

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR01483	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 11/04/2025
NAME OF PROVIDER OR SUPPLIER ARBOR HILL		STREET ADDRESS, CITY, STATE, ZIP CODE 153 DEAN STREET PROVIDENCE, RI 02903			
(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) COMPLETION DATE	
S 003	Initial Comments An unannounced State licensure survey, was conducted at this facility on 11/03/2025 through 11/04/2025 to determine compliance with state regulations. A deficiency was identified.	S 003	Received NOV 21 2025 Facilities Regulation		
S 560	Residential Care Services 2.4.23.C Dietetic Services 2.4.23 (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, Part 50-10-1 of this Title, Rhode Island Food Code, 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 facility failed to comply with all appropriate standards of the Rhode Island Food Code relative 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 4-601.11 states in part, "...nonfood contact surfaces of equipment shall be kept free of an accumulation of dirt...and other debris..." A surveyor observation on 11/3/2025 at 12:30 PM of the main kitchen, in the presence of the Food Service Director (FSD), revealed the following: - ice machine with an accumulation of light	S 560			

Facilities Regulation

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

TITLE

(X6) DATE

STATE FORM

6589

016211

If continuation sheet 1 of 3

RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR01483	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/04/2025
--	--	--	--

NAME OF PROVIDER OR SUPPLIER

ARBOR HILL

STREET ADDRESS, CITY, STATE, ZIP CODE

153 DEAN STREET
PROVIDENCE, RI 02903

(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 560	Continued From page 1 orange and brown substance along the top inside white flap. During a surveyor interview following the above observation with the FSD, he was unable to provide evidence of a system for cleaning the ice machine and acknowledged it needed cleaning. 2) 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..." - Cook, Staff A, without a beard covering while prepping soup. During a surveyor interview following the above observation with the FSD, he acknowledged Staff A's beard required a beard covering. 3) Record review of the 2022 Food Code published by the U.S Food and Drug Administration Section 3-602.11, Food Labels states in part "... (B) Label information shall include: (1) The common name of the food..." a. 4 clear bags of cereal, no label and no date. During a surveyor interview following the above observation with the FSD, he acknowledged the bowls of cereal did not have a label or date of expiration. b. Surveyor observation of the dry storage area revealed the following expired items: - 4, seven-pound cans of prunes with a best by date of April 2025.	S 560	Ice machine cleaning schedule was increased to every 2 months & as needed in-between. Staff in serviced on updated cleaning schedule. Staff put beard net on. Staff in serviced & signage up as reminder. Corrected on site. Cereal labeled & dated. Staff in serviced on proper storage. Prunes thrown out & Staff in serviced on rotation of stock.	11/10/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR01483	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 11/04/2025
NAME OF PROVIDER OR SUPPLIER ARBOR HILL		STREET ADDRESS, CITY, STATE, ZIP CODE 153 DEAN STREET PROVIDENCE, RI 02903			
(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 560	Continued From page 2 During a surveyor interview with the FSD following the observation, he acknowledged the prunes should have been discarded after April of 2025.	S 560			