STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01346	A. BUILDING: _____ B. WING _____	01/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JEANNE JUGAN RESIDENCE	964 MAIN STREET PAWTUCKET, RI 02860

(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 (QU9511, 01/23/2026) were conducted at this residence on 01/22/2026-01/23/2026. Deficiencies were identified relative to the State Licensure survey.	S 003	CONFIDENTIAL NOT PUBLIC KNOWLEDGE TIL 2-11-26	
S 560	Residential Care Services 2.4.23.C Dietetic Services 2.4.23 (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, Part 50-10-1 of this Title, Rhode Island Food Code, 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: Record review of the 2022 Food Code published by the U.S. Food and Drug Administration Section 3-501.17 Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking states in part, "...B...(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..."	S 560		

Facilities Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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S 560	Continued From page 1 Record review of the 2022 Food Code published by the U.S. Food and Drug Administration Section 4-601.11(C) states in part,"...non-contact surfaces of equipment shall be free of an accumulation of dust, dirt, food residue, and other debris..." 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..." A. During a surveyor observation of the main kitchen on 1/22/2026 at 8:10 AM, the following was observed: 1. The dairy refrigerator contained the following items with no expiration dates: -four blocks of pasteurized processed American cheese. -two blocks of white pasteurized processed American cheese. -a package of premium parmesan cheese that was loosely wrapped (When the surveyor went to pick up the package, the parmesan cheese started to come out). Following the above observations, the Food Service Manager could not provide evidence of the original packaging with the date and acknowledged the above cheeses did not have an expiration date. She further acknowledged the parmesan cheese package was loosely wrapped allowing for the cheese to come out of the package. 2. Immediately after this interview, the microwave was observed to have a brown sticky substance on the inside walls.	S 560		

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S 560	Continued From page 2 During a surveyor interview with the Food Service Manager following the above observation, she could not provide evidence that the microwave was clean. B. During a follow up observation of the main kitchen on 1/23/2025 at 12:10 PM, the following was observed: - a trash container near the stove was left uncovered when not in use. - a stand-up fan in the dish machine room blowing in the direction of the clean pans, had an accumulation of dust. During a surveyor interview with the Food Service Manager following the above observations, she acknowledged the lid was off the trash container and acknowledged it should be covered. She further acknowledged the fan needed cleaning.	S 560		
S 635	Residential Care Services 2.4.26.A.3.C Medication Services 2.4.26 (A) (3) (C) Medication Services c. For the first three (3) months of employment, a licensed nurse designated by the health care facility, adult day care program, or assisted living residence, as appropriate, shall conduct and document monthly evaluations (in accordance with the evaluation checklist on the Department website) of a medication aide who administers medication. After the first three (3) months, the evaluation shall be conducted no less than quarterly. Copies of said evaluations shall be placed in the medication aides' personnel	S 635		

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S 635	Continued From page 3 records. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined the residence failed to have a physician or nurse supervisor conduct and document evaluations of the Certified Medication Technician (CMT) who are administering drugs, and place a copy in the employee's personnel record, for the singular newly hired CMT reviewed, Staff A. Findings are as follows: Record review revealed Staff A was hired in June of 2025, as a CMT. Record review failed to reveal evidence that monthly evaluations were conducted in July and August of 2025. During a surveyor interview with the Administrator, in the presence of the Director of Wellness, on 1/23/2025 at approximately 2:30 PM, she could not provide evidence that Staff A had evaluations the first two months of employment, as required.	S 635		
S 640	Residential Care Services 2.4.26.B.1 Medication Services 2.4.26 (B) (1) Administration of Medications 1. Residences licensed at the M1 level may administer medications to residents including, but	S 640		

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S 640	Continued From page 4 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 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 Part 20-15-6 of this Title, Hypodermic Needles, Syringes, and Other Such Instruments.	S 640		

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S 640	Continued From page 5 (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 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	S 640		

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S 640	Continued From page 6 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 § 2.4.25(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 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 for one of three residents reviewed, Resident ID #1. Findings are as follows: Record review of Resident ID #1's medication administration record (MAR) indicates the resident is prescribed the following medications: -fluticasone propionate nasal spray, one spray in both nostrils two times a day for allergy relief. -ondansetron HCL (hydrochloride) tablet, take 8 mg (milligrams). Give 1 tablet by mouth every 8 hours as needed for nausea. During a surveyor observation of the resident's medications on 1/22/2026 at 11:55 AM, the	S 640		

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S 640	Continued From page 7 following was observed to be written on the medications as directions for administration: -fluticasone propionate nasal spray, one spray in each nostril daily. -ondansetron HCL tablet, take 1 tablet (4mg total) by mouth daily. Based on observations of the physician's orders and the labels on the medications, it is unclear what the administration should be relative to dosage and frequency. During a surveyor interview with the Director of Wellness following the above observation, she acknowledged the above-mentioned medications needed a change of direction sticker and was unable to provide evidence the above-mentioned medications were stored securely and in such a manner to prevent spoilage, dosage errors, administration errors, and/or inappropriate access, as required.	S 640		

RI Department of Health

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S 003	Initial Comments An unannounced complaint/incident investigation survey, ACTS reference number 101696, and a biennial State licensure survey (CUHT11, 01/23/2026) were conducted at this residence. No deficiencies were identified relative to the complaint survey.	S 003		

Facilities Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE