RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01500	A. BUILDING: _____ B. WING _____	C 11/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIGHTHOUSE AT LINCOLN	425 ALBION ROAD LINCOLN, RI 02865

(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 complaint/incident investigation survey, ACTS reference numbers 102448, 1012440, was conducted at this residence on 11/12/2025 to determine compliance with state regulations. A deficiency was identified.	S 003	Received NOV 24 2025 Facilities Regulation	11/25/2025
S 605	Residential Care Services 2.4.24 Housekeeping 2.4.24 Housekeeping A. The residence shall maintain a comfortable, safe, clean, sanitary and orderly environment, free of litter, rubbish and offensive odors. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined that the residence failed to comply with safety standards, pertaining to the safe storage of hazardous chemicals, for 1 of 3 sample residents, Resident ID #1. Findings are as follows: Review of the initial Incident Reporting Form, dated 11/06/2025, states in part, "On 11/06/2025 at 5:15 PM, [Resident ID #1] took two sips of what was thought to be apple juice, when in fact it was Pine Sol. The Resident was immediately sent out. Resident was not admitted and medically cleared." Review of an initial investigative summary report, dated 11/07/25, stated in part, "...Staff A mentioned that she had kept Pine Sol hidden in an empty apple juice container in the neighborhood pantry..." Review of the facility's 5-Day internal investigation	S 605	1. Resident ID # 1 was evaluated by the Emergency Department and medically cleared. The apple juice container was removed from the neighborhood and the community. 2. All remaining Pine Sol was removed from the community. All neighborhood cabinets were cleaned and verified no chemicals were being stored improperly. All chemicals are locked and labeled. All associates have been re-trained on Chemical Storage, Labeling and Handling. 3. The staff will immediately notify the Reflections Director and/or designee regarding any chemical that is not in its original container and/or labeled. The chemical will be removed from the neighborhood immediately. Daily Safe Haven rounds will be completed by the RD and/or designee. All staff will be re-trained by the Reflections Director on a adherence to the protocol by November 25, 2025.	

12/11/25 AM

Facilities Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Executive Director — (X6) DATE: 11/25/25

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S 605	Continued From page 1 summary report, dated 11/11/2025, revealed in part, "...The NA (Nursing Assistant/Staff A) placed Pine Sol in an apple juice container. It was not labeled Pine Sol and should not have been in an apple juice container. No other residents drink apple juice on this unit...No ill effects were noted by the hospital MD." During a surveyor interview with the Administrator on 11/12/2025 at 9:30 AM, she acknowledged that poor judgement was used by the Staff A in storing Pine Sol in an apple juice container, which was not labeled, as a back-up supply.	S 605	4. The Reflections Director will review 10% the Safe Haven rounds at stand up meeting and review results at the Quality Assurance meeting for the next 6 months.	