

RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR01517	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/20/2023
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NAME OF PROVIDER OR SUPPLIER PINE ACRES ASSISTED LIVING RESIDENCE	STREET ADDRESS, CITY, STATE, ZIP CODE 2052 PLAINFIELD PIKE GREENE, RI 02827
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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 complaint/incident investigation survey was conducted at this residence. Deficiencies were identified.	S 003		
S 190	<p>Organization And Management 2.4.12.H Administrative Management</p> <p>2.4.12 (H) In-service Training</p> <p>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.</p> <p>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.</p> <p>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 received all required orientation and training upon hire for the singular employee reviewed, Staff A.</p> <p>Findings are as follows:</p> <p>Staff A was hired as a medication technician/nursing assistant in January of 2023.</p> <p>Record review failed to reveal evidence Staff A had the following trainings within ten (10) days of hire and prior to beginning work alone in the assisted living residence, as required:</p>	<p>S 190</p> <p><i>8/21/23</i></p> <p>RECEIVED</p> <p>AUG 16 2023</p> <p>FACILITIES REGULATION</p>	<p>Pine Acres ALF 07/20/2023</p> <p>DOH corrective action plan</p> <ol style="list-style-type: none"> Staff A was re-educated on all required Training for new employees. Staff A obtained BCI 8/9/23. Moving forward all staff that are Hired will be trained per DOH Guidelines. Form was created for all new Employee required trainings Along with annual training. Administrator will monitor all New employee trainings and Annual training. <p><i>See forms attached</i></p>	

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

Emmy Jones

TITLE

Administrator

(X6) DATE

8/10/23

RI Department of Health

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S 190	Continued From page 1 -fire prevention -recognition and reporting of abuse, neglect, and mistreatment -assisted living philosophy (goals/values, dignity, independence, autonomy, choice) -resident's rights -confidentiality Further record review failed to reveal that Staff A received at least ten (10) hours of orientation and training on the following topics within thirty (30) days of hire and prior to beginning work alone in the assisted living residence, as required: -basic knowledge of cultural differences -basic knowledge of aging-related behaviors including dementia and Alzheimer's disease -assistance with medications During the exit interview on 7/20/2023 at approximately 4:30 PM, Staff B, Administration Assistant, acknowledged that Staff A does not have documentation of the required orientation trainings in her personnel record.	S 190			
S 205	Organization And Management 2.4.12.J.1 Administrative Management 2.4.12 (J) (1) Personnel Criminal Records Check 1. Pursuant to R.I. Gen. Laws § 23-17.4-27, all employees of assisted living residences licensed under the Act, hired after September 30, 2014, and having routine contact with a resident or having access to a resident's belongings or funds shall undergo a national criminal background records check which shall include fingerprints submitted to the Federal Bureau of Investigation (FBI) by the Bureau of Criminal Identification of	S 205			

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S 205	<p>Continued From page 2</p> <p>the Department of Attorney General. The national criminal records check shall be processed, prior to, or within one (1) week of employment.</p> <p>This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined the residence failed to ensure employees having routine contact with a resident or having access to a resident's belongings or funds shall undergo a national criminal background records check as required for the singular employee reviewed, Staff A.</p> <p>Findings are as follows:</p> <p>Record review failed to reveal a criminal record (BCI) check documented prior to hire or within 7 days of hire.</p> <p>During the exit interview on 7/20/2023 at approximately 4:30 PM, Staff B, Administration Assistant, acknowledged that Staff A does not have a BCI result in her personnel record.</p>	S 205	<p>Pine Acres ALF 07/20/2023</p> <p>DOH corrective action plan</p> <p><u>S 205</u></p> <ol style="list-style-type: none"> 1. Staff A has obtained ██████ BCI with Fingerprints per. 2.4:12(j)(1) on 07/26/2023. 2. checklist was created for employee Files with needed documentation. 3. Administrator will conduct all BCI Checks and forms. 4. Administrator will monitor will Monitor this process. 	
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Handwritten: 8/2/23