

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>415119</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/09/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BERKSHIRE PLACE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>455 DOUGLAS AVENUE PROVIDENCE, RI 02908</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</b>  Based on record review and staff interview, it has been determined that the facility failed to ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source are reported immediately to the administrator of the facility and to other officials in accordance with State law for 1 of 4 incidents reviewed, Resident ID #1. Findings are as follows: Review of the Facility Policy, titled, Abuse Prohibition/Reasonable Suspicion of a Crime, states, in part, any instance of actual or suspected abuse, neglect, mistreatment, involuntary confinement, misappropriation of resident property, including injuries of unknown origins including bruises, skin tears, or lacerations must be reported immediately to the DNS/designee, ie., supervisor on duty and an incident report is to be filled out. The Department of Health and the Alliance for Better Long-Term Care will be contacted of allegations of abuse, neglect, mistreatment and or misappropriation of resident property immediately but not to exceed 24 hours after the discovery by the facility. Review of the nursing progress notes for Resident ID# 1 revealed the following: 1. 6/12/2020 at 9:16 PM Noted with bruises to facial area and around left eye. 2. 6/13/2020 at 7:17 AM Generalized bruising noted from previous falls. 3. 6/15/2020 at 9:16 PM Noted with facial bruises. C/O (complaint of) pain to midline of nose on palpation, bruise noted to orbital fissure of left eye. Order obtained for x-ray to rule out facial fracture. 4. 6/16/2020 @2:22 AM Generalized bruising including facial bruising persists as previously noted. No c/o any facial pain or headache. Record review of the facility reported incident dated 6/15/2020 revealed that Resident ID# 1 was noted today with a swollen nose with bilateral suborbital hematomas. This incident was reported to The Rhode Island Department of Health (RIDOH) on 6/16/2020, four days after the initial injury was observed by staff. During a surveyor interview with the Director of Nursing and the Assistant Administrator on 6/29/2020, they acknowledged that the staff did not report any of their observations to them or to the State Survey Agency in accordance with State Law, between the dates of 6/12/2020 and 6/15/2020.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE (X6) DATE	

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.