| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 415023 | A. Building<br>B. Wing | 03/12/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Sunny View Nursing Home Inc | 83 Corona Street<br>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 0582<br><br>Level of Harm - Potential for minimal harm<br><br>Residents Affected - Some | Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.<br><br>46118<br><br>Based on record review and staff interview, it has been determined that the facility failed to properly provide notice to residents and/or representatives informing when changes in coverage are made to items and services covered by Medicare and/or the state medical plan related to the Skilled Nursing Facility Advanced Beneficiary Notice (SNFABN) of Non-coverage Form for 4 of 5 residents discharged with Medicare Part A Services, Resident ID #s 294, 295, 296, and 297.<br><br>Findings are as follows:<br><br>Review of the Center for Medicare and Medicaid Services (CMS) Form, CMS 100-55, titled Form Instructions Skilled Nursing Facility Advanced Beneficiary Notice of Non-coverage, states in part, Medicare requires SNFs [Skilled Nursing Facilities] to issue the SNFABN to Original Medicare, also called fee-for-service (FFS) beneficiaries prior to providing care that Medicare usually covers, but may not pay for in this instance because the care is:<br><br>- not medically reasonable and necessary.<br><br>- or considered custodial.<br><br>The SNFABN provides information to the beneficiary so that s/he can decide whether or not to get the care that may not be paid for by Medicare and assume financial responsibility. SNFs must use the SNFABN when applicable for SNF Prospective Payment System services (Medicare Part A) .<br><br>1. Record review revealed that Resident ID #294's last covered day of Medicare Part A Services was on 12/5/2024. Further record review failed to reveal evidence that the resident and/or his/her representative was issued the SNFABN form.<br><br>2. Record review revealed that Resident ID #295's last covered day of Medicare Part A Services was on 11/11/2024. Further record review failed to reveal evidence that the resident and/or his/her representative was issued the SNFABN form.<br><br>3. Record review revealed that Resident ID #296's last covered day of Medicare Part A Services was on 2/18/2025. Further record review failed to reveal evidence that the resident and/or his/her representative was issued the SNFABN form.<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 |
|---|---|---|---|
| | 415023 | A. Building<br>B. Wing | 03/12/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Sunny View Nursing Home Inc | 83 Corona Street<br>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 0582<br><br>Level of Harm - Potential for minimal harm<br><br>Residents Affected - Some | 4. Record review revealed that Resident ID #297's last covered day of Medicare Part A Services was on 12/29/2024. Further record review failed to reveal evidence that the resident and/or his/her representative was issued the SNFABN form.<br><br>During a surveyor interview on 3/12/2025 at 8:35 AM with the Administrator, she indicated that Resident ID #s 294, 295, 296, and 297 should have been issued a SNFABN form and was unable to provide evidence that a SNFABN form was completed. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 415023 | A. Building<br>B. Wing | 03/12/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Sunny View Nursing Home Inc | 83 Corona Street<br>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 0625<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.<br><br>43987<br><br>Based on record review and staff interview, it has been determined that the facility failed to provide written information to the resident or resident's representative that specifies the facility's bed-hold payment policy upon transfer to the hospital from the facility for 1 of 2 residents reviewed, Resident ID #42.<br><br>Findings are as follows:<br><br>Record review of a facility policy titled, Bed Hold Notification upon Transfer for hospitalization or upon Taking Therapeutic Leave revealed in part, .Procedure: Whenever a resident is sent to the hospital or takes a therapeutic leave as required by state and federal regulations. Procedure: A copy of the Resident Bed Hold Notice .is to be filled out with the resident's name and the date and time of the hospital transfer by the charge nurse who is preparing the transfer papers .Emergency transfer: a. A copy of the resident's Bed Hold Notice is to be attached to the resident's interagency transfer papers by the charge nurse .b. The person who is responsible for notifying the representative of the emergency transfer .will review the Resident Bed Hold Notice at the time and obtain .representative's decision concerning bed hold at that time .c. The representative response documentation is to be kept in the resident's medical record .<br><br>Record review revealed that the resident was admitted to the facility in December of 2024 with a diagnosis including, but not limited to, congestive heart failure (a condition when the heart muscle is weakened and cannot pump blood effectively).<br><br>Record review of the progress notes revealed that the resident was transferred to the hospital on December 16th, 2024.<br><br>Further record review failed to reveal evidence that a bed hold policy was offered upon transfer to the hospital for Resident ID #42.<br><br>During a surveyor interview on 3/11/2025 at 1:56 PM with the Administrator, she acknowledged that a bed hold notification was not completed, as required. