

RI Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR01520 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 08/07/2025 |
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| NAME OF PROVIDER OR SUPPLIER CHAPEL HILL | STREET ADDRESS, CITY, STATE, ZIP CODE 10 OLD DIAMOND HILL ROAD CUMBERLAND, RI 02864 |
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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 101762, was conducted at this residence on 08/07/2025 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