

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415084	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/15/2026
NAME OF PROVIDER OR SUPPLIER Elmhurst Rehabilitation and Healthcare Center			STREET ADDRESS, CITY, STATE, ZIP CODE 50 Maude Street, Providence, Rhode Island, 02908	
(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
F0000	<p>INITIAL COMMENTS</p> <p>A recertification and complaint surveys, intake ID reference numbers 2699526, 2704185, 2709021, 2714531, and 2712664 were conducted at Elmhurst Rehabilitation and Healthcare Center on 1/12/2026 through 1/15/2026 to determine compliance with 42 C.F.R. Part 483, requirements for Long Term Care Facilities. State licensure and emergency preparedness surveys were also conducted at this facility.</p> <p>Deficiencies were identified as a result of this survey.</p> <p>Facility Census: 185</p> <p>Bed Count: 206</p>	F0000	<p>The filing of this Plan of Correction (POC) does not constitute that the deficiencies alleged did in fact exist, rather this POC is filed as evidence of the facility's continuing commitment to high quality resident care in full compliance with state and federal regulations. Completion date for optimal compliance with POC will be February 3, 2026.</p>	2/3/2026
F0658 SS = D	<p>Services Provided Meet Professional Standards</p> <p>CFR(s): 483.21(b)(3)(i)</p> <p>§483.21(b)(3) Comprehensive Care Plans</p> <p>The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(i) Meet professional standards of quality.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on clinical record review, resident and staff interview, the facility failed to ensure that residents receive treatment and care in accordance with professional standards of practice for 3 of 3 residents reviewed for not following physician's orders, Resident ID #s 2, 17 and 208.</p> <p>Findings are as follows:</p> <p>1) Record review revealed Resident ID #2 was admitted to the facility in November of 2023 with a diagnosis including, but not limited to, cerebrovascular disease (a group of conditions that affect blood flow to the brain). Further review revealed the resident has a</p>	F0658	<p>Received FEB 02 2026 Facilities Regulation</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 reverse for further 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 <i>Imagery Bruchance</i>	TITLE Administrator	(X6) DATE 2/2/2026
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F0658 SS = D	<p>Continued from page 1 gastrostomy tube (G-tube-a tube inserted through the abdominal wall directly into the stomach used to provide nutrition, hydration and medications for residents that are unable to take food or fluids by mouth).</p> <p>Record review revealed a physician's order dated 4/14/2025 to flush the g-tube with 50 milliliters (ml) of water after medications, and feedings.</p> <p>During a surveyor observation on 1/14/2026 at 9:45 AM, during the medication administration task, Licensed Practical Nurse (LPN), Staff A, flushed the resident's g-tube with 30 ml of water after administering the resident his/her medications, instead of 50 ml of water, per the physician's order.</p> <p>During a surveyor interview on 1/14/2026 at 1:45 PM, with Staff A, she acknowledged that she did not flush the g-tube with 50 ml of water and revealed that she should that per the physician's order.</p> <p>During a surveyor interview on 1/14/2026 at 3:00 PM, with the Director of Nursing Services (DNS), she revealed that it is her expectation that the physician's orders are followed.</p> <p>2) Review of a policy dated 4/2019 titled, "Administering Medications", states in part, "...Medications are administered in a safe and timely manner, and as prescribed...Medications are administered within one (1) hour of their prescribed time..."</p> <p>Record review revealed that Resident ID #17 was readmitted to the facility in December of 2025, with a diagnosis including, but not limited to, Parkinsons disease.</p> <p>Record review revealed a care plan dated 11/11/2025, which revealed the resident is on antiparkinsonian therapy, with an intervention to administer medications as ordered.</p> <p>Record review revealed the following physician orders:</p> <ul style="list-style-type: none"> - Rytary (a medications prescribed to treat Parkinson's disease) Oral Capsule Extended Release 36.25-145 milligrams (mg), with instructions to administer 2 capsules by mouth, two times a day, at 8:30 AM and 4:30 PM for Parkinsons disease. - Rytary Oral Capsule Extended Release 36.25-145 MG, with instructions to administer 3 capsules by mouth, two times a day, at 5:00 AM and 12:30 PM for Parkinsons 	F0658	<p>As a Plan of Correction (POC) for Tag F658:</p> <p>a) Resident ID#208 has since been discharged to Assisted Living (AL). Residents ID#2 and #17 are stable without any untoward outcome as a result of the concerns noted by the surveyor (s). Resident ID#2 is receiving the proper amount of mls for the G-Tube flush and the medication for Resident ID#17 (Rytary) is being administered per MD order at the proper time intervals.