

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

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 05/20/2025
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)		
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41729</p> <p>Based on record review and staff interview, it has been determined that the facility failed to ensure that all alleged violations involving abuse are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or, no later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the local state agency (Rhode Island Department of Health, RIDOH), in accordance with State law, for 1 of 2 residents reviewed for allegations of abuse, Resident ID #1.</p> <p>Findings are as follows:</p> <p>Review of a facility's policy titled Abuse prohibition dated 10/31/2022 states in part, .Any instance of actual or suspected abuse .must be reported immediately to the DNS [Director of Nursing] .an incident report is to be filled out. The Department of Health will be contacted of allegations of abuse .</p> <p>Review of a community reported complaint submitted to RIDOH dated 5/19/2025 alleged, Resident ID #1's continuity of care form that was sent with him/her to a facility from the hospital revealed that s/he had allegedly killed someone at Berkshire Place.</p> <p>Record review revealed the resident was readmitted to the facility in December of 2021 with diagnoses including, but not limited to, dementia and anxiety disorder.</p> <p>Record review of a Quarterly Minimum Data Set assessment dated [DATE] revealed a Brief Interview for Mental Status score of 15 out of 15, indicating the resident's cognition is intact.</p> <p>Record review of a progress note dated 3/13/2025 at 12:30 PM revealed, Resident ID #1 walked up to another resident and threatened to physically harm that resident. Further record review of this progress note revealed that Resident ID #1 was sent to the emergency room for an evaluation and was admitted .</p> <p>During a surveyor interview on 5/19/2025 at 9:33 AM with the Director of Nursing services (DNS), she acknowledged that the resident threatened to physically harm another resident on 3/13/2025 and s/he was sent to the hospital for an evaluation. Additionally, the DNS acknowledged that she did not report this incident to RIDOH, as required.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete		Event ID: 415119
Facility ID: 415119		If continuation sheet Page 1 of 3

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>41729</p> <p>Based on surveyor observation and staff interview, it has been determined that the facility failed to store and label drugs and biological's in accordance with currently accepted professional principles for 2 of 4 medication carts observed.</p> <p>Findings are as follows:</p> <p>Review of a facility policy titled Medication Storage dated January 2023 states in part, Medications and biological's are stored properly, following manufacturers or provider pharmacy recommendations to maintain their integrity .Medications requiring refrigeration are kept in a refrigerator .</p> <p>Review of a community reported complaint submitted to the Rhode Island Department of Health on 5/19/2025, alleged that medications are not stored and administered correctly to residents.</p> <p>1. A surveyor observation on 5/20/2025 at 9:07 AM of the second floor [NAME] Medication Cart in the presence of Certified Medication Technician (CMT), Staff A, revealed two Trelegy Ellipta inhalers opened and not dated. Manufacturer's instructions indicate to discard the inhalers 6 weeks after opening.</p> <p>During a surveyor interview immediately following the above-mentioned observation with Staff A, she acknowledged the inhalers were opened and not dated.</p> <p>2. A surveyor observation on 5/20/2025 at 9:17 AM of the second-floor nurse medication cart in the presence of Licensed Practical Nurse, Staff B, revealed the following:</p> <p>- Morphine Sulfate 100 milligram (mg)/5 millimeter (ml) opened and not dated. Manufacturer's instructions indicate to discard this medication 90 days after opening.</p> <p>- Lorazepam Intensol oral suspension 2 mg/ml opened and not dated. Manufacturer and pharmacy label on the packet of this medication indicated to refrigerate this medication and to discard it after 90 days.</p> <p>During a surveyor interview immediately following the above-mentioned observation with Staff B, she acknowledged the Morphine Sulfate and the Lorazepam Intensol were opened and not dated. Additionally, Staff B acknowledged the Lorazepam was not stored in the refrigerator, as required.</p> <p>3. A surveyor observation on 5/20/2025 at 9:30 AM of the first-floor nurse medication cart in the presence of a Registered Nurse, Staff C, revealed two bottles of Morphine Sulfate 100 mg/5 ml opened and not dated. Manufacturer's instructions indicate to discard this medication 90 days after opening.</p> <p>(continued on next page)</p>		

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a surveyor interview immediately following the above-mentioned observation with Staff C, she was unable to provide evidence the Morphine Sulfate bottles were stored appropriately, as required. During a surveyor interview on 5/20/2025 at 1:08 PM with the Director of Nursing Services, she indicated that she would expect the above-mentioned medications to be dated when opened and would expect the Lorazepam to be refrigerated, as required.		