RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01306	A. BUILDING: _____ B. WING _____	10/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMS RETIREMENT RESIDENCE INC, THE	22 ELM STREET WESTERLY, RI 02891

(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 10/03/2025 through 10/07/2025. Deficiencies were identified relative to the State Licensure survey.	S 003		
S 310	Residency Requirements 2.4.15.A Resident Records 2.4.15 (A) Resident Records A. Each residence shall, at a minimum, maintain the following information for each resident: 1. The resident's name; 2. The resident's last address; 3. The name of the person or agency referring the resident to the home; 4. The name, specialty (if any), telephone number, and emergency telephone number of each physician who is currently treating the resident; 5. The date the resident began residing in the home; 6. A list of medications taken by the resident, including dosage, and specific records of medication administration as required by the Department; a. In residences licensed at the M2 level, if a resident refuses to provide the information cited in § 2.4.15(A)(6) of this Part, this fact shall be documented in the resident's service agreement.	S 310		

11/9/25

Received
NOV 04 2025
Facilities Regulation

Facilities Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Mark Taylor — TITLE: Adm. — (X6) DATE: 11/04/2025

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S 310	Continued From page 1 7. Written acknowledgments that the resident has signed and received copies of the rights as provided in R.I. Gen. Laws § 23-17.4-16; 8. Information about any specific health problems of the resident, which may be useful in a medical emergency, including diagnostic and/or therapeutic orders; 9. A record of personal property and funds which the resident has entrusted to the residence; 10. The name, address, and telephone number of a person identified by the resident who should be contacted in the event of an emergency or death of the resident and the name, address, and telephone number of the legal guardian; 11. Any other health-related emergency, or pertinent information which the resident requests the residence to keep on record; 12. A copy of the initial and periodic assessments described in § 2.4.16 of this Part; 13. A copy of the service plan and nurse review as described in § 2.4.16 of this Part; 14. A copy of the residency agreement as described in § 2.4.14(C) of this Part. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined the residence failed to include, at a minimum, information about any specific health problems of the resident, which may be useful in a medical emergency, including	S 310		

RI Department of Health

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S 310	Continued From page 2 diagnostic and/or therapeutic orders, for one of two residents reviewed for receiving outside services, Resident ID #2. Findings are as follows: Record review revealed Resident ID #2 moved into the residence in March of 2025 with a diagnosis that includes, but is not limited to, fracture of the left radius (bone that extends from the elbow to the wrist). Further record review revealed the resident received services from an outside agency for physical therapy (PT). Record review failed to reveal evidence of outside agency service notes in the resident's medical record. During a surveyor interview on 10/3/2025 at approximately 11:00 AM with the Clinical Manger, he acknowledged that the resident's record did not contain PT notes.	S 310	**S 310** – PT notes have been requested from the provider to place in the resident's record. An audit will be conducted of all residents receiving outside services to ensure documentation is in place. The Quality Assurance Committee will conduct regular audits to ensure compliance.	11/05/25 Ongoing
S 380	Residency Requirements 2.4.16.G.1 Resident Assessment/Service Plan 2.4.16 (G) (1) Service Plans 1. Within a reasonable time after move-in, not to exceed seven (7) days, the Administrator shall be responsible for the development of a written service plan based on the initial assessment. The service plan shall include at least: a. The services and interventions needed, including all services provided by outside healthcare agencies (e.g., home nursing care,	S 380		

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S 380	Continued From page 3 hospice); b. Description, frequency, duration relating to the service or intervention, including personal assistance, medication, special diets, recreational activities, and other similar services rendered; c. Party responsible for arranging and/or providing the service; and d. The resident's requested and/or therapeutically needed recreational and social activities. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined that the residence failed to document a description of the services and interventions needed on the service plan for one of three residents reviewed for medication administration, Resident ID #3. Findings are as follows: 1. Resident ID #3 moved into the residence in October of 2021 with a diagnosis that includes, but is not limited to, COPD (chronic obstructive pulmonary disease is a group of lung diseases that cause persistent airflow obstruction and breathlessness). Record review of the physician's orders revealed that the resident had a physician's order for oxygen at 2 liters continuously and a Trelegy inhaler. Record review of the service plan dated 11/5/2024 revealed that the resident required	S 380		