</p> <p>b) We recognize that any resident may be at potential risk of receiving medications outside of the time parameters. We have reviewed our MAR report to ensure that the medications with specified time intervals ordered are being administered timely; we are addressing any issues of concern noted during our audit. We have also reviewed those residents with G-Tube/J-Tube flushes to confirm the proper amount of water is being administered/flushed; we did not identify any further issues in this regard. The other issue noted in this tag was related to orders provided by the Third Eye (off hour covering physician group) MD/NP; the orders were not followed. We recognize that any resident who we receive orders for from Third Eye, are at potential risk of a similar occurrence. We have completed a look back review (from last day of this survey) to confirm that orders provided by any Third Eye Provider were carried out timely. We did not identify any further issues of concern.</p>	1/13/2026

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F0658 SS = D	<p>Continued from page 2 disease.</p> <p>Review of the December 2025 Medication Administration Record (MAR), under the section titled, "Administration Details" revealed the following:</p> <ul style="list-style-type: none"> - 12/29: 12:30 PM dose administered at 2:16 PM - 12/29: 4:30 PM dose administered at 5:39 PM, which is 3 hours and 23 minutes after the last dose was administered, as opposed to 4 hours apart -12/31: 5:00 AM dose administered at 7:59 AM - 12/31: 8:30 AM dose administered at 8:52 AM, 1 hour and 7 minutes after the last dose was administered, as opposed to 3 hours and 30 minutes apart <p>Review of the MAR Administration Details for January 2026 revealed the following:</p> <ul style="list-style-type: none"> - 1/1: 8:30 AM dose administered at 10:52 AM - 1/1: 12:30 PM dose administered at 12:41 PM, 1 hour and 49 minutes after the last dose was administered, as opposed to 4 hours apart - 1/1: 4:30 PM dose administered at 7:19 PM, 2 hours and 11 minutes after the scheduled time - 1/2: 5:00 AM dose administered at 7:02 AM, 2 hours late - 1/2: 8:30 AM dose administered at 11:03 AM, 2 hours and 33 minutes late - 1/2: 12:30 PM dose administered at 11:31 AM, 28 minutes after the last dose was administered, as opposed to 4 hours apart - 1/3: 5:00 AM dose administered at 9:14 AM, 4 hours and 14 minutes late - 1/3: 8:30 AM dose administered at 10:43 AM, 1 hour and 29 minutes after the last dose was administered, as opposed to 3 hours and 30 minutes apart - 1/3: 12:30 PM dose administered at 12:07 PM, 1 hour and 24 minutes after the last dose was administered, as opposed to 4 hours apart - 1/4: 8:30 AM dose administered at 10:48 AM, 2 hours and 18 minutes late 	F0658	<p>c) We have provided education to our nurses regarding the expectations associated with following MD orders and medication administration safety, related to the specific time frames that medications are to be administered and any G-Tube flushes that must be given per the amount in the MD order. We will observe the nurses/CMTs during random medication passes to ensure they are administering medications per MD order and the time interval indicated. We will also review the MAR report specific to designated time intervals ordered (i.e. every 4 hours, every 8 hours...) to check times administered and follow-up as necessary. We are also re-educating the nurses regarding follow through with orders given by the Third Eye Provider group. We do believe the issue noted with Resident ID#208 was "an oversight" vs. a systems failure but we are also reminding the nurses about the importance of documentation to ensure the progress notes effectively communicate action taken.</p> <p>d) The DNS/designee is responsible for ensuring this action plan is executed effectively. We will conduct routine audits of medication observations (med pass) and MAR reports for those specific medications as well as audits of orders given by Third Eye Providers. These audit results will be shared with the QAPI Committee monthly for at least 3 months, after which time, the Committee will re-evaluate the need to formally monitor the issue based on our level of compliance and improvement.</p>	2/13/2026

