STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01460	A. BUILDING: _____ B. WING _____	04/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVERGREEN ASSISTED LIVING	116 GREENE STREET WOONSOCKET, RI 02895

(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 from 4/28/2025 through 4/30/2025. Deficiencies were identified relative to the State licensure survey.	S 003		
S 230	Organization And Management 2.4.13.A Management Of Services 2.4.13 (A/B) Management of Services 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. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined the residence failed to provide care and services in accordance with the prevailing community standard of care relative to the singular resident reviewed for self-administration, Resident ID #1. Findings are as follows: According to Mosby's 4th Edition, Fundamentals	S 230	Received MAY 20 2025 Facilities Regulation 5/20/25	

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S 230	Continued From page 1 of Nursing, page 314 states in part, "...The physician is responsible for directing medical treatment. Nurses are obligated to follow physician's orders unless they believe the orders are in error or would harm the clients..." Record review revealed Resident ID #1 moved into the residence in October of 2013 with diagnoses including, but not limited to: type 2 diabetes, asthma, and obesity. Record review of the resident's comprehensive assessment, dated 10/3/2024, revealed the resident "self-administers Trulicity (an injectable insulin), weekly", for his/her diabetes. Additionally, the assessment indicates the resident self-administers all medications with supervision and is not insulin dependent. The record failed to reveal evidence of a physician's order for the resident to self-administer his/her Trulicity. During a surveyor interview with the Nurse Manager on 4/28/2025 at approximately 2:25 PM, she could not provide evidence that the resident had a physician's order to self-administer his/her medication(s) and she indicated the residence administers all of the resident's other medications.	S 230	Evergreen assisted Living POC April 28, 2025 S 230 1. Resident # 1's doctors' orders were obtained For self-administration for injectable Trulicity 1X weekly. 2. All other Residents with weekly 1X injectable, Doctor orders were obtained. 3. Evergreen RN will obtain documentation for The record, stating "Resident will self-administe His/her injection", from the ordering physician. 4. Administrator will monitor this area randomly And Q3 months.	
S 380	Residency Requirements 2.4.16.G.1 Resident Assessment/Service Plan 2.4.16 (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	S 380		

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S 380	Continued From page 2 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); 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 a description of the services and interventions needed on the service plan for 3 of 3 residents reviewed relative to smoking, Resident ID #s 1, 2, and 3 and for a singular resident reviewed for self-medication administration, Resident ID #1. Findings are as follows: During an entrance conference with the Nurse Manager on 4/28/2025 at approximately 8:00 AM the surveyor was provided with a list of residents in the residence who actively smoke. 1. Record review revealed Resident ID #1 moved	S 380	S 380 1. Residents #'s 1, 2, 3 services plans were updated With the resident to reflect their desire to continue Smoking. Residents were educated on Evergreens Smoking rules and designated areas for smoking. A. Nicotine patches and gum can be prescribed By their provider and are available on site, When requested by Resident. B. All Residents who choose to smoke are educated On the risks and chronic diseases caused by Smoking. 2. All residents are identified as smokers or non-smokers By the RN at the time of Pre-admission assessment and Appendix "C" is completed. This can be used to create The Service Plan. 3. Upon admission the residents service plan will indicated if smoker or Non-smoker and will be assessed by RN Q3 months for any change Of status. 4. Service Plans are reviewed and update with the resident quarterly By Administrator.	

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S 380	Continued From page 3 into the residence in October of 2013 with diagnoses including, but not limited to: type 2 diabetes, asthma, and obesity. Further record review revealed smoking assessments, dated 4/15/2024, 7/30/2024, 2/10/2025, and 4/25/2025, indicating that the resident is a smoker. Record review of the resident's service plan, dated 5/7/2024 and updated on 2/7/2025, failed to indicate that the resident is a smoker; therefore, failed to reveal smoking interventions to keep the resident and other residents safe. Record review of the resident's comprehensive assessment, dated 10/3/2024, revealed the resident self-administers his/her Trulicity medication for his/her diabetes. Further review of the service plan failed to indicate how the resident receives his/her medication and the party responsible for the service. 2. Record review revealed Resident ID #2 moved into the residence in August of 2021 with a diagnosis including, but not limited to, chronic obstructive pulmonary disease (COPD). Further record review revealed smoking assessments, dated 4/15/2024, 7/30/2024, 2/10/2025, and 4/25/2025, indicating that the resident is a smoker. Record review of the resident's service plan, dated 6/10/2024 and updated on 2/7/2025, failed to indicate that the resident is a smoker; therefore, failed to reveal smoking interventions to keep the resident and other residents safe.	S 380		

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S 380	Continued From page 4 3. Record review revealed Resident ID #3 moved into the residence in August of 2023 with a diagnosis including, but not limited to, COPD. Further record review revealed smoking assessments, dated 4/15/2024, 7/30/2024, 2/10/2025, and 4/28/2025, indicating that the resident is a smoker. Record review of the resident's service plan, dated 4/16/2024 and updated on 1/16/2025, failed to indicate that the resident is a smoker; therefore, failed to reveal smoking interventions to keep the resident and other residents safe. During a surveyor interview on 4/28/2025 at approximately 2:25 PM with the Nurse Manager, she could not provide evidence smoking was listed on the resident's service plan for Resident ID #s 1, 2, and 3, as required. Additionally, she could not provide evidence that medication administration was addressed on Resident ID #1's service plan.	S 380	Evergreen Assisted Living POC April 28, 2025 S-555 1. All insulin pens were reviewed for opening Date labels. Labels with start and discard dates Were attached to pens that were not previously Labeled. 2. All medication techs were retrained and reminded of the correct practice of labeling insulin pens, as Well as all medications (i.e. eye drops, creams, syrups Etc.) 3. RN and Administrator will randomly check for medication Labeling. 4. RN will review this practice quarterly as part of the Med Tech Evaluation.	
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:	S 555		

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S 555	Continued From page 5 (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; (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;	S 555		

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S 555	Continued From page 6 (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 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:	S 555		

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S 555	Continued From page 7 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 the singular medication room observed. Findings are as follows: During a surveyor observation of the medication room on 4/28/2025 at 9:42 AM in the presence of the Nurse Manager, the following was revealed: - one pen of Lantus 100 unit/ml (milliliter) insulin (a medication used to treat diabetes) without an opened date. Manufacturer instruction indicates to discard insulin 28 days from the date of opening. - one pen of Admelog SoloStar 100 units/ml insulin without an opened date. Manufacturer instruction indicates to discard insulin 28 days from the date of opening. During a surveyor interview immediately following this observation with the Nurse Manager, she acknowledged the above-mentioned medications were not dated when opened.	S 555		