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 415023 | A. Building<br>B. Wing | 03/12/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Sunny View Nursing Home Inc | 83 Corona Street<br>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 0676<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37158<br><br>Based on record review and staff interview, it has been determined that the facility failed to ensure a resident is given the appropriate treatment and services to maintain his or her ability to carry out activities of daily living, for 1 of 1 resident reviewed with unwanted facial hair, Resident ID #94.<br><br>Findings are as follows:<br><br>Record review revealed the resident was admitted to the facility in January of 2025 with diagnoses including, but not limited to, pelvic fracture and osteoarthritis (a form of arthritis, commonly affecting the joints in the hands).<br><br>Record review of an Admission Minimum Data Set (MDS) assessment dated [DATE] revealed the resident required supervision or touching assistance for personal hygiene. Further review revealed that assistance may be provided throughout the activity or intermittently.<br><br>Surveyor observations on 3/10/2025 at 9:34 AM and 3/11/2025 at approximately 1:00 PM, revealed the resident was observed to have a moderate amount of facial hair to his/her chin, approximately a half an inch in length.<br><br>During a surveyor interview immediately following the observation on 3/11/2025 at 1:01 PM with the resident, s/he revealed that they used to shave their chin, but has since lost his/her razor. The resident further revealed that no one at the facility has assisted them with shaving and that s/he would like their facial hair shaven.<br><br>During a surveyor interview on 3/11/2025 at approximately 1:15 PM with Nursing Assistant, Staff A, she indicated that she should have assisted the resident with shaving.<br><br>During a surveyor interview on 3/11/2025 at 1:21 PM with Registered Nurse, Staff B, after observing the resident, she acknowledged the resident's facial hair. Additionally, she indicated that shaving is part of resident care.<br><br>During a surveyor interview on 3/11/2025 at approximately 2:00 PM with the Director of Nursing Services, she acknowledged that the resident should have been assisted with shaving. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 415023 | A. Building<br>B. Wing | 03/12/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Sunny View Nursing Home Inc | 83 Corona Street<br>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 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide appropriate treatment and care according to orders, resident's preferences and goals.<br><br>37158<br><br>Based on record review and staff interview, it has been determined that the facility failed to ensure that residents receive treatment and care in accordance with professional standards of practice, for 1 of 2 residents reviewed for hospitalization , Resident ID #7.<br><br>Findings are as follows:<br><br>Record review revealed the resident was readmitted to the facility in October of 2024 following a hospital stay where s/he was diagnosed with a fecal impaction (hardened stool accumulated in the rectum) and a urinary tract infection.<br><br>Record review of the provider's progress note dated 10/19/2024 states in part, .Re-admission History and Physical .at [hospital], 9 cm [centimeter] ball of stool manually removed from resident, enema and bowel meds given .<br><br>Record review of the physician's orders revealed an order dated 3/3/2022 which included the following:<br><br>Bowel Protocol<br><br>1. Administer the Prune Juice if no bowel movement (BM) in 2 days<br><br>2. Give Milk of Magnesia (MOM) suspension by mouth for no BM in 3 days<br><br>3. Administer Dulcolax Suppository per rectum (PR) if no results from MOM by the next shift<br><br>4. Administer Fleet Enema PR if no results from suppository<br><br>5. Call the provider if there was no results from enema<br><br>Record review of the bowel record documentation revealed the following:<br><br>- 9/25/2024 through 10/15/2024 - revealed the resident had a medium BM on 9/25/2024. Documentation failed to reveal evidence that the resident had a subsequent BM until 10/2/2024, indicating s/he went 6 days without a BM.<br><br>- 10/2/2024 through 10/3/2024 - revealed the resident had a BM on both days, however s/he did not have a subsequent BM until 10/7/2024, indicating the resident went without a BM for 3 days.<br><br>- Documentation after 10/7/2024 failed to reveal evidence that the resident had a BM until 10/12/2024, indicating the resident went 4 days without a BM.<br><br>- 10/12/2024 through 10/15/2024 failed to reveal evidence that the resident had a BM since 10/12/2024, indicating the resident went 3 days without a BM.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 415023 | A. Building<br>B. Wing | 03/12/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Sunny View Nursing Home Inc | 83 Corona Street<br>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 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Record review of the September and October 2024 Medication Administration Records (MARs), failed to reveal evidence that the resident was administered any of the bowel protocol medications from 9/26/2024 through 10/15/2024, as ordered.<br><br>Record review revealed the resident was transferred to the hospital on 10/15/2024.<br><br>During a surveyor interview on 3/12/2025 at 9:19 AM with Registered Nurse, Staff D, she was unable to provide evidence that the bowel protocol orders were administered according to the physician's order.