

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  415059	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/23/2026
NAME OF PROVIDER OR SUPPLIER  Adviniacare Orchard, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  135 Tripps Lane East Providence, RI 02915	
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)		
<p>F 0921</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on surveyor observations and staff interviews between 1/22/2026 and 1/23/2026, the facility failed to maintain a safe, functional, sanitary, and comfortable environment for all residents, staff, and the public. Active water leaks from the roof penetrated ceiling tiles and electrical fixtures on the second floor, causing brown water to pool on floors, collect in hallways accessible to cognitively impaired residents, and infiltrate the fire alarm panel. Despite awareness from maintenance, administration, and operations staff, no effective mitigation measures were implemented. These failures resulted in slippery, hazardous conditions, compromised life safety systems, and necessitated an evacuation directed by The Rhode Island Department of Health, placing 125 residents at immediate risk for serious harm or death. Findings are as follows: Review of a community reported complaint submitted to the Rhode Island Department of Health (RIDOH) on 1/22/2026 alleged that the facility's roof was leaking and a large laundry cart and wastebasket full of dirty water was placed outside of a resident's room. During a surveyor observation of the Cortland and [NAME] Units, located on the second floor of the facility, with the Maintenance Assistant, on 1/22/2026 at approximately 11:10 AM, multiple areas within both units were observed with towels placed on the floor. The towels were visibly saturated with brown-colored water. Waste, laundry baskets, and buckets were placed in hallways and outside resident rooms, to collect water from the active leaks. Water was observed leaking from ceiling tiles and overhead light fixtures. [NAME] water staining was present on numerous ceiling tiles and wall surfaces. Floor surfaces were noted to be wet and slippery, especially around the water collection buckets. Further, many residents were observed to be sitting or ambulating near the active leaks and containers collecting the water. During a surveyor interview, immediately following the above observation, with the Maintenance Assistant, he acknowledged the leaking water on the second floor and indicated that it was leaking from the roof. He revealed that the leak had started the day prior and he had been instructed to remove the snow from the roof to prevent a continuous leak but stated that he had not removed it yet. During a surveyor interview on 1/22/2026 at 11:23 AM, with the Administrator, she acknowledged the water leaks on the second floor and revealed that the leak had become progressively worse throughout the morning, and the facility was in the process of obtaining a quote to have the roof fixed. During a surveyor interview on 1/22/2026 at 11:54 AM, with the Director of Operations, in the presence of the Administrator, he revealed that the leaking water was coming from the roof and indicated that they had placed a call to a contractor to assess the damage and fix the roof. Further, he revealed that he knew where the leak was coming from, however, he was unable to provide evidence of any immediate interventions that were put in place to mitigate the leak and ensure the environment is safe, functional, sanitary and comfortable for all residents, staff, and the public. During a surveyor observation on 1/22/2026 at 12:30 PM, the following individuals were dispatched and arrived at the facility to evaluate the situation: East Providence Fire Department, Chief of Fire</p> <p>(continued on next page)</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 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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 415059
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<p>F 0921</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>for East Providence, East Providence Fire Marshall, Emergency Medical Services Coordinator and the Lieutenant Fire Prevention Coordinator. At this time, a directive was given by the City Fire Marshall to have the facility inspected by the following entities to determine if it was safe for all residents, staff, and the public: an electrical inspector, a roof inspector, a building inspector, and Servpro (a company that specializes in cleanup and restoration solutions). During a surveyor interview on 1/22/2026 at 3:00 PM, with RIDOH leadership, an order was given by the Director to evacuate the second floor of the facility, due to the water damage, active leaks, and to ensure that no residents remain on the affected units. During a surveyor interview on 1/22/2026 at 4:15 PM, with the City Fire Marshall, he revealed that the facility's fire panel on the second floor was noted to have water inside the panel. He indicated that the fire panel appears to have been tampered with. Due to these concerns, a fire watch was established at the facility by the East Providence Fire Department, to ensure all remaining residents were safe. During a follow-up surveyor interview on 1/22/2026 at 5:00 PM, with RIDOH leadership, a decision was made to evacuate the entire facility, as the health and safety of all residents and staff were at risk. All second-floor residents were evacuated on 1/22/2026 and the remainder of residents were to be evacuated on 1/23/2026. On 1/23/2026 the surveyor toured the second floor of the facility at approximately 12:10 AM and confirmed that all residents had been evacuated. Further, on 1/23/2026 at 10:20 PM, the surveyor toured the entire facility and confirmed that all residents had been evacuated. The facility failed to maintain a safe, functional, sanitary, and comfortable environment for residents, staff, and the public. This failure resulted in active water leaking from electrical fixtures and the placement of water collection containers in resident care areas, including areas accessible to residents with mild to severe cognitive impairments. Additionally, water intrusion into the second-floor fire panel led to the panel potentially being compromised and deactivated for resident rooms on the affected units. These conditions placed residents at risk for serious injury, serious harm, serious impairment, or death.</p>		