RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01409	A. BUILDING: _____ B. WING _____	10/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANKLIN COURT ASSISTED LIVING	180 FRANKLIN STREET BRISTOL, RI 02809

(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 biennial State Licensure survey and a complaint/incident investigation survey (9GNW11, 10/17/2025) were conducted at this residence. Deficiencies were identified relative to the State Licensure survey.	S 003		
S 370	Residency Requirements 2.4.16.E Resident Assessment/Service Plans 2.4.16 (E) Resident assessments and Service Plans E. In the event a resident has an admission to a health care facility and is scheduled to return to the residence without a significant change in status, then the assessment shall be updated within five (5) working days of readmission. 1. In case of an emergency admission, the required assessment shall take place within five (5) working days and shall include the following: a. An immediate admission necessitated by natural disaster, crisis, or threat to public safety at another licensed assisted living residence, independent living situation, community residential facility, or private residence; b. An immediate admission necessitated by the unanticipated incapacitation of the primary caregiver of the person to be admitted; c. Conditions or circumstances warranting emergency admission and as approved by Center for Health Facilities Regulation staff within forty- eight (48) hours.	S 370	Received NOV 12 2025 Facilities Regulation 11/28/25	

Facilities Regulation

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

ANGELA P. CABRAL ADMINISTRATOR 11-11-25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01409	A. BUILDING: _____ B. WING _____	10/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANKLIN COURT ASSISTED LIVING	180 FRANKLIN STREET BRISTOL, RI 02809

(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 370	Continued From page 1 This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined the residence failed to ensure that the resident's comprehensive assessment was updated within five (5) working days of readmission from admission to a health care facility for the singular resident reviewed for readmission, ID #1. Findings are as follows: Record review revealed Resident ID #1 was admitted to the residence in May of 2023 with a diagnosis that includes, but is not limited to, vascular dementia. Record review revealed s/he was hospitalized on 7/10/2025 related to falling two times within an eight-hour time frame. Additional record review revealed s/he returned to the residence on 7/16/2025. Record review revealed the last comprehensive assessment was completed on 5/21/2025, failing to reflect that an assessment was completed prior to or within five working days from readmission to the residence on 7/16/2025. During an interview on 10/16/2025 at 11:45 AM with the Director of Nursing Services, she was unable to provide evidence that a comprehensive assessment was completed prior to or upon readmission to the residence within five working days.	S 370	11/28/25 S370 Although the nurse completed a comprehensive service plan on 7/16/25 with a detailed update, the nurse will also be sure to update the resident's comprehensive assessment within five (5) working days of readmission from admission to a health care facility. The nurse will flag all residents who are admitted to a health care facility. The Administrator will incorporated the findings in S370 into the QA Program.	11-3-25 11-21-25

RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01409	A. BUILDING: _____ B. WING _____	10/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANKLIN COURT ASSISTED LIVING	180 FRANKLIN STREET BRISTOL, RI 02809

(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	S 490		
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 and staff interview, the residence failed to comply with the appropriate requirements of the Rhode Island Food Code related to the main kitchen. Findings are as follows: 1. Record review of the 2022 Food Code published by the U.S Food and Drug Administration Section 2-402.11 states in part, "...food employees shall wear hair restraints such as...hair coverings...beard restraints..." During a surveyor observation on 10/15/2025 at approximately 10:15 AM, of the main kitchen, the following was revealed: -Dietary, Staff A, was observed without a beard restraint while working in the main kitchen -Dietary Staff B was observed with her hair not fully restrained while wearing a black chef hat -Dietary Staff C was observed with her hair not fully restrained while wearing a black chef hat An additional surveyor observation on 10/16/2025	S 490	S 490 The Unidine dietary staff (our contracted dining services vendor) are now wearing beard restraints while working in the main kitchen. Dietary staff were previously wearing black skullcaps. Now they are all wearing hairnets that fully restrain their hair.	10-17-25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01409	A. BUILDING: _____ B. WING _____	10/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANKLIN COURT ASSISTED LIVING	180 FRANKLIN STREET BRISTOL, RI 02809

(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 3 at approximately 12:10 PM, of the main kitchen, the following was revealed: -Dietary Staff A was observed without a beard covering while working in the main kitchen -Dietary Staff D was observed without a beard restraint while working in the main kitchen -Dietary Staff B was observed with her hair not fully restrained while wearing a black chef hat -Dietary Staff C was observed with her hair not fully restrained while wearing a black chef hat 2. 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..." During a surveyor observation on 10/15/2025 at 10:15 AM, of the main kitchen, the following was revealed: -Grill pan with an accumulation of a black substance -Stove with an accumulation of grease and debris in the corners -Pan rack located adjacent to the stove with an accumulation of dust -Shelving located in front of the steam table with dust accumulation -Worktable that was holding a meat slicer with an accumulation of debris on the lower shelf 3. 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..." During a surveyor observation on 10/15/2025 at	S 490	Management will reinforce the requirement for dietary staff to wear hairnets and beard nets at all times during their daily lineup. The Unidine FSD is reviewing the relevant code for further guidance. Non-contact surfaces of equipment are now free of accumulation of grease, debris and dust. The grill pan, stove corners, pan rack adjacent to the stove, pan rack, baker's rack, shelving in front of the steam table and worktable that holds the meat slicer are on the deep cleaning schedule, which management will check weekly for completion.	10-17-25 10-17-25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01409	A. BUILDING: _____ B. WING _____	10/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANKLIN COURT ASSISTED LIVING	180 FRANKLIN STREET BRISTOL, RI 02809

(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 4 10:15 AM, the following was revealed: -Insulated flaps on the walk-in freezer with ice accumulation -Chest freezer with bread stored with a significant amount of frost accumulation 4. Record review of the 2022 Food Code published by the U.S Food and Drug Administration 6-501.113 states in part, "...receptables shall be kept covered...when not in continuous use..." During a surveyor observation on 10/15/2025 at 10:15 AM, the following was revealed: -Uncovered trash container located in the dish room area of the main kitchen -Uncovered trash container located in the cook's area An additional surveyor observation of the main kitchen on 10/16/2025 at 12:10 PM, revealed the following: -Uncovered trash container located in the dish room area of the main kitchen -Uncovered trash container located in the cook's area During a surveyor interview on 10/17/2025 at approximately 1:30 PM with the Director of Food Service, she acknowledged that the equipment mentioned above was in need of cleaning, that the dietary staff were not wearing beard and/or hair restraints, that the trash receptables did not have covers, and that the walk-in freezer and bread chest freezer were with an accumulation of ice and frost.	S 490	Unidine will ensure that equipment such as doors and seals are kept tight. The freezer flaps have been removed. The walk-in freezer and chest freezer are defrosted and cleaned bi-weekly. Unidine is working with Maintenance regarding the door heater. Management has added this item to their bi-weekly deep cleaning list. Receptacles will be kept covered when not in continuous use. The uncovered trash container in the dish room area and the trash container in the cook's area have been covered. New lids have been purchased for all trashcans and will be replaced as needed. Unidine management will check this regularly. The Administrator will incorporated the findings in S490 (and S370) into the QA Program.	10-18-25 TBD 10-17-25 11-21-25