RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01306	A. BUILDING: _____ B. WING _____	10/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMS RETIREMENT RESIDENCE INC, THE	22 ELM STREET WESTERLY, RI 02891

(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 biennial State Licensure survey was conducted at this residence on 10/19/2023 through 10/20/2023. Deficiencies were identified relative to the State Licensure survey.	S 003		
S 190	Organization And Management 2.4.12.H Administrative Management 2.4.12 (H) In-service Training 1. Employees shall have on-going, at intervals not to exceed twelve (12) months, in-service training as appropriate for their job classifications and including the topics cited in § 2.4.12(G) of this Part. 2. All new employee orientation and on-going in-service training shall be documented in the employee's personnel file, and maintained onsite at the licensed residence. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined that the residence failed to ensure employees shall have initial and on-going in-service training related to record keeping and service plans, in accordance with regulations, for 6 out of 6 staff reviewed, ID's A, B, C, D, E and F. Findings are as follows: Record review of personnel records and facility in service training documents failed to reveal training on service plans and record keeping for the following staff: 1. Staff A was hired on 10/4/2021 as a Certified	S 190	**S 190** - New policies and procedures were created, including for service plans and record keeping, just prior to this survey to enhance the required staff training, The Administrator will ensure all required staff will complete this training as planned. RECEIVED NOV 9 2023 FACILITIES REGULATION	10/18/23 11/30/23

Facilities Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Mark Taylor | TITLE: Adm | (X6) DATE: 11/08/2023

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S 190	Continued From page 1 Medication Technician. 2. Staff B was hired on 12/5/2019 as a Registered nurse. 3. Staff C was hired on 12/17/2023 as a Personal Care Assistant (PCA). 4. Staff D was hired on 3/11/2022 as a Certified Nursing Assistant. 5. Staff E was hired on 2/17/2023 as a Licensed Practical Nurse. 6. Staff F was hired on 11/25/2020 as a PCA. During an interview on 10/19/2023 at approximately 3:45 PM, the Administrator acknowledged the trainings for the above employees have not been completed, as required.	S 190		
S 365	Residency Requirements 2.4.16.D Resident Assessment/Service Plans 2.4.16 (d) Resident Assessments and Service Plans D. The assessment shall be reviewed and at intervals not to exceed twelve (12) months and each time a resident's condition changes significantly. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined the residence failed to review the resident's comprehensive assessment at intervals not to exceed (12) months and each	S 365	**S 365** - A Registered Nurse will ensure all assisted living residents' comprehensive assessments are audited for notation of outside services. The Director of Wellness will be responsible to ensure each assisted living resident's comprehensive assessment reflects admission and discharge of outside services.	11/30/23 Ongoing

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S 365	Continued From page 2 time a resident's condition changes significantly requiring outside services for 1 of 3 sample residents reviewed, ID #1. Findings are as follows: Record review revealed Resident ID #1 moved into the residence in March of 2017 with a diagnosis of Congestive Heart Failure. Record review revealed the resident is receiving outside services for skilled nursing care with a start of care date of 10/10/2023. Record review of the resident's comprehensive assessment dated 7/21/2023 failed to reveal evidence the assessment was updated to reflect that the resident is receiving the above-mentioned outside services. During a surveyor interview on 10/20/2023 at approximately 11:40 AM with the Director of Wellness, she could not provide evidence the assessment was updated for Resident ID #1, as required.	S 365		
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 provisions.	S 490		

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S 490	Continued From page 3 This Requirement is not met as evidenced by: Based on surveyor observation, record review, 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. According to the Rhode Island Food Code 2018 Edition 2-402.11 Hair Restraints states in part, "...Food Employees shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed Food; clean EQUIPMENT, UTENSILS, and LINENS; and unwrapped SINGLE-SERVICE and SINGLE-USE ARTICLES..." During a surveyor observation of the main kitchen on 10/19/2023 at approximately 10:00 AM, a prep cook, Staff G was observed cutting up raw chicken; she was not wearing a hair restraint while in contact with exposed food. During an interview immediately following this observation with Staff G, in the presence of the Food Service Manager (FSM), both staff acknowledged she was not wearing a hair restraint while in contact with exposed food. 2. According to Section 3-501.17 of Rhode Island Food Code states in part" (A) Except when PACKAGING FOOD using a REDUCED OXYGEN PACKAGING method as specified under § 3-502.12, and except as specified in (E) and (F) of this section, refrigerated, READY-TO -EAT, TIME/TEMPERATURE CONTROL FOR	S 490	**S 490** - The FSM issued a company hat to Staff G and will ensure she wears it during food preparation. The FSM explained to Staff G that, while her hair was tightly pulled back and tied in a bun with no apparent loose strands, the food code requires a material restraint. All other food preparation staff are compliant with material restraints. There is no evidence that residents have been harmed by this deficiency.	10/20/23

