RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01519	A. BUILDING: _____ B. WING _____	C 12/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SMITHFIELD WOODS	171 PLEASANT VIEW AVENUE SMITHFIELD, RI 02917

(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 reference numbers 102489, 102519, 102576, and 102571, was conducted at this assisted living residence on 12/09/2025. Deficiencies were identified.	S 003	The filing of this plan of correction does not constitute an admission of the allegations set forth in this statement of deficiencies. This plan of correction is prepared and executed as evidence of the facility's continued compliance with applicable law.	1/15/2026
S 250	Organization And Management 2.4.14.A Management Of Services 2.4.14 (A) 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 observation, record review, and resident and staff interviews, it has been determined that the residence failed to provide services to all residents in accordance with the prevailing community standard of care for the singular resident reviewed for a mechanically altered pureed diet, Resident ID #1. Findings are as follows: Review of a community reported complaint sent to the Rhode Island Department of Health on 11/28/2025 alleges that on Thanksgiving Day the complainant, who is a resident, received fish that	S 250	11/21/25	

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S 250	Continued From page 1 was dry and the resident does not have bottom teeth. The complainant indicated his/her food is supposed to be "blended." 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." Record review for Resident ID #1 revealed he/she was admitted to the residence in October of 2023 with diagnoses including anxiety disorder and major depressive disorder. During a surveyor observation of the breakfast meal at 8:19 AM, the resident was eating an egg over easy. During a surveyor interview with the resident immediately following the above observation, the resident revealed that he/she likes eggs over easy. He/she indicated that it's easy for him/her to chew. He/she further revealed that he/she had jaw surgery and has no bottom teeth. Record review of the physician's orders revealed the resident is on a pureed diet (a texture modified diet for people who have trouble chewing or swallowing, including foods blended or mashed to a smooth, thick, pudding-like consistency free of lumps, skins, seeds, or tough fibers). During a surveyor interview with the Dining Service Director at 12:50 PM, he revealed he worked Thanksgiving Day and the resident either received turkey or fish that was not pureed. He further revealed that the resident chooses not to eat pureed meats and that it is his/her choice.	S 250	1. Resident ID# 1 had diet order updated to regular on 12/9/25. 2. Audit of all resident diets to be completed by 1/15/26. 3. 10% of resident diets to be audited weekly x 4 wks, then monthly x 5 mos. Results to be reviewed qtrly x 2 at QA meeting.	

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S 250	Continued From page 2 During a surveyor interview at approximately 1:30 PM with the Administrator, she could not provide documentation that the resident refuses a pureed diet. Additionally, she could not provide evidence that the physician was made aware that the resident is not following a pureed diet.	S 250		
S 460	Residency Requirements 2.4.18.H Reporting Requirements 2.4.18 (H) Reporting Requirements H. The residence shall maintain evidence that all reportable incidents have been thoroughly investigated and that actions have been taken to prevent further incidents while the investigation is in progress. Appropriate corrective action shall be taken, as necessary. The results of said investigation shall be reported to the Department, within five (5) business days, on forms supplied by the Department. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined the residence failed to submit results of investigations within five (5) business days to the Department, for 2 of 3 incidents reviewed, ACTS intake #s 102519 and 102576. 1) Incident #102519 was sent to the Department of Health on 11/18/2025 and alleges a resident tested positive for oxycodone on the toxicology screen at the hospital. Record review revealed the facility failed to provide the 5-day investigation report to the	S 460	1. 5 day investigation results provided to surveyor for resident IDs 2 and 3 on 12/9/25. 2. Education provided to WD on 12/9/25 RE RIDOH reporting policies and procedures.	

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S 460	Continued From page 3 Department of Health. 2) Incident #102576 was sent to the Department of Health on 11/26/2025 and alleges a resident was missing money and a credit card from his/her wallet. Record review revealed the facility failed to provide the 5-day investigation report to the Department of Health. During a surveyor interview with the Administrator on 12/9/2025 at approximately 9:00 AM, she was unable to provide evidence the 5-day investigation reports were sent to the Department of Health, as required.	S 460	3. 100% of reportable incidents to be audited weekly x4 wks, then monthly x5 mos. Results will be reviewed in quarterly QA x2 quarters. 4. Reportable incidents will be reviewed at daily stand up during weekly auditing period to ensure due dates are followed.	

CAA 1/9/26