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FORM APPROVED

RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR01482	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/17/2024
NAME OF PROVIDER OR SUPPLIER TOCKWOTTON ON THE WATERFRONT		STREET ADDRESS, CITY, STATE, ZIP CODE 500 WATERFRONT DRIVE EAST PROVIDENCE, RI 02914		
(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, ACTS reference numbers 97479, 96422, 97610, 98010, and 97982, was conducted at this residence on 10/17/2024 to determine compliance with state regulations. A deficiency was identified as a result of this survey	S 003		
S 445 SS=D	Residency Requirements 2.4.17.J Reporting Requirements 2.4.17 (J) Reporting Requirements J. The administrator shall be responsible for the investigation and documentation of incidents that involve residence operations, resident services, or related event(s) that directly or indirectly jeopardize the health and safety of residents, or that results in a resident injury that requires assessment by a licensed practitioner or where the injury was not witnessed or explained by the resident. 1. Documentation of incidents shall include: a. Date and time of incident; b. Reporter's name; c. Name of resident(s) involved or affected; d. Any injury(ies) to resident(s); and e. Action taken by the residence in response to the incident. 2. Such documentation shall be made available for review during a survey inspection by the licensing agency Department or as required	S 445  11/14/24	No residents were affected by the deficient practice nor will any other residents be affected in the future as we have discontinued the use of the heated food cart as a smoker. We will use equipment based on manufacturers recommendation. Once a month, the administrator, or his/her designee will check in with the Culinary Director to ensure that all equipment is being used based on manufacturers recommendations. A report of these monthly check ins will be reviewed at the quarterly Quality Improvement Committee meetings until such time that a standard practice has been implemented.	11/5/24 11/5/24 11/5/24

Facilities Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6589

YNZW11

If continuation sheet 1 of 3

11/5/24

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S 445	Continued From page 1 by any health oversight agency. 3. Such documentation shall be retained by the licensee for no less than five (5) years after the event or incident. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined that the residence failed to maintain accurate documentation of an event that directly or indirectly jeopardized the health and safety of the residents, relative to an unscheduled implementation of the evacuation plan. Findings are as follows: RIDOH received a residence reported incident on 10/11/2024 which stated in part, that the smoke detector was activated due to a "...smoker in the kitchen that we haven't used since the summer, was turned on and had some residual resin in it..." Record review of the residence's internal 5-day investigation dated 10/15/2024 revealed that the smoker was thoroughly cleaned and will continue to be cleaned more thoroughly after each use. During a surveyor interview on 10/17/2024 at approximately 10:00 AM with the Food Service Director (FSD) in the presence of the Executive Director, he revealed the residence was using an Alto sham, a heated food cart as a smoker and placed wood chips in it to enhance the flavor of the food being served. The wood chips left a residual resin and when the unit was turned on, it triggered the smoke detector.	S 445		

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S 445	Continued From page 2 The food cart the residence was using as a smoker is not designed to smoke food; the Alto sham is designed to keep food temperature during preparation and service. During a surveyor interview with the Executive Director, immediately following the interview with the FSD, she was unable to provide evidence that the heated cart used as a smoker was designed for said use.	S 445		