RI Department of Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | ALR01496 | A. BUILDING: _____ B. WING _____ | C 07/23/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| HIGHLANDS ON THE EAST SIDE | 101 HIGHLAND AVENUE PROVIDENCE, RI 02906 |

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| S 003 | Initial Comments<br><br>A complaint investigation, ACTS references numbers 103518, 103646, 103687, 103871, 104044, 104083, 104127, and 104126, was conducted at this residence on 07/22/2026 through 07/23/2026 to determine compliance with state laws and regulations. Deficiencies were identified. | S 003 | This plan of correction constitutes my written compliance for the deficiencies cited. However, submission of this plan of correction is not an admission that a deficiency exists or that one was cited correctly. This plan of correction is submitted to meet requirements by state law. | |
| S 250 | Organization And Management 2.4.14.A Management Of Services<br><br>2.4.14 (A) Management of Services<br><br>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.<br><br>This Requirement is not met as evidenced by:<br>Based on observation, record review, and staff interview, it has been determined that the residence failed to provide services to all residents in accordance with the prevailing community standard of care relative to following physician's orders for 1 of 5 residents reviewed, Resident ID #1.<br><br>Findings are as follows: | S 250 | S250<br>Physician Orders:<br>All nursing staff will be retrained on physician order requirements, notification expectations (included but not limited to provider and applicable POA/HCP) for all changes in condition.<br>All nursing staff will be retrained on HallKeen's Assisted Living Transfer to Memory Care policy.<br>Training will be completed by the RCD by 8/10/26<br><br>Residents with an identified change in condition requiring an environment transfer will prompt immediate review of documentation by the RCD or designee to ensure compliance with record requirements, applicable notifications, relative physician orders and assessment, service plan updates. Any identified findings of noncompliance will prompt immediate retraining.<br><br>Ongoing compliance will be reviewed quarterly by Executive Director and Resident Care Director with QAPI as part of our resident safety trends review.<br><br>Received<br>JUL 30 2026 | 8/10/26 |

Facilities Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE: Facilities Regulation
Courtney A. Fisher, ALRA

(X6) DATE 7/30/2026

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| S 250 | Continued From page 1<br><br>The Rhode Island Department of Health received a residence reported incident on 04/30/2026 that revealed, Resident ID #1 was having right lower rib pain the evening of 04/25/2026. The resident had an x-ray of his/her chest and abdomen which came back negative, the resident refused to go to the emergency room (ER). The resident continued to have rib and pelvic pain, noted to be very confused, and the resident's primary care physician requested that he/she go to the ER.<br><br>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."<br><br>Record review revealed Resident ID #1 moved into the residence in January of 2023 with a diagnosis including, but not limited to, dementia.<br><br>During a surveyor observation of the resident on 07/22/2026 at 11:18 AM in the traditional assisted living, revealed the resident in his/her room sitting on the edge of the bed with his/her pants off and just a brief and long sleeve shirt on. The resident was fiddling with the brief.<br><br>During a surveyor interview shortly after that observation with Certified Medication Technician and Nursing Assistant, Staff A, she revealed that the resident was dressed this morning, that he/she can be confused at times and takes his/her pajamas off at night.<br><br>Record review of a progress note, dated 06/09/2026, revealed PCP (primary care physician) Nurse Practitioner (NP), Staff B, in to see resident. She revealed the resident continues with hallucinations, increased confusion, | S 250 | | |

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| S 250 | Continued From page 2<br>weakness, and poor oral intake.<br><br>Record review revealed a "Power of Attorney Activation Letter", dated 6/9/2026 and signed by Staff B, states in part, "...This action is related to the resident's need to reside in a secured assisted living residence, secondary to progressive dementia or cognitive impairment..."<br><br>During a surveyor interview with the Executive Director on 07/23/2026 at approximately 1:15 PM, she could not provide evidence the physician's order, dated 06/09/2026 was followed as the resident remains in traditional assisted living, rather than the required secured unit due to safety risks. | S 250 | | |
| 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 relative to outside services for 2 of 3 residents reviewed, Resident ID #s 1 and 2, and failed to be accurate for outside services for Resident ID #s 1 and 3. | S 390 | S390<br>Outside Services and Providers:<br>All nursing staff will be retrained on assessment and service plan requirements including initiation of all outside services prompting a change in condition reassessment. Training will be completed by the RCD by 8/10/26.<br><br>Resident Care Director or designee:<br>To review Outside Provider Communication book weekly and audit identified residents assessment and service plans to ensure continuity of care documentation, inclusive of service start of care and discharge dates x4 weeks and monthly thereafter.<br>Any identified findings of noncompliance will prompt immediate retraining. | 8/10/26 |