<br><br>During a surveyor interview on 3/12/2025 at 2:02 PM with the Director of Nursing Services, she revealed that the bowel protocol orders were not implemented according to the physician's order. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 415023 | A. Building<br>B. Wing | 03/12/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Sunny View Nursing Home Inc | 83 Corona Street<br>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 0686<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide appropriate pressure ulcer care and prevent new ulcers from developing.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45855<br><br>Based on record review and staff interview, it has been determined that the facility failed to ensure that residents with pressure ulcers receive the necessary treatment and services, consistent with professional standards of practice, to promote healing for 1 of 3 residents reviewed with a pressure ulcer (skin and tissue injuries caused by constant pressure to a specific area of the body), Resident ID #196.<br><br>Findings are as follows:<br><br>Record review revealed the resident was admitted to the facility in January of 2025 with a diagnosis including, but not limited to, pressure ulcer with unspecified stage.<br><br>Record review of the wound specialist assessment dated [DATE] revealed the resident developed a stage 3 pressure wound (full-thickness skin loss where subcutaneous fat is visible) to the right ischium (lower back part of the hip bone).<br><br>Further record review revealed a dressing treatment recommendation dated 3/4/2025 to apply a foam silicone dressing (a type of wound dressing) three times, weekly.<br><br>Record review of a nursing progress note dated 3/5/2025 revealed that above treatment recommendation was reviewed by a provider and an order for the above recommendation was to be put in place.<br><br>Record review of the March 2025 Treatment Administration Record failed to reveal evidence that the above treatment recommendation was implemented from 3/4/2025 until 3/11/2025, indicating that the resident did not have a treatment in place for his/her Stage 3 pressure wound for 7 days.<br><br>During a surveyor interview on 3/12/2025 at 12:19 PM with the Director of Nursing Services, she acknowledged that the foam dressing treatment was not implemented until 7 days after the resident was seen by the wound specialist. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 415023 | A. Building<br>B. Wing | 03/12/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Sunny View Nursing Home Inc | 83 Corona Street<br>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 0730<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Observe each nurse aide's job performance and give regular training.<br><br>46118<br><br>Based on record review and staff interview, it has been determined that the facility failed to complete an annual performance review for every nurse aide (NA) at least once every 12 months for 4 of 4 NA personnel records reviewed, Staff E, F, G, and H.<br><br>Findings are as follows:<br><br>Record review of the personnel files failed to reveal evidence that an annual performance evaluation was completed for the following NA's:<br><br>-Staff E with a date of hire of 5/30/2023<br><br>-Staff F with a date of hire of 9/27/2021<br><br>-Staff G with a date of hire of 7/19/2021<br><br>-Staff H with a date of hire of 4/16/2023<br><br>During a surveyor interview on 3/12/2025 at approximately 10:00 AM with the Administrator, she was unable to provide evidence of a completed performance evaluation within the last 12 months for Staff E, F, G, and H. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 415023 | A. Building<br>B. Wing | 03/12/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Sunny View Nursing Home Inc | 83 Corona Street<br>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 0760<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure that residents are free from significant medication errors.<br><br>37158<br><br>Based on record review and staff interview, it has been determined that the facility failed to ensure residents are free of any significant medication errors for 1 of 1 resident reviewed who was receiving the medication Victoza (an injectable medication prescribed to help lower blood sugars), Resident ID #30.<br><br>Findings are as follows:<br><br>Record review revealed the resident was admitted to the facility in January of 2024 with a diagnosis including, but not limited to, type 2 diabetes mellitus (high blood sugar caused by the body's inability to produce enough insulin).<br><br>During the Resident Council Meeting on 3/11/2025 at 1:30 PM, it was revealed that Resident ID #30 did not receive his/her Victoza injection this past weekend.<br><br>Record review revealed the following physician's orders:<br><br>-7/3/2024 Humalog Insulin (insulin lispro) insulin pen; 100 unit/milliliter (mL); Amount to Administer: Per Sliding Scale; If Blood Sugar is less than 70, call MD. If Blood Sugar is 200 to 249, give 2 Units. If Blood Sugar is 250 to 300, give 4 Units. If Blood Sugar is 301 to 350, give 6 Units. If Blood Sugar is 351 to 400, give 8 Units. If Blood Sugar is greater than 400, call MD (medical doctor).<br><br>-12/4/2024 for Victoza pen injector; 0.6 mg/0.1 mL (18 mg/3 mL); amt: 1.8 milligrams (mg) subcutaneous daily in the PM.<br><br>Record review of the March 2025 Medication Administration Record (MAR) failed to reveal evidence that the Victoza medication was administered on 3/8/2025 or 3/9/2025 as ordered. Further review of the MAR revealed the medication was unavailable and that the medication was ordered from the pharmacy on 3/8/2025.