STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01308	A. BUILDING: _____ B. WING _____	C 06/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOREST FARM ASSISTED LIVING	191 FOREST AVENUE MIDDLETOWN, RI 02842

(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 103794 and 103764, was conducted at this residence on 06/02/2026 to determine compliance with state laws and regulations. Deficiencies were identified.	S 003	The filing of this plan of correction does not constitute that the deficiency alleged did in fact exist, rather this POC is filed as evidence of the facility's continuing commitment to high quality resident care in full compliance with state regulations.	06/19/26
S 170	Organization And Management 2.4.13.A Administrative Management 2.4.13 (A) Administrative Management A. All licensees shall provide staffing which is sufficient to provide the necessary care and services to attain or maintain the highest practicable physical, mental and psychosocial well-being of the residents, according to the appropriate level of licensing. At least one (1) staff person who has completed employee training as outlined in § 2.4.12(G) of this Part shall be on the premises at all times. This Requirement is not met as evidenced by: Based on record review and staff interview, the residence failed to provide care in accordance with community standards of care relative to physician's orders for a singular resident that self-administers their own medication, ID #1. Findings are as follows: Record review of Mosby's 4th Edition, Fundamentals of Nursing, page 314 states, "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."	S 170	In the visit notes, the RN suggested to the Medical Provider to increase the dosage and the frequency of the resident's medication. They also suggested the resident hold their own medication, as our Med Tech's are unable to administer Schedule II. narcotics. There was a systemic turnaround time from the written note to receiving the written order, allowing that to occur, which happened to arrive the day the survey took place. Going forward the resident will continue to receive their PRN order as previously written, until the official order to increase is received from the Medical Provider. Audits will be conducted as part of the Medication Lockbox Audit, which occurs monthly and is ongoing. Received JUN 22 2026 Facilities Regulation	

Facilities Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Jennifer Rocco TITLE Administrator (X6) DATE 6/22/2026

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S 170	Continued From page 1 During a surveyor interview on 6/1/2026 at approximately 1:30 PM with the resident, s/he revealed that s/he self-administers his/her pain medication. Record review of Resident's ID #1 physician's orders failed to reveal evidence of an order for the resident to self-administer his/her medication. During a surveyor interview on 6/2/2026 at approximately 10:45 AM with the Administrator, she acknowledged that the resident's record did not have a physician's order for the resident to self-administer his/her pain medication.	S 170	Type text here	
S 310	Residency Requirements 2.4.15.A Residency Requirements 2.4.15 (A) Residency Requirements A. Each licensee, or his/her designee, through the assessment and evaluation procedures delineated in these Regulations (see § 2.4.16(C) of this Part) shall be responsible to ensure that admission to and residency in an assisted living residence be limited to those individuals who meet the definition of "resident" in accordance with § 2.3(A)(34) of this Part. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined that the residence retained a resident that does not meet the definition of a "resident" for a singular resident reviewed for appropriateness of residency, Resident ID #2.	S 310		

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S 310	Continued From page 2 Findings are as follows: Per the Rules and Regulations for Licensing Assisted Living Residences, the definition of a resident states in part, "'Resident' means an individual not requiring medical or nursing care as provided in a health care facility but who as a result of choice and/or physical or mental limitation requires personal assistance..." The facility is not licensed to provide a secure memory care unit. A facility reported incident sent to the Rhode Island Department of Health on 6/1/2026 revealed that a resident was found on 5/29/2026 at 2:17 AM trying to enter a building and was brought back to the residence by the local police. Record review revealed that Resident ID #2 moved into the residence in September of 2022 with a diagnosis that includes, but is not limited to, an anoxic brain injury (damage to the brain due to the loss of oxygen). Record review revealed that in addition to the successful elopement on 5/29/2026, the resident had three successful elopements from the residence on 11/26/2019, 8/9/2022, and 11/2/2025. Record review revealed that an intervention of a GPS (navigational system) tracker watch was in place to monitor his/her location. Record review revealed that the GPS watch was malfunctioning and not maintaining a charge. During a surveyor interview on 6/1/2026 at approximately 1:30 PM with the resident, s/he did not recall going for a walk in the middle of the	S 310	Type text here Administration had previous conversations with family members stating if the present methodology didn't work the resident would need to move to a higher level of care facility with a secured unit. Due to the GPS watch failing to notify the facility that the resident left the grounds, the resident was transferred to a facility with a secured unit on 6/4/26. Remaining residents will be evaluated for appropriate level of placement within the facility and again at the time of significant change.	06/04/26

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S 310	Continued From page 3 night or that the police brought him/her back to the residence. Additionally, s/he could not tell the surveyor what the watch did other than tell the time. During a surveyor interview on 6/1/2026 at approximately 2:15 PM with the Administrator, she could not provide evidence that the resident met the definition of a resident for a facility that was unable to provide a secure memory care unit to ensure the safety of all residents residing in the facility.	S 310		
S 335	Residency Requirements 2.4.16.A Resident Records 2.4.16 (A) Resident Records A. Each residence shall, at a minimum, maintain the following information for each resident: 1. The resident's name; 2. The resident's last address; 3. The name of the person or agency referring the resident to the home; 4. The name, specialty (if any), telephone number, and emergency telephone number of each physician who is currently treating the resident; 5. The date the resident began residing in the home; 6. A list of medications taken by the resident, including dosage, and specific records of medication administration as required by the	S 335		

