STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415119	A. Building B. Wing	03/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Berkshire Place	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48928 Based on record review and staff interview, it has been determined that the facility failed to ensure a resident receives adequate supervision to prevent accidents for 1 of 1 resident reviewed who successfully eloped from the facility, Resident ID #2. Findings are as follows: Record review of a community reported complaint submitted to the Rhode Island Department of Health on 3/27/2025, alleges that Resident ID #2 eloped from the facility on 2/3/2025, following a snowstorm. Additionally, upon return, the facility failed to perform an elopement assessment and had initially stated that the resident left against medical advice (AMA). Record review of a facility policy dated 11/1/2022 titled, Elopement Assessments states in part, .It is the policy of this facility to maintain a safe and secure environment for all residents. In order to achieve this goal residents who are at risk of wandering/elopement need to be identified and a care plan developed with interventions to minimize or eliminate the risk .an elopement assessment is to be performed whenever a resident exhibits a change in behaviors which signals an increased risk, such as verbalizing a wish to leave the building . Record review revealed the resident was admitted to the facility in January of 2025 with a diagnosis including, but not limited to, schizophrenia (a chronic mental disorder characterized by symptoms such as hallucinations, delusions, and cognitive challenges). Review of an Admission Minimum Data Set assessment dated [DATE], revealed a Brief Interview for Mental Status score of 9 out of 15, indicating moderately impaired cognition. Further review revealed the resident is dependent upon staff for dressing and requires supervision or touching assistance for ambulation. Record review of a document titled; Elopement Evaluation dated 1/22/2025 revealed the resident was not at risk for elopement. Record review revealed a physician order dated 1/22/2025 which indicated the resident may not go out on leave of absence. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415119	A. Building B. Wing	03/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Berkshire Place	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of a document titled, Smoking Risk assessment dated [DATE] revealed that the resident requires supervision for smoking and that s/he is an elopement risk. Record review revealed the following progress notes: - 1/26/2025 at 2:57 PM, the resident was oriented to person only and s/he was confused. - 1/27/2025 at 9:00 AM, the resident continued to ask multiple staff when s/he was going home. -1/28/2025 at 5:41 AM, the resident has expressed a strong desire to return home and s/he ambulates independently without the use of an assistive device. - 2/3/2025 at 10:07 AM, the resident left the facility and took a bus to his/her previous residence, an Assisted Living Facility (ALF) in the community, approximately 2 miles away. Additionally, the note indicates that a call was received from the ALF to inform the facility that the resident was there. Transport was arranged and a staff member was sent to pick up the resident and return him/her back to the facility. - 2/4/2025 at 10:30 AM, the resident left the facility AMA on 2/3/2025. - 2/8/2025 at 8:00 AM, the resident continues on 1:1 status due to being an elopement risk. - 2/26/2025 at 3:51 PM, the resident is an elopement risk. Record review failed to reveal evidence that an elopement assessment had been performed, and a care plan was developed with interventions to minimize risks per facility policy following the resident's successful elopement from the facility. During a surveyor interview on 3/27/2025 at approximately 2:15 PM with the Director of Nursing Services, she revealed that on 2/3/2025, the resident left the faciity on his/her own accord and since s/he is alert and oriented, it was her interpretation that the resident had left AMA from the facility. However, she was unable to provide evidence of a completed AMA discharge form. She acknowledged that the resident had a BIMS score of 9 out of 15, indicating moderate cognitive impairment and that s/he has a physician order indicating that s/he may not go out on a leave of absence from the facility. Further, she was unable to provide evidence that an Elopement Evaluation had been completed after s/he left the facility unsupervised on 2/3/2025. During a surveyor interview on 3/27/2025 at 2:44 PM with the Administrator, she acknowledged that an AMA discharge documentation or assessments had not been performed. She further acknowledged that the progress notes indicated that the resident had eloped, and that an Elopement Evaluation had not been completed, a care plan had not been developed, and appropriate interventions were not in put in place for the resident per facility policy following the above-mentioned incident.