RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01507	A. BUILDING: _____ B. WING _____	C 02/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLENHEIM NEWPORT	303 VALLEY ROAD MIDDLETOWN, RI 02842

(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 numbers 99511, 99382, 99476, 97450, 98962, 99412, 98996, and 98997, was conducted at this residence on 02/17/2025 to determine compliance with state regulations. 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. This Plan of Correction is filed in the compliance with applicable law and demonstrates the community's continuing commitment to QualityCare.	
S 155	Organization And Management 2.4.12.C(1-3) Administrative Management 2.4.12 Administrative Management (C)(1-3) C. Pursuant to R.I. Gen. Laws § 23-17.4-15.1.1, each assisted living residence shall have an administrator who is certified by the Department in accordance with regulations established pursuant to R.I. Gen. Laws § 23-17.4-21.1, in charge of the maintenance and operation of the residence and the services to the residents. The name and contact information for the current administrator shall be displayed in a conspicuous public area of the residence. The administrator is responsible for the safe and proper operation of the residence at all times by competent and appropriate employee(s) and shall be responsible for no less than the following: 1. The management and operation of the residence and services to the residents; 2. Compliance with federal, state, and local laws and rules and regulations pertaining to, but not limited to: the management and operation of assisted living residences, fire, safety, zoning, building codes, sanitation, food service, communicable and reportable diseases, Americans with Disabilities Act, employee health and safety, other relevant health and safety	S 155	S 155 The community completed a reviewed of the puree policy procedure and conducted an in-service with all cooks. Moving forward all puree meals will be provided using manufactured, premade puree molds and will not be pureed in the community by staff to insure proper consistency and nutrition. The community will continue to review compliance upon new resident puree diet changes, at quarterly QA meetings and complete an in-service upon hire with any new cooks regarding our process of providing puree meals. Received MAR 19 2025 Facilities Regulation	

3/21/25

Facilities Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Executive Director — (X6) DATE: 3/10/25

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S 155	Continued From page 1 requirements, and these regulations. 3. Staffing the residence with adequate and qualified personnel to attend to the food preparation, general housekeeping, assistance with personal care, medication administration, if applicable, and other such services; This Requirement is not met as evidenced by: Based on record review and staff interview, the residence failed to have qualified personnel to attend to food preparation relative to a singular resident reviewed for pureed textured food, Resident ID #1. Findings are as follows: RIDOH received a residence reported incident on 2/8/2025 alleging a server witnessed a resident choking and immediately performed the Heimlich maneuver with assistance from the Dining Director. The resident was transported to the hospital by Emergency Medical Services (EMS). Resident ID #1 was admitted to the residence in January of 2023 with a diagnosis that incudes, but is not limited to, dysphagia (difficulty swallowing). Record review of a 90-day nursing review dated 11/5/2024 revealed the resident was on a puree texture diet with thin liquids. Record review of a service plan dated 1/30/2025 revealed the resident ate his/her meals in the dining room and did not require assistance with eating.	S 155		

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S 155	Continued From page 2 During a surveyor interview on 2/17/2025 at approximately 1:00 PM with a dietary cook, Staff A, he revealed he does not use recipes to prepare pureed foods. He further revealed he purees food items to a consistency of applesauce. During a surveyor interview on 2/17/2025 at approximately 3:15 PM with the Executive Director, he was unable to provide evidence that competencies were completed on dietary staff on the preparation of pureed texture food items. Additionally, was unable to provide evidence of recipes being available to the dietary staff for the preparation of pureed textured food items.	S 155		