RI Department of Health

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 _____	06/16/2023

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 biennial State Licensure survey was conducted at this residence. Deficiencies were identified relative to the State Licensure survey.	S 003	S055 - 1) Spoke with QA Committee and We have agreed to Remove [redacted] as food Service manager and Have [redacted] now on Committee	6/20/23
S 055	Licensure Requirements 2.4.3 Quality Assurance 2.4.3 Quality Assurance A. In accordance with R.I. Gen. Laws § 23-17.4-10.1, each assisted living residence shall develop, implement and maintain a documented, ongoing quality assurance program. 1. The purpose of this program shall be to attain and maintain a high quality assisted living residence through an on-going process of quality improvement that monitors quality, identifies areas to improve, methods to improve them, and evaluates the progress achieved. 2. Each licensed residence shall establish a quality improvement committee which shall include at least the following: assisted living administrator, registered nurse and a representative of dietary services. 3. The quality improvement committee shall meet at least quarterly; shall maintain records of all quality improvement activities; and shall keep records of committee meetings that shall be available to the Department during any onsite visit. 4. The quality improvement committee shall review and approve the quality improvement plan for the residence at intervals not to exceed twelve (12) months. Said plan shall be available to the public upon request.	S 055		

RECEIVED
JUN 22 2023
FACILITIES REGULATION

7/31/23

Facilities Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 6/22/23

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S 055	Continued From page 1 5. Each assisted living residence shall establish a written quality improvement plan that includes: a. Program objectives; b. Oversight responsibility (e.g., reports to the governing body, QI records); c. Includes methods to identify, evaluate, and correct identified problems; d. Provides criteria to monitor personal assistance and resident services, including, but not limited to: (1) Resident/family satisfaction; (2) Medication administration/errors; (3) Reportable incidents as specified in § 2.4.17 of this Part; (4) Resident falls; (5) Plans of correction developed in response to the Department ' s inspection reports. B. In addition to the requirements of §§ 2.4.3(A) (1) through (5) of this Part, all assisted living residences with a "dementia care" license and/or a "limited health services license" shall also address the following areas in their quality improvement plan: a. Prevention and treatment of decubitus ulcers;	S 055		

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S 055	Continued From page 2 b. Dehydration, and nutritional status and weight loss or gain; and c. Changes in mental or psychological status. 1. Quality improvement documentation shall be kept on file for a minimum of five (5) years. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined that the residence failed to establish a quality improvement committed which shall include at least the administrator, registered nurse, and a representative of dietary services. Findings are as follows: Record review of the quality assurance meeting minutes revealed there was not a representative of dietary services in attendance or serving on the committee as required on the following dates: 2/21/2022, 5/16/2022, 8/15/2022, 11/21/2022, and 2/2/2023. During a surveyor interview on 6/16/2023 at approximately 1:45 PM with the Administrator, she could not provide evidence as to why the quality assurance meetings did not have the required participant as indicated in the regulations.	S 055		
S 190	Organization And Management 2.4.12.H Administrative Management 2.4.12 (H) In-service Training	S 190		

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S 190	Continued From page 3 1. Employees shall have on-going, at intervals not to exceed twelve (12) months, in-service training as appropriate for their job classifications and including the topics cited in § 2.4.12(G) of this Part. 2. All new employee orientation and on-going in-service training shall be documented in the employee's personnel file, and maintained onsite at the licensed residence. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined that the residence failed to ensure that all new employees shall receive all required orientation and training upon hire for 1 of 1 new employee reviewed, Staff A. Additionally, the residence failed to ensure that employees shall have on-going in-service training at intervals not to exceed twelve (12) months, as appropriate for their job classification for 4 of 4 staff reviewed, Staff B, Staff C, Staff D, and Staff E. Findings are as follows: 1. Record review of a Nursing Assistant/Certified Medication Technician (NA/CMT) Staff A's personnel file revealed that she was hired on 3/30/2023. Review of Staff A's personnel file failed to reveal evidence that she received training on resident's rights as required. 2. Record review of Staff B's personnel file revealed that she was hired on 9/17/2013 as a Registered Nurse. Review of Staff B's personnel file failed to reveal evidence that she received all yearly on-going trainings as required.	S 190	S190- (1) Staff A has Received Required training 6/20/23 (2) Staff B, C, D, and E have all had the yearly required training an 7/3/23	6/20/23 6/20/23

