STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415027	A. Building B. Wing	08/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Adviniacare Pawtucket Pleasant Rehab Center, LLC	544 Pleasant Street Pawtucket, RI 02860

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 0684 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. (continued on next page)

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

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on surveyor observation, record review, and staff and resident interviews, it has been determined that the facility failed to provide treatment and care in accordance with professional standards of practice for 2 of 3 residents reviewed relative to skin conditions, Resident ID #s 111 and 3.Findings are as follows:1) Record review revealed Resident ID #111 was readmitted to the facility in February of 2024 with diagnoses including, but not limited to, diabetes mellitus type 2, morbid obesity, and osteoarthritis. Review of a Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 13 out of 15, indicating intact cognition. During a surveyor interview on 8/12/2025 at 2:30 PM with Resident ID #111, s/he indicated that s/he had black stuff on his/her toes and that s/he had not been seen by the podiatrist in months. The resident further indicated that his/her feet were painful.Record review of a care plan dated 3/27/2024 revealed the resident had the potential for skin alteration related to decreased mobility with interventions including, but not limited to, complete weekly skin checks and to follow the physician's orders for skin care and treatments. Record review revealed the following physician's orders:-3/3/2025- weekly skin evaluation on Fridays during the evening shift, must complete weekly skin monitoring.-6/9/2025- diabetic foot care every evening shift for monitoring Record review of a Weekly Skin Check assessment dated [DATE] revealed that the resident's skin was intact and without foot concerns.Further record review failed to reveal evidence that a Weekly Skin Check assessment was completed on 8/8/2025 as ordered.During a surveyor interview on 8/13/2025 at 2:20 PM with Nursing Assistant (NA), Staff F, she stated that she cared for Resident ID #111 that day and did not observe anything wrong with the resident's feet. During a surveyor observation of the resident's feet on 8/13/2025 at 2:22 PM in the presence of Staff F, a buildup of dark colored tissue and matter was observed on the left great toe and on the right great and second toes. During this observation, Staff F indicated that the resident's feet appear to be normal and have looked like that for over a week, at least. During a surveyor interview on 8/13/2025 at 2:22 PM with Licensed Practical Nurse (LPN), Staff G, she indicated that she was unaware of any skin alterations with Resident ID #111's feet. During a surveyor observation of the resident's feet on 8/13/2025 at 2:23 PM, in the presence of Staff G, she acknowledged the buildup of dark colored tissue and matter. Staff G indicated that she had not been made aware of the skin alterations of the resident's feet until it was brought to her attention by the surveyor. Record review of a podiatry exam note dated 3/31/2025 revealed the resident's skin color was normal with no ulcers, and house lotion was recommended twice daily to both feet to boost skin integrity. Record review failed to reveal evidence that house lotion was being applied to the resident's feet twice daily. During a surveyor interview on 8/13/2025 at 2:27 PM with the Assistant Director of Nursing Services (ADNS), she indicated that she follows the wounds in the facility and that she was not aware of any areas of concern to Resident ID #111's feet. Additionally, she assessed the resident's feet after the surveyor brought the issue to her attention and she acknowledged the buildup of tissue and matter with dark discoloration. Record review revealed the following physician's orders were obtained after the above-mentioned skin alterations were brought to the facility's attention by the surveyor:-Left first toe- cleanse with normal saline, pat dry, apply bacitracin to wound bed followed by a bordered gauze every evening shift for skin alteration care-Right first toe- cleanse with normal saline, pat dry, apply bacitracin to wound bed followed by a bordered gauze every evening shift for skin alteration care-Soak feet at bedtime with warm water, pat dry followed by lotion to feet every evening shift for foot care. Record review revealed the resident was seen by the podiatrist on 8/14/2025, after the alterations of the resident's feet were brought to the facility's attention. Further review revealed ingrown toenails with pyogenic granuloma (a skin condition characterized by a buildup of immune cells that form a localized raised area) and pain were noted on both of the resident's left and right great toes. Further review revealed red, beefy granulation tissue (new tissue that forms on the surface of wounds during the healing process) was noted to the nail fold. Additionally, silver nitrate (a topical chemical compound that is used to cauterize and remove excess granulation tissue) was applied to both nail folds to cauterize the granuloma.During a surveyor interview and observation of the resident's feet on 8/15/2025 at 1:30 PM with the ADNS, she stated that the buildup on the resident's feet would not have occurred if diabetic foot care had been completed daily as ordered. She further noted that the buildup on the resident's right second toe was able to be removed. Additionally, she reported that after the resident received treatment from the podiatrist, new open areas were identified. The open areas were measured as follows: left great toe .5 millimeters (mm)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on surveyor observation, record review, and resident and staff interviews, it has been determined that the facility failed to ensure that a resident received adequate supervision for 1 of 1 resident reviewed who was assessed to be at risk for elopement and failed to ensure that a resident is provided assistive devices to prevent accidents relative to smoking for 1 of 1 resident reviewed, Resident ID #31.Findings are as follows:Record review of a facility policy titled Elopement Prevention dated 10/2022, states in part, .The facility maintains a process to assess all residents for risk for elopement, implement prevention strategies for those identified as an elopement risk, Elopement is the ability of a resident who is not capable of protecting himself or herself from harm to successfully leave the facility unsupervised and unnoticed and who may enter harm's way.interventions that may be used for residents identified at risk for elopement includes.frequent monitoring of the resident's whereabouts to assure he or she remains in the facility.utilize a sign out book on units for all activities off unit.disciplines working with residents who are at risk for elopement will take into consideration to alert other staff member when resident is left unattended.Record review revealed the resident was admitted to the facility in June of 2023 with diagnoses including, but not limited to, schizophrenia (a serious mental health condition that affects how people think, feel and behave), anxiety, and tobacco use.Review of the Minimum Data Set assessment dated [DATE] revealed a Brief Interview for Mental Status score of 0 out of 15, indicating s/he has severely impaired cognition.1a. Record review of an elopement evaluation dated 9/6/2024 revealed the resident scored a two; a score value of one or higher indicates the resident is at risk for elopement. Record review revealed a physician's order dated 6/23/2025 to check the resident's wander guard placement (a device used to monitor and prevent individuals from wandering, particularly in environments where safety is a concern. The device is typically worn as a bracelet or ankle band by the individual, and it is equipped with sensors that trigger alarms or alerts if the person moves beyond a designated area. This helps to ensure that people do not accidentally leave a secure environment or wander into potentially dangerous situations) to right wrist, every shift for safety.Review of a care plan, last updated on 4/4/2024, indicates that the resident is at high risk for elopement due to a pattern of wandering behavior. Interventions to address this risk include, but are not limited to, ensuring the resident is always supervised when outside and the use of a wander guard placed on their right wrist.During a surveyor observation on 8/13/2025 at 8:36 AM, the resident was seen entering the 2nd floor elevator with Staff I, a contracted worker performing maintenance on the building.Immediately following the above observation, the resident was observed by the surveyor on the ground floor level outside of the facility in the rear patio area unsupervised by staff. During this observation another resident alerted Nursing Assistant (NA), Staff F, that Resident ID #31 was outside unsupervised. During a surveyor interview on 8/13/2025 at 11:16 AM with Staff F, she acknowledged that another resident brought to her attention that the resident was outside unsupervised and s/he should not have been.During a surveyor interview on 8/13/2025 at 8:54 AM with Licensed Practical Nurse (LPN), Staff J, she acknowledged that the resident was found outside unsupervised and should not have been. During a surveyor interview with Staff I, he indicated that he escorted the resident to the first floor so s/he could smoke. He further indicated that the resident entered the rear patio area after he entered the code into the wander guard keypad system which disabled the alarm to the external door, to allow the resident outside. Additionally, he indicated he was not aware that the resident required supervision while outside of the facility.1b. Review of a facility policy titled Smoking and Safety Evaluation Last revised 10/2022 states in part, An individualized plan of care should be developed for the resident to ensure their smoking safety based on the outcome of their smoking assessment.Safety equipment such as but not limited to smoking apron will be provided as needed based on the outcome of the residents smoking assessment.residents are not permitted to hold their smoking materials.resident smoking materials will be stored by the facility in a locked area.Review of a Smoking and Safety Evaluation dated 8/5/2025 revealed that the resident is a current smoker and requires the use of a smoking apron when s/he smokes tobacco products.Review of a care plan last revised on 7/19/2025 revealed that the resident is a smoker with interventions including, but not limited to, smoking materials to be held by staff, cigarettes and or lighting material to be given by staff at designated times. During a surveyor observation on 8/13/2025 at 8:40 AM the resident was observed sitting outside the facility on the patio with a cigarette and lighter, s/he lit the cigarette, and was observed to be smoking not utilizing a smoking apron per his/her smoking assessment