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S 490	Continued From page 4 SAFETY FOOD prepared and held in a FOOD ESTABLISHMENT for more than 24 hours shall be clearly marked to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded when held at a temperature of 5°C (41°F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1. (B) Except as specified in (E) -(G) of this section, refrigerated, READY-TO-EAT TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and PACKAGED by a FOOD PROCESSING PLANT shall be clearly marked, at the time the original container is opened in a FOOD ESTABLISHMENT and if the FOOD is held for more than 24 hours, to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded, based on the temperature and time combinations specified in (A) of this section and: (1) The day the original container is opened in the FOOD ESTABLISHMENT shall be counted as Day 1; and (2) The day or date marked by the FOOD ESTABLISHMENT may not exceed a manufacturer's use-by date if the manufacturer determined the use-by date based on FOOD safety..." During a surveyor observation of the food storage room on 10/19/2023 at approximately 10:15 AM the following was revealed: - Five packets of Pistachio Jell-O 3.4 ounces (oz) with a used by date of January 15, 2023. - Four packets of Pistachio Jell-O 3.4 oz with a used by date of February 22, 2023. - Two packets of Pistachio Jell-O 3.4 oz with a used by date of May 5, 2023. - Five packets of Pistachio Jell-O 3.4 oz with a used by date of August 14, 2023. - Six packets of extra thin Dececco Egg	S 490	**S 490** - All stored food was inspected by the FSM to ensure freshness, and no other food item(s) was found to be expired. All staff involved in food preparation and storage were retrained on awareness of food expiration dates. It was emphasized that any expired food must be discarded upon discovery and reported to the FSM. Dates of use must always be considered expired, regardless of food volatility or the term "best by", and otherwise considered not subject to interpretation. There is no evidence that residents have been harmed by expired food. The FSM will ensure freshness of all food upon delivery, during storage and rotation, and prior to preparation. The FSM will more closely consider the life cycle of food items ordered in bulk or infrequently utilized such as the 3 items discovered, and make smaller purchases locally if necessary.	10/20/23 11/1/23 Ongoing

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S 490	Continued From page 5 Papparadelle 8.8 oz noodles with a best before date of July 15, 2022. - Two cans of B&M baked brown bread 16 oz with a best by date of August 18, 2023. - Three cans of B&M baked brown bread 16 oz with a best by date of August 20, 2023. - Five cans of B&M baked brown bread 16 oz with a best by date of August 16, 2023. During a surveyor interview on 10/19/2023 at approximately 10:30 AM with the FSM, he acknowledged the above food items had expired and needed to be discarded.	S 490		
S 725	Practices and Procedures, Violations, Sa 2.4.32.A Variance Procedure 2.4.32 (A) Variance Procedure A. The Department may grant a variance either upon its own motion or upon request of the applicant from the provisions of any rule or regulation in a specific case if it finds that a literal enforcement of such provision will result in unnecessary hardship to the applicant and that such a variance will not be contrary to the public interest, public health and/or health and safety of residents. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined the residence failed to submit a variance for approval from the Department for a singular sample resident receiving palliative care services, Resident ID #2. Findings are as follows:	S 725	**S 725** - Variance requests for assisted living residents receiving Palliative Care outside services were submitted and approved. The Administrator will be responsible to ensure a variance request is submitted for any resident receiving palliative care outside services. The Administrator has been advised that RIDOH. considers Palliative Care as a reportable skilled nursing service requiring a variance. While the request form only states Hospice Care with a limitation of 180 days, or wound care with a limitation of 45 days, the Administrator has been directed to write in Palliative Care, request 180 days, with extensions considered at RIDOH.'s discretion.	11/1/23 Ongoing

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S 725	Continued From page 6 Per the Rules and Regulations for Licensing Assisted Living Residences, the definition of a resident states in part, "Resident" means "...an individual not requiring medical or nursing care as provided in a health care facility but who as a result of choice and/or physical or mental limitation requires personal assistance, lodging and meals and may require the administration of medication and/or limited health services...Persons needing medical or skilled nursing care, including daily professional observation and evaluation, as provided in a health care facility, and/or persons who are bedbound or in need of the assistance of more than one (1) person for ambulation is not appropriate to reside in assisted living residences. However, an established resident may receive daily skilled nursing care or therapy from a licensed health care provider for a condition that results from a temporary illness or injury for up to forty-five (45) days subject to an extension of additional days as approved by the Department, or if the resident is under the care of a Rhode Island licensed hospice agency provided the assisted living residence assumes responsibility for ensuring that the required care is received. Furthermore, a new resident may receive daily therapy services and/or limited skilled nursing care services, as defined through these Regulations, from a Rhode Island licensed health care provider for a condition that results from a temporary illness or injury for up to forty-five (45) days subject to an extension of additional days as approved by the Department..." According to the Mayo Clinic, palliative care "is specialized medical care that focuses on providing relief from pain and other symptoms of a serious illness."	S 725		

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S 725	Continued From page 7 Record review of the list of residents receiving palliative care provided by the Director of Wellness on 10/19/2023 revealed Resident ID #2 is receiving palliative care. Record review revealed Resident ID #2 moved into the residence in April of 2023. Record review revealed the resident was admitted to palliative care on August 3, 2023. Review of the resident's record failed to reveal evidence an approved variance was obtained from the Department, as required. During a surveyor interview on 10/20/2023 at approximately 1:05 PM with the Director of Wellness, she acknowledged the above-mentioned resident is receiving palliative care services. Additionally, she acknowledged an approval was not obtained from the Department, as required.	S 725		