

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/20/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415076	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/14/2019
NAME OF PROVIDER OR SUPPLIER JOHN CLARKE RETIREMENT CENTER THE			STREET ADDRESS, CITY, STATE, ZIP CODE 600 VALLEY ROAD MIDDLETOWN, RI 02842		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	<p>INITIAL COMMENTS</p> <p>The annual Federal Re-certification/Modified State licensure and emergency preparedness surveys were conducted at this facility.</p> <p>The facility was surveyed pursuant to the Emergency Preparedness as referenced in 42 CFR 483.73 - Emergency Preparedness.</p> <p>The John Clarke Retirement Center was surveyed pursuant to the National Fire Protection Association 101 Life Safety Code, 2012 Edition as referenced in 42 CFR 483.90(a -d) Physical Environment.</p> <p>The John Clarke Retirement Center was found to be in compliance with 42 CFR requirements for Long Term Care Facilities.</p>	F 000			

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.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415076	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 06/11/2019
NAME OF PROVIDER OR SUPPLIER JOHN CLARKE RETIREMENT CENTER THE			STREET ADDRESS, CITY, STATE, ZIP CODE 600 VALLEY ROAD MIDDLETOWN, RI 02842		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 000	<p>INITIAL COMMENTS</p> <p>The annual Federal Life Safety Code survey was conducted by the State Survey Agency.</p> <p>The John Clarke Retirement Center is in compliance with NFPA 101 Life Safety Code, 2012 Edition as referenced in 42 CFR 483.90 (a -d) Physical Environment for Long Term Care Facilities.</p>	K 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER JOHN CLARKE RETIREMENT CENTER THE	STREET ADDRESS, CITY, STATE, ZIP CODE 600 VALLEY ROAD MIDDLETOWN, RI 02842
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E 000	<p>Initial Comments</p> <p>The John Clarke Retirement Center was surveyed pursuant to the Emergency Preparedness as referenced in 42 CFR 483.73 - Emergency Preparedness.</p> <p>The facility was found to be in compliance with Emergency Preparedness requirements.</p>	E 000		
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