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. Based on surveyor observation, and staff and resident interviews, it has been determined that the facility failed to have sufficient nursing staff with the appropriate competencies and skill sets to help prevent the transmission of communicable diseases and infections for 3 of 4 nursing staff, Staff IDs K, L, and M, interviewed regarding contact precautions (infection control measures which require specific personal protective equipment (PPE)); Resident ID #2 requires the use of infection control measures of donning a gown and gloves when entering the resident's room. Findings are as follows:Review of a facility policy titled, Isolation Precautions states in part, .Implement Contact Precautions for residents known or suspected to be infected with microorganisms that can be transmitted by direct contact with the resident or indirect contact with environmental surfaces or resident care items in the resident's environment.Place 'isolation' sign at door of resident's room.Record review revealed Resident ID #2 was readmitted to the facility with a diagnosis including, but not limited to, ESBL (a multidrug resistant organism) infection in the urine.Record review revealed a physician's order dated 8/7/2025 for contact precautions every shift related to ESBL in the urine. During a surveyor observation on 8/14/2025 at approximately 12:00 PM signage on the resident's door stated, Contact Precautions Everyone Must Clean their hands including before entering and when leaving the room. Providers and Staff Must Also: Put on glove before room entry.Put on gown before room entry. During a surveyor observation on 8/14/2025 at 12:10 PM, Nursing Assistant (NA) Staff K, entered Resident ID #2's room without performing hand hygiene and without putting on a gown or gloves. She assisted the resident with his/her glasses then exited the room without performing hand hygiene. She then entered another resident's room across the hall for a short time then re-entered Resident ID #2's room, without performing hand hygiene and without putting on a gown or gloves. While in the room, Staff K went over to Resident ID #2 and was behind the privacy curtain.During a surveyor interview on 8/14/2025 at approximately 12:15 PM with Staff K, she indicated that she was unaware Resident ID #2 was on contact precautions. She further indicated that she did not see the sign indicating the need for contact precautions. Additionally, she acknowledged that the signage on Resident ID #2's door indicates to perform hand hygiene before entering and exiting the room, and to put on a gown and gloves before entering the room. Furthermore, she indicated that she thought contact precautions only required putting on a gown and gloves when touching the resident. During a surveyor interview on 8/14/2025 at 12:01 PM with Certified Medication Technician, Staff L, she indicated that you only need to wear a gown and gloves when touching a resident on contact precautions.During a surveyor interview on 8/14/2025 at 12:16 PM with Licensed Practical Nurse (LPN), Staff M, she was unable to answer any questions relative to contact precautions. During a surveyor interview on 8/14/2025 at 12:30 PM with the Assistant Director of Nursing Services and Infection Preventionist, Staff H confirmed that Staff K, L, and M had completed competencies related to infection control practices. However, she was unable provide evidence these staff members were able to demonstrate knowledge of the appropriate competencies and skills for caring for a resident on contact precautions. Cross Reference F 880

