| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 415020 | A. Building<br>B. Wing | 09/09/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Grandview Center | 100 Chambers Street<br>Cumberland, RI 02864 |

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 0627<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge.<br><br>(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 |
|---|---|---|
| | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 415020 | A. Building<br>B. Wing | 09/09/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Grandview Center | 100 Chambers Street<br>Cumberland, RI 02864 |

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 0627<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interview, it has been determined that the facility failed to ensure that residents who are appealing a discharge from the facility remain or return to the facility pending their appeal for 1 of 1 resident reviewed, Resident ID #2.Findings are as follows:Review of a community reported complaint submitted to the Rhode Island Department of Health on 8/4/2025, alleged that Resident ID #2 was admitted to the hospital, but Grandview would not accept the resident back. The complainant stated, I have no ramp here and no one to help me. Furthermore, the complaint alleges that an appeal was filed for an eviction notice issued on July 18th to The Executive Office of Health and Human Services, and the family was under the impression that the facility could not discharge the resident while in an active appeal. The complainant alleged that the family did not have the appropriate time to resolve the resident's Medicaid issues because it had only just been cancelled on July 9th. The resident and family were seeking legal counsel as well as trying to manage the resident's extensive medical issues.Record review revealed that Resident ID #2 was readmitted to the facility in July of 2025 with diagnoses including, but not limited to, end stage renal disease and dependence on renal dialysis (a process where a machine filters waste from the blood three times a week).Further record review revealed the resident required routine dressing changes to a right transmetatarsal amputation (removal of all or part of the forefoot) site and other diabetic ulcers.Record review revealed a recertification form dated 7/15/2025, for Resident ID #2, which states, I certify that post-hospital SNF [skilled nursing facility] care is required on behalf of the above named patient that, as a practical matter can only be provided in a SNF. The SNF care is needed on a daily basis for Skilled Rehab. Skilled Nursing.Teaching and Training.Observation & Assessment.Management & Evaluation.I estimate the additional period of SNF care will be 30 days. signed by the provider on 7/15/2025. Record review revealed a document titled [NAME] ISLAND DEPARTMENT OF HUMAN SERVICES PRE-TRANSFER OR PRE-DISCHARGE 30 DAY NOTICE dated 7/18/2025, revealed the resident was notified that s/he would be discharged from the facility in 30 days due to not having an active payer. Additionally, the document stated the resident had the right to appeal this discharge.Review of a document titled [NAME] ISLAND DEPARTMENT OF HUMAN SERVICES REQUEST FOR A HEARING revealed that on 7/28/2025 the resident was requesting an appeal of the discharge.Record review revealed the resident was discharged and admitted to an acute care hospital on 7/29/2025.Review of the hospital documentation dated 8/2/2025, revealed that the family wanted to be contacted as the family felt they could not care for Resident ID #2 at home and is requesting long term placement. The family voiced the inability to care for the resident at home as the resident needs more care than the family can provide. The family stated there are stairs to enter the home and the resident requires wheelchair at this time, and needs time for ramps to be installed. Further review of the hospital documentation revealed the resident was sent home from the hospital with his/her family on 8/6/2025.Review of the facility census on 9/9/2025 failed to reveal evidence that Resident ID #2 returned to the facility while appealing his/her discharge.During a surveyor interview with the Administrator on 9/9/2025 at 10:11 AM, she revealed that the resident was presented with a 30-day notice of discharge on [DATE] due to not having an active payor. Additionally, she acknowledged that the resident submitted an appeal of the discharge. Furthermore, she acknowledged that the resident was sent to the hospital on 7/29/2025 and did not return to the facility despite being in an active appeal of the resident's discharge. She was unable to provide evidence that the resident's right to return to the facility pending an appeal of the discharge was provided. |