P.002/003

89/67/18 13:18:33 401-222-5960 DEPARTMENT OF HEALTH AND HUMAN SERVICES 1401 040 5890 State of Rhode Islam Page 005 FORM APPROVED

OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (CC) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED IDENTIFICATION NUMBER: a. Building 01 - Main Building 01 08/31/2018 415076 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **600 VALLEY ROAD** John Clarke Retirement Center the MIDDLETOWN, RI 02842 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (X6) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRAPIX PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) The filing of this Plan of Correction (POC) K 000 INITIAL COMMENTS K 000 does not constitute that the deficiencies alleged did in fact exist, rather this POC is The annual Federal Life Safety Code survey was filed as evidence of the facility's continuing conducted by the State Survey Agency. commitment to high quality resident care in full compliance with state and federal The John Clark Retirement Center was surveyed regulations. pursuant to the National Fire Protection Completion date for compliance with POC Association 101 Life Safety Code, 2012 Edition will be 9/14/2018. as referenced in 42 CFR 483.90 (a) Physical Environment and was found to be in substantial As a Plan of Correction (POC) for Tag K compliance with regulations surveyed. 918: a) There were no residents identified in this deficiency. K 918 K 918 Electrical Systems - Essential Electric Syste b) All residents who reside in the facility CFR(s); NFPA 101 69=B have the potential to be affected by this finding. Once brought to our attention Electrical Systems - Essential Electric System we have taken corrective action. Maintenance and Testing We have ensured that our Maintenance The generator or other alternate power source Director has received and associated equipment is capable of supplying service within 10 seconds. If the 10-second information/education related to the LSC requirement relative to Essential criterion is not met during the monthly test, a process shall be provided to annually confirm this Electric System Maintenance and capability for the life safety and critical branches. Testing by reviewing the regulation Maintenance and testing of the generator and with special emphasis on the need to transfer switches are performed in accordance exercise the generator under load for 30 with NFPA 110. minutes. He has been educated on the Generator sets are inspected weekly, exercised need to document the hour meter start under load 30 minutes 12 times a year in 20-40 and hour meter end time and the actual day intervals, and exercised once every 36 start and finish time for the full load months for 4 continuous hours. Scheduled test generator test. We have adapted a under load conditions include a complete checklist entitled John Clarke Generator simulated cold start and automatic or manual Full Load Test which includes the hour transfer of all EES loads, and are conducted by meter start and end times, the actual competent personnel. Maintenance and testing of start and end times and the other stored energy power sources (Type 3 EES) are in indicators that are measured during the accordance with NFPA 111. Main and feeder test. The checklist will serve as an audit circuit breakers are inspected annually, and a tool by which the administrator will program for periodically exercising the

50 Lanc Any deficiency statement ending with an asterisk (") denotes a deficiency which the institution may be excused from correcting providing it is determined that

LABORATORY DIRECTOR'S OR PROVIDENSUPPLIER REPRESENTATIVES SIGNATURE

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 disclosuble 14. days following the date these documents are made evaliable to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

TITLE

program participation.

Event ID: PFXO21

Facility ID: 416076

(XB)/DATE

09/07/10 13:19:06 401-222-5960 DEPARTMENT OF HEALTH AND HUMAN SERVICES 1401 848 5890 State of Rhode Islan Page 806

FORM APPROVED OMB NO. 0938-0391

CENTE	RS FOR MEDICARE	& MEDICAID SERVICES		OMB NO. 0938-0391			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01			(X3) DATE SURVEY COMPLETED	
	418076		2. WING			08/21/2018	
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE				
JOHN CLARKE RETIREMENT CENTER THE			600 VALLEY ROAD MEDDLETOWN, RI 02842				
(%4) ID PREFIX TAG	Summary Statement of Deficiencies (Each Deficiency Must be preceded by Full Regulatory or LSC Identifying Impormation)		ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (BACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	DULD BE COMPLETION	
K 918	(EACH DEFICIENCY MUST BE PRECEDED SY FULL REGULATORY OR LSC IDENTIFYING IMPORMATION)		PREFIX TAG		confirm that the testing is bein required. In addition, we have our generator testing pol procedure to include that the a and finish time will be document the check sheet. d) The Administrator or despensible for the implement this plan. During the QAPI of meetings we will review the for the purpose of meetings we will review the for the purpose of it will be revised as necessary.	ing done as ive updated olicy and actual start imented on esignee is entation of committee c check list monitoring ot effective	

i-ORM CMS-2867(02-99) Previous Versions Obsolete

Event ID: PFX021

Facility ID: 415076

if continuation sheet Page 2 of 2

