RI Department of Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | ALR01468 | A. BUILDING: _____ B. WING _____ | C 03/24/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| ATRIA LINCOLN PLACE | 612 GEORGE WASHINGTON HIGHWAY LINCOLN, RI 02865 |

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| S 003 | Initial Comments<br><br>A complaint investigation, ACTS references numbers 102894 and 103231 was conducted at this residence on 03/18/2026 through 03/24/2026 to determine compliance with state laws and regulations. Deficiencies were identified. | S 003 | S003: Preparation, execution, and submission of this Plan of Correction does not constitute an admission of fault or liability on the part of Atria Lincoln Place nor agreement by Atria Lincoln Place as to the truth of the facts alleged or conclusions drawn in the Statement of Deficiencies or any specific statement of non-compliance. Atria Lincoln Place prepares and submits this Plan of Correction to comply with state laws and regulatory provisions. | |
| S 335 | Residency Requirements 2.4.16.A Resident Records<br><br>2.4.16 (A) Resident Records<br><br>A. Each residence shall, at a minimum, maintain the following information for each resident:<br><br>1. The resident's name;<br><br>2. The resident's last address;<br><br>3. The name of the person or agency referring the resident to the home;<br><br>4. The name, specialty (if any), telephone number, and emergency telephone number of each physician who is currently treating the resident;<br><br>5. The date the resident began residing in the home;<br><br>6. A list of medications taken by the resident, including dosage, and specific records of medication administration as required by the Department;<br><br>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. | S 335<br><br>4/5/26 | S335: Residency Requirements 2.4.16.A Residency Records<br><br>Received<br>APR 07 2026<br>Facilities Regulation | |

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

Lynn-Marie Almeida — Executive Director — 4/4/2026

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| S 335 | Continued From page 1<br><br>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;<br><br>8. Information about any specific health problems of the resident, which may be useful in a medical emergency, including diagnostic and/or therapeutic orders;<br><br>9. A record of personal property and funds which the resident has entrusted to the residence;<br><br>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;<br><br>11. Any other health-related emergency, or pertinent information which the resident requests the residence to keep on record;<br><br>12. A copy of the initial and periodic assessments described in § 2.4.16 of this Part;<br><br>13. A copy of the service plan and nurse review as described in § 2.4.16 of this Part;<br><br>14. A copy of the residency agreement as described in § 2.4.14(C) of this Part.<br><br>This Requirement is not met as evidenced by:<br>Based on record review and staff interview, it has been determined the residence failed to maintain, at a minimum, information about any specific | S 335 | | |

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| S 335 | Continued From page 2<br>health problems of the resident, which may be useful in a medical emergency, for the singular resident reviewed, Resident ID #1.<br><br>Findings are as follows:<br><br>Record review revealed Resident ID #1 moved into the residence in October of 2023 with diagnoses including, but not limited to, major depressive disorder and anxiety.<br><br>Review of a Continuity of Care form from Roger Williams Medical Center, dated 9/20/2023, revealed that the resident has allergies to the following medications:<br>- NSAIDS (Nonsteroidal Anti-Inflammatory Drugs)<br>- acetaminophen<br>- diclofenac<br>- amitriptyline<br>- setraline<br>- calcitonin<br>- Elavil<br>- miacalcin<br>- Zoloft<br>- Voltaren<br><br>Review of the resident's face sheet revealed the resident is allergic to the following medications:<br>- NSAIDS<br>- amitriptyline<br>- calcitonin<br>- Desvenlafaxine Succinate<br>- fentanyl<br>- lorazepam<br>- methalphenidate<br>- oxaprozin<br>- sertraline<br>- tramadol<br><br>Review of the initial comprehensive assessment, | S 335 | S335: Resident Services Director or Designee to complete an audit of resident records to confirm information about any specific health problems of the resident, which may be useful in a medical emergency, including diagnostic and/or therapeutic orders, is accurate and up to date. | 5/15/2026 |

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| S 335 | Continued From page 3<br>dated 10/5/2023, revealed the resident has allergies to the following medications:<br>- Tylenol (contains acetaminophen)<br>- diclofenac (a type of NSAID)<br>- amitriptyline<br>- calcitonin<br>- sertraline<br><br>Review of the service plan, dated 1/19/2026, revealed the resident has allergies that are consitent with those listed on the resident's face sheet.<br><br>The resident's "Physician's Orders" list the allergies to medications as follows:<br>- NSAIDS<br>- amitriptyline<br>- calcitonin<br>- Desvenlafaxine Succinate<br>- fentanyl<br>- lorazepam<br>- methalphenidate<br>- oxaprozin<br>- sertraline<br>- tramadol<br><br>Record review of the resident's physician's orders prior to discharge on 2/27/2026 revealed the resident was prescribed "Acetaminophen 500 mg (milligrams) tablet take 1 tab oral 3 times a day" and "Aspirin (an NSAID) 81 mg tab chew take one tablet by mouth once daily."<br><br>During a surveyor interview with Licensed Practical Nurse, Staff A, on 3/23/2026 at 11:10 AM, she revealed that in a progress note, dated 7/24/2024, it was noted that there was a response from the resident's primary care physician to remove Tylenol from the allergy list. She further revealed that in a progress note, | S 335 | | |