7/31/26

RI Department of Health

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| S 390 | Continued From page 3<br><br>Findings are as follows<br><br>1. Record review revealed Resident ID #1 moved into the residence in January of 2023 with a diagnosis including, but not limited to, dementia.<br><br>Review of the resident's outside service notes revealed the following services:<br><br>- PT (physical therapy) with a start of care (SOC) date of 05/20/2026.<br><br>- SN (skilled nursing) with a SOC date of 05/19/2026 and an end of care (EOC) date of 06/19/2026.<br><br>- ST (speech therapy) with a SOC date of 06/05/2026 and an EOC date of 07/16/2026.<br><br>Record review of the comprehensive assessment, dated 05/14/2026, under "Treatments/Therapies" revealed that the resident will need ongoing PT and OT (occupational therapy) services. Further review of the comprehensive assessment revealed the resident is receiving ST services with a SOC date of 06/05/2026, PT services with a SOC date of 05/20/2026, and SN with a SOC date of 05/19/2026.<br><br>The comprehensive assessment failed to reveal evidence the assessment was updated to document EOC dates for SN services and ST services. Furthermore, the assessment was inaccurate as the resident did not receive OT services.<br><br>During a surveyor interview with the Executive Director (ED), in the presence of Registered | S 390 | Change in Condition Assessments:<br>All nursing staff will be retrained on assessment and service plan requirements including recognition of any changes to resident care needs prompting a change in condition reassessment. Training will be completed by the RCD by 8/10/26.<br><br>Residents with noted change in conditions or additional care needs will be reviewed on a weekly basis at the standing At Risk Meeting with documented applicable interventions and notifications. Any identified findings of noncompliance will prompt immediate retraining.<br><br>The weekly At Risk meeting minutes and quality outcomes will be reviewed quarterly with QAPI by the Executive Director and Resident Care Director. | 8/10/26 |

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| S 390 | Continued From page 4<br>Nurse (RN), Staff C, on 07/23/2026 at approximately 12:45 PM, she could not provide evidence of EOC dates for SN and ST services. Furthermore, she could not provide evidence the resident received OT services.<br><br>2. Record review revealed Resident ID #2 moved into the residence in June of 2025 with a diagnosis including, but not limited to, dementia.<br><br>Review of the resident's outside service notes revealed the following services:<br><br>- SN with a SOC date of 07/08/2026.<br><br>- ST with a SOC date of 07/08/2026.<br><br>- PT with a SOC date of 07/09/2026.<br><br>- OT with a SOC date of 07/14/2026.<br><br>Record review of the comprehensive assessment, dated 07/07/2026, revealed that the resident is receiving ST, PT, and OT services.<br><br>The assessment failed to be updated to document that the resident is receiving SN services.<br><br>During a subsequent interview with the ED, in the presence of Staff C, she could not provide evidence the assessment was updated to document that the resident is receiving SN services.<br><br>3. Record review revealed Resident ID #3 moved into the residence in March of 2026 with a diagnosis including, but not limited to, aphasia (a language disorder that affects your ability to speak, understand, read, and write). | S 390 | | |

