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 _____	04/30/2025

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 biennial State licensure survey was conducted at this residence on 4/29/2025 through 4/30/2025. Deficiencies were identified relative to the State licensure survey.	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 Quality Care.	
S 230	Organization And Management 2.4.13.A Management Of Services 2.4.13 (A/B) Management of Services A. Each residence shall provide services with adequate professional and ancillary employees and in accordance with applicable state law. Further, the residence shall assure that all services are rendered in a safe and effective manner and consistent with the requirements herein. The residence shall provide all care and services to all residents in accordance with the prevailing community standard of care. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined the residence failed to provide care and services in accordance with the prevailing community standard of care relative to following physician's orders for 2 of 3 residents reviewed for self-administration, Resident ID #s 1 and 2. Findings are as follows:	S 230	Resident #1 & #2 records were reviewed, and an MD order is requested for the resident to self administer medication and added to the resident's record. Nursing staff educated with policy requiring Dr. order for residents that self manage medications. The community will conduct an audit to identify other residents who self administer meds and confirm they have an MD order. The administrator,RCD, and/or designee will audit residents who self-administer medications quarterly for 6 months. Results will be discussed at Quarterly QA.	5/9/25 10/1/25

6/11/25 Qm

Received
JUN 06 2025
Facilities Regulation

Facilities Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Executive Director — (X6) DATE: 5/12/25

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S 230	Continued From page 1 According to Mosby's 4th Edition, Fundamentals of Nursing, page 314 states in part, "...The physician is responsible for directing medical treatment. Nurses are obligated to follow physician's orders unless they believe the orders are in error or would harm the clients..." 1) Record review revealed Resident ID #1 moved into the residence in July of 2023 with diagnoses including, but not limited to: chronic obstructive pulmonary disease (COPD), seizure disorder, and osteopenia. Record review of the resident's annual assessment, dated 10/1/2024, revealed the resident self-administers her/his medications. During a surveyor interview with the resident on 4/30/2025 at 1:30 PM, s/he revealed that s/he self-administers her/his medications. Record review of a "Physician/Medical Clearance Form", dated 7/28/2023, revealed the resident is not independent with medication management. Record review of the resident's active physician orders failed to reveal an order to self-administer medications. 2) Record review revealed Resident ID #2 moved into the residence in October of 2024 with diagnoses including, but not limited to: asthma, congestive heart failure, and COPD. Record review of the resident's 30-day review assessment, dated 1/9/2025, revealed the resident self-administers her/his medications. Record review of a "Physician/Medical Clearance Form", dated 10/22/2024, revealed the resident is	S 230		

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S 230	Continued From page 2 not independent with medication management. Record review of the resident's active physician orders failed to reveal an order to self-administer medications. During a surveyor interview with the Resident Care Director, in the presence of the Executive Director, on 4/30/2025 at approximately 2:15 PM, she was unable to provide evidence of a physician's order for the above-mentioned residents to self-administer their medications.	S 230		
S 450	Licensure Requirements 2.4.18 Rights of Residents 2.4.18 Rights of Residents A. Every assisted living residence for adults licensed pursuant to these regulations shall observe the standards stated in R.I. Gen. Laws § 23-17.4-16, "Rights of Residents" and such other appropriate standards as may be prescribed in rules and regulations promulgated by the Department with respect to each resident of the residence. B. For purposes of the following standards stated in §§ 2.4.18(B)(1) through (7) of this Part the term "resident" shall also mean the resident's agent as designated in writing or legal guardian. 1. Upon request have access to all records pertaining to the resident, including clinical records, within the next business day or immediately in emergency situations; 2. Upon admission and during the resident's stay be fully informed in a language the resident	S 450	S450 A community wide audit was conducted to ensure that no other identifying documents were included in public binders and that residents' privacy was protected.	5/9/2025

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S 450	Continued From page 3 understands, of all resident rights and rules governing resident conduct and responsibilities; a. Each resident shall receive a copy of their rights. b. Each resident shall acknowledge receipt in writing; and c. Each resident shall be informed promptly of any changes. 3. Be informed in writing, prior to, or at the time of admission or at the signing of a residential contract or agreement of: a. The scope of the services available through the residence's service program, including health services, and of all related fees and charges, including charges not covered either under federal and/or state programs by other third party payers or by the residence's basic rate; b. The residence's policies regarding overdue payment including notice provisions and a schedule for late fee charges; c. The residence's policy regarding acceptance of state and federal government reimbursement for care in the residence both at time of admission and during the course of residency if the resident depletes his or her own private resources; d. The residence's criteria for occupancy and termination of residency agreements; e. The residence's capacity to serve residents with physical and cognitive impairments;	S 450	ED or Designee will audit community binders quarterly for 6 mos. to ensure no identifying documents are present, protecting residents' privacy. This plan will be monitored by ED, RCD, and/or Designee quarterly and findings will be brought to QA meeting.	10/1/2025