RI Department of Health

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S 380	Continued From page 4 assistance with medication management. During a surveyor interview with the resident on 10/3/2025 at approximately 1:30 PM, s/he revealed s/he administers his/her own oxygen and that s/he self-administers the Trelegy inhaler. During a surveyor interview on 10/3/2025 at approximately 2:00 PM with the Clinical Manager, he was unable to provide evidence that the service plan was accurate related to the resident self-administering their own inhaler and oxygen.	S 380	**S 380** – The resident's ISP. was updated to include self-administration of O2 and the inhaler. An order from her PCP. will be requested to support her ability to self-administer. An audit to investigate any other residents self-administering medications that receive medication administration services will be conducted. The Quality Assurance Committee will be responsible to monitor residents receiving medication administration services that self-administer certain medications.	10/07/25 11/05/25 Ongoing
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, it has been determined that the residence failed to comply with the appropriate requirements of the of R.I. Gen. Laws Chapters 21-27 and 21-31, Rhode Island Food Code (Part 50-10-1 of this Title), 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	S 490		

RI Department of Health

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S 490	Continued From page 5 Administration Section, 3-302.12 Food Storage containers, identified with common name of food, states in part, "...except for containers holding food that can be readily and unmistakably recognized, working containers of food holding food that are removed from their original packages shall be identified with a common name of the food..." During a surveyor observation on 10/3/2025 at 9:30 AM, the following was revealed in in the deli refrigerator unit: - storage container of a tan colored product without a label - 2 storage containers of sliced meat without a label 2. Record review of the 2022 Food Code published by the U.S. Food and Drug Administration states in part, "...food prepared and held in a food establishment for more than 24 hours shall be clearly marked to indicate the date by which the food shall be consumed or discarded for a maximum of 7 days, the day of preparation shall be counted as Day 1..." During a surveyor observation on 10/3/2025 at 9:30 AM of the main kitchen the following was revealed stored in the deli refrigerator unit: - egg salad without a use by date - sliced ham without a use by date - sliced turkey without a use by date 3. Record review of the 2022 Food Code published by the U.S. Food and Drug Administration Section 4-601.11 (C) reads in part,"...non-contact surfaces of equipment shall be free of an accumulation of...other debris..."	S 490	**S 490** – The food in the storage containers either not identified or not dated were discarded.	10/07/25

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S 490	Continued From page 6 During a surveyor observation on 10/3/2025 at 9:45 AM, the following was revealed: - panni maker with build up of grease along the ridges and frame. - stove with build up of grease and grime in corners and missing knobs - lower shelf of steam table with build up of debris 5. Record review of the 2022 Food Code published by the U.S. Food and Drug Administration Section 5.501.113 states in part, "receptables and waste handling units for refuse...shall be kept covered..." During a surveyor observation on 10/3/2025 at 9:30 AM of the main kitchen revealed the following: - Trash container by the coffee machine was uncovered - Trash container by the dish machine was uncovered - Trash container by the work table was uncovered 6. Record review of the Occupational Safety and Health Administration Standard 1910.1200 (f)(1) states in part, "...chemicals are marked with a product identifier, signal word (danger or warning), a statement that the full label information for the chemical is provided on the outside package..." During a surveyor's observation on 10/3/205 at 9:45 AM of the main kitchen, two spray bottles stored above a workstation table had a blue colored liquid stored without any identification.	S 490	**S 490** – The surfaces in question were cleaned. The missing knobs have been on back order, arrival TBD. Trash containers were purchased with lids.	10/07/25

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S 490	Continued From page 7 7. Record review of the 2022 Food Code published by the U.S. Food and Drug Administration Section 3-501.14(A) states in part, "...Cooked/time control for food safety shall be cooled within 2 hours from 57 degrees C.(135F.) to 21 degrees C (70 degrees F) and within a total of 6 hours from 57 degrees C (135 F) to 41 degrees or less..." During a surveyor observation on 10/6/2025 at 12:00 PM of the main kitchen revealed a container of sausage gravy on a work table. A surveyor interview with the Chef Manager immediately following the above- mentioned observation, revealed the sausage gravy was sitting at room temperature to cool down the product and that a cooling log was not used. 8. Record review of the 2022 Food Code published by the U.S Food and Drug Administration Section 3-501.13 Thawing states "...time temperature control for safety food be thawed under refrigeration..." During a surveyor observation on 10/3/2025 at approximately 9:45 AM, 3 containers of frozen pumpkin pie were sitting at room temperature on a work table. 9. 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 or nets, beard restraints..." During a surveyor observation on 10/3/2025 at 9:30 AM the following was revealed: - chef manager preparing food without a beard	S 490	**S 490** – The sausage gravy was discarded. **S 490** – The pumpkin pie was partially frozen and refrigerated.	10/06/25 10/03/25

