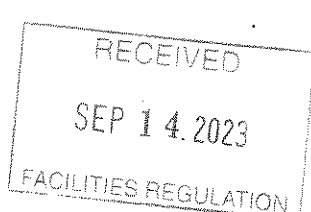


RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR01508	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/29/2023
NAME OF PROVIDER OR SUPPLIER GREENWICH FARMS AT WARWICK		STREET ADDRESS, CITY, STATE, ZIP CODE 75 MINNESOTA AVENUE WARWICK, RI 02888		
(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/incident investigation survey, ACTS reference number 91573, and a State licensure survey were conducted at this residence on 8/28/2023 through 8/29/2023. A deficiency was identified.	S 003	The filing of this Plan of Correction does not constitute an admission regarding the alleged findings, deficiencies, or violations. The Plan of Correction is filed in compliance with applicable law and demonstrates the community's commitment to quality care.	
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. 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. Record review of 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..."	S 490	S490  Servers and chefs who are in contact with exposed food will wear hats or hairnets. Chefs and servers were educated on this requirement. Hats/hairnets are in use at all meals.	8/29/23 8/29/23 Ongoing

Facilities Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

RTO011

If continuation sheet 1 of 3

RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR01508	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 08/29/2023
NAME OF PROVIDER OR SUPPLIER GREENWICH FARMS AT WARWICK		STREET ADDRESS, CITY, STATE, ZIP CODE 75 MINNESOTA AVENUE WARWICK, RI 02888			
(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 490	Continued From page 1 During surveyor observations of the main kitchen on 8/28/2023 the following was revealed: - 8:40 AM a dietary aide, Staff A was observed plating fruit salad and toasting bread without wearing a hair restraint. - 8:55 AM, a dietary aide, Staff B was observed plating homefries and toasting bread without wearing a hair restraint. 2. According to the 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 FOR 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..." During a surveyor observation of a standup refrigerator in the presence of a cook/manager on duty, Staff C, on 8/28/2023 at approximately 8:43 AM, the following items were observed without a date indicating the day when the food shall be consumed or discarded: - one container of cooked carrots - one container of diced cooked potatoes - one container of diced cooked chicken - one container of cooked spaghetti - one container of cooked pasta During a surveyor interview immediately following the above observations with Staff C, he	S 490	Food items without dates and labels were immediately removed and discarded. Chefs will be re-educated regarding labeling and dating all food in the refrigerators. Daily log will be utilized to record chef tasks, including "All Food Labeled and Dated." (Copy of "Cooks Daily Log" attached.) Weekly log sheets will be reviewed and maintained by the Dining Services Director.	8/28/23 9/15/23 9/15/23 Ongoing	

RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR01508	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 08/29/2023
NAME OF PROVIDER OR SUPPLIER GREENWICH FARMS AT WARWICK		STREET ADDRESS, CITY, STATE, ZIP CODE 75 MINNESOTA AVENUE WARWICK, RI 02888			
(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 490	Continued From page 2 acknowledged the items in the refrigerator were not dated, indicating the day when the food should have been consumed or discarded. 3. According to section 4-601.11 of the Rhode Island Food Code requires that "... (C) Non-FOOD-CONTACT SURFACES of EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other debris." During surveyor observations of the main kitchen on 8/28/2023 at approximately 8:45 AM and 8/29/2023 at approximately 11:25 AM, the hood compartments above the stove were observed with an accumulation of a black substance. During a surveyor interview on 8/29/2023 at approximately 11:30 AM with the Food Service Director (FSD), he could not provide evidence as the above-mentioned staff were wearing hair restraints while handling ready to consume food. Additionally, he indicated that all foods should be dated when stored in the refrigerator and discarded after 5-7 days. The FSD further indicated that the hood above the stove should be cleaned weekly and as needed, and could not provide evidence when it was last clean by the staff.	S 490	The hood over the stove was cleaned in accordance with BSL standards. Chefs and dishwashers will be re-educated regarding cleaning and sanitation schedule. Daily log will be utilized to record sanitation. (Copy of "Sanitation Log" attached.) Weekly log sheets will be reviewed and maintained by the Dining Services Director.	8/30/23 9/15/23 9/15/23 Ongoing	

RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR01508	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/29/2023
NAME OF PROVIDER OR SUPPLIER GREENWICH FARMS AT WARWICK		STREET ADDRESS, CITY, STATE, ZIP CODE 75 MINNESOTA AVENUE WARWICK, RI 02888		
(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/incident investigation survey, ACTS reference number 91573, and a State licensure survey were conducted at this residence on 8/28/2023 through 8/29/2023. A deficiency was identified.	S 003		

Facilities Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature]
STATE FORM

Executive Director
6889 RTO011

9/13/23

If continuation sheet 1 of 1