| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 415084 | A. Building<br>B. Wing | 12/17/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| Elmhurst Rehabilitation and Healthcare Center | 50 Maude Street<br>Providence, RI 02908 |

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) |
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| F 0557<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on surveyor observation, clinical record review, staff and resident interviews, the facility failed to treat a resident with respect and dignity, for 1 of 1 resident reviewed, Resident ID# 1.Findings are as follows:Record review of a facility reported incident received by the Rhode Island Department of Health on 12/11/2025 revealed that the resident reported that Nursing Assistants, Staff A and B had been rude during care. In addition, s/he reported that when s/he asked Staff B for his/her phone she responded, I do not care about your F [Explicit] phone. Record review revealed that the resident was admitted to the facility in November of 2025 with diagnoses including but not limited to, anxiety, depression and heart failure. Review of an admission Minimum Data Set assessment dated [DATE] revealed a Brief Interview for Mental Status score of 15 out of 15 indicating intact cognition, is frequently incontinent of bowel and bladder, and requires substantial to maximum assistance of staff for toileting.Record review of a care plan initiated on 11/21/2025 revealed a focus area indicating that the resident has a deficit in performance of Activities of Daily Living (ADL) and requires assistance of two staff members for turning and repositioning. Record review of the progress notes dated 12/11/2025 at 3:09 AM authored by Licensed Practical Nurse, Staff C, revealed that a staff member overheard the resident on the phone speaking to someone stating that s/he feared for his/her life at this facility because s/he was being threatened.Record review of the facility incident investigation revealed the following:-An unsigned written statement provided by the resident's roommate, Resident ID #2, that revealed that s/he overheard a verbal dispute between Resident ID #1 and Staff A and B. In addition, s/he revealed that when the resident asked Staff B to please get his/her phone, Staff B responded, I do not give a F [Explicit] about your phone. S/he further revealed that s/he heard Staff A stating calm down to Staff B.-An unsigned written statement provided by Staff B that revealed she told the resident, I don't care about your phone and that s/he can look for the phone him/herself. -An employee performance improvement notification dated 12/12/2025 revealed that Staff B received a verbal notice for an employee conduct rule violation that included, unsatisfactory performance, insubordination, refusing or disrespectful conduct and violation of company policy. During a surveyor interview on 12/17/2025 at 12:50 PM with the resident, s/he revealed that is s/he is afraid of the staff that works on the night shift and gets nervous when they open the door as s/he thinks that s/he is going to see Staff A and B's faces. S/he further revealed that when staff comes into his/her room they should be more approachable and not threatening because if s/he is calling for help it is because s/he needs them as s/he is unable change his/her incontinence brief without their help.During a surveyor interview on 12/17/2025 at 3:51 PM with the Director of Social Work, she was unable to provide evidence that Staff A and B treated Resident ID #1 with dignity and respect.During a surveyor interview on 12/17/0252 at and 4:44 PM with the Administrator, she was unable to provide evidence that Staff A and B treated Resident ID #1 with dignity and respect. |

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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