

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415023	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/15/2025
NAME OF PROVIDER OR SUPPLIER Sunny View Nursing Home Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 83 Corona Street Warwick, RI 02886	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46338</p> <p>Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to provide the necessary services to a resident who is unable to carry out activities of daily living relative to weekly scheduled showers for 4 of 4 residents reviewed, Residents ID #s 1, 3, 4, and 5.</p> <p>Findings are as follows:</p> <p>Record review of a community reported complaint sent to the Rhode Island Department of Health on 1/10/2025 alleged that Resident ID #1 was not receiving the appropriate care at the facility.</p> <p>1. Record review revealed Resident ID #1 was admitted to the facility in December of 2024 with a diagnosis including, but not limited to, multiple fractures of the ribs.</p> <p>Review of the Admission Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 15 out of 15, indicating intact cognition. Additionally, s/he is coded as dependent on staff for his/her activities of daily living (ADLs) and indicated that showers are somewhat important to him/her.</p> <p>During a surveyor interview on 1/14/2025 at 11:31 AM with the resident, s/he revealed that s/he is frustrated with the care provided to him/her at the facility. Additionally, s/he revealed that s/he is scheduled to receive a shower once a week, every Friday on the 3:00 PM to 11:00 PM shift, but s/he has to fight for it. Further, s/he indicated that s/he has received only 2 out of 5 scheduled showers since his/her admission because s/he missed the showers on 12/13, 12/20 and 12/27/2024.</p> <p>Record review of the shower schedule revealed that Resident ID #1 is to receive a shower every Friday on the 3:00 PM to 11:00 PM shift. Further record review failed to reveal documentation that s/he received a shower on the above-mentioned dates.</p> <p>During a surveyor interview on 1/14/2025 at 1:47 PM with Nursing Assistant (NA), Staff A, she revealed that she is Resident ID #1's primary NA on the first shift. Additionally, she indicated that Resident ID #1 had asked her for a shower in the morning approximately 2 weeks ago, but she had told the resident that she was unable to assist him/her because s/he is scheduled for an evening shower. Further, Staff A indicated that she does not know if the resident received a shower during the evening shift because the facility does not require documentation of the residents' showers.</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
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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. Record review revealed Resident ID #3 was admitted to the facility in January of 2025 with a diagnosis including, but not limited to, retinitis pigmentosa (genetic disease that causes progressive vision loss).</p> <p>Review of the Admission MDS assessment dated [DATE] revealed a BIMS score of 13 out of 15, indicating intact cognition.</p> <p>During a surveyor observation on 1/15/2025 at approximately 12:30 PM, Resident ID #3 was overheard complaining to another resident that s/he has not received a shower in days.</p> <p>During a surveyor interview on 1/15/2025 at approximately 1:00 PM with Resident ID #3, s/he revealed that s/he needs a shower and wants to be cleaned. Additionally, s/he asked the surveyor, would you want to go 5 days washing your face with a face cloth only and no shower? Further, s/he indicated that s/he wants a shower, but no one wanted to provide him/her with one because s/he is scheduled once a week.</p> <p>Record review of the resident's shower schedule revealed that s/he is to receive a shower every Tuesday on the 7:00 AM to 3:00 PM shift. Additional record review failed to reveal documentation when s/he last had a shower.</p> <p>During a surveyor interview on 1/15/2025 at approximately 1:15 PM, with NA, Staff B, she indicated that a shower is given once a week. Additionally, she indicated that they do not document when the resident receives a shower and was unable to provide evidence on when Resident ID #3 had last had a shower.</p> <p>Review of a nursing progress note dated 1/15/2025 at 1:37 PM revealed that a shower will be offered to the resident before bedtime, after it was brought to facility's attention by the surveyor.</p> <p>3. Record review revealed Resident ID #4 was admitted to the facility in September of 2024 with a diagnosis including, but not limited to, depression.</p> <p>Review of the Quarterly MDS assessment dated [DATE] revealed a BIMS score of 13 out of 15, indicating intact cognition. Additionally, s/he is coded as dependent on staff for his/her ADLs and indicated that showers are very important to him/her.</p> <p>During a surveyor interview on 1/15/2025 at approximately 2:00 PM, with Resident ID #4, s/he revealed that s/he does not get showers. Additionally, s/he indicated that s/he cannot remember the last time s/he had a shower but would like to have one.</p> <p>Record review of Resident ID #4's shower schedule revealed that s/he is to receive a shower once a week, every Friday during the 7:00 AM to 3:00 PM shift.</p> <p>Further record review failed to reveal evidence that the resident was provided a shower within the last month.</p> <p>4. Record review revealed Resident ID #5 was admitted to the facility in March of 2024 with a diagnosis including, but not limited to, history of falling.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the Quarterly MDS assessment dated [DATE] revealed a BIMS score of 15 out of 15, indicating intact cognition. Additionally, s/he was coded as needing some assistance from staff for his/her ADLs and receiving showers is somewhat important to him/her.</p> <p>During a surveyor interview on 1/15/2025 at 11:57 AM, Resident ID #5, s/he revealed that s/he gets a shower once a week but would like to have one at least twice a week. Additionally, s/he indicated that sometimes s/he must ask the staff to give him/her a shower.</p> <p>During a surveyor interview on 1/15/2025 at 12:03 PM with Licensed Practical Nurse, Staff C, she revealed that there is a shower schedule provided to the NAs with their assignments, however no documentation is required by the facility when a shower is given.</p> <p>During surveyor interviews on 1/14/2025 at approximately 2:47 PM with the DNS in the presence Administrator and on 1/15/2025 at approximately 3:00 PM with the DNS, she was unable to provide evidence that the above residents received their scheduled showers. Additionally, she indicated that she would expect the staff to accommodate the residents when they missed their scheduled shower days or requested additional showers. She also acknowledged that the facility does not currently document when a resident receives a shower.</p>		