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F0658 SS = D	<p>Continued from page 3</p> <ul style="list-style-type: none"> - 1/4: 4:30 PM dose administered at 8:22 PM, 3 hours and 8 minutes late - 1/6: 12:30 PM dose administered at 2:16 PM, 1 hour and 46 minutes late - 1/7: 8:30 AM dose administered at 10:07 AM, 1 hour and 37 minutes late - 1/7: 12:30 PM dose administered at 2:27 PM, 1 hour and 53 minutes late - 1/7: 4:30 PM dose administered at 6:21 PM, 1 hour and 59 minutes late - 1/8: 4:30 PM dose administered at 8:04 PM, 3 hours and 34 minutes late - 1/10: 8:30 AM dose administered at 10:06 AM, 1 hour and 36 minutes late - 1/10: 12:30 PM dose administered at 11:31 AM, 1 hour and 25 minutes after the last dose was administered, as opposed to 4 hours apart - 1/10: 4:30 PM dose administered at 9:53 PM, 5 hours and 23 minutes late - 1/11: 8:30 AM dose administered at 10:44 AM, 2 hours and 14 minutes late - 1/11: 12:30 PM dose administered at 11:43 AM, 59 minutes after the last dose was administered, as opposed to 4 hours apart - 1/11: 4:30 PM dose administered at 7:43 PM, 3 hours and 13 minutes apart <p>During a surveyor interview on 1/15/2026 at 9:55 AM, with the DNS, she acknowledged Resident ID #17's Rytary was not administered per the physician's order and indicated that it should have been.</p> <p>3) Record review revealed Resident ID #208 was admitted to the facility in January of 2026 with a diagnosis including, but not limited to, altered mental status.</p> <p>Review of a progress note dated 1/11/2026, authored by an on-call provider, revealed nursing called and reported the resident was experiencing increased agitation, a runny nose, and weakness. Further review states in part, "...Nursing staff to discuss with family/POA [Power of Attorney] regarding whether or not they would like the patient to be tested for COVID and</p>	F0658		2/3/2026

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F0658 SS = D	<p>Continued from page 4 FLU and will notify this [Nurse Practitioner] of their decision. If so, then the staff may test for COVID and FLU..."</p> <p>Record review revealed a physician order, scanned into the resident's electronic medical record (EMR), dated 1/11/2026, which states in part, "Please discuss with family/POA regarding whether or not they would like the patient to be tested for COVID and FLU and notify clinician of their decision. -if family/POA want patient to be tested for COVID and FLU, then you may test patient for COVID and FLU and notify a clinician of the results..."</p> <p>Record review failed to reveal evidence that Resident ID #208's family/POA was contacted to discuss testing the resident for COVID or FLU.</p> <p>During a surveyor interview on 1/14/2026 at 9:54 AM, with LPN, Staff B, she revealed that she was unaware if the resident's family was contacted to discuss testing him/her for COVID/FLU and revealed that if the family was contacted, it should be documented in a progress note. Further, she was unable to provide evidence that Resident ID #208's family was contacted, per the physician's order.</p> <p>During a surveyor interview on 1/14/2026 at 11:18 AM, with Resident ID #208's family member, s/he revealed that the facility had not called him/her about testing the resident for COVID or the FLU and indicated that had s/he been called and the resident was symptomatic, s/he would have approved the testing.</p> <p>During a surveyor interview on 1/14/2026 at 11:28 AM, with the DNS, she revealed that the on-call providers write their physician's orders in a progress note and in a document that is scanned to the facility. She revealed that it is the nurse's responsibility to ensure the physician's order is entered into the residents EMR. Further, she revealed that she would have expected staff to call the resident's family to discuss testing him/her and revealed that the notification should be documented in a progress note.</p>	F0658		2/3/2026
F0684 SS = E	<p>Quality of Care</p> <p>CFR(s): 483.25</p> <p>§ 483.25 Quality of care</p> <p>Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a</p>	F0684		

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F0684 SS = E	<p>Continued from page 5 resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on surveyor observation, clinical record review, and staff interview the facility failed to ensure that residents receive treatment and care in accordance with professional standards of practice relative to the care of a central venous catheter (CVC, a long thin tube that is inserted through a vein and passed through to the larger veins into the heart), for 3 of 3 residents reviewed with a CVC, Resident ID #s 23, 161, and 206, and for 1 of 1 resident reviewed for mouth care, Resident ID #2.</p> <p>Findings are as follows:</p> <p>According to Lippincott Nursing Procedures, Ninth Edition page 657, states in part, "...Performing a CVC dressing change...Use a sterile measuring tape or the incremental markings on the catheter to measure the external length of the catheter from hub to skin entry to make sure that the catheter hasn't migrated..."