RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01479	A. BUILDING: _____ B. WING _____	12/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN YEARS ASSISTED LIVING COMMUNI	118 HIGH 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 and a complaint/incident investigation survey (5QPL11, 12/01/2023) were conducted at this residence. Deficiencies were identified relative to the State Licensure survey.	S 003	See Attached Plan of Correction regarding (2) deficiencies Nicole M Adams Jan 24, 2024.	
S 190	Organization And Management 2.4.12.H Administrative Management 2.4.12 (H) In-service Training 1. Employees shall have on-going, at intervals not to exceed twelve (12) months, in-service training as appropriate for their job classifications and including the topics cited in § 2.4.12(G) of this Part. 2. All new employee orientation and on-going in-service training shall be documented in the employee's personnel file, and maintained onsite at the licensed residence. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined that the residence failed to ensure employees shall have on-going, at intervals not to exceed twelve (12) months, in-service training in all required topics for 3 of 6 staff reviewed, ID's A, B, and C. Findings are as follows: Record review failed to reveal the following staff were in-serviced on all required topics identified in 2.4.12 (G) on an annual basis: Staff A, Registered Nurse, owner	S 190	AB 1/25/24	

Facilities Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Nicole M Adams TITLE: Administrator (X6) DATE: Jan 24, 2024

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S 190	Continued From page 1 Staff B, Licensed Practical Nurse, hired in 2020 Staff C, Certified Nursing Assistant/Certified Medication Technician, hired in 2018 Record review of personnel records and facility in-service training documents failed to reveal trainings on fire prevention, confidentiality, emergency preparedness and procedures, medical emergency procedures, resident elopement, basic sanitation, food service, basic knowledge of cultural differences, personal assistance, safety of residents, and body mechanics for the above- mentioned staff. During an interview on 12/15/2023 at approximately 12:45 PM, the Administrator acknowledged the trainings for the above-mentioned staff had not been completed.	S 190		
S 510	Residential Care Services 2.4.21.G(1-4) Dietetic Services 2.4.21 (G) (1-4) Dietetic Services G. All food services shall be conducted in accordance with the rules and regulations pertaining to Certification of Managers in Food Safety (Part 50-10-2 of this Title) that include but are not limited to the following provisions: 1. Each residence where potentially hazardous foods are prepared shall employ at least one (1) full-time, on-site manager certified in food safety who is at least eighteen (18) years of age. 2. Residences that primarily serve the elderly and individuals with diminished immune systems shall have a manager certified in food safety	S 510		

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S 510	Continued From page 2 present during preparation of all hot potentially hazardous foods. 3. Residences that have a licensed capacity of twenty-six (26) or more residents and that employ ten (10) or more full-time equivalent employees directly involved in food preparation shall employ at least two (2) full time, on-site managers certified in food safety. 4. Residences that have a licensed capacity of twenty-five (25) or fewer residents and that employ five (5) or fewer full-time equivalent employees involved in preparation and serving of food, shall only be required to employ one (1) full time manager certified in food safety. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined that the residence failed to have a manager certified in food safety present during the preparation of all hot potentially hazardous foods. Findings are as follows: Record review of the residence's kitchen schedule revealed Staff D, kitchen staff, was scheduled to work Wednesday-Saturday during breakfast and lunch preparations weekly. Record review of facility rotating food menu for the month revealed hot, potentially hazardous foods, being served for breakfast and lunch on most days of the week, including those Staff D is working alone. Record review revealed Staff G had a manager in	S 510		

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S 510	Continued From page 3 food safety certification which expired on 1/27/2021. During an interview on 12/15/2023 at approximately 12:45 PM, the Administrator acknowledged Staff D prepared hot foods without a license.	S 510		

Golden Years
Assisted Living With A Personal Touch
118 High Street • Westerly, RI 02891 • Phone: (401) 596-1333 • Fax: (401) 596-5559
Nicole M. Adams
Owner/Administrator/RN

January 15, 2024

Diane T. Pelletier, Chief

Center of Health Facilities Regulation

Three-Capitol Hill

Providence, RI 02908

RE: Golden Years Assisted Living:

Dear Ms. Pelletier:

Please be advised that I, Nicole M. Adams am outlining the corrections for the deficiencies that Golden Years was cited for.

All of Golden Years employees will receive regardless of their Title, an in-service from the following categories:

1. Fire Prevention
2. Confidentiality
3. Emergency Procedures

AB 112524

4. Resident Elopement
5. Basic Sanitation
6. Food Services
7. Knowledge of basic cultural differences
8. Safety of Residents
9. Body mechanics
    a. the correct way to lift.
    b. the correct way to transfer the resident from bed to wheelchair and/or wheelchair to bed.

1. The corrective action will be accomplished for those residents found to have been affected by the deficient practice:

    a. The staff will receive education in the areas of services listed above.

2. We will identify other residents having the potential to be affected by the deficient practices and what corrective action will be taken.

    a. The staff will be educated on the above in-services by pamphlets, expert professionals coming in or by zoom. to educate the employees and acquire a certificate after the class in house or by zoom.

3. What measures will put into place of what systemic changes you will make to ensure that the deficient practice does not recur.

    a. The staff files will be reviewed every quarter to ensure that the staff file is updated on their in-services.

1/25/24

4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur.

a. During our quality assurance meeting we will review and make sure all of the employee files are update with their in-services.

2. Second Deficiencies is regarding the Staff D working alone during breakfast and lunch. Staff D food certification has expired.

a. The correction that will be made regarding Staff D. Staff D will and has already enrolled in a Food Safe Certification Class. There will be two staff members for breakfast and lunch going forward. All kitchen staff will be Food Safe Certified.

1. The corrective action will be accomplished for those residents found to have been affected by the deficient practice:

b. All employed Kitchen Staff will be Food Safe Certified.

2.. We will identify other residents having the potential to be affected by the deficient practices and what corrective action will be taken.

b. The staff will be educated on the importance of being Food Safe Certified. Golden Years will have expert Professionals coming in or by zoom to educate the employees and acquire a certificate after the class in house or by zoom.

1/25/24

3. What measures will put into place of what systemic changes you will make to ensure that the deficient practice does not recur.

b. The staff files will be reviewed every quarter to ensure the staff files are updated on their in-services.

4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur.

a. During our quality assurance meeting we will review and make sure all of the employee files are updated with their in-services and Food Server Certificates.

If you have any questions or concerns, please feel free to contact the undersigned.

Sincerely,

Nicole M Adams Jan 24, 2024.

Nicole M. Adams, RN

Administrator/Owner of Golden Years ALC

AA
1/25/24