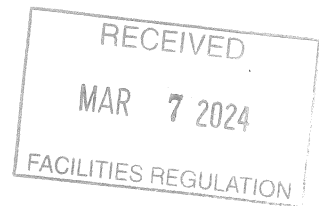


Response to Department of Health

Survey Date: 2/7/2024



S490: According to Section 4-601.11 of the Rhode Island Food Code requires that ...all non FOOD CONTACT SURFACES OF EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue and other debris...

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3/8/24

The following were items cited by the Surveyor:

1. Failed due to hood compartments above stove had an accumulation of dark brown drippings and brown substance on the compartments of the hood.
2. Failed due to dry food storage room revealed a large a large container of flour with a scoop stored inside laying directly on the food.
3. Failed due to an observation of a utility dish staff placing soiled dishes into the dishwasher then removing the cleaned dishes and utensils from the dishwasher without changing his utility gloves and performing hand hygiene in between tasks.

Plan of correction:

1. The Dining Services Director conducted an IN SERVICE to review the cleaning schedule with all cooks and utility personnel. The daily routine for kitchen cleaning and sanitation was reviewed with the expectation that it be followed and completed on each shift. The cook who is responsible for closing for a given day, is responsible to review that the check list was completed before clocking out.
2. Dining Director reviewed proper food storage procedures with all cooks.
3. Dining Director met with all utility associates and reviewed the expectation that gloves will be changed in between tasks, as well as reviewing proper handwashing.
4. As part of the plan of correction, the Dining Director will conduct random, spot checks throughout the month to ensure 100% compliance.
5. The Regional Dining Director has been updated on this plan of correction and will be conducting routine reviews for all kitchen policies and procedures on his quarterly visits.

The Dining Director and the Executive Chef will monitor for compliance.

RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR01489	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/07/2024
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BRIGHTVIEW COMMONS

**57 GRANDE VILLE COURT
WAKEFIELD, RI 02879**

(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 and a biennial State licensure survey (GPUB11, 02/07/2004) were conducted at this residence.	S 003	RECEIVED MAR 7 2024 FACILITIES REGULATION	2/14/24

Facilities Regulation

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

TITLE

(X6) DATE

STATE FORM

6899

HKN311

If continuation sheet 1 of 1

RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR01489	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/07/2024
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NAME OF PROVIDER OR SUPPLIER BRIGHTVIEW COMMONS	STREET ADDRESS, CITY, STATE, ZIP CODE 57 GRANDE VILLE COURT WAKEFIELD, RI 02879
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(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 (HKN311, 02/07/2024) were conducted at this residence. A deficiency was identified relative to the State Licensure survey.	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 observations, record review, 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: According to 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..." 1. During a surveyor observation of the main kitchen on 2/6/2024 at approximately 9:26 AM in the presence of the Executive Chef, Staff A, the	S 490		

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

TITLE *Sr. Ex. gmet* (X6) DATE

2/16/24

RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR01489	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/07/2024
NAME OF PROVIDER OR SUPPLIER BRIGHTVIEW COMMONS		STREET ADDRESS, CITY, STATE, ZIP CODE 57 GRANDE VILLE COURT WAKEFIELD, RI 02879		
(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 following was revealed: - The hood compartments above the stove had an accumulation of dark brown drippings and brown substance on the compartments of the hood. - Dark brown substance on the outer surface and inner perimeter of the ice machine. According to the Rhode Island Food Code 2018 Edition 304.12 states in part, "...In-Use Utensils, Between-Use Storage. During pauses in FOOD preparation or dispensing, FOOD preparation and dispensing UTENSILS shall be stored: (A) Except as specified under (B) of this section, in the FOOD with their handles above the top of the FOOD and the container: (B) In FOOD that is not TIME/TEMPERATURE CONTROL FOR SAFETY FOOD with their handles above the top of the FOOD within containers or EQUIPMENT that can be closed, such as bins of sugar, flour, or cinnamon..." 2. During a surveyor observation of the dry food storage room on 2/6/2024 at approximately 9:35 AM in the presence of Staff A, revealed a large container of flour with a scoop stored inside the container lying directly on the food item. During an interview immediately following this observation with Staff A, he acknowledged the above-mentioned observations. According to Section 2-301.14 of the Rhode Island Food Code states in part "...FOOD EMPLOYEES shall clean their hands and exposed portions of their arms as specified under §2-301.12 immediately before engaging in FOOD	S 490		

RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR01489	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/07/2024
NAME OF PROVIDER OR SUPPLIER BRIGHTVIEW COMMONS		STREET ADDRESS, CITY, STATE, ZIP CODE 57 GRANDE VILLE COURT WAKEFIELD, RI 02879		
(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 2 preparation including working with exposed FOOD, clean EQUIPMENT and UTENSILS...(E). After handling soiled EQUIPMENTS or UTENSILS... 3. During a surveyor observation of the main kitchen on 2/7/2024 at approximately 12:18 PM in the presence of Staff A, a utility dish staff, Staff B, was placing soiled dishes into the dishwasher and then removing the clean dishes and utensils from the dishwasher without changing his gloves and performing hand hygiene in between. During an interview on 2/7/2024 at approximately 12:20 PM with Staff A, he could not provide evidence Staff B handled the dishes and utensils appropriately, as required. During an interview on 2/7/2024 at approximately 2:20 PM with Executive Director, she could not provide evidence the staff complied with the appropriate requirements of the Rhode Island Food Code.	S 490		