</p> <p>Review of a facility policy titled, "Central Venous Catheter Care and Dressing Changes" dated October 2024 states in part, "...Measure the length of the external central vascular access device with each dressing change or if catheter dislodgement is suspected. Compare with the length documented at insertion...Change the dressing if it becomes damp, loosened or visibly soiled and at least every 7 days...For PICCs [a PICC, a long, flexible catheter that is inserted into a vein in the upper arm. After insertion, the catheter is threaded to a central vein near the heart. The PICC line can be used to deliver fluids and medications], measure arm circumference and compare to baseline when clinically indicated to assess for edema and possible deep- vein thrombosis (DVT- a blood clot (thrombus) that forms in one or more of the deep veins in the body]..."</p> <p>1a. Record review revealed that Resident ID #23 was admitted to the facility on 1/2/2026 with a diagnosis including, but not limited to, bacterial pneumonia.</p> <p>Record review of a hospital document titled "PICC Insertion Record" dated 12/31/2025, revealed the resident had a PICC placed in his/her left arm. The baseline external length of the catheter was 0 centimeters (cm), and the baseline arm circumference</p>	F0684	<p>As a POC for Tag F684:</p> <p>a) Residents ID#23, 161, and 206 have all been successfully discharged. Resident ID#2 is stable and receiving proper mouth care with new orders for mouth/throat solution to be administered twice per day by the nurse.</p> <p>b) We recognize that all residents with central venous access devices (i.e. PICCs) are at potential risk of a similar occurrence and we have since reviewed all residents with a PICC/midline to ensure the orders for care of these devices are being followed per policy and standard of care. We are responding accordingly to any concerns we have identified. We also recognize that residents who are dependent on our staff for (mouth) care are at risk for the same outcome noted by the surveyor (s) and we have made observation of those residents to confirm adequate mouth care is being provided.</p> <p>c) We have completed competency-based training for our nurses regarding the policies, practices, and standards of care related to CAVs (PICCs/Midlines); this is being done now and will be repeated at our annual competency-based training and any time we determine an opportunity for improvement along the way. The Interdisciplinary Team (IDT) will monitor this and review residents and their medical records with</p>	2/13/2026

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F0684 SS = E	<p>Continued from page 6 was 36 cm.</p> <p>Record review revealed a physician's order dated 1/3/2026 to change the PICC dressing on admission and then every 7 days.</p> <p>Further record review failed to reveal evidence that the PICC dressing was changed on admission per the physician's order and the facility policy.</p> <p>Record review revealed a physician's order dated 1/4/2026 to document the baseline mid-upper arm circumference, check arm circumference (a measurement used to monitor for a deep vein thrombosis (DVT, a blood clot) as needed one time only on 1/4/2026.</p> <p>Review of the Medication Administration Record (MAR) for January 2026 revealed the above order to check the arm circumference was completed on 1/4/2026 with an arm circumference of 41 cm, indicating a 5 cm increase from the hospital's measurement.</p> <p>Record review revealed a physician's order dated 1/3/2026 to document the baseline external length of the intravenous (IV) catheter, check external length with each dressing change and as needed in the evening every 7-day(s) and document the external length.</p> <p>Review of the MAR for January 2026 revealed that the above order to check the external length was completed on 1/6/2026 with a documented external length of 7 cm, indicating a 7 cm increase from the hospital's measurement.</p> <p>Record review failed to reveal evidence that the provider was notified that the arm circumference measurement was 5 cm greater than the baseline arm circumference and that the PICC line was documented as migrating 7 cm on 1/6/2026 (displacement of the tip of the catheter from the intended position, increasing the risk for complications such as clot development, infection and vessel perforation) from the initial placement. Furthermore, the record revealed that the resident continued to receive his/her antibiotic 20 times without confirmation that the PICC tip was in the correct location or that the resident did not have a DVT relative to his/her enlarged arm circumstance.