RI Department of Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | ALR01458 | A. BUILDING: _____ B. WING _____ | 06/07/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BRIARCLIFFE GARDENS LLC | 53 OLD POCASSET ROAD JOHNSTON, RI 02919 |

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| S 003 | Initial Comments<br><br>A biennial State licensure survey was conducted at this residence. Deficiencies were identified relative to the State Licensure survey. | S 003 | This filling of the Plan of Correction is not an admission that the deficiencies alleged did, in fact, exists. Rather that this POC is filed as evidence of the facility's continuing commitment to high quality resident care in full compliance with state and federal regulations. The foregoing to the contrary notwithstanding, the following plan of correction is offered for the alleged deficiencies as cited by the survey team. In-services are underway and on-going. We are alleging compliance effective June 26,2023. | |
| S 490 | Residential Care Services 2.4.21.C Dietetic Services<br><br>2.4.21 (C) Dietetic Services<br><br>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.<br><br>This Requirement is not met as evidenced by:<br>Based on surveyor observations and staff interview, it has been determined that the residence failed to comply with the appropriate requirements of the Rhode Island Food Code.<br><br>Findings are as follows:<br><br>1. The Rhode Island Food Code 2018 Edition 2-402.11 states in part, "...food employees shall wear hair restraints, beard restraints that are designed and worn to effectively keep their hair from contacting exposed food..."<br><br>During a surveyor observation on 6/6/2023 at approximately 1:20 PM of the Garden kitchen, a cook, Staff A, was observed without a beard restraint on.<br><br>2. The Rhode Island Food Code 2018 Edition 4-601.11 states in part,"...nonfood contact | S 490 | S490- 1, 2 ,3,4,5,6, & 7<br><br>1.<br><br>1-2 There is no evidence to support any resident has been affected. All residents have the potential to be affected by this alleged deficient practice. Dietary staff have been re-educated that either they have no facial beards, or they must utilize a beard restraint.<br><br>Executive Director/Food Service Manager/ or their designee will conduct daily audits to ensure beard restraints are being utilized appropriately by staff. | |

Facilities Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE 6/24/23

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| S 490 | Continued From page 1<br>surfaces of equipment shall be kept free of an accumulation of dirt...and other debris..."<br><br>During a surveyor observation of the Garden kitchen on 6/6/2023 at approximately 10:15 AM, the following observations were made of high dust accumulation on the circulation system of the juice dispensing system, the grates on the ice machine, and the grates over the stove.<br><br>3. The Rhode Island Food Code 2018 Edition 3-501.16 states in part, "Time/Temperature Control for Safety Food, Hot and Cold Holding...food shall be maintained...at 5 degrees C [41 degrees Fahrenheit]..."<br><br>During a surveyor observation of the lunch meal in the Cottage kitchenette on 6/6/2023 at approximately 12:00 PM, the macaroni salad had a holding temperature of 65 degrees Fahrenheit.<br><br>An additional surveyor observation on 6/6/2023 at approximately 12:15 PM, of the lunch meal in the Garden kitchen, the macaroni salad had a holding temperature of 44 degrees Fahrenheit.<br><br>During a surveyor interview on 6/6/2023 at approximately 12:20 PM with the cook, Staff B, she acknowledged the macaroni salad was not within the acceptable temperature range.<br><br>4. The Rhode Island Food Code 2018 Edition 3-501.13 states in part, "Thawing"...under refrigeration...completely submerged under running water..."<br><br>During a surveyor observation on 6/6/2023 at approximately 1:15 PM in the Garden kitchen, one bag of frozen ravioli and two packages of frozen spinach were in a sink without being fully | S 490 | Results of these checks will be presented to the QAPI Committee monthly for 3 months or until compliance is determined.<br><br>2.<br><br>1-2 There is no evidence to support any resident has been affected. All residents have the potential to be affected by this alleged deficient practice. Food service manager immediately cleaned the dust on the circulation system of the juice dispensing equipment, grates of the ice machine and over the stove. Kitchen staff have been re-educated regarding The Rhode Island Food Code 2018 Edition 4-601.11 and the kitchens cleaning tasks.<br><br>Executive Director/Food Service Manager or designee will conduct daily audits to ensure the cleaning tasks are completed which includes the circulation system of the juice dispensing equipment grates of the ice machine and over the stoves.<br><br>Results of these audits will be presented to the QAPI Committee monthly for 3 months or until compliance has been determined. | |

