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 08/25/2026

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 A complaint investigation, ACTS reference numbers 104144, 104195, 104154, and 104309, was conducted at this residence on 08/25/2026 to determine compliance with state laws and regulations. A deficiency was identified.	S 003	Received SEP 09 2026 Facilities Regulation	
S 405	Residency Requirements 2.4.17.G.1. Resident Assessment/Service Plans 2.4.17 (G) (1) Service Plans 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: a. The services and interventions needed, including all services provided by outside healthcare agencies (e.g., home nursing care, hospice); b. Description, frequency, duration relating to the service or intervention, including personal assistance, medication, special diets, recreational activities, and other similar services rendered; c. Party responsible for arranging and/or providing the service; and d. The resident ' s requested and/or therapeutically needed recreational and social activities.	S 405	1. Resident ID # 1's service plan and assessment (Appendix C) was updated to reflect the interventions relative to combative behaviors. The service plan and assessment was updated to reflect the communication method for non-Spanish speaking associates to address [redacted] care needs. New communication board was purchased, along with communication cards. Resident was a teacher in the United States and understands and speaks English. 2. All resident charts were reviewed by the Resident Care Director and the Executive Director to verify the comprehensive assessment and service plan reflected residents who have behaviors and the interventions needed to manage those behaviors. No other residents required an additional communication method.	9/12/2026

Facilities Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE 9/9/26

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S 405	Continued From page 1 This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined the residence failed to accurately reflect the services and interventions required on the service plan for the singular resident reviewed relative to behaviors, Resident ID #1. Findings are as follows: The Rhode Island Department of Health received a complaint on 07/27/2026 from a local acute care hospital alleging in part the following: -resident arrived at the hospital incontinent of urine and feces -Spanish speaking staff were not avilable at the residence During a surveyor interview on 08/25/2026 at approximately 2:00 PM, in the presence of the Resident Care Director, the resident did not respond to questions in English upon interview. With the aid of a Spanish speaking staff member she answered questions when asked in Spanish. During a surveyor telephone interview on 08/25/2026 at 3:25 PM with a Medication Aide, Staff A, she alleged that the resident is resistive to care and will be combative towards staff. Additionally, she revealed that although the resident speaks and understands English for basic care needs, s/he will vacillate between English and Spanish understanding and speaking. Record review of a document titled, "Assisted Living Resident Assessment", dated 5/11/2026, assessed the resident as being resistive to care,	S 405 9/5/26	3. The RCD or RN and ED will review all residents with new behaviors to verify it is reflected on the comprehensive assessment and service plan, along with the interventions. All new modes of communication will be addressed as needed. 4. The RCD or designee will review 10% of any change in behaviors or mode of communication needed at morning stand up. The results will be reviewed at the Quality Assurance meeting for the next 6 months.	

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S 405	Continued From page 2 speaking primarily Spanish, but able to make needs known in English, and s/he is incontinent. Record review of a service plan dated 05/11/2026 failed to reveal that behaviors associated with care were addressed with interventions. Additionally, the service plan failed to address a communication method for non-Spanish speaking staff to address his/her care needs. During a surveyor interview on 08/24/2026 at 3:45 PM with the Resident Care Director, she acknowledged that the service plan failed to address interventions for combative behaviors and that alternate methods of communication were not established for the resident.	S 405		