RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01505	A. BUILDING: _____ B. WING _____	10/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANCHOR BAY AT POCASSET	12 OLD POCASSET LANE JOHNSTON, RI 02919

(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 An unannounced complaint and biennial State Licensure survey was conducted at this residence on 10/22/2025 through 10/24/2025. No deficiencies were identified relative to the complaint survey.	S 003	Received NOV 14 2025 Facilities Regulation SIGNED: Robert D. Arnold ADMINISTRATOR 11/14/2025	

11/28/25

Facilities Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

RI Department of Health

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S 003	Initial Comments An unannounced biennial State Licensure and complaint survey was conducted at this residence on 10/23/2025 through 10/24/2025. Deficiencies were identified relative to the State Licensure survey.	S 003	Received NOV 14 2025 Facilities Regulation	
S 055	Licensure Requirements 2.4.3 Quality Assurance 2.4.3 Quality Assurance A. In accordance with R.I. Gen. Laws § 23-17.4-10.1, each assisted living residence shall develop, implement and maintain a documented, ongoing quality assurance program. 1. The purpose of this program shall be to attain and maintain a high quality assisted living residence through an on-going process of quality improvement that monitors quality, identifies areas to improve, methods to improve them, and evaluates the progress achieved. 2. Each licensed residence shall establish a quality improvement committee which shall include at least the following: assisted living administrator, registered nurse and a representative of dietary services. 3. The quality improvement committee shall meet at least quarterly; shall maintain records of all quality improvement activities; and shall keep records of committee meetings that shall be available to the Department during any onsite visit. 4. The quality improvement committee shall review and approve the quality improvement plan for the residence at intervals not to exceed twelve (12) months. Said plan shall be available to the	S 055	S 055 Corrective Actions 1. Weekly rounds indicated no issues at this time. 2. The areas of concern as indicated in Section 2.4.3 (B) will be reviewed as part of the Weekly Wellness Rounds. Findings will be reported by the DHW during weekly 1:1 meeting. 3. Findings will be formally reported to th Quality Assurance (QA) Committee and subsequently reviewed during the scheduled meeting.	10/31/2025

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

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S 055	Continued From page 1 public upon request. 5. Each assisted living residence shall establish a written quality improvement plan that includes: a. Program objectives; b. Oversight responsibility (e.g., reports to the governing body, QI records); c. Includes methods to identify, evaluate, and correct identified problems; d. Provides criteria to monitor personal assistance and resident services, including, but not limited to: (1) Resident/family satisfaction; (2) Medication administration/errors; (3) Reportable incidents as specified in § 2.4.17 of this Part; (4) Resident falls; (5) Plans of correction developed in response to the Department ' s inspection reports. B. In addition to the requirements of §§ 2.4.3(A) (1) through (5) of this Part, all assisted living residences with a "dementia care" license and/or a "limited health services license" shall also address the following areas in their quality improvement plan: a. Prevention and treatment of decubitus	S 055		

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S 055	Continued From page 2 ulcers; b. Dehydration, and nutritional status and weight loss or gain; and c. Changes in mental or psychological status. 1. Quality improvement documentation shall be kept on file for a minimum of five (5) years. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined that the residence failed to establish a written quality improvement plan that included all required components relative to the dementia care and the limited health services licenses. Findings are as follows: Record review of the quality assurance program written plan failed to reveal evidence that the residence included the following: a. Prevention and treatment of decubitus ulcers; b. Dehydration, and nutritional status and weight loss or gain; and c. Changes in mental or psychological status. During a surveyor interview on 10/24/2025 at approximately 12:45 PM with the Executive Director, she could not provide evidence that the quality improvement plan had all of the required components.	S 055		

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S 450	Continued From page 3	S 450		
S 450	Licensure Requirements 2.4.18 Rights of Residents 2.4.18 Rights of Residents A. Every assisted living residence for adults licensed pursuant to these regulations shall observe the standards stated in R.I. Gen. Laws § 23-17.4-16, "Rights of Residents" and such other appropriate standards as may be prescribed in rules and regulations promulgated by the Department with respect to each resident of the residence. B. For purposes of the following standards stated in §§ 2.4.18(B)(1) through (7) of this Part the term "resident" shall also mean the resident's agent as designated in writing or legal guardian. 1. Upon request have access to all records pertaining to the resident, including clinical records, within the next business day or immediately in emergency situations; 2. Upon admission and during the resident's stay be fully informed in a language the resident understands, of all resident rights and rules governing resident conduct and responsibilities; a. Each resident shall receive a copy of their rights. b. Each resident shall acknowledge receipt in writing; and c. Each resident shall be informed promptly of any changes. 3. Be informed in writing, prior to, or at the time	S 450	S 450 Corrective Actions 1. The RI Dept of Health Survey Binder and associated results were immediately posted in compliance with regulatory requirements. 2. Daily operational walkthroughs of the community will identify any non-compliance issues and monitor regulatory adherence and will be reported during morning stand-up. 3. Findings will be formally reported to the QA Committee and subsequently reviewed during the scheduled meeting	10/27/2025