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S 190	Continued From page 4 3. Record review of Staff C's personnel file revealed that she was hired on 1/15/2015 as NA/CMT. Review of Staff C's personnel file failed to reveal evidence that she received all yearly on-going trainings as required. 4. Record review of Staff D's personnel file revealed that she was hired on 4/13/2015 as a NA/CMT. Review of Staff D's personnel file failed to reveal evidence that she has reviewed yearly on-going training on resident's rights as required. 5. Record review of Staff E's personnel file revealed that she was hired on 7/11/2010 as a NA/CMT. Review of Staff E's personnel file failed to reveal evidence that she has reviewed yearly on-going training on resident's rights as required. During a surveyor interview on 6/16/2023 at approximately 1:15 PM with the Administrator, she could not provide evidence as to why the above-mentioned staff did not receive the required training as indicated in the regulations.	S 190	S450- (1) Upon investigation I removed the Part of the Survey with Resident A's name. 7/13/23	6/16/23
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	S 450		

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S 450	Continued From page 5 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 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	S 450		

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S 450	Continued From page 6 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; 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	S 450		

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S 450	Continued From page 7 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 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	S 450		

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S 450	Continued From page 8 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; 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	S 450		

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S 450	Continued From page 9 failed to implement written policies and 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 singular resident listed in the facility's survey results document located in the main hallway. Findings are as follows: During a surveyor observation on 6/16/2023 at approximately 8:05 AM of the residence's main hallway area, revealed a posting board with a document relative to the most recent state licensing survey of the assisted living residence. Located on this document revealed a Resident/Staff Roster form dated 6/16/2021 with a resident identifier. During a surveyor interview on 6/16/2023 at 10:45 AM with the Administrator, she acknowledged the resident identifier was posted in a location that the resident's privacy was not 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.	S 490		

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S 490	Continued From page 10 This Requirement is not met as evidenced by: Based on surveyor observation, 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: 1. According to Section 3-501.17 of Rhode Island Food Code states in part" (A) Except when PACKAGING FOOD using a REDUCED OXYGEN PACKAGING method as specified under § 3-502.12, and except as specified in (E) and (F) of this section, refrigerated, READY-TO-EAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and held in a FOOD ESTABLISHMENT for more than 24 hours shall be clearly marked to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded when held at a temperature of 5°C (41°F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1. (B) Except as specified in (E) -(G) of this section, refrigerated, READY-TO-EAT TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and PACKAGED by a FOOD PROCESSING PLANT shall be clearly marked, at the time the original container is opened in a FOOD ESTABLISHMENT and if the FOOD is held for more than 24 hours, to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded, based on the temperature and time combinations specified in (A) of this section and: (1) The day the original container is opened in the FOOD ESTABLISHMENT shall be counted as	S 490	S490- (1) (2) Steak Sandwiches were thrown away. Garlic spread, Coleslaw dressing, mayonnaise, and Cherries were all labeled. @ 06/16/23	6/16/23

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S 490	Continued From page 11 Day 1; and (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..." During a surveyor observation of the refrigerator in the kitchen on 6/16/2023 at approximately 8:00 AM revealed the food items opened and not dated: - Two steak sandwiches in a bag without label and not dated - Four lbs. (pound) garlic spread - One gallon of coleslaw dressing - One gallon of mayonnaise - One container of maraschino cherries During a surveyor observation of the food storage area, and in Freezer #s 2, 4, and 6 in the basement on 6/16/2023 at approximately 9:05 AM revealed the following food items were opened, not dated, and removed from the original packets without the manufacturer's expiration dates: -A container of rice -A bag of Goya pinto beans -2 boxes of stuffing mix - A bag of mashed potatoes - 6 bags of onion rings - 1 bag of French fries -7 bags of grinder rolls -10 bags of bagels - 20 pieces of lamb chops -1 packet of ground beef chuck with best used by date of "4/26/23" 2. According to section 4-601.11 of the Rhode	S 490	(2) I went downstairs w/ Surveyor threw away rice, beans, stuffing mashed potatoes & ground Chuck. I also showed her that all ~~stuff~~ out (EM) (EM) 7/3/23	