</p> <p>During a surveyor interview with the Nurse Practitioner, Staff E, on 1/14/2026 at 11:40 AM, she revealed that she would have expected to have been notified of the changes to the external length of the PICC line catheter as well as the change in arm circumference and acknowledged that she was not</p>	F0684	<p>PICCs/Midlines are the weekly Risk meeting to confirm all elements of care required are being completed timely. We are also completed education for our direct care staff (nurses and CNAs/CMTs) regarding mouth care for those who are dependent on us for mouth care (with a focus on those with G-Tubes/J-Tubes) so that staff understand the importance of routine monitoring of these residents' oral care needs.</p> <p>d) The DNS/designee is responsible for executing this action plan. Routine audits of residents with PICCs/Midlines will be done to ensure all orders related to the care of the line, the site, and the dressing are being completed properly and per MD order. We will also conduct audits for mouth care. The audit findings will be shared with the QAPI Committee monthly. We will review our progress with the QAPI Committee for no less than 3 months; at which time, we will determine the need/frequency of formal audits based on our level of improvement.</p>	2/3/2026

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F0884 SS = E	<p>Continued from page 7 notified of either change for Resident ID #23. She further revealed that if she was aware she would have ordered a chest Xray to confirm that the PICC was correctly placed.</p> <p>1b. Record review revealed that Resident ID #161 was admitted to the facility in December of 2025, with a diagnosis including, but not limited to, urinary tract infection.</p> <p>Record review revealed a physician order dated 1/7/2026 to document the baseline external length of the IV catheter, check external length with each dressing change and as needed one time a day every 7 days.</p> <p>Record review of the January 2026 MAR revealed a physician's order dated 1/7/2026 to change the central line dressing every 7 days and to measure the length. Further record review revealed that the order was signed off as completed on 1/7/2026 with the length documented as "NA."</p> <p>Record review failed to reveal evidence that a baseline external length was documented on 1/7/2026.</p> <p>During a surveyor interview on 1/13/2026 at 1:42 PM with Registered Nurse, Staff D, she acknowledged that the external catheter length was not documented in the resident's record. She further revealed that she changed the resident's dressing and will document the external length that she observed.</p> <p>During a surveyor interview with the Nurse Practitioner, Staff E, on 1/14/2026 at 11:40 AM, she revealed that if the resident has an order to measure the external length of a PICC line catheter, she expects that to be completed.</p> <p>During a surveyor interview with the Director of Nursing Services (DNS) on 1/14/2026 at 12:10 PM, she revealed that she would expect staff to measure and document the external length as ordered and was unable to provide evidence that the external length was documented until it was brought to the facility's attention by the surveyor.</p> <p>1c. Record review revealed that the Resident ID #206 was readmitted to the facility in January of 2026 with diagnoses including, but not limited to, end stage renal failure and protein calorie malnutrition.</p> <p>Record review of the hospital discharge summary titled, "Patient lines/Drains/Airway Status" revealed that the resident had a CVC double lumen internal jugular line</p>	F0884		2/3/2026

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F0684 SS = E	<p>Continued from page 8 (a CVC that is placed in the jugular vein) placed on 12/24/2025 with an initial external catheter length of 0 cm.</p> <p>Record review revealed a physician's order dated 1/7/2026 to change the central line dressing every 7 days and to measure the length of the external catheter.</p> <p>Record review of a nursing progress note dated 1/7/2026 revealed that the dressing to the left chest wall was changed. Further review failed to reveal evidence that a baseline external length was documented on 1/7/2026.</p> <p>Record review of a nursing progress note dated 1/10/2026 marked as a "Late Entry" for 1/8/2026 authored by the Chief Nursing Officer (CNO) states in part, "...chest central line dressing change by nurse OS [On Shift], observed by this writer. Changed due to dressing becoming loose at the edges. Left chest CVC site is clean and dry with no signs of infection. External catheter length is 2 cm. Catheter is sutured in place."