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| S 335 | Continued From page 4<br>dated 12/24/2025, the resident's nurse practitioner ordered the resident to have aspirin daily. Staff A could not provide evidence the face sheet, the comprehensive assessment, or the service plan, accurately reflected the resident's allergies. | S 335 | | |
| S 390 | Residency Requirements 2.4.17.D Resident Assessment/Service Plans<br><br>2.4.17 (D) Resident Assessments and Service Plans<br><br>D. The assessment shall be reviewed and at intervals not to exceed twelve (12) months and each time a resident's condition changes significantly.<br><br>This Requirement is not met as evidenced by:<br>Based on record review and staff interview, it has been determined the residence failed to update the comprehensive assessment each time a resident's condition changed significantly for the singular resident reviewed for suicidal ideation (SI)/suicidal attempts (SA), Resident ID #1.<br><br>Findings are as follows:<br><br>Record review revealed Resident ID #1 moved into the residence in October of 2023 with diagnoses including, but not limited to, major depressive disorder and anxiety.<br><br>Record review of the resident's initial comprehensive assessment, dated 10/5/2023, revealed the resident had a SA on 9/21/2023 by taking a high dose of aspirin.<br><br>Record review of a progress note, dated | S 390 | S390: Residency Requirements 2.4.17.D Resident Assessment/Service Plans<br><br>S390: Resident Services Director or designee to complete an audit of Comprehensive Assessments to confirm resident assessments are accurate and up to date.<br><br>S390: Responsibility for compliance is that of the Resident Services Director or Designee. Comprehensive Assessments must be completed Annually and on Change of Condition. Executive Director will conduct weekly audits, for the next 90 days, to ensure compliance. | 5/15/2026<br><br>7/15/2026 |

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| S 390 | Continued From page 5<br>7/7/2025, revealed the resident was at a doctor's appointment when s/he was having active SI with a plan. S/he was sent out to the hospital for an evaluation.<br><br>Review of the comprehensive assessment, last updated 9/17/2024, failed to reveal the assessment was updated with a change of condition of SI with a plan in July of 2025. The assessment indicates a prior attempt "Sept 21, 2023" and is not updated again until 9/22/2025.<br><br>During a surveyor interview with Licensed Practical Nurse, Staff A, on 3/23/2026 at 11:10 AM, she could not produce evidence SI was added to the comprehensive assessment after the incident on 7/7/2025.<br><br>Additionally, Tylenol is listed as a medication allergy on the comprehensive assessment.<br><br>During a subsequent interview with Staff A, she revealed there is a progress note in the resident's chart, dated 7/24/2024, that the resident's primary care physician took Tylenol off of the resident's allergy list. She acknowledged the comprehensive assessment was not updated to reflect this change. | S 390 | | |
| S 405 | Residency Requirements 2.4.17.G.1. Resident Assessment/Service Plans<br><br>2.4.17 (G) (1) Service Plans<br><br>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 service plan based on the initial assessment. The service plan shall include at least: | S 405 | S405: Residency Requirements 2.4.17.G.1 Resident Assessment/Service Plans | |

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| S 405 | Continued From page 6<br><br>a. The services and interventions needed, including all services provided by outside healthcare agencies (e.g., home nursing care, hospice);<br><br>b. Description, frequency, duration relating to the service or intervention, including personal assistance, medication, special diets, recreational activities, and other similar services rendered;<br><br>c. Party responsible for arranging and/or providing the service; and<br><br>d. The resident ' s requested and/or therapeutically needed recreational and social activities.<br><br>This Requirement is not met as evidenced by:<br>Based on record review and staff interview, it has been determined the residence failed to update the service plan for the singular resident reviewed for suicidal ideation (SI)/suicidal attempts (SA), Resident ID #1.<br><br>Findings are as follows:<br><br>Resident ID #1 moved into the residence in October of 2023 with diagnoses including, but not limited to, major depressive disorder and anxiety.<br><br>Review of the Miriam Hospital emergency room paperwork, dated 7/7/2025, revealed the resident came in for suicidal thoughts and was diagnosed with persistent depressive disorder.<br><br>Review of the service plan, dated 9/17/2024, | S 405 | S405: Executive Director or Designee to complete an audit of resident service plans to confirm service plans contain accurate and up to date information, including but not limited to services and interventions needed, based on the most recent Comprehensive Assessment. | 5/15/2026 |

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| S 405 | Continued From page 7<br>failed to be updated to document the resident had suicidal ideations. The service plan further failed to reveal interventions in place to keep the resident safe.<br><br>Review of the comprehensive assessment, dated 10/5/2023, revealed the resident had a suicide attempt on 9/21/2023 by taking many aspirin.<br><br>During a surveyor interview with Certified Nursing Assistants, Staff B and C on 3/18/2026 at 11:19 AM, they were unaware that the resident had a history of suicidal attempts or suicidal ideation.<br><br>Additionally, NSAIDS (Nonsteroidal Anti-Inflammatory Drugs) is listed as a medication allergy on the service plan.<br><br>Review of a progress note, dated 12/24/2025, reveals the resident was seen by the nurse practitioner who prescribed the resident aspirin (an NSAID).<br><br>Record review of a facility reported incident form dated 2/27/2026 revealed Resident ID #1 was found with altered mental status and a suspected drug overdose. Empty bottles of both Tylenol and aspirin were found on the resident's counter by staff when they entered the room.<br><br>Record review of the "Five (5) Day Investigation Report" dated 3/3/2026 revealed Resident ID #1 passed away at the hospital due to aspiration pneumonia and kidney failure due to elevated Tylenol levels.<br><br>During a surveyor interview with the Executive Director designee on 3/18/2026 at approximately 3:00 PM, she could not provide evidence the service plan addressed the history of a suicide | S 405 | | |

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| S 405 | Continued From page 8<br>attempt or suicidal ideations with interventions in place to keep the resident safe.<br><br>During a surveyor interview with the Community Business Director on 3/23/2026 at approximately 12:18 PM, she could not provide evidence that the service plan was updated to discontinue NSAIDS as an allergy. | S 405 | | |