

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  11/06/2024
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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45855</p> <p>Based on surveyor observation, record review, resident and staff interview, it has been determined that the facility failed to provide food and drinks that are palatable, attractive, and at an appetizing temperature for 4 of 5 residents reviewed, Resident ID #s 2, 3, 4, and 5.</p> <p>Findings are as follows:</p> <p>Record review of a community reported complaint submitted to the Rhode Island Department of Health on 11/4/2024 alleges concerns regarding hot food items that are being served cold and at an unappetizing temperature.</p> <p>Record review of the facility policy titled, Monitoring Food Temperatures for Meal Service revealed that food temperatures of hot foods on room trays at the point of service are preferred to be at 120 F (Fahrenheit) or greater to promote palatability for the resident.</p> <p>1. Record review revealed Resident ID #2 was admitted to the facility in September of 2021 with a diagnosis including, but not limited to, type II diabetes mellitus.</p> <p>Review of a Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 15 out of 15, indicating intact cognition.</p> <p>During a surveyor interview on 11/4/2024 at 12:15 PM with Resident ID #2, s/he revealed that hot food items are always cold and this has been an ongoing issue ever since s/he was admitted to the facility.</p> <p>2. Record review revealed Resident ID #3 was admitted to the facility in October of 2024 with a diagnosis including, but not limited to, hypertension (high blood pressure).</p> <p>Review of an MDS assessment dated [DATE] revealed a BIMS score of 15 out of 15, indicating intact cognition.</p> <p>During a surveyor interview on 11/4/2024 at 12:00 PM with Resident ID #3, s/he revealed that the food the facility has served him/her within the last week has been cold and not palatable. This has resulted in the resident opting to source meals from outside of the facility.</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
---	-------	-----------

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  11/06/2024
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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. Record review revealed Resident ID #4 was readmitted to the facility in August of 2024 with a diagnosis including, but not limited to, depression.</p> <p>Review of an MDS assessment dated [DATE] revealed a BIMS score of 15 out of 15, indicating intact cognition.</p> <p>During a surveyor interview on 11/6/2024 at 9:25 AM with Resident ID #4, s/he revealed that hot food items are served cold all the time and s/he has to microwave it every day.</p> <p>4. Record review revealed Resident ID #5 was admitted to the facility in September of 2024 with a diagnosis including, but not limited to, gastro-esophageal reflux disease (condition when acid flows back from the stomach into the esophagus).</p> <p>Review of an MDS assessment dated [DATE] revealed a BIMS score of 14 out of 15, indicating intact cognition.</p> <p>During a surveyor interview on 11/6/2024 at 9:36 AM with Resident ID #5, s/he revealed that the breakfast s/he was served this morning was not hot and that s/he refused to eat it. S/he has chosen to address the meal temperatures by heating his/her food personally.</p> <p>During a surveyor interview on 11/4/2024 at 12:22 PM with the Unit Manager, Staff A, a test tray was ordered to determine if the food temperature was above 120 F, per the facility policy.</p> <p>During a surveyor observation of the test tray on 11/4/2024 at 1:30 PM with Staff A, the following was observed:</p> <ul style="list-style-type: none"> <li>- mashed potatoes with a temperature of 112.7 F</li> <li>- chicken with a temperature of 106.1 F</li> <li>- vegetables with a temperature of 117.8 F</li> </ul> <p>During a surveyor interview following the above observation with Staff A, she revealed that she would expect the food temperatures to be closer to 135 F and acknowledged that the food failed to hold the temperature from the steamer.</p> <p>During a surveyor interview on 11/4/2024 at 1:25 PM with Resident ID #2, s/he revealed that the lunch that s/he just received was cold and needed to be reheated.</p> <p>During a surveyor interview on 11/4/2024 at 2:00 PM with the Food Service Director, she revealed that she would expect the food from the test tray to be at least 120 F or higher, per the facility policy.</p>		

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  11/06/2024
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45855</p> <p>Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to prepare, store, and distribute food according to professional standards of food service safety, relative to 1 of 1 meal pass observed, and 1 of 2 observations of the main kitchen relative to use of hair restraints.</p> <p>Findings are as follows:</p> <p>Record review of a community reported complaint submitted to the Rhode Island Department of Health on 11/4/2024 alleges concerns regarding hot food items that are being served cold and at an unappetizing temperature, and that staff members who help serve the food do not wear hairnets.</p> <p>1. The [NAME] Food Code 2018 Edition 3-501.18 states in part, .the food shall have an initial temperature of 57 degrees C (Celsius),135 degrees F (Fahrenheit) when removed from hot holding temperature control .</p> <p>Record review of the facility policy titled, Monitoring Food Temperatures for Meal Service revealed that if the serving/holding temperature of a hot food item is not at 135 F or higher when checked prior to meal service, the item will be reheated to at least 165 F for a minimum of 15 seconds.</p> <p>During a surveyor observation of the steam table on 11/4/2024 at 12:52 PM, with Dietary Aide, Staff B, and Unit Manager, Staff A, revealed the following food temperatures while in the holding steam table:</p> <ul style="list-style-type: none"> <li>- Mashed potatoes with a temperature of 129.2 F</li> <li>- chicken with a temperature of 128.3 F</li> <li>- burger patties with temperatures of 125.4 F</li> </ul> <p>During a surveyor interview following the above observation with Staff B, she acknowledged that the above food items failed to meet the facility policy for holding temperatures of 135 to 145 F.</p> <p>Further observation failed to reveal evidence that the above food items were heated back to 165 F, per the facility policy.</p> <p>During a surveyor interview on 11/4/2024 at 2:00 PM with the Food Service Director (FSD), she acknowledged that she would expect the steam table to hold the food temperature to at least 135 F, and that Staff B should have reheated the food when it was identified to be below 135 F, per the facility policy.</p> <p>(continued on next page)</p>		

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  11/06/2024
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>2. The Rhode Island Food Code, 2018 Edition, section 2-402.11 states in part, .Food employees shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed food, clean equipment, utensils, and linens .</p> <p>During surveyor observation of Dietary Aide, Staff C, in the main kitchen on 11/4/2024 at 1:40 PM, he was in the kitchen while food was being prepared and was handling equipment without wearing a hair restraint.</p> <p>During a surveyor interview following the above observation with Staff C, he revealed that it is the facility's policy for everyone to wear a hair restraint while in the kitchen.</p> <p>During a surveyor interview on 11/4/2024 at 2:00 PM with the FSD, she revealed that she would expect all staff to wear a hair restraint while working in the kitchen.</p>		