

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/17/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  415076	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  03/15/2023
NAME OF PROVIDER OR SUPPLIER  JOHN CLARKE RETIREMENT CENTER THE			STREET ADDRESS, CITY, STATE, ZIP CODE 600 VALLEY ROAD MIDDLETOWN, RI 02842	
(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) COMPLETION DATE
K 000	INITIAL COMMENTS  The annual Federal Life Safety Code survey was conducted by the State Survey Agency.  John Clarke Senior Living was surveyed pursuant to the National Fire Protection Association 101 Life Safety Code, 2012 Edition as referenced in 42 CFR 483.90 (a - d) Physical Environment.  Life Safety Code deficiencies were identified during the survey.	K 000		
K 271 SS=E	Discharge from Exits CFR(s): NFPA 101  Discharge from Exits Exit discharge is arranged in accordance with 7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall be a hard packed all-weather travel surface. 18.2.7, 19.2.7 This REQUIREMENT is not met as evidenced by: Based on surveyor observations and staff interviews, it has been determined that the facility did not maintain the facilities egress system in accordance with National Fire Protection Association (NFPA) 101 2012 edition. The deficient practice could affect an indeterminable number of staff and visitors.  Findings are as follows:  Surveyor observations made during the life safety code tour of the facility on 3/14/2023 starting at 1:00 PM in the presence of the Maintenance Director, revealed that the marked exits from the	K 271  3/22/23 EWK	<b>* In filing a acceptable plan of correction, we seek to comply with the federal survey and certification requirement. However, the filing of the acceptable plan of correction does not constitute an admission that the alleged deficiencies exist.</b>  <u>K271 - Discharge from Exits</u>  <u>Corrective Action</u> Exit signs were not required By the state Fire Marshal after Measuring the distance from the affected area To the front door and beyond the fire wall Separating the nursing and retirement centers. The exit signs have been removed  <u>Identification of Other Residents</u> All exits have been evaluated for exits Onto level walking surfaces that meet the Provisions of 7.1.7.  <u>Systemic Changes</u> Maintenance staff have been educated On the requirements of the provisions of 7.1.7; 18.2.7 and 19.2.7  <u>Monitoring:</u> Periodic evaluations of exits will be Conducted and the results will be reviewed at CQI. The Maintenance Director will be responsible for oversight.	3/20/2023  3/20/2023  3/16/2023  Ongoing

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

TITLE

(X6) DATE

NAHA

3-21-23

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 271	<p>Continued From page 1</p> <p>rear dinning area did not have a "hard packed path" that lead to a public way.</p> <p>Additional surveyor observations made during the life safety code tour of the facility on 3/14/2023 starting at 1:00 PM in the presence of the Maintenance Director revealed that the marked exit from the West hallway by the rated fire wall that separates the skilled nursing facility and the independent living facility, designated on the facility floor plan as the porch, did not have a "hard packed path" that lead to a public way.</p> <p>During a surveyor interview with the Administrator on 3/14/2023 at 2:33 PM, she indicated that the previously mentioned marked exits consisted of a grass walking areas that lead to the front of the building.</p>	K 271			