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| S 490 | Continued From page 2<br>submerged in running water.<br><br>5. The Rhode Island Food Code 2018 Edition 4-501.114 states in part, "...Manual and Chemical Sanitization...a chemical sanitizer solution shall be used as follows...a chlorine solution shall have a pH(a measure of how acidic/basic water is) solution of 50-99 Mg/L [milligram/liter]..."<br><br>During a surveyor observation on 6/6/2023 at approximately 10:15 AM of the dish machine in the Garden kitchen, chlorine was used as the sanitizing agent and a pH level was not able to be obtained by the Culinary Director on the surfaces of the dishware.<br><br>6. The Rhode Island Food Code 2018 Edition 4-301.12 states in part, "Manual Ware washing, Sink Compartment Requirements"...sink compartments shall be large enough to accommodate immersion of the largest equipment..."<br><br>During a surveyor observation on 6/6/2023 at approximately 11:00 AM of the Cottage kitchen, Staff B was observed sanitizing a ¼ inch baking pan that did not fit in the sanitizing compartment of the three-bay sink.<br><br>7. The Rhode Island Food Code 4-703.11 states in part, "Hot Water and Chemical...chemical manual...including the application of sanitizing chemicals...a contact time of at least 30 seconds..."<br><br>During a surveyor observation on 6/6/2023 at approximately 11:05 AM in the Cottage kitchen, Staff B was observed sanitizing a ¼" (inch) baking pan by just dipping the baking pan into the sanitizing solution and immediately taking it out of | S 490 | 3.<br><br>1-2 There is no evidence to support any resident has been affected as the macaroni salad was not served and was disposed of immediately. All residents have the potential to be affected by this alleged deficient practice. Kitchen staff have been re-educated The Rhode Island Food Code 2018 Edition 3-501.16.<br><br>Executive Director/Food Service Manager or their designee will perform a random weekly audit of the temperature of cold salads.<br><br>Results of these audits will be presented to the QAPI Committee monthly for 3 months or until compliance is determined.<br><br>4.<br><br>1-2 There is no evidence to support any resident has been affected. All residents have the potential to be affected by this alleged deficient practice as the frozen food items were discarded. Kitchen staff have been re-educated regarding thawing frozen food items and Rhode Island Food Code 2018 3-501.13. | |

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| S 490 | Continued From page 3<br>the solution.<br><br>During a surveyor interview on 6/6/2023 at approximately 12:15 PM, Staff B acknowledged the baking pan did not fit in the three-bay sink. Additionally, she acknowledged the baking pan was not left fully immersed in the chemical sanitizing solution for 30 seconds as required.<br><br>During a surveyor interview on 6/6/2023 at approximately 2:00 PM, the Culinary Director acknowledged the dishwashing machine in the Garden kitchen did not registered the pH of the chlorine solution. Additionally, she acknowledged that the grates on the circulation system of the juice dispenser, ice machine, and over the stove had high dust accumulation. She further acknowledged the temperature of the macaroni salad in the Garden kitchen was not within the acceptable temperature range. | S 490 | Executive Director/Food Service Manager or designee will perform a random weekly audit of the thawing frozen food items.<br><br>Results of these audits will be presented to the QAPI Committee monthly for 3 months or until compliance is determined.<br>5.<br><br>1-2 There is no evidence to support any resident has been affected. All residents have the potential to be affected by this alleged deficient practice. The chlorine solution was changed to a gallon container to maintain the proper ph. Kitchen staff have been re-educated regarding the appropriately sized chlorine solution being utilized and Rhode Island Food Code 2018 4-501.114.<br><br>Executive Director/Food Service Manager or designee will perform a daily audit of the size of chlorine solution being utilized.<br><br>Results of these audits will be presented to the QAPI Committee monthly for 3 months or until compliance is determined. | |
| S 565 | Residential Care Services 2.4.24.B.1 Medication Services<br><br>2.4.24 (B) (1) Administration of Medications<br><br>1. Residences licensed at the M1 level may administer medications to residents including, but not limited to, removing medication containers from storage, assisting with the removal of a medication from a container for residents with disability which prevents independence in this act, and/or administering the medication directly to the resident.<br><br>a. The resident or guardian must provide written authorization for the residence to provide administration of medications. | S 565 | | |

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| S 565 | Continued From page 4<br>b. Medications shall be administered in accordance with written orders of a physician. The residence must provide in writing, a description of services provided by the residence to each physician, including limitations on service.<br><br>c. All medications must be checked against a physician's orders by a licensed nurse, or pharmacist.<br><br>d. The resident must be identified prior to administration of any medication.<br><br>e. The medication must be in the original pharmacy-dispensed container with proper label and directions attached and be administered in accordance with such label.<br><br>f. Injectable medications, including but not limited to insulin, which cannot be self-administered by the resident, must be administered by a licensed nurse.<br><br>g. There shall be written a policy/procedure for the disposal of hypodermic needles, syringes and other such instruments that is in compliance with rules and regulations governing Hypodermic Needles, Syringes & Other Such Instruments (Part 20-15-6 of this Title).<br><br>(1) The legal destruction of hypodermic needles, syringes or other such instruments is the responsibility of the last entitled or authorized possessor.<br><br>(AA) All personnel or residents legally authorized to use disposal syringes and needles, shall destroy them after one (1) use. | S 565 | 6.<br><br>1-2 There is no evidence to support any resident has been affected. All residents have the potential to be affected by this alleged deficient practice. The full sheet baking pans have been replaced with ½ sheet baking pans.<br><br>2-4 Full sheet baking pans have been replaced with ½ sheet baking pans. Kitchen staff have received the necessary inservicing regarding immersion during dishwashing and Rhode Island Food Code 2018 4-301.12.<br><br>7.<br><br>1-2 There is no evidence to support any resident has been affected. All residents have the potential to be affected by this alleged deficient practice. Kitchen staff have been re-educated regarding the necessary contact time for sanitizing dishes and Rhode Island food Code 4-703.11.<br><br>Executive Director/Food Service Manager or designee will perform a random weekly audit of the sanitation of the dishes. | |