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0825 Level of Harm - Actual harm Residents Affected - Few	Provide or get specialized rehabilitative services as required for a resident. (continued on next page)

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F 0825 Level of Harm - Actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, staff and resident interview, it has been determined that the facility failed to provide specialized rehabilitation services such as physical therapy and occupational therapy, that are required per the resident's comprehensive plan of care for 2 of 2 residents reviewed with a decline in activities of daily living (ADL) functional abilities, Resident ID #s 8 and 42.Findings are as follows: 1. Record review revealed Resident ID #8 was readmitted to the facility in October of 2024 with diagnoses including, but not limited to, hemiplegia (paralysis) and hemiparesis (weakness) of the left non-dominant side following a stroke and left foot drop (the inability to lift the front part of your foot causing it to drag).During a surveyor interview with the resident on 8/13/2025 at 8:49 AM, the resident reported that they had not received therapy in several months and expressed that they are unable to do as much as they were previously able to.Record review of a Quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 15 out of 15, indicating s/he is cognitively intact. Further review revealed the resident was coded as a 6 for functional abilities, indicating s/he does not require assistance for eating, oral and personal hygiene, toileting hygiene, shower/bathing, dressing, and putting on footwear.Record review of a subsequent Quarterly MDS assessment dated [DATE] revealed the resident is now coded as a 4 for functional abilities indicating that s/he requires verbal cues and/or touching/steadying and/or contact guard assistance for eating, oral and personal hygiene, toileting hygiene, shower/bathing, dressing, and putting on footwear. Record review of the care plan revised on 8/4/2025, indicates the resident requires assistance with ADL's related to weakness and stroke with a goal that the resident's ADL status will improve through the next review date. Further review revealed interventions, including, but not limited to, providing one staff member for assistance with personal care, personal hygiene and mouth care and to monitor for changes in status. Record review failed to reveal evidence that a screening for therapy services was completed following an identified decrease in ADL functioning.During surveyor interviews on 8/15/2025 at 9:55 AM and 12:25 PM with the Director of Rehabilitation, Staff A, she revealed that the resident was last discharged from Physical Therapy (PT) and Occupational Therapy (OT) services as of 5/20/2025 and has not received therapy services since. Additionally, she indicated that residents are screened for the need for therapy services during the Quarterly and Annual MDS assessment periods and when nursing notices a decline in residents' functional abilities. Staff A was unable to provide evidence that a therapy screen or referral for therapy was completed after a decline was identified in the Quarterly MDS assessment dated [DATE].2. Record review revealed Resident ID #42 was admitted to the facility in October of 2024 with diagnoses including, but not limited to, urinary retention and coronary artery disease. During a surveyor interview with the resident on 8/13/2025 at 8:50 AM s/he revealed that s/he hasn't had therapy in many months and has not walked. The resident further revealed that s/he wants to walk daily.Record review of an Annual MDS assessment dated [DATE], revealed a BIMS score of 14 out of 15, indicating s/he is cognitively intact. Further review of the MDS failed to reveal evidence that the resident ambulated 10, 50, or 150 feet during the assessment period. Record review of the PT Discharge Summary document dated 6/27/2025 revealed the following short and long-term goals: -Increase the ability to stand supported for 15 minutes to initiate gait activities-Once standing, the resident will improve the ability to safely ambulate 50 feet and make two turns with partial/moderate assistance while using a two-wheeled walker-Once standing, the resident will improve the ability to safely ambulate 150 feet in a corridor with partial/moderate assistance while using a two-wheeled walkerFurther review of the discharge summary document revealed the resident met his/her short and long-term goals and has made consistent progress with skilled interventions. The document indicates that the resident and staff were in-serviced relative to ambulation with contact guard assist and a two-wheeled walker. Additionally, the document indicates the resident's prognosis to maintain his/her current level of functioning is excellent with consistent staff support.Record review of an undated in-service document completed for the resident by the Physical Therapist revealed that a skills demonstration was provided to staff to ambulate the resident with contact guard assistance with a two-wheeled walker, up to 150 feet. During a surveyor interview on 8/13/2025 at approximately 9:00 AM with Licensed Practical Nurse, Staff D, she indicated she was unable to recall the last time the resident ambulated with staff. She further revealed that the last time the resident was assisted with ambulating, s/he was unable to ambulate due to being unsteady and shaking. Additionally, Staff D confirmed that the resident has not had physical therapy since

