


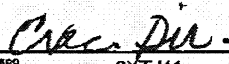
RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: LTC00777	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/26/2021
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NAME OF PROVIDER OR SUPPLIER BROOKDALE - SOUTH BAY	STREET ADDRESS, CITY, STATE, ZIP CODE 1959 KINGSTOWN ROAD SOUTH KINGSTOWN, RI 02879
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RECEIVED
 SEP 21 2021
 FACILITIES REGULATION

(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
H 250	<p>REQUIREMENTS 7.7c Documentation of Immunity and Testing</p> <p>C. Posting</p> <p>1. Each health care facility/nursing service agency shall post monthly, at a public location within the facility, readily accessible to patients and health care workers, and on its website as applicable, a report containing detailed, aggregated data pertaining to the COVID-19 vaccination status of its health care workers.</p> <p>2. Such reports shall be created in a manner and format set forth by the Director, and shall include, but not be limited to, the following:</p> <p>a. The present total number of facility/agency health care workers;</p> <p>b. The present number of facility/agency health care workers who have received one (1) dose of a multi-dose COVID-19 vaccine;</p> <p>c. The present number of facility/agency health care workers who are fully vaccinated;</p> <p>d. The present percentage of facility/agency health care workers who have received one (1) dose of a multi-dose COVID-19 vaccine; and</p> <p>e. The present percentage of facility/agency health care workers who are fully vaccinated.</p> <p>This REQUIREMENT is not met as evidenced by: The facility failed to post monthly, on its website</p>	H 250	<p>Enclosed is the Plan of Correction for Brookdale South Bay in response to the Statement of Deficiencies. While this document is being submitted as confirmation of the facility's on-going efforts to comply with all statutory and regulatory requirements, it should not be construed as an admission or agreement with the findings and conclusions in the Statement of Deficiencies.</p> <p>Brookdale South Bay posts monthly, in the main lobby and on our website, a report containing detailed aggregated data pertaining to the COVID-19 vaccination status of its health care workers.</p> <p>1. The facility website was updated to include the COVID-19 vaccination status of its health care workers to include:</p> <ul style="list-style-type: none"> - The present total number of facility/agency health care workers. - The present number of facility/agency health care 	9/17/2021

Facilities Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE 	(X6) DATE 9-17-2021
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H 250	<p>Continued From page 1</p> <p>as applicable, a report containing detailed, aggregated data pertaining to the COVID-19 vaccination status of its health care workers.</p> <p>Findings are as follows:</p> <p>Review of the facility's website fails to reveal data pertaining to the COVID-19 vaccination status of its health care workers.</p>	H 250		
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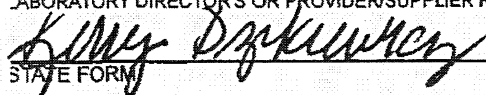
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9/21/21

RI Department of Health

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M 0	<p>INITIAL COMMENTS</p> <p>An administrative review/off-site investigation was conducted at this facility a deficiency was cited as the facility failed to post monthly, on its website as applicable, a report containing detailed, aggregated data pertaining to the COVID-19 vaccination status of its health care workers.</p>	M 0	<p>workers have received one (1) dose of a multi-dose COVID-19 vaccine (partial).</p> <ul style="list-style-type: none"> - The present number of facility/agency health care workers who are fully vaccinated. - The present percentage of facility/ agency health care workers who have received one (1) dose of multi-dose COVID-19 vaccine. - The present percentage of facility/agency health care workers who are fully vaccinated. <p>2. No residents were found to have be affected by this deficient practice.</p> <p>3. Monthly COVID-19 aggregate vaccination data will be gathered by the Executive Director and sent to the Web Designer to upload onto the Facility website.</p> <p>4. The Quality Assurance Committee will review the website during monthly QAPI meeting x three months to verify the facility website has been updated with all required information.</p>	9/17/2021

Facilities Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE CHC. Dir.	(X6) DATE 9-17-2021
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