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| S 565 | Continued From page 5<br><br>(BB) Excess and undesired needles, syringes and other such instruments shall be stored in impervious, rigid, puncture- resistant container for disposal. Intact needles shall be placed directly into the collection containers.<br><br>(CC) Personnel handling disposal waste materials such as needles, syringes, and other such instruments may treat and destroy such waste by a DEM-approved alternative treatment/destruction technology or prepare the regulated medical waste for off-site transport by a DEM-permitted medical waste transporter.<br><br>h. Individual medication records must be retained for each resident to whom medications are being administered and each dose administered to the resident must be properly recorded.<br><br>i. Any medication administered by the residence and refused by a resident shall be documented and reported, as appropriate.<br><br>j. Medications shall be stored securely and in such a manner to prevent spoilage, dosage errors, administration errors, and/or inappropriate access. Provisions for safe storage may include lockable containers, secure spaces, or lockable units, as appropriate to the residence and the resident population.<br><br>k. All medication in the residence, regardless of whether controlled by employees or by the resident, shall be stored securely as stated in § 2.4.24(A)(3)(a)(8) of this Part.<br><br>l. All centrally stored medications shall be maintained in accordance with manufacturer's | S 565 | Results of these audits will be presented to the QAPI Committee monthly for 3 months or until compliance is determined. | |

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| S 565 | Continued From page 6<br>labeling and administered by authorized personnel.<br><br>This Requirement is not met as evidenced by:<br>Based on surveyor observation, record review, and staff interview, it has been determined that the residence failed to ensure that medications are stored securely and in a such a manner to prevent spoilage, dosage errors, administration errors, and failed to properly record each time a medication is being administered to a resident for a singular resident reviewed for narcotics, Resident ID #4.<br><br>Findings are as follows:<br><br>Record review of the residence's policy and procedure titled "Narcotic Reconciliation" states in part, "1. When one licensed nurse is going off duty and one licensed nurse is coming on duty, they will reconcile, and count narcotics supply for each individual resident at the change of the shift. 2. Both licensed nurses should be able to see the controlled drugs counted and verify the information in the narcotic book...4. If the count is inaccurate, licensed nurses will remain on the unit and nursing management is to be contacted immediately..."<br><br>Record review of the narcotic log for Resident ID #4 on 6/6/2023 at 10:42 AM revealed 22 tablets of Morphine Sulfate 15 MG (milligram, a narcotic Schedule II control substance) documented as being on hand.<br><br>During a surveyor observation of the narcotic drawer on 6/6/2023 at approximately 10:45 AM in the presence of a Registered Nurse, Staff C revealed a packet of Morphine Sulfate 15 MG | S 565<br>7/3/23 | S565<br><br>8.<br><br>1-2 There is no evidence to support any resident has been affected. All residents receiving narcotics have the potential to be affected by this alleged deficient practice. Licensed nursing staff have been re-educated regarding the Narcotic Reconciliation Policy and proper documentation.<br><br>Executive Director/ Wellness Director or designee will perform a daily check of the narcotic book.<br><br>Results of these audits will be presented to the QAPI Committee monthly for 3 months or until compliance is determined. | KW 7/3/23 |

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| S 815 | Continued From page 8<br>for 1 of 3 sample residents reviewed, Resident ID #3.<br><br>Findings are as follows:<br><br>According to Mosby's 4th Edition, Fundamentals of Nursing, page 314 states, "The physician is responsible for directing medical treatment, Nurses are obligated to follow physician's orders unless they believe the orders are in error or would harm the clients."<br><br>Record review revealed the resident moved into the residence in September of 2022 with diagnoses including, but not limited to, dysphagia (difficulty swallowing) and dementia.<br><br>Record review of the resident's physician order dated 9/13/2022 states in part, "...diet: Dysphagia Pureed texture [pudding-like consistency]."<br><br>During a surveyor observation on 6/6/2023 at approximately 12:20 PM, a Certified Nursing Assistant, Staff D was observed serving the resident ground hotdog and a portion of regular textured two-beans salad.<br><br>During a surveyor interview with Staff D immediately following this observation, she was unaware of the resident's pureed diet order.<br><br>During a surveyor interview on 6/6/2023 at approximately 12:30 PM, the Director of Wellness acknowledged the resident has a pureed texture diet. Additionally, she acknowledged the resident was not served a pureed diet texture as ordered. | S 815 | Results of these audits will be presented to the QAPI Committee monthly for 3 months or until compliance is determined. | 7/3/23 |