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S 450	Continued From page 4 of admission or at the signing of a residential contract or agreement of: a. The scope of the services available through the residence's service program, including health services, and of all related fees and charges, including charges not covered either under federal and/or state programs by other third party payers or by the residence's basic rate; b. The residence's policies regarding overdue payment including notice provisions and a schedule for late fee charges; c. The residence's policy regarding acceptance of state and federal government reimbursement for care in the residence both at time of admission and during the course of residency if the resident depletes his or her own private resources; d. The residence's criteria for occupancy and termination of residency agreements; e. The residence's capacity to serve residents with physical and cognitive impairments; f. Support any health services that the residence includes in its service package or will make appropriate arrangements to provide these services; 4. Upon provision of at least thirty (30) days notice, if a resident chooses to leave a residence, the resident shall be refunded any advanced payment made provided that the resident is current in all payments; 5. The residence can discharge a resident only	S 450		

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S 450	Continued From page 5 for the following reasons and within the following guidelines: a. Except in life-threatening emergencies and for nonpayment of fees and costs, the residence gives thirty (30) days' advance written notice of termination of residency agreement with a statement containing the reason, the effective date of termination, the resident's right to an appeal under state law, and the name/address of the State Ombudsperson's office; b. If resident does not meet the requirements for residency criteria stated in the residency agreement or requirements of state or local laws or regulations; c. If resident is a danger to self or the welfare of others; and the residence has attempted to make a reasonable accommodation without success to address resident behavior in ways that would make termination of residency agreement or change unnecessary; which would be documented in the resident's records; d. For failure to pay all fees and costs stated in the contract, resulting in bills more than thirty (30) days outstanding. A resident who has been given notice to vacate for nonpayment of rent has the right to retain possession of the premises, up to any time prior to eviction from the premises, by tendering to the provider the entire amount of fees for services, rent, interest, and costs then due. The provider may impose reasonable late fees for overdue payment; provided that the resident has received due notice of such charges in accordance with the residence's policies. Chronic and repeated failure to pay rent is a violation of the lease covenant. However the	S 450		

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S 450	Continued From page 6 residence must make reasonable efforts to accommodate temporary financial hardship and provide information on government or private subsidies available that may be available to help with costs; and e. The residence makes a good faith effort to counsel the resident if the resident shows indications of no longer meeting residence criteria or if service with a termination notice is anticipated; 6. To be able to share a room or unit with a spouse or other consenting resident of the residence in accordance with terms of the resident contract; 7. To live in a safe and clean environment. C. In addition to the standards stated in R.I. Gen. Laws § 23-17.4-16, residents are entitled to the following: 1. Receive dental services from a dentist of his/her choice; 2. Each resident shall be given, in writing, the names, addresses, and telephone numbers of: the Department; the Medicaid Fraud and Patient Abuse Unit of the Department of Attorney General; the State Ombudsperson; and local police offices. D. The residence must: 1. Implement written policies and procedures to ensure that all residence employees are aware of and protect the resident's rights contained in these regulations;	S 450		

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S 450	Continued From page 7 2. Have prominently displayed a posting of the most recent state licensing survey of the assisted living residence; and 3. Provide each resident or his or her representative upon admission, a copy of the provisions of § 2.4.18 of this Part and shall display in a conspicuous place on the premises a copy of the "Rights of Residents." This Requirement is not met as evidenced by: Based on surveyor observation and staff interview, it has been determined that the residence failed to post the most recent state licensure survey results. Findings are as follows: During a surveyor observation of the residence on 10/23/2025 at approximately 10:30 AM, the surveyor was unable to locate the most recent survey results. During a surveyor interview with the Executive Director on 10/23/2025 at 2:30 PM, she could not provide evidence that the survey results were posted, as required.	S 450		
S 490	Residential Care Services 2.4.21.C Dietetic Services 2.4.21 (C) Dietetic Services C. The food service in each residence shall comply with the appropriate requirements of R.I. Gen. Laws Chapters 21-27 and 21-31, Rhode Island Food Code (Part 50-10-1 of this Title), and such other applicable statutory or regulatory	S 490		