</p> <p>During a surveyor interview on 1/15/2026 at 9:34 AM with the CNO, she revealed that she observed the nurse on 1/8/2026 change the dressing and measure the external catheter length at 2 cm. Additionally, she revealed that the catheter was sutured and was not aware that the hospital discharge documents had a measurement of the length at 0 cm. She further acknowledged that a measurement of the external catheter length is to be completed with each dressing change, documented in the medical record, and a change from the hospital record should be reported to the physician.</p> <p>During surveyor interviews with the Physician on 1/15/2026 at 9:09 AM and 9:49 AM he revealed that the external length of the catheter should be completed with each dressing change and would expect to be notified if there is a change. Additionally, he revealed he was not aware of the change in the catheter length on 1/8/2026.</p> <p>2. Review of a facility policy titled, "Mouth Care" last revised in February 2018 states in part, "The purposes [sic] of this procedure are to keep the resident's lips and oral tissues moist, to cleanse and freshen the resident's mouth, and to prevent oral infection...moisten the applicators with the mouthwash solution... Thoroughly wipe the roof of the resident's mouth, inside the cheeks, the tongue, and the teeth with the applicator..."</p>	F0684		2/13/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415084	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/15/2026
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F0684 SS = E	<p>Continued from page 9</p> <p>Record review revealed Resident ID #2 was admitted to the facility in May of 2023 with diagnoses including, but not limited to, cerebrovascular disease (a group of conditions that affect blood flow to the brain) and adult failure to thrive.</p> <p>Record review revealed a physician's order dated 10/10/2024 indicating s/he receives nothing by mouth. Additionally, s/he receives enteral nutrition (a method of delivering liquid nutrition directly into the stomach) via a gastrostomy tube (G-tube-a tube inserted through the abdominal wall directly into the stomach used to provide nutrition, hydration and medications for residents that are unable to take food or fluids by mouth).</p> <p>Review of a care plan focus area dated 6/26/2025 revealed s/he has self-care performance deficits and is dependent on staff for personal hygiene and requires assistance with oral care.</p> <p>Further review revealed the following physician's orders pertaining to oral hygiene:</p> <ul style="list-style-type: none"> -11/10/2023: Mouth care two times each shift -12/4/2023: Biotene artificial saliva apply 2 swabs orally every 4 hours for mouth care <p>Review of an annual oral exam assessment dated 6/23/2025 revealed the resident's tongue appeared pink. Additionally, it revealed the tongue was documented as not coated.</p> <p>Surveyor observations revealed the resident's tongue had a thick brown, fuzzy coating that appeared hardened, blackish brown matter on his/her upper and lower teeth, and malodorous breath on the following dates and times:</p> <ul style="list-style-type: none"> -1/12/2026 at 10:12 AM -1/13/2026 at 12:20 PM, 2:29 PM, 3:13 PM, and 3:48 PM <p>During a surveyor interview immediately following the observation on 1/13/2026 at 3:48 PM with Licensed Practical Nurse, Staff F, she acknowledged the thick brown coating on the resident's tongue and the buildup of blackish brown matter on the resident's upper and lower teeth. She revealed that she has been working at the facility since July of 2025 and indicated the resident's tongue and oral cavity has always appeared that way. She further revealed that she feels mouth</p>	F0684		2/3/2026

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F0684 SS = E	<p>Continued from page 10 care should be completed more than what is ordered, however has not informed the provider. She revealed that she already completed mouth care for the resident earlier in the day at approximately 8:45 AM and 11:45 AM. When the surveyor inquired how she conducts mouth care, she revealed she only utilizes the Biotene solution and a mouth swab. Staff F failed to indicate that she utilizes mouthwash to clean the resident's oral cavity. Further, Staff F acknowledged the resident's malodorous breath that was noticeable to the surveyor despite wearing a surgical mask.</p> <p>During surveyor interviews on 1/14/2026 at approximately 11:10 AM and 12:00 PM with the Nurse Practitioner, Staff E, she revealed that she would expect staff to be providing mouth care according to the facility policy to cleanse the resident's mouth in addition to the applying the Biotene solution.</p> <p>During a surveyor interview on 1/14/2026 at approximately 3:00 PM with the DNS, she revealed that she expects proper mouth care to be completed as ordered.</p> <p>During a surveyor observation on 1/15/2026 at approximately 9:30 AM, the resident's teeth and oral cavity appeared clean, his/her tongue pink and without a coating, and his/her breath without a noticeable foul odor after the concern was brought to the facility's attention by the surveyor.</p>	F0684		2/13/2026