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| S 390 | Continued From page 5<br><br>Record review of the comprehensive assessment, dated 03/19/2026, revealed that the resident is receiving PT, OT, and ST services.<br><br>During a surveyor interview with Staff C on 07/23/2026 at 10:34 AM, she revealed the resident is receiving PT and OT services with a SOC date of 04/01/2026 and 04/03/2026 respectively. She could not provide evidence the comprehensive assessment was accurate in documenting that the resident is receiving ST services.<br><br>During a surveyor interview with the ED, in the presence of Staff C, on 07/23/2026 at approximately 1:00 PM, she could not provide evidence the comprehensive assessment was accurate in documenting that the resident received ST services. | S 390 | | |
| S 415 | Residency Requirements 2.4.17.G.3 Resident Assessment/Service Plan<br><br>2.4.17 (G)(3) Service Plans<br><br>3. The service plan shall be reviewed by both parties at intervals not to exceed twelve (12) months and each time a resident's condition changes significantly and all changes shall be acknowledged in writing by both parties.<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 each time a resident's condition changed significantly relative to outside services | S 415 | S415<br>Outside Services/Providers<br><br>All nursing staff will be retrained on assessment and service plan requirements including initiation of any outside services prompting a change in condition reassessment. Training will be completed by the RCD by 8/10/26. | 8/10/26 |

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| S 415 | Continued From page 6<br>for 3 of 3 residents reviewed, Resident ID #s 1, 2, and 3.<br><br>Findings are as follows:<br><br>1. Record review revealed Resident ID #1 moved into the residence in January of 2023 with a diagnosis including, but not limited to, dementia.<br><br>Review of the resident's outside service notes revealed the following services:<br><br>- PT (physical therapy) with a start of care (SOC) date of 05/20/2026.<br><br>- SN (skilled nursing) with a SOC date of 05/19/2026 and an end of care (EOC) date of 06/19/2026.<br><br>- ST (speech therapy) with a SOC date of 06/05/2026 and an EOC date of 07/16/2026.<br><br>Record review of the service plan, dated 5/18/2026, failed to reveal evidence the service plan was updated to document that the resident is receiving the above-mentioned services.<br><br>During a surveyor interview with the Executive Director (ED), in the presence of Registered Nurse (RN), Staff C, on 07/23/2026 at approximately 12:45 PM, she could not provide evidence the service plan was updated with the above-mentioned dates.<br><br>2. Record review revealed Resident ID #2 moved into the residence in June of 2025 with a diagnosis including, but not limited to, dementia.<br><br>Review of the resident's outside service notes revealed the following services: | S 415 | Resident Care Director or designee:<br>To review Outside Provider Communication book weekly and audit identified assessment and service plans to ensure continuity of care documentation, inclusive of service start of care and discharge dates x4 weeks and monthly thereafter.<br>Any identified findings of noncompliance will prompt immediate retraining.<br><br>Change in Condition Assessments:<br>All nursing staff will be retrained on assessment and service plan requirements including recognition of any changes to resident care needs prompting a change in condition reassessment.<br>Training will be completed by the RCD by 8/10/26.<br><br>Residents with noted change in conditions or additional care needs will be reviewed on a weekly basis at the standing At Risk Meeting with documented applicable interventions and notifications. Any identified findings of noncompliance will prompt immediate retraining.<br><br>The weekly At Risk meeting minutes and quality outcomes will be reviewed quarterly with QAPI by the Executive Director and Resident Care Director. | 8/10/26 |

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| S 415 | Continued From page 7<br><br>- SN with a SOC date of 07/08/2026.<br><br>- ST with a SOC date of 07/08/2026.<br><br>- PT with a SOC date of 07/09/2026.<br><br>- OT (occupational therapy) with a SOC date of 07/14/2026.<br><br>Record review of the service plan, dated 05/05/2026, revealed that the resident is receiving PT. Further review of the service plan failed to be updated to document that the resident is receiving SN, ST, and OT services.<br><br>During a subsequent interview with the ED, in the presence of Staff C, she could not provide evidence the service plan was updated with SN, ST, and OT services.<br><br>3. Record review revealed Resident ID #3 moved into the residence in March of 2026 with a diagnosis including, but not limited to, aphasia (a language disorder that affects your ability to speak, understand, read, and write).<br><br>During a surveyor interview with Staff C on 07/23/2026 at 10:34 AM, she revealed the resident was receiving PT and OT services with a SOC date of 04/01/2026 and 04/03/2026 respectively.<br><br>Record review of the service plan, dated 03/27/2026, failed to be updated to document that the resident was receiving the above-mentioned services.<br><br>During a subsequent interview with the ED, in the presence of Staff C, she could not provide | S 415 | | |

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| S 415 | Continued From page 8<br>evidence the service plan was updated with the above-mentioned services. | S 415 | | |