<br><br>Additional review of the MAR revealed the following elevated blood sugars (BS) and dates and times when the resident was administered extra units of insulin:<br><br>-3/9/2025 between 11 AM - 1 PM, the resident's BS was 400, 8 units of insulin per the sliding scale.<br><br>-3/10/2025 between 11 AM - 1 PM, the resident's BS was 540, an extra 6 units of insulin was ordered, in addition to the sliding scale for a total dose of 14 units.<br><br>-3/11/2025 between 11 AM - 1 PM, the resident's BS was 416, an extra 4 units of insulin was ordered, in addition to the sliding scale for a total dose of 12 units.<br><br>Record review of the nursing progress notes failed to reveal evidence that the provider was notified that the Victoza was unavailable for administration on 3/9/2025.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 415023 | A. Building<br>B. Wing | 03/12/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Sunny View Nursing Home Inc | 83 Corona Street<br>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 0760<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | During a surveyor interview on 3/12/2025 at 1:27 PM with a pharmacy staff member, she revealed that there was no record that the Victoza medication was ordered until 3/10/2025.<br><br>During a surveyor interview on 3/12/2025 at approximately 2:45 PM with Licensed Practical Nurse, Staff I, she revealed that she did not notify the provider on 3/9/2025 that the Victoza was not available for administration.<br><br>During a surveyor interview with the Director of Nursing Services on 3/12/2025 at 1:54 PM and at 3:00 PM, she acknowledged that the resident did not receive his/her Victoza on 3/8 and 3/9/2025 as ordered. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 415023 | A. Building<br>B. Wing | 03/12/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Sunny View Nursing Home Inc | 83 Corona Street<br>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 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46118<br><br>Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety, relative to the main kitchen and the main dining room.<br><br>Findings are as follows:<br><br>1. Review of the Rhode Island Food Code, 2018 Edition, section 3-501.17 states in part, .(B) .refrigerated, ready-to-eat time/temperature control for safety food .shall be clearly marked, at the time the original container is opened in a food establishment .and: (1) the day the original container is opened in the food establishment shall be counted as Day 1; and (2) The day or date marked by the food establishment may not exceed a manufacturer's use-by date .<br><br>During the initial tour of the main kitchen on 3/10/2025 at approximately 8:25 AM of the reach in refrigerator, the following was observed:<br><br>-One, 8 pound (lb.) container of Cross Valley Farms Fruit Salad Deluxe in light syrup approximately 3/4 full, open and not dated.<br><br>-One, 1 gallon pitcher of orange liquid approximately 1/2 full, not labeled or dated.<br><br>-One, 1.42 liter bottle of Thirster 100% prune juice approximately 1/2 full, open and not dated.<br><br>During a surveyor observation of the main dining room kitchenette on 3/10/2025 at approximately 9:00 AM, the following was observed in the refrigerator:<br><br>-One, 1/2 gallon container of whole milk, approximately half full, open and not dated.<br><br>-One, 1.42-liter bottle of Thirster 100% prune juice approximately 1/2 full, open and not dated.<br><br>-One, 20-ounce squeeze bottle of Welches concord grape jelly approximately half full, open and not dated.<br><br>During a surveyor interview with the Food Service Director (FSD) at the time of the above observation, he revealed that he would expect food and beverages to be labeled and dated when opened.<br><br>2. The [NAME] Food Code 2018 Edition 3-302-12 Food Storage Containers, Identified with Common Name of Food states in part, .Except for containers holding Food that can be readily and unmistakably recognized . working containers holding Food or Food ingredients that are removed from their original packages for use . shall be identified with the common name of the Food .<br><br>During a surveyor observation on 3/10/2025 at approximately 8:40 AM of the walk-in refrigerator in the main kitchen, revealed the following:<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 415023 | A. Building<br>B. Wing | 03/12/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Sunny View Nursing Home Inc | 83 Corona Street<br>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 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | -three white plastic tubes containing food in a metal container dated 3/9/2025, without a label.<br><br>During a surveyor interview with the FSD at the time of the above observation, he revealed that the white plastic tubes were filled with ground beef. He further acknowledged that the tubes were not labeled with the name of the food.<br><br>3. Record review of the Rhode Island Food Code 2018 edition, Section 3-501.16 Time/Temperature Control for Safety, Hot and Cold Holding states in part, .(A) Except during preparation, cooking or cooling . time/temperature control for safety food shall be maintained: (1) At 57 degrees Celsius (135 degrees Fahrenheit [F]) or above .<br><br>During a surveyor observation on 3/10/2025 at 12:03 PM, at the time the lunch meal was being plated in the kitchen, Dietary Cook, Staff J, obtained the temperature of the foods being served at the request of the surveyor. The steamed broccoli with butter was observed with the temperature of 102 F.