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S 490	Continued From page 8 restraint An additional surveyor observation on 10/7/2025 at 11:00 AM of the main kitchen the following was revealed: - Dietary Staff A without a hair net - Dietary Staff B with out a hair net 10. Record review of the 2022 Food Code published by the U.S Food and Drug Administration Section 7-201.11 "...poisonous or toxic materials shall be stored so they cannot contaminate food..." During a surveyor observation on 10/3/2025 at 9:45 AM of the main kitchen the following was revealed: - Chlorox multi surface cleaner bleach spray located on shelf in food prep area 11. Record review of 2022 Food Code published by U.S Food and Drug Administration Section 6-305 Lockers (B) states in part, "...lockers or other suitable facilities shall be provided for storage of employees' clothing and other possessions..." During a surveyor observation on 10/3/2025 at 9:45 AM of the main kitchen revealed the following: - Cell phone lying on top of deli refrigerator unit - Cell phone stored by coffee machine An additional surveyor observation on 10/7/2025 at 11:00 AM of the of the main kitchen the following was revealed:	S 490	**S 490** – Beard and hair restraints were available, and staff were directed to don them. **S 490** – The cleaning agent was relocated to an appropriate area. **S 490** – Staff have been directed to store communication devices on their person when not in active use.	10/07/25 10/03/25 Ongoing

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S 490	Continued From page 9 - Cell phone stored over the deli unit refrigerator During a surveyor interview on 10/7/2025 at 12:50 PM with the Chef Manager, he acknowledged that hair and beard restraints were not being worn by dietary staff, that stored food items did not have a label or use by date, that the trash containers did not have covers, that the above-mentioned equipment was in need of cleaning, that staff were storing cell phones in the kitchen, and that chemicals were stored near food.	S 490	**S 490** – A deep cleaning of the kitchen will be accomplished on a regular basis The Chef Manager and Dining Room Manager will be held accountable for compliance with cleaning, hair restraints, safe food storage, safe food cooling and thawing procedures, safe chemical handling, safe trash disposal, and cell phone storage. The Quality Assurance Committee will conduct routine surveys to review all items above.	Ongoing
S 565	Residential Care Services 2.4.24.B.1 Medication Services 2.4.24 (B) (1) Administration of Medications 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. a. The resident or guardian must provide written authorization for the residence to provide administration of medications. 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. c. All medications must be checked against a physician's orders by a licensed nurse, or	S 565		

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S 565	Continued From page 10 pharmacist. d. The resident must be identified prior to administration of any medication. 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. f. Injectable medications, including but not limited to insulin, which cannot be self-administered by the resident, must be administered by a licensed nurse. 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). (1) The legal destruction of hypodermic needles, syringes or other such instruments is the responsibility of the last entitled or authorized possessor. (AA) All personnel or residents legally authorized to use disposal syringes and needles, shall destroy them after one (1) use. (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. (CC) Personnel handling disposal waste materials such as needles, syringes, and	S 565		

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S 565	Continued From page 11 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. 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. i. Any medication administered by the residence and refused by a resident shall be documented and reported, as appropriate. 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. 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. l. All centrally stored medications shall be maintained in accordance with manufacturer's labeling and administered by authorized personnel. This Requirement is not met as evidenced by: Based on surveyor observation, record review,	S 565		

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S 565	Continued From page 12 and staff interview, it has been determined the residence failed to ensure that medications shall be stored securely and in such a manner to prevent spoilage, dosage errors, administration errors, and/or inappropriate access to the singular medication storage room for 2 of 3 sample residents reviewed, Resident ID #s 1 and 2. Findings are as follows: 1. Record review revealed Resident ID #1 had a physician's order for Quetiapine 0.5 milligrams (mg) tablets to be administered, as needed, for anxiety. During a surveyor observation on 10/6/2025 at approximately 9:45 AM the Quetiapine was not available in the cart for administration. 2. Record review revealed Resident ID #2 had a physician's order for Acetaminophen 325 mg to be given, as needed, for pain. During a surveyor observation of the medication cart on 10/6/2025 at approximately 9:45 AM revealed that the prescribed Acetaminophen had a use by date of 9/10/2025. During a surveyor interview on 10/6/2025 immediately following both of the above-mentioned observations with the Clinical Manager, he acknowledged that the Quetiapine was not available and that the Acetaminophen was expired.	S 565	**S 565** – The Quetiapine was reordered and delivered. The expired Tylenol was discarded and replaced. There have been no known cases of Res ID#1 needing the Quetiapine administered. The Nurse Manager conducted a medication cart audit and corrected any remaining issues and will audit on a more frequent basis. The Quality Assurance Committee will be responsible for monitoring compliance with medication administration.	10/6/25 — Ongoing