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S 490	Continued From page 12 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 main kitchen and Freezer #6 on 6/1/2023 at approximately 9:15 AM in the presence of a Nursing Assistant/Certified Medication Technician, Staff D, revealed the following: - the hood compartment above the stove was observed with a heavy accumulation of black substance - A window air conditioning unit had dust accumulation on the vent - A window air conditioning unit in the dining room had dust accumulation on the vent During a surveyor interview immediately following this observation with Staff D, she acknowledged the above-mentioned observations. 3. According to Section 4-703.11 of the Rhode Island Food Code which states in part, "...Hot Water and Chemical...After being cleaned, equipment, food-contact surfaces and utensils shall be sanitized in: (C) Chemical manual or mechanical operations, including the application of sanitizing chemicals by immersion, using a solution as specified in the Food Code 4-501.114...(C) a quaternary ammonium solution [a type of chemical that is used to kill bacteria, viruses, and mold, that are often found in disinfectants and cleaning products] shall have a concentration as indicated by the manufacturer's used direction..." According to the manufacturer's instruction	S 490	S490 - cont (2) all stuff in freezer were in correct packaging from Sysco. We are contacting them to send proper labels for all freezer products. (3) ac, hood a	6/16/23 6/22/23 6/16/23

7/3/23 OWS

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S 490	Continued From page 13 posted above the 3 bay compartment sink states in part, "Making a Sanitizing Solution Procedure for Sanitizing dishes...use test strip to ensure that the reading is between 50 and 150 PPM (part per million)..." During a surveyor observation on 6/16/2023 at 8:35 AM and at 11:10 AM, the 3 bay compartment sink was observed being utilize by the Staff D to wash dishes. Immediately following this observation with Staff D, she was asked by the surveyor to test the sanitizing solution being used. Staff D acknowledged that she was unaware of the procedure required to ensure the sanitizing solution was tested appropriately per the manufacturer instructions. During a surveyor interview on 6/16/2023 at approximately 1:20 PM with the Administrator, she acknowledged the above-mentioned food items were not stored appropriately. Additionally, she acknowledged the hood compartments above the stove had a built up of a black substance. The Administrator further acknowledged the 3 compartment sink was not being checked appropriately by the staff to ensure the dishes were being sanitized.	S 490	S490 S490 Stove have all been added to maintenance list to be Cleaned immediately 4 I retrained Staff D while Surveyors were here. I showed her proper Strips to use proper	6/16/23
S 510	Residential Care Services 2.4.21.G(1-4) Dietetic Services 2.4.21 (G) (1-4) Dietetic Services G. All food services shall be conducted in accordance with the rules and regulations pertaining to Certification of Managers in Food Safety (Part 50-10-2 of this Title) that include but are not limited to the following provisions:	S 510		6/16/23

RI Department of Health

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	ALR01460	A. BUILDING: _____ B. WING _____	06/16/2023

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 510	Continued From page 14 1. Each residence where potentially hazardous foods are prepared shall employ at least one (1) full-time, on-site manager certified in food safety who is at least eighteen (18) years of age. 2. Residences that primarily serve the elderly and individuals with diminished immune systems shall have a manager certified in food safety present during preparation of all hot potentially hazardous foods. 3. Residences that have a licensed capacity of twenty-six (26) or more residents and that employ ten (10) or more full-time equivalent employees directly involved in food preparation shall employ at least two (2) full time, on-site managers certified in food safety. 4. Residences that have a licensed capacity of twenty-five (25) or fewer residents and that employ five (5) or fewer full-time equivalent employees involved in preparation and serving of food, shall only be required to employ one (1) full time manager certified in food safety. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined that the residence failed to ensure that all food services be conducted in accordance with the rules and regulations pertaining to certification of managers in food safety. Findings are as follows: Record review of the list of current employees provided by the residence revealed Staff D was	S 510	S190 - cont (4) Sanitizes WE WSE and I demonstrated in front of Staff's and Surveyor. S510 - (1) Staff meeting/ training was conducted 6/20/23	6/16/23