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S 490	Continued From page 8 provisions. This Requirement is not met as evidenced by: Based on surveyor observation and staff interview, it has been determined that the residence failed to comply with the appropriate requirements of the Rhode Island Food Code. Findings are as follows: 1) Record review of the 2022 Food Code published by the U.S Food and Drug Administration Section 4-601.11 (C) states in part, "...non-contact surfaces of equipment shall be free of an accumulation of...other debris..." 2) Record review of the 2022 Food Code published by the U.S Food and Drug Administration Section 3-202.11 states in part, " ...rusted and pitted or dented cans may also present a serious potential hazard ..." 3) Record review of the 2022 Food Code published by the U.S. Food and Drug Administration, Section 3.501.17 states in part, "...refrigerated ready to eat food and held more than 24 hours...shall be clearly marked to indicate the date the food shall be consumed...discarded...for a maximum of 7 days...Section 3-602.11, Food Labels states in part "...(B) Label information shall include: (1) The common name of the food..." 4) Record review of 2022 Food Code published by the U. S Food and Drug Administration Section 4-501.11 (B) Equipment states in part, "...components such as doors, seals shall be kept...tight..."	S 490	S 490 Corrective Actions 1. Storage racks have been cleaned and placed on a weekly cleaning schedule; replacement is required/pending. 2. Hood slats were immediately cleaned and placed on a weekly cleaning schedule 3. Door sweep was replaced 4. DCS immediately discarded dented can, sliced turkey, and styrofoam container 5. Cereals were labelled and dated; cereal will remain in original packaging per regulation 6. Daily operational walkthroughs of the kitchen will identify any non-compliance issues and monitor regulatory adherence. 7. Findings will be reported by the DCS to the Executive Director during weekly 1:1 meetings, formally reported to the QA Committee and subsequently reviewed during the scheduled meeting.	10/28/2025

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S 490	Continued From page 9 During a surveyor observation of the main kitchen on 10/23/2025 at approximately 10:00 AM the following was observed: A) An accumulation of brown/black matter on the hood slats of the oven. - A build-up of a black sticky substance on one of the 4 level storage rack of baking packages. - A build-up of a black sticky substance on a 5 level storage rack of clean pans. B) A dented can of Mussel Mans Pure DeManza, 6 pound 8 oz. C) 4 different kinds of cereal out of the box, no label, no date. During a subsequent observation of the reach in refrigeration the following was observed: - An opened package of sliced turkey dated 10/16 - A Styrofoam container of food wrapped in saran wrap, no label, no date. D) During a subsequent observation of the dish storage room the bottom right side of the outside door was not sealed. A few flies in this area as well as an opened cardboard box of potatoes and onions was observed. During a surveyor interview with the Director of Culinary following the above observations, he acknowledged the hood slats needed cleaning, the storage racks needed to be replaced, the dented can should have been removed from storage, the clear plastic bags of cereal were not	S 490		

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S 490	Continued From page 10 labeled or dated, the turkey should have been discarded, the container of food was not labeled or dated, and the kitchen door to the outside, on the bottom right side of the door, was not sealed tight allowing debris into the kitchen.	S 490		
S 605	Physical Plant 2.4.27.A.1.e General Provisions 2.4.27 (A) (1) (e) Fire Code And Structural Requirements e. Facilities must have an annual inspection to assess compliance with the Fire Safety Code. The inspection shall be conducted under the authority of the State Fire Marshal. (1) Documentation of the State Fire Marshal inspection required under § 2.4.27(A)(1)(e) of this Part must be submitted with the application for renewal of licensure. The documentation must reflect compliance with the Fire Safety Code or be in accordance with § 2.4.27 (A)(1)(a) of this Part. This Requirement is not met as evidenced by: Based on record review it has been determined the residence failed to have an annual State Fire Marshal inspection which indicates compliance with the Fire Safety Code. Findings are as follows: Record review of a State Fire Marshal Inspection report reveals the residence was identified as being out of compliance on 10/17/2025 for repairs and testing for the sprinkler system.	S 605	S 605 Corrective Actions 1. All non-compliance issues, including installation o a new compressor and other minor issues, were addressed/resolved and reported to the State Fire Marshal 2. Daily operational walkthroughs of the facility will serve to identify any non-compliance issues. 3. Findings will be reported by the Director of Maintenance to the Executive Director during weekly 1:1 meetings, formally reported to the QA Committe and subsequently reviewed during the scheduled meeting	11/12/2025

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S 605	Continued From page 11 Record review fails to reveal evidence there was a Fire Safety Code inspection indicating compliance after that date.	S 605		
S 830	Special Care License Requirements 2.5.2.J Specific Requirements 2.5.2 (J) Specific Requirements J. Menus for the Alzheimer Dementia Special Care Unit/Program shall be developed under the direction of a nutritionist or registered dietician licensed 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 have menus for the Alzheimer Dementia Special Care Unit/Program developed under the direction of a nutritionist or registered dietitian licensed by the Department. Findings are as follows: Record review failed to reveal a licensed Dietitian in Rhode Island developed and reviewed the menu, as required. During a surveyor interview with the Executive Director on 10/24/2025 at approximately 1:15 PM, she could not provide evidence the menus were developed by a Dietitian licensed by the Department. During a surveyor interview with the National Director of Culinary Experience on 10/24/2025 at	S 830	S 830 Corrective Actions 1. Elegance Senior Living and the Corporate Support Team continue to work with the menu company to ensure compliance; concurrently, we will engage the services of a Rhode Island-licensed dietician to review current menus 2. Findings will be formally reported to the QA Committee and subsequently reviewed during the scheduled meeting 11/28/25	12/31/2025

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S 830	Continued From page 12 1:20 PM, he acknowledged the menus were not developed by a Rhode Island licensed Dietitian.	S 830		