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to maintain an infection prevention and control program to help prevent the transmission of communicable diseases and infections, relative to staff wearing the appropriate personal protective equipment (PPE) for 1 of 1 resident reviewed with an order for contact precautions (infection control measures which require donning a gown and gloves upon entering the resident's room) for Extended-spectrum beta-lactamase producing bacteria (ESBL- an antibiotic resistant bacteria), Resident ID #2.Findings are as follows:Review of a facility policy titled, Isolation Precautions states in part, .Implement Contact Precautions for residents known or suspected to be infected with microorganisms that can be transmitted by direct contact with the resident or indirect contact with environmental surfaces or resident care items in the resident's environment.Place ‘isolation' sign at door of resident's room.Record review revealed Resident ID #2 was readmitted to the facility in June of 2025 with a diagnosis including, but not limited to, ESBL in the urine. Record review revealed a physician's order dated 8/7/2025 for contact precautions every shift related to ESBL in the urine. During a surveyor observation on 8/14/2025 at approximately 12:00 PM revealed signage on Resident ID #2's door stating, Contact Precautions Everyone Must Clean their hands including before entering and when leaving the room. Providers and Staff Must Also: Put on glove before room entry.Put on gown before room entry.During a surveyor observation on 8/14/2025 at 12:10 PM, Nursing Assistant (NA), Staff K, entered Resident ID #2's room without performing hand hygiene and without putting on a gown or gloves. She assisted the resident with his/her glasses then exited the room without performing hand hygiene. She then entered another resident's room across the hall for a short time then reentered Resident ID #2's room again, without performing hand hygiene and without putting on a gown or gloves. While in the room, Staff K went over to Resident ID #2 and was behind the privacy curtain. During a surveyor interview in 8/14/2025 at approximately 12:15 PM with Staff K, she indicated that she was unaware that Resident ID #2 had an order for contact precautions. She further indicated that she did not see the sign on the door indicating contact precautions were in place. Additionally, she acknowledged that the signage on Resident ID #2's door indicates to perform hand hygiene before entering and exiting, and to put on a gown and gloves before entering the room. Furthermore, she indicated that she thought contact precautions only required putting on a gown and gloves when touching the resident. During a surveyor interview on 8/14/2025 at 12:18 PM with Licensed Practical Nurse (LPN), Staff P, she indicated that Resident ID #2 was actively being treated for ESBL and had an order for contact precautions. Additionally, she indicated that she would expect staff to put on a gown and gloves upon entering the resident's room. During a surveyor interview on 8/14/2025 at 12:30 PM with the Assistant Director of Nursing Services and the Infection Preventionist, Staff H, she acknowledged that Resident ID #2 was actively being treated for ESBL in his/her urine and had a physician's order for contact precautions. Additionally, she indicated that she would expect staff to perform hand hygiene before and after entering a resident's room and put on a gown and gloves upon entering a resident's room. Cross reference F-726