Facilities Regulation
STATE FORM 6899 UN0P11 If continuation sheet 15 of 20

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S 510	Continued From page 15 hired on 4/9/2015 as a Nursing Assistant/Certified Medication Technician. During a surveyor observation of the kitchen on 6/16/2023 at approximately 8:40 AM, Staff D was observed cooking the residents chicken soup, cooked vegetable, and seafood salad. During a surveyor interview immediately following this observation with Staff D, she acknowledged that she prepared the above-mentioned meals for the resident. She further acknowledged that she is not certified in food safety and that there was not a certified manager in food safety on duty on the above-mentioned date. During a surveyor interview on 6/16/2023 at approximately 9:50 AM with the Administrator, she acknowledged that the certified food safety manager was not in the residence when hot food was being cooked for the residents.	S 510	S510- cont(1) and I have made it mandatory all staff are to be food certified by December of this year. @ 7/01/23	6/20/23
S 555	Residential Care Services 2.4.24.A.3.a Medication Services 2.4.24 (A) (3) (a) Medication Services 3. Each residence shall provide medication services only in accordance with the appropriate level of licensure for which the residence is licensed, which shall be as follows: a. For assisted living residences licensed at the M2 Level, assistance with self- administration by unlicensed employees means that the residence shall only be responsible for reminding residents to take medications, and: (1) The resident or guardian must provide written authorization for the residence to	S 555		

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S 555	Continued From page 16 provide assistance with the self-administration of medications; (2) The residence must provide, in writing, a description of services provided by the residence to each physician prescribing for a resident, including limitations on services; (3) Employees may only remind the resident and observe the self- administration of medication; (4) The resident shall not require nursing assessment of health status before receiving the medication, nor nursing assessment of the therapeutic or side effects after the medication is taken; (5) Except as provided in § 2.4.24(A)(3)(a)(7) of this Part, the medication shall be in the original pharmacy-dispensed container with proper label and directions attached; (6) Unlicensed employees shall not monitor health indicators, make medication decisions, adjust medications or provide other medical or nursing decisions; (7) For residents capable of self-administration of medication but who wish to ask assisted living residence employees to use a medi-set (pre-poured packaging distribution system), only registered medication aide, licensed nurse, or pharmacist shall organize the medications for up to one (1) week; (8) All medication in the residence, regardless of whether controlled by employees or by the resident, shall be stored securely. All	S 555	S555 - (1) all insulins and inhalers were dated w/open date and discard date by Staff B. all Staff were retrained on what they need to do. (AM 7/3/23) 6/16/23 6/20/23	

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S 555	Continued From page 17 medications shall be stored in a manner to prevent spoilage, dosage errors, administration errors or inappropriate access by other residents, visitors, or unauthorized employees. Provisions for safe storage may include lockable containers, secure spaces, or lockable units, as appropriate to the residence and the resident population. (9) There shall be documented policies or procedures regarding medication disposal and inventory procedures in the policies and procedures manual. (10) Each person assisting residents with self-administration of medications shall: (AA) Be an employee of the residence; (BB) Be literate in English; and (CC) Receive orientation, instruction and on-the-job training regarding relevant policies and procedures; or (DD) Be a licensed nurse. (EE) M2 level facilities may limit record keeping for residents who retain possession and control of medications to the requirements of § 2.4.15(A)(6) of this Part. This Requirement is not met as evidenced by: Based on surveyor observation, record review, and staff interview, it has been determined that 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 one	S 555		

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S 555	Continued From page 18 medication room observed. Findings are as follows: 1. During a surveyor observation on 6/16/2023 at approximately 8:35 AM in the presence of a Registered Nurse, Staff B, revealed the following insulin pens were opened and not dated. Manufacturer instructions indicate to discard the pens 28 days after opening: - Basaglar insulin pen U100/ML (unit/milliliter) - Lantus insulin pen 100-units/ML - Admelog Solostar 100-unit insulin pen 2. During a surveyor observation on 6/16/2023 at approximately 9:05 AM in the presence of Staff B, revealed the following inhalers were opened without discard dates. Manufacturer instructions indicate to discard the inhalers 6 weeks after opening: - Trelegy Ellipta inhaler 200 MCG/62.5 MCG/25 MCG (microgram) - Incruse Ellipta inhaler 62.5 MCG - Breo Ellipta inhaler 100/25 MCG - Breo Ellipta inhaler 200/25 MCG During a surveyor interview immediately following this observation with Staff B, She acknowledged the above-mentioned insulin pens were not dated when opened. Additionally, she acknowledged the inhalers were not dated appropriately per the manufacturer's instructions.	S 555		

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S 555	Continued From page 19 During a surveyor interview on 6/16/2023 at approximately 1:35 PM with the Administrator, she could not provide evidence as to why the above-mentioned medications were not dated appropriately.	S 555		