level facilities may limit record-keeping for residents who retain possession and control of medications to the requirements of § 2.4.15(A)(6) of this Part. This Requirement is not met as evidenced by: Based on surveyor observation and staff interview, it has been determined the residence failed to ensure that medications shall be stored securely and in such a manner to prevent spoilage, dosage errors, administration errors, and/or inappropriate access for 2 of 4 medication carts observed. Findings are as follows: 1. During a surveyor observation of the nurses' station medication cart on 6/10/2025 at 9:34 AM, in the presence of Nurse, Staff K, the following	S 555		

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S 555	Continued From page 9 were revealed: - a box of lancets (small sterile needles) with an expiration date of 2/15/2024, the box did not identify a resident to which they belonged. - a box of One Touch Verio test strips (used to check blood sugar levels) with an expiration date of 9/30/2023, the box did not identify a resident to which they belonged. - 3 boxes of One Touch Verio test strips with an expiration date of 3/31/2025 for Resident ID #1. - a locked box containing oxycodone-acetaminophen (used to treat pain) with a discard date of 5/16/2025 for Resident ID #2. Immediately following the above observation, Staff K, acknowledged the box of lancets were not labeled and expired, one of the boxes of One Touch Verio test strips was not labeled and all 4 boxes were expired. She further acknowledged the expired oxycodone-acetaminophen should have been removed from the cart. 2. During a surveyor observation of the medication cart in the secured care unit on 6/10/2025 at 1:39 PM, in the presence of Certified Medication Technician, Staff L, the following were revealed for Resident ID #3: - prednisone (used to decrease inflammation) 10 mg (milligrams) by mouth daily for one day. This medication was discontinued on 2/25/2025. - doxycel hyc (doxycycline hyclate used to treat bacterial infections) 100 mg by mouth twice/day for 1 day. This medication was discontinued on	S 555		

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S 555	Continued From page 10 2/25/2025. - guaifensen 600 mg ER (extended release) tab. Take 1 tab by mouth daily for cough for 15 days. This medication was discontinued on 4/13/2025. Immediately following the above observation, Staff L, acknowledged the resident is no longer prescribed these medications and the medications should have been removed from the medication cart. During a surveyor interview with the Director of Wellness on 6/10/2025 at approximately 3:00 PM, she could not provide evidence the above-mentioned medications, lancets, and test strips, were stored appropriately.	S 555		
S 705	Physical Plant 2.4.30.I Safety Requirements 2.4.30 (I) Safety Requirements I. Each residence shall develop and maintain a written plan and procedure for the evacuation of the premises in case of fire or other emergency, based on F1 / F2 licensure requirements, Fire Safety Code-General Provisions (R.I. Gen. Laws Chapter 23-28.1) requirements. 1. Emergency steps of action shall be clearly outlined and posted in conspicuous locations throughout the residence. 2. Drills simulating fire emergencies, testing the effectiveness of the fire evacuation plan shall be conducted at least six (6) times per year on a bimonthly basis with a minimum of two (2) drills conducted during the night when residents are sleeping with documentation of observed ability of	S 705	Beginning immediately, every other fire drill that is performed will be an obstructed drill. This will meet the 50% compliance of obstructed fire drills. We hold our fire drills monthly, so this will ensure 6 obstructed fire drills annually. July will begin the first obstructed fire drill in the new series.	

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S 705	Continued From page 11 residents to carry out evacuation procedures. At least fifty percent (50%) of these drills shall be obstructed drills, as defined in Fire Safety Code-General Provisions (R.I. Gen. Laws Chapter 23-28.1). 3. The drills shall be permitted to be announced in advance to the residents. The drills shall involve the actual evacuation of all residents to an assembly point as specified in the emergency plan and shall provide residents with experience in egressing through all exits and means of escape required by the Fire Safety Code-General Provisions (R.I. Gen. Laws Chapter 23-28.1). Exits and means of escape not used in any fire drill shall not be credited in meeting the requirements of the Fire Safety Code-General Provisions (R.I. Gen. Laws Chapter 23-28.1). a. Documentation of fire drills shall be maintained and shall include no less than the following information: (1) Name of the person conducting the drill; (2) Date and time of the drill; (3) Amount of time taken to evacuate the building or unit; (4) Type of drill (i.e., obstructed or unobstructed); (5) Record of problems encountered and steps taken to rectify them; (6) Employee observation of each resident's ability to carry out evacuation procedures. 4. Residents shall be instructed in all alternative methods of escape since the primary	S 705		

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S 705	Continued From page 12 exit may be unusable due to fire and/or smoke. Such instruction shall be documented in the record described in § 2.4.30(l)(3)(a) of this Part. 5. Each new resident shall be oriented to the fire drill procedure on admission, with documentation of the orientation placed in the resident's record. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined the residence failed to ensure drills simulating fire emergencies, be conducted at least six (6) times per year on a bimonthly basis and at least fifty percent (50%) of these drills shall be obstructed drills as in Fire Safety Code-General Provisions (R.I. Gen. Laws Chapter 23-28.1). Findings are as follows: Record review revealed fire drills were conducted on the following dates in 2024 and 2025: 2/22/2024, 3/13/2024, 4/23/2024, 5/30/2024, 7/30/2024, 9/30/2024, 10/18/2024, 11/25/2024, 12/16/2024, 1/18/2025, 4/23/2025, and 5/29/2025. Further review of the fire drill documentation revealed that 3 of the drills, 3/13/2024, 9/30/2024, and 10/18/2024, were recorded as obstructed which is 25%, not the required 50%. Additionally, on 7/30/2024 it was not noted if the drill was obstructed or unobstructed. During a surveyor interview on 6/9/2025 at approximately 4:00 PM with the Executive Director, she could not provide evidence that 50%	S 705		

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S 705	Continued From page 13 of the drills were obstructed. She further acknowledged that on 7/30/2024 it was not noted if the drill was obstructed or unobstructed, as required.	S 705		