

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415119	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/08/2024
NAME OF PROVIDER OR SUPPLIER Berkshire Place		STREET ADDRESS, CITY, STATE, ZIP CODE 455 Douglas Avenue Providence, RI 02908	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42907</p> <p>Based on record review, staff, and resident interview, it has been determined that the facility failed to protect a resident's right to be free from abuse for 1 of 2 residents reviewed, Resident ID #2.</p> <p>Findings are as follows:</p> <p>Record review of a facility reported incident submitted to the Rhode Island Department of Health on 10/7/2024 indicates, the facility became aware of an allegation made by Resident ID #1 who stated that on 10/6/2024 s/he was resting in his bed when Resident ID #2 entered his/her room and joined him/her in bed. Resident ID #1 denied making any advances toward Resident ID #2 at that time.</p> <p>Record review of a community reported complaint submitted to the Rhode Island Department of Health on 10/7/2024 alleges, Resident ID #1 had been sleeping in his/her bed when s/he was awoken by Resident ID #2 sitting on his/her face, fully clothed. Resident ID #1 stated that following the above-mentioned event s/he retaliated against Resident ID #2 by getting into his/her bed and touching his/her genitals.</p> <p>Record review for Resident ID #1 revealed that s/he was admitted to the facility in August of 2024 with diagnoses including, but not limited to, mild neurocognitive disorder, type 2 diabetes, and sepsis.</p> <p>Review of a Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 10 out of 15, indicating moderately impaired cognition.</p> <p>Record review for Resident ID #2 revealed that s/he was admitted to the facility in July of 2019 with diagnoses including, but not limited to, dementia, schizophrenia, urinary tract infection, cognitive communication deficit, muscle weakness, and unsteadiness on feet.</p> <p>Review of a MDS assessment dated [DATE] revealed a BIMS score of 0 out of 15, indicating severely impaired cognition.</p> <p>A surveyor interview was attempted with Resident ID #2 on 10/8/2024 at approximately 8:50 AM but was unable to be conducted due to his/her severely impaired cognition.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a surveyor interview with the Assistant Administrator and the Director of Nurses (DON) on 10/7/2024 at approximately 2:40 PM, the DON revealed that she was made aware that Resident ID #1 had touched Resident ID #2's genital areas from another resident, Resident ID #4, who had witnessed the incident. Additionally, she revealed that this incident occurred in the sunroom and not in the resident's bedroom.</p> <p>Record review of an MDS assessment dated [DATE] for Resident ID #4 revealed a BIMS score of 15 out of 15, indicating s/he had no cognitive impairments.</p> <p>During a surveyor interview with Resident ID #4 on 10/8/2024 at approximately 9:35 AM s/he revealed, while s/he was in the sunroom on 10/6/2024, s/he witnessed Resident ID #1 touching Resident ID #2 s/he placed his/her hands on Resident ID #2's thigh. Resident ID #4 further revealed that Resident ID #1 began moving his/her hands towards Resident ID #2's upper thigh at which time s/he interceded and told Resident ID #1 to stop what s/he was doing. Resident ID #4 then indicated that Resident ID #1 left the area that. Resident ID #4 indicated that s/he then reported the incident to the facility's staff.</p> <p>Record review of a police report dated 10/8/2024 reveals that the police were dispatched to the facility on [DATE] for a report that Resident ID #1 was witnessed by Resident ID #4 touching Resident ID #2 on his/her legs and genitals on the outside of his/her underwear. Additional review revealed that Resident ID #1 was arrested for second degree sexual assault.</p>		