STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01460	A. BUILDING: _____ B. WING _____	C 09/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVERGREEN ASSISTED LIVING	116 GREENE STREET WOONSOCKET, RI 02895

(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 was conducted at this residence. 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 observation 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: 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 kitchen on 09/04/2024 at approximately 3:15 PM the following was observed: -An accumulation of dark residue on the exterior of the refrigerator; rust in numerous places	S 490	RECEIVED OCT 17 2024 FACILITIES REGULATION	

Facilities Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Emmy James TITLE Admin - (X6) DATE 10/17/24 09/19/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01460	A. BUILDING: _____ B. WING _____	C 09/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVERGREEN ASSISTED LIVING	116 GREENE STREET WOONSOCKET, RI 02895

(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 490	Continued From page 1 -The wall surfaces had an accumulation of a tacky yellow substance throughout the room -The ceiling had numerous stains including a large water stain and discoloration -The three-bay sink had peeling silicone, an accumulation of a black substance in the corners of the seams, and was noted to be leaking During an interview on 09/04/2024 at approximately 3:25 PM, the Administrator acknowledged the above non-food surfaces of the kitchen required cleaning and repair to be compliant with the food code.	S 490		
S 535	Residential Care Services 2.4.22 Housekeeping 2.4.22 Housekeeping The residence shall maintain a comfortable, safe, clean, sanitary and orderly environment, free of litter, rubbish and offensive odors. This Requirement is not met as evidenced by: Based on surveyor observation, record review, and staff and resident interviews it has been determined that the residence failed to maintain a comfortable, safe, clean, sanitary, and orderly environment, free from litter and offensive odors relative to three of three bathrooms reviewed, flooring, and the residence's environment as a whole. Findings are as follows: Surveyor observation on 09/04/2024 at approximately 3:00 PM of the yellow half	S 535	Evergreen assisted Living Addendum to POC St-S-0535 - Housekeeping Sept. 4, 2024 1. All full time / part time staff have certain Tasks to complete with Resident care services "Housekeeping". 2. All staff have designated rooms on their assignments For light housekeeping duties which include: A. Change bed linens on appropriate days of Residents schedule. B. Clean up any soiled area's in the room at that time. C. Laundry of Residents and household items are Laundered by staff. D. All Daily cleaning for staff includes all kitchen duties, Laundry and linens of beds. 3. 1 additional day was added to the schedule of Housekeeping Services to include Sunday. 4. Administrator will do daily and weekly walk through Of all areas Affected in this POC.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01460	A. BUILDING: _____ B. WING _____	C 09/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVERGREEN ASSISTED LIVING	116 GREENE STREET WOONSOCKET, RI 02895

(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 535	Continued From page 2 bathroom on the second floor revealed the following: -a brown splatter on the wall near the trash receptacle -the wall surfaces to be corroded and bumpy -the linoleum on the floor to be cracked and raised, which increased risk to residents with impaired mobility and a surface area which promotes bacterial growth -a brown ring on the floor around the toilet base Surveyor observation of the yellow full bath on the second floor revealed the following: -tile flooring has cracks and chips creating an uneven surface, which increased risk to residents with impaired mobility and a surface area which promotes bacterial growth -trash receptacle with a tacky, dripping, dust pattern on cover -heat radiator with tacky, dust pattern -odorous Surveyor observation of the full bath on the first floor revealed the following: -toilet paper dispenser with tacky, dripping, dust pattern on cover -dark rust/brown ring around toilet -tile flooring has cracks and chips creating an uneven surface, which increased risk to residents with impaired mobility and a surface area which promotes bacterial growth -trash receptacle with a tacky, dripping, dust pattern on cover -heat radiator with tacky, dust pattern -a garbage bag hanging on the wall with an exposed hose -evidence of a black substance in the grout of the	S 535		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01460	A. BUILDING: _____ B. WING _____	C 09/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVERGREEN ASSISTED LIVING	116 GREENE STREET WOONSOCKET, RI 02895

(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 535	Continued From page 3 tiles in the shower -odorous Surveyor observation of the flooring in the hallways revealed it to be distinctly worn and there to be large cracks with areas of ridging and bubbling. The overall area was uneven and created a risk to residents with impaired mobility. Surveyor observation of the side door entrance revealed there to be a brown dripping pattern on the interior of the door and substantial rust around the doorway. The wall and handrail area of this entry way revealed there to be dark residue on the surfaces and ledges, as well as additional brown dripping patterns. Surveyor observation revealed the area of flooring between the kitchen and dining areas to be distinctly in bad repair with wood subfloor showing and areas of flooring that sank under body weight. The flooring was very uneven creating a significant risk to residents with mobility issues. Review of the staffing schedule failed to reveal a housekeeper or cleaning staff. During an interview on 09/04/2024 at approximately 2:15 PM, the Administrator indicated the contracted cleaning person had been at the facility that day. She indicated the cleaner comes three days a week to clean the common areas of the facility. She indicated the cleaning person is in the facility for approximately two hours at each visit, and the bathrooms and common areas are cleaned during these contracted visits. During an interview on 09/04/2024 at	S 535		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01460	A. BUILDING: _____ B. WING _____	C 09/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVERGREEN ASSISTED LIVING	116 GREENE STREET WOONSOCKET, RI 02895

(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 535	Continued From page 4 approximately 2:20 PM, Resident ID #1 indicated that he/she is responsible for cleaning his/her own room, including taking out the trash, dusting, and the floors. He/she indicated several times he/she needed to clean the bathroom before using it because a person had "left a mess" in the bathroom. He/she indicated the cleaning person does clean the bathroom, but because it is only every other day, the bathroom is in need of additional cleaning before use due to visible human waste being present on the floor or toilet. During a subsequent interview with the Administrator at approximately 3:30 PM, she acknowledged the above-mentioned observations and confirmed the cleaner had been at the residence that morning to clean common areas. She confirmed the cleaner is not cleaning resident rooms, including washing floors and heavy cleaning of those rooms.	S 535		