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S 450	Continued From page 4 f. Support any health services that the residence includes in its service package or will make appropriate arrangements to provide these services; 4. Upon provision of at least thirty (30) days notice, if a resident chooses to leave a residence, the resident shall be refunded any advanced payment made provided that the resident is current in all payments; 5. The residence can discharge a resident only for the following reasons and within the following guidelines: a. Except in life-threatening emergencies and for nonpayment of fees and costs, the residence gives thirty (30) days' advance written notice of termination of residency agreement with a statement containing the reason, the effective date of termination, the resident's right to an appeal under state law, and the name/address of the State Ombudsperson's office; b. If resident does not meet the requirements for residency criteria stated in the residency agreement or requirements of state or local laws or regulations; c. If resident is a danger to self or the welfare of others; and the residence has attempted to make a reasonable accommodation without success to address resident behavior in ways that would make termination of residency agreement or change unnecessary; which would be documented in the resident's records; d. For failure to pay all fees and costs stated in	S 450		

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S 450	Continued From page 5 the contract, resulting in bills more than thirty (30) days outstanding. A resident who has been given notice to vacate for nonpayment of rent has the right to retain possession of the premises, up to any time prior to eviction from the premises, by tendering to the provider the entire amount of fees for services, rent, interest, and costs then due. The provider may impose reasonable late fees for overdue payment; provided that the resident has received due notice of such charges in accordance with the residence's policies. Chronic and repeated failure to pay rent is a violation of the lease covenant. However the residence must make reasonable efforts to accommodate temporary financial hardship and provide information on government or private subsidies available that may be available to help with costs; and e. The residence makes a good faith effort to counsel the resident if the resident shows indications of no longer meeting residence criteria or if service with a termination notice is anticipated; 6. To be able to share a room or unit with a spouse or other consenting resident of the residence in accordance with terms of the resident contract; 7. To live in a safe and clean environment. C. In addition to the standards stated in R.I. Gen. Laws § 23-17.4-16, residents are entitled to the following: 1. Receive dental services from a dentist of his/her choice;	S 450		

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S 450	Continued From page 6 2. Each resident shall be given, in writing, the names, addresses, and telephone numbers of: the Department; the Medicaid Fraud and Patient Abuse Unit of the Department of Attorney General; the State Ombudsperson; and local police offices. D. The residence must: 1. Implement written policies and procedures to ensure that all residence employees are aware of and protect the resident's rights contained in these regulations; 2. Have prominently displayed a posting of the most recent state licensing survey of the assisted living residence; and 3. Provide each resident or his or her representative upon admission, a copy of the provisions of § 2.4.18 of this Part and shall display in a conspicuous place on the premises a copy of the "Rights of Residents." This Requirement is not met as evidenced by: Based on surveyor observation and staff interview, it has been determined the residence failed to implement procedures to ensure that all the residence's employees protect the resident's rights contained in these regulations and to observe the standards stated in R.I. Gen. Laws § 23-17.4-16 (a)(2)(ix) relative to identifying information for the residents listed in the facility's survey. Findings are as follows: During a surveyor observation on 4/29/2025 at approximately 10:00 AM of the residence's survey results, posted in a frame, a copy of the	S 450		

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S 450	Continued From page 7 "Resident/Staff Roster", dated 6/23/2023, from the survey was revealed. During a surveyor interview with the Resident Care Director following the above observation, she could not provide evidence the residents' privacy was protected.	S 450		
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, 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: A. Record review of the Rhode Island Food Code 2018 edition, Section 3-602.11 Food Labels states, "...(B) Label information shall include: (1) The common name of the food..." B. Record review of the Rhode Island Food Code 2018 edition, section 4-602.11 states in part, "... (C) NonFOOD-CONTACT SURFACES of	S 490	S 490 No residents identified as being affected. ED/Dining Service Director and/or Designee to provide re-education to kitchen staff on proper labeling and dating of food items per RI food code. ED/DSD/and or Designee provide re-education to kitchen staff on proper food storage and cleanliness of food storage containers, shelving, and areas. ED/DSD/and or Designee to add quarterly monitoring of cutting boards to ensure the are within regulations for use. ED/Dining Service Director/and or Designee to review BSL standard practices and S 490 RI Food Code Quarterly at QA meeting.	5/9/2025

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S 490	Continued From page 8 EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other debris..." During the initial tour of the main kitchen on 4/29/2025 at 8:20 AM, the following was revealed: 1. 2 red cutting boards that were scored. 2. The flour bin had yellow/white dried matter covering the majority of the lid. 3. The walk-in refrigerator contained a long block of wrapped yellow cheese with green spots throughout, not labeled or dated. 4. The walk-in freezer contained various meats in 4 storage bags, not labeled or dated, all in a pan that was resting on the floor. The freezer floor contained wrappers, food debris (had come out of packaging), and dried matter under the shelving. 5. The dry storage area shelving contained brown splatter on the second and fourth shelf. The bottom shelf held a gallon of Worchester sauce and a 32-ounce seasoning sauce bottle, both had dried sauce on the outside of the bottle. During a surveyor interview with the Executive Director at 8:55 AM, he acknowledged the above items should be labeled and dated, sauce bottles should remain clean, the cutting boards needed replacement, and the pan of food should not have been stored on the floor.	S 490		