STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01378	A. BUILDING: _____ B. WING _____	11/22/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIDGE AT CHERRY HILL, THE	ONE CHERRY HILL ROAD JOHNSTON, RI 02919

(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 was conducted at this residence on 11/21/2023 through 11/22/2023. Deficiencies were identified.	S 003		
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 observations, 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. 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 a surveyor observation of the ice machine on 11/22/2023 at approximately 9:10 AM in the presence of the Food Service Director (FSD), a black substance was observed on the left interior wall of the ice machine and a tan substance on the shield of the machine where the ice is	S 490	RECEIVED DEC 06 2023 FACILITIES REGULATION **A. With Respect to the Specific Regulation Cited:** Section 4-601.11 of the Rhode Island Food Code. **B. With Respect to how the Facility will identify and take corrective action:** Mercury Tec serviced the ice machine on 11/20/23. The ice machine is cleaned on a monthly basis.	

Facilities Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Marylynn Grace — TITLE: Executive Director — (X6) DATE: 12/6/23

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S 490	Continued From page 1 dispensed. 2. According to 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 CONTROL 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 when held at a temperature of 5ºC (41ºF) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1. (B) Except as specified in (E)-(G) of this section, refrigerated, READY-TO-EAT TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and PACKAGED by a FOOD PROCESSING PLANT shall be clearly marked, at the time the original container is opened in a FOOD ESTABLISHMENT and if the FOOD is held for more than 24 hours, to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded, based on the temperature and time combinations specified in (A) of this section and: (1) The day the original container is opened in the FOOD ESTABLISHMENT shall be counted as Day 1; and (2) The day or date marked by the FOOD ESTABLISHMENT may not exceed a manufacturer's use-by date if the manufacturer determined the use-by date based on FOOD safety..." During a surveyor observation of a standup refrigerator on 11/22/2023 at approximately 9:15 AM, the following food items were observed not labeled and not dated:	S 490	**C. With Respect to What Systemic measures to be put in place to address the stated concern:** A new ice machine is being ordered. Scheduled monthly cleaning of the ice machine to ensure equipment is free of debris. **D. With Respect to How the Plan Of Corrective Measures will be monitored:** The Food Service Director will ensure that the monthly cleaning is complete and will be part of the QMPI. **A. With Respect to the Specific Regulation Cited:** Section 3-501.17 of the Rhode Island Food Code. **B. With Respect to how the Facility will identify and take corrective action:** An inservice was conducted with the dietary staff on labeling and dating off all food items. Items that are in small containers will be labeled and dated accordingly.	11/27/23

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S 490	Continued From page 2 - Two containers of a yellow viscous substance - 24 small containers of a green substance - 5 small containers of a yellow creamy substance During a surveyor interview on 11/22/2023 at approximately 9:20 AM with the FSD, he acknowledged the black and tan substances in the ice machine and could not provide evidence the above-mentioned food was labeled and dated appropriately.	S 490	**C. With Respect to What Systemic measures to be put in place to address the stated concern:** A random audit will be conducted daily to ensure items are dated and labeled appropriately. **D. With Respect to How the Plan Of Corrective Measures will be monitored:** Audits are and will be continued on a weekly basis by the FSD and ED to ensure compliance and part of the QMPI process.	ongoing
S 705	Physical Plant 2.4.30.I Safety Requirements 2.4.30 (I) Safety Requirements I. Each residence shall develop and maintain a written plan and procedure for the evacuation of the premises in case of fire or other emergency, based on F1 / F2 licensure requirements, Fire Safety Code-General Provisions (R.I. Gen. Laws Chapter 23-28.1) requirements. 1. Emergency steps of action shall be clearly outlined and posted in conspicuous locations throughout the residence. 2. Drills simulating fire emergencies, testing the effectiveness of the fire evacuation plan shall be conducted at least six (6) times per year on a bimonthly basis with a minimum of two (2) drills conducted during the night when residents are sleeping with documentation of observed ability of residents to carry out evacuation procedures. At least fifty percent (50%) of these drills shall be obstructed drills, as defined in Fire Safety Code-General Provisions (R.I. Gen. Laws Chapter 23-28.1).	S 705	**A. With Respect to the Specific Regulation Cited:** Section 2.4.30 (I) Safety Requirements **B. With Respect to how the Facility will identify and take corrective action:** Monthly fire drills are conducted and with the regulation, 50% (6) will be obstructed.	

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S 705	Continued From page 3 3. The drills shall be permitted to be announced in advance to the residents. The drills shall involve the actual evacuation of all residents to an assembly point as specified in the emergency plan and shall provide residents with experience in egressing through all exits and means of escape required by the Fire Safety Code-General Provisions (R.I. Gen. Laws Chapter 23-28.1). Exits and means of escape not used in any fire drill shall not be credited in meeting the requirements of the Fire Safety Code-General Provisions (R.I. Gen. Laws Chapter 23-28.1). a. Documentation of fire drills shall be maintained and shall include no less than the following information: (1) Name of the person conducting the drill; (2) Date and time of the drill; (3) Amount of time taken to evacuate the building or unit; (4) Type of drill (i.e., obstructed or unobstructed); (5) Record of problems encountered and steps taken to rectify them; (6) Employee observation of each resident's ability to carry out evacuation procedures. 4. Residents shall be instructed in all alternative methods of escape since the primary exit may be unusable due to fire and/or smoke. Such instruction shall be documented in the record described in § 2.4.30(I)(3)(a) of this Part. 5. Each new resident shall be oriented to the fire drill procedure on admission, with	S 705		

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S 705	Continued From page 4 documentation of the orientation placed in the resident's record. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined the residence failed to ensure drills simulating fire emergencies, testing the effectiveness of the fire evacuation plan, be conducted at least six (6) times per year on a bimonthly basis and at least fifty percent (50%) of these drills shall be obstructed drills, as defined in Fire Safety Code-General Provisions (R.I. Gen. Laws Chapter 23-28.1). Findings are as follows: Record review revealed fire drills were conducted on the following dates: 1/31/2023, 2/22/2023, 3/16/2023, 4/26/2023, 5/9/2023, 6/8/2023, 7/22/2023, 8/29/2023, 9/8/2023, 10/6/2023, and 11/20/2023. Further record review revealed obstructed drills were conducted on 2/22/2023 and on 11/20/2023, which is 18.18% of the drills instead of 50% as required. During an interview on 11/22/2023 at 9:10 AM with the Administrator, she acknowledged the fire drills did not meet the required minimum of 50% of drills conducted be obstructed, as required.	S 705	**C. With Respect to What Systemic measures to be put in place to address the stated concern:** The Director of Maintenance will have the obstructed fire drills designated on the fire drill calendar to ensure that 50% are completed. **D. With Respect to How the Plan Of Corrective Measures will be monitored:** The Director of Maintenance and ED will review the fire drill evaluations at the Safety Committee meetings to ensure compliance.	