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S 335	Continued From page 4 Department; a. In residences licensed at the M2 level, if a resident refuses to provide the information cited in § 2.4.15(A)(6) of this Part, this fact shall be documented in the resident ' s service agreement. 7. Written acknowledgments that the resident has signed and received copies of the rights as provided in R.I. Gen. Laws § 23-17.4-16; 8. Information about any specific health problems of the resident, which may be useful in a medical emergency, including diagnostic and/or therapeutic orders; 9. A record of personal property and funds which the resident has entrusted to the residence; 10. The name, address, and telephone number of a person identified by the resident who should be contacted in the event of an emergency or death of the resident and the name, address, and telephone number of the legal guardian; 11. Any other health-related emergency, or pertinent information which the resident requests the residence to keep on record; 12. A copy of the initial and periodic assessments described in § 2.4.16 of this Part; 13. A copy of the service plan and nurse review as described in § 2.4.16 of this Part; 14. A copy of the residency agreement as	S 335		

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S 335	Continued From page 5 described in § 2.4.14(C) of this Part. This Requirement is not met as evidenced by: Based on record review and staff interview, the residence failed to have information about specific health problems, including diagnostic and/or therapeutic orders for a singular resident reviewed for hospice services, Resident ID #1. Findings are as follows: Record review of Resident ID #1's record revealed s/he was receiving hospice services due to his/her medical diagnosis. Record review failed to reveal visit notes from the hospice provider in the record or available onsite for review. The records had to be obtained from the provider for clinical review and updates to the plan of care at the request of the surveyor. During a surveyor interview on 6/2/2026 at approximately 10:30 AM with the Administrator, she acknowledged that the record did not have the hospice provider's notes incorporated into the resident's record.	S 335	The printed copy of visit notes for any hospice resident will be reviewed by the administrative team at time of receipt. The Office Manager, or designee will be given a copy to immediately scan into the resident record. Compliance will be monitored weekly x4, monthly x3, and quarterly thereafter, or until compliance has been met.	06/26/26
S 385	Residency Requirements 2.4.17.C Resident Assessment/Service Plans 2.4.17 (C) Resident Assessment and Service Plans C. The Department-approved assessment form, or such other assessment form as approved by the Department, shall be utilized in completing the assessment on each resident who is admitted	S 385		

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S 385	Continued From page 6 to the residence. (Approved Department form is available for downloading online at http://health.ri.gov/forms/assessment/AssistedLivingResident.pdf). 1. Assisted living residences not intending to use the Department ' s assessment form shall submit their proposed assessment forms with a cover letter of intent to the Center for Health Facilities Regulation as specified in §2.4.6(A) of this Part. 2. All assessment forms shall report information appropriate to determine compatibility and compliance with the residency criteria, and shall indicate that the resident ' s needs can be met by the assisted living residence within its licensure level, and shall gather information appropriate for the development of an individualized service plan. a. The assessment form shall be designed to demonstrate compliance with the assisted living residence ' s criteria for residency. b. The assessment form shall also be designed to demonstrate that the assisted living residence can meet the resident's needs and preferences. 3. The assessment form shall also be designed to provide information appropriate for the development of an individualized service plan in accordance with § 2.4.16(G)(1) of this Part. This Requirement is not met as evidenced by:	S 385		

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S 385	Continued From page 7 Based on record review and staff interview, it has been determined that the residence failed to ensure that the comprehensive assessments were completed in their entirety and were accurate, for 1 of 4 residents reviewed, Resident ID #1. Findings are as follows: During a surveyor interview on 6/1/2026 at approximately 1:30 PM with the resident, s/he revealed that s/he self-administers his/her pain medication. This surveyor observed the narcotic to be stored in a locked box in the resident's bathroom. Record review of Resident ID #1's comprehensive assessment, dated 4/2/2026, indicated that the residence administers medication to the resident. During an observation of the Medication Aide, she administered medication to the resident. She acknowledged that she does not provide the resident with the narcotic pain medication; he/she self-administers that medication. Furthermore, an assessment for the resident's ability to self-administer was not completed, as required. During a surveyor interview on 6/2/2026 at 10:45 AM with the Administrator, she was unable to provide evidence of a self-administration assessment for Resident ID #1.	S 385	An audit will be conducted to identify incomplete comprehensive assessments. An audit will also be conducted to identify residents that need a Self-Administration of Medication Assessment. Going forward the Self-Administration of Medication Assessment will be completed quarterly and/or at significant change. Audits for assessments above will be conducted monthly X3 and quarterly X2 or until compliance has been met. The DNS or designee will report results at the quarterly QAPI meeting X4. During initial assessment of a potential resident the RIDOH Assisted Living Assessment is completed. Going forward a checklist will be provided indicating necessary documentation prior to admission insuring thoroughness of completion of the comprehensive assessment. The assessments will be reviewed by the administrative team.	07/02/26