## Department of Health & Human Services Centers for Medicare & Medicaid Services

Printed: 07/31/2025 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  NAME OF PROVIDER OR SUPPLIE Sunny View Nursing Home Inc	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415023	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing  STREET ADDRESS, CITY, STATE, ZI 83 Corona Street	(X3) DATE SURVEY COMPLETED 05/06/2025 P CODE		
		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)				
F 0658	Ensure services provided by the nursing facility meet professional standards of quality.				
Level of Harm - Minimal harm	47939  Based on record review and staff interview, it has been determined that the facility failed to meet professional standards of quality for 2 of 3 residents reviewed for physician's orders, Resident ID #s 1 and 3.				
or potential for actual harm  Residents Affected - Few					
	Findings are as follows:				
	Mosby's 4th Edition, Fundamentals of Nursing, page 314 states, The physician is responsible for directing medical treatment. Nurses are obligated to follow physician's orders unless they believe the orders are in error or would harm the clients.  Record review of a community reported complaint submitted to the Rhode Island Department of Health on 5/5/2025 alleged that Resident ID #1 was complaining of abdominal pain and was observed with large purple bruising extending from his/her upper chest to the upper abdomen.  1. Record review revealed Resident ID #1 was admitted to the facility in February of 2025 with diagnoses including, but not limited to, altered menial status and a fall.  Record review revealed a physician's order dated 3/6/2025 to complete a weekly skin evaluation and document the findings under observations.				
	Record review of the April 2025 Medication Administration Record (MAR) revealed the weekly skin evaluation was signed off as completed on 4/26/2025.				
	Record review of the Weekly Skin Evaluation Observations and progress notes failed to reveal evidence that the weekly skin assessment was completed and documented on 4/26/2025, although it was signed off as being completed on the MAR.				
	Record review revealed Resident ID #3 was admitted to the facility in April of 2025 with diagnoses including, but not limited to, Parkinson's Disease, dementia, and fracture of the nasal bones.				
	Record review revealed a physician's order dated 4/27/2025 to complete a weekly skin evaluation and document the findings under observations.				
	Record review of the April and May 2025 MAR revealed the weekly skin evaluations were signed off as completed on 4/28/2025 and 5/5/2025.				
	(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

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 415023

If continuation sheet Page 1 of 2

## Department of Health & Human Services Centers for Medicare & Medicaid Services

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			10. 0930-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415023	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2025
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 con	tact 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 0658  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Record review of the Weekly Skin the weekly skin assessments were were signed off as being completed During a surveyor interview on 5/6/	Evaluation Observations and progress completed and documented on 4/28/2	notes failed to reveal evidence that 025 and 5/5/2025, although they lursing Services, she was unable to