F0759 SS = D	<p>Free of Medication Error Rts 5 Prcnt or More</p> <p>CFR(s): 483.45(f)(1)</p> <p>§483.45(f) Medication Errors.</p> <p>The facility must ensure that its-</p> <p>§483.45(f)(1) Medication error rates are not 5 percent or greater;</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on surveyor observation, clinical record review, and staff interview, the facility failed to ensure that each resident's medication regimen is free from a medication error rate of 5% or greater. Based on 27 opportunities for errors observed during the medication administration task, there were 2 errors resulting in an error rate of 7.41%, involving Resident ID #s 56 and 161.</p>	F0759	<p>As a POC for Tag F759:</p> <p>a) The Lactaid oral tablet is being administered before meals for Resident ID#56. Resident ID#161 has since been discharged.</p> <p>b) We recognize that any resident may be at potential risk of receiving medications outside of the time parameters. We have reviewed our MAR report to ensure that the medications with specified time intervals ordered (i.e. before meals) are being administered in accordance with the order and instructions; we are addressing any issues of concern noted during our audit. We have also reviewed all other residents with orders for IV medications to ensure these medications are not expired and to confirm the flow rate is correct; there were no other issues of concern during our audit.</p>	

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F0759 SS = D	<p>Continued from page 11 Findings are as follows:</p> <p>Review of a facility policy titled, "Administering Medications" last revised in April 2019 states in part, "Medications are administered in a safe and timely manner, and as prescribed."</p> <p>1. Record review for Resident ID #181 revealed a physician's order for ertapenem sodium (an antibiotic) and to infuse 500 milligrams every 24 hours intravenously at a rate of 105 milliliters per hour (ml/hr) for a urinary tract infection.</p> <p>During a surveyor observation of the medication administration task on 1/13/2026 at approximately 1:10 PM with Registered Nurse, Staff D, she began infusing the resident's antibiotic but was asked by the surveyor to pause the infusion. An additional observation revealed the medication had expired on 1/10/2026 and the flow rate was incorrectly set to 100 ml/hr instead of the prescribed flow rate of 105 ml/hr.</p> <p>During a surveyor interview immediately following the above observation with Staff D, she acknowledged the medication was expired and the flow rate was not set as prescribed.</p> <p>2. Record review for Resident ID #56 revealed a physician's order for Lactaid oral tablet and to administer one tablet before meals for lactose intolerance.</p> <p>During a surveyor observation of the medication administration task on 1/14/2026 at approximately 8:55 AM with Certified Medication Technician, Staff G, she administered the Lactaid tablet to the resident.</p> <p>During a follow up surveyor interview on 1/14/2026 at approximately 1:50 PM, she acknowledged administering the Lactaid tablet to the resident after s/he had already eaten his/her breakfast.</p> <p>During a surveyor interview on 1/14/2026 at approximately 3:00 PM with the Director of Nursing Services, she revealed that medications are to be administered as prescribed. She was unable to provide evidence that the facility ensured each resident's medication regimen is free from a medication error rate of 5% or greater.</p>	F0759	<p>c) We have provided education to our nurses regarding the expectations associated with following MD orders and medication administrations safety, related to the time frames that IV medications are to be administered, confirming no expiration, and the proper rate of administration. We will observe the nurses/CMTs during random medication passes to ensure they are administering medications per MD order and the time interval (and rate of IV) indicated. We will also review the MAR report to check times administered and follow-up as necessary.</p> <p>d) The DNS/designee is responsible for ensuring this action plan is executed effectively. We will conduct routine audits of medication observations (med pass) and MAR reports related to specific time intervals to confirm medications are administered at the right times, IV medications are administered at the proper rate, and that no IV medications administered are expired. These audit results will be shared with the QAPI Committee monthly for at least 3 months, after which time, the Committee will re-evaluate the need to formally monitor the issue based on our level of compliance and improvement.</p>	2/3/2026