<br><br>During a surveyor interview on 3/10/2025 immediately following the above observation, Staff J, acknowledged that the broccoli was not at the safe hot holding temperature. He further acknowledged that he had already plated one resident's lunch plate that included the broccoli and did not obtain the temperatures of the food prior to plating the lunch meal.<br><br>During a surveyor interview on 3/10/2025 at approximately 12:10 PM with the FSD, he acknowledged that the broccoli with butter was below the safe holding temperature of 135 F. Additionally, he indicated that he would expect the cook to obtain the temperature of all foods prior to plating. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 415023 | A. Building<br>B. Wing | 03/12/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Sunny View Nursing Home Inc | 83 Corona Street<br>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 0867<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.<br><br>46118<br><br>Based on record review and staff interview, it has been determined that the facility failed to measure success and track performance of Quality Assurance and Performance Improvement (QAPI) actions to ensure that problem areas are identified, and good faith efforts for improvements are achieved and sustained demonstrated by measurable objectives with statistical data documented.<br><br>Findings are as follows:<br><br>Record review of the facility's 2025 QAPI plan states in part, .the QAPI Committee will utilize a formal and consistent methodology for planning, designing, measuring, assessing, and improving organizational performance and resident outcomes .<br><br>Record review of the facility's 2024 and 2025 QAPI binder failed to reveal evidence of any actions, measurements, or tracking to ensure efforts for improvements of identified problem areas within the facility.<br><br>During a surveyor interview on 3/12/2025 at approximately 12:30 PM with the Administrator, she acknowledged that the facility failed to develop actions, measurements, or tracking systems to measure and track performance of identified problem areas within the facility. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 415023 | A. Building<br>B. Wing | 03/12/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Sunny View Nursing Home Inc | 83 Corona Street<br>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 0940<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Develop, implement, and/or maintain an effective training program for all new and existing staff members.<br><br>45855<br><br>Based on record review and staff interview, it has been determined that the facility failed to develop, implement, and maintain an effective training program for annual training for existing employees consistent with their expected roles, relative to education involving abuse, infection control, and dementia, per the facility assessment, for 8 of 10 employees reviewed, Staff E, F, G, H, J, K, L, and M.<br><br>Findings are as follows:<br><br>Review of the Facility Assessment, dated 1/1/2024, revealed in part, training topics are completed upon hire and annually for all staff, which include, but are not limited to, abuse and neglect, dementia management, and infection control.<br><br>Record review revealed Nursing Assistant (NA), Staff E, was hired on 5/30/2023. Review of her training records failed to reveal evidence that she received annual education or training relative to abuse and neglect, or infection control.<br><br>Record review revealed NA, Staff F, was hired on 9/27/2021. Review of his training records failed to reveal evidence that he received annual education or training relative to abuse and neglect, dementia management, or infection control.<br><br>Record review revealed NA, Staff G, was hired on 7/19/2021. Review of her training records failed to reveal evidence that she received annual education or training relative to dementia management.<br><br>Record review revealed NA, Staff H, was hired on 4/16/2023. Review of his training records failed to reveal evidence that he received annual education or training relative to abuse and neglect, dementia management, or infection control.<br><br>Record review revealed Dietary Cook, Staff J, was hired on 10/25/2023. Review of his training records failed to reveal evidence that he received annual education or training relative to dementia management.<br><br>Record review revealed NA, Staff K, was hired on 3/28/2024. Review of her training records failed to reveal evidence that she received education or training relative to abuse and neglect, dementia management, or infection control.<br><br>Record review revealed Licensed Practical Nurse, Staff L, was hired on 3/18/2023. Review of his training records failed to reveal evidence that he received annual education or training relative to abuse and neglect or dementia management.<br><br>Record review revealed Registered Nurse, Staff M, was hired on 2/17/2024. Review of her training records failed to reveal evidence that she received education or training relative to abuse and neglect, dementia management, or infection control.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 415023 | A. Building<br>B. Wing | 03/12/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Sunny View Nursing Home Inc | 83 Corona Street<br>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 0940<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | During a surveyor interview on 3/12/2025 at 3:28 PM with the Administrator, she indicated that she would expect that all training's outlined in the facility assessment should have been completed. Additionally, she was unable to provide evidence that the above-mentioned education and training's were completed for Staff E, F, G, H, J, K, L, and M, per the facility assessment.<br><br>46118 |