

RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR01347	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/23/2024
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NAME OF PROVIDER OR SUPPLIER VILLAGE AT WATERMAN LAKE-LP	STREET ADDRESS, CITY, STATE, ZIP CODE 715 PUTNAM PIKE SMITHFIELD, RI 02828
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(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	<p>Initial Comments</p> <p>An unannounced complaint/incident investigation survey, ACTS reference numbers 97934, 98066, and 97941, was conducted at this residence on 10/23/2024 to determine compliance with state regulations. No deficiencies were identified.</p>	S 003		

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