STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415023	A. Building B. Wing	04/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sunny View Nursing Home	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on surveyor observation, clinical record review, and staff interview, the facility failed to develop and implement comprehensive person-centered care plans for 4 of 5 residents reviewed who indicated that participation in activities of choice were important to them on their Minimum Data Set (MDS) Assessments, Resident ID #'s 5, 6, 15, and 44.Findings are as follows:Record review of an undated facility policy titled, Resident Related Care and Services states in part, .The interdisciplinary team is responsible to develop and carry out appropriate comprehensive care plans to allow for optimal outcomes.the team is to review the resident's assessment.in order to determine appropriate interventions and plans of care have been instituted. 1. Record review of Resident ID #5's Annual MDS dated [DATE] revealed s/he has a Brief Interview for Mental Status (BIMS) score of 15 out of 15, indicating intact cognition. Further review of the MDS revealed that the resident indicated participation in his/her favorite activities, keeping up with the news, going outside to get fresh air in good weather, were very important, and participation in group activities and listening to music were somewhat important to him/her.Record review of a care plan last revised on 4/9/2026 failed to reveal evidence of a comprehensive, person-centered care plan that incorporated the resident's preferences for participation in preferred activities, as identified in the MDS. 2. Record review of Resident ID #6's MDS dated [DATE] revealed s/he has a BIMS score of 12 out of 15, indicating moderate cognitive impairment. Further review of the MDS revealed the resident indicated that it is important to keep up with the news, go outside when the weather is good, and it is somewhat important to participate in group activities and listen to music.Record review of a care plan last revised on 2/9/2026 failed to reveal evidence of a comprehensive, person-centered care plan that incorporated the resident's preferences for participation in preferred activities, as identified in the MDS. 3. Record review of Resident ID #15's admission MDS dated [DATE] revealed s/he has a BIMS score of 15 out of 15, indicating intact cognition. Further review of the MDS revealed that the resident indicated that it is important to have books, newspapers and magazines to read, be around animals such as pets, do things with groups of people, do his/her favorite activities, and go outside when the weather is good.Record review of a care plan last revised on 3/10/2026 failed to reveal evidence of a comprehensive, person-centered care plan that incorporated the resident's preferences for participation in preferred activities, as identified in the MDS. 4. Record review of Resident ID #44's admission MDS dated [DATE] revealed s/he has a BIMS score of 14 out of 15 indicating intact cognition. Further review of the MDS revealed that the resident indicated that it is very important to be around animals such as pets, keep up with the news, and to go outside when the weather is good.Record review of a care plan last revised on 3/20/2026 failed to reveal evidence of a comprehensive, person-centered care plan that incorporated the resident's preferences for participation in preferred activities, as identified in the MDS.During a surveyor interview with the Director of Nursing Services on 4/29/2026 at 3:44 PM, she revealed that it is her expectation that comprehensive person-centered care plans would include the residents' activity preferences as indicated on their assessments.

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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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide activities to meet all resident's needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on surveyor observation, clinical record review, and staff and resident interviews, the facility failed to provide an ongoing daily activity program to support residents in their choice of activities based on the comprehensive assessment, care plan, and preferences. Specifically for 5 of 6 residents reviewed who indicated that participation in activities of choice were important to them, Resident ID #s 5, 6, 15, 44, and 50, although this failure affects all residents residing in the facility Findings are as follows:During a surveyor interview on 4/29/2026 at approximately 11:00 AM with the members of the Resident Council, the residents revealed that activities have not been offered in the evening or on the weekends since 3/31/2026, which was the Activities Director's last day of employment at the facility.Record review revealed the facility employed only one part-time Activities Aide for the month of April 2026.1. Record review revealed Resident ID #5 was admitted to the facility in February of 2020.Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 15 out of 15, indicating intact cognition. Further review revealed that participation in his/her favorite activities are very important and participation in group activities are somewhat important.2. Record review revealed Resident ID #6 was admitted to the facility in February of 2026.Review of the MDS assessment dated [DATE] revealed a BIMS score of 12 out of 15, indicating moderate cognitive impairment. Further review revealed that participation in his/her favorite activities are important and participation in group activities are somewhat important. 3. Record review revealed Resident ID #15 was admitted to the facility in March of 2026.Review of the admission MDS assessment dated [DATE] revealed a Brief Interview for BIMS score of 15 out of 15, indicating intact cognition. Further review revealed that the resident indicated that participation in his/her favorite activities and group activities are important.4. Record review revealed Resident ID #44 was admitted to the facility in November of 2025.Review of the admission MDS assessment dated [DATE] revealed a BIMS score of 14 out of 15, indicating intact cognition. Further review revealed that the resident indicated that participation in his/her favorite activities is very important.5. Record review revealed Resident ID #50 was admitted to the facility in March of 2024.Review of the annual MDS assessment dated [DATE] revealed that the resident indicated that participation in his/her favorite activities and group activities are very important.Record review of a facility provided document titled April 2026 revealed activities are scheduled Monday through Friday at 10:30 AM, 11:00 AM, and 2:30 PM. Activities are scheduled on Saturdays and Sundays at 11:00 AM and 2:30 PM. Record review of a document titled Summary of Hours by Week dated 4/29/2026 revealed Activities Aide, Staff K, works at the facility approximately 25 hours per week. Further record review revealed there were no activities staff present in the facility to assist the residents in scheduled and individual activities on the following dates in the month of April:4/2/20264/4/20264/9/20264/11/20264/16/20264/18/20264/19/20264/21/20264/23/20264/25/2026During a surveyor interview on 4/29/2026 at 3:18 PM with the Director of Nursing Services, she acknowledged that the facility did not have an activities staff member available to the residents on the above-mentioned dates. Additionally, she could not provide evidence that the facility provides an ongoing program to support residents in their choice of activities, including facility sponsored group activities.During a surveyor interview with the Administrator on 4/29/2026 at 1:30 PM, he revealed the facility has listed the Activities Director position internally on 4/21/2026, three weeks after the prior Activities Director had left the facility.

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. Based on surveyor observations, record review, and staff interview, the facility failed to ensure that staff were competent to provide services to assure resident safety to attain or maintain the highest practicable wellbeing of each resident, as the facility's staff were unaware of and had not been educated on the facility's personal laundry procedures for 7 of 7 staff members reviewed, Staff A, B, C, D, E, F, and G. Findings are as follows:The facility failed to provide evidence of a policy and procedure related to residents' personal laundry to ensure staff handle, store, process, and transport all laundry in accordance with accepted national standards in order to produce hygienically clean laundry and prevent the spread of infection to the extent possible, potentially affecting all residents who reside in the facility.Review of the following staff member's completed education and competencies failed to reveal evidence that the staff were educated on the expected procedures for handling and processing of residents' personal laundry:- Nursing Assistant (NA) Staff A, with a hire date of 7/18/2026.- Dietary Aide, Staff B, with a hire date of 10/16/2025.- Housekeeper, Staff C, with a hire date of 6/4/2025.- Licensed Practical Nurse (LPN), Staff D, with a hire date of 9/5/2017.- LPN, Staff E, with a hire date of 4/23/2025.- Registered Nurse (RN), Staff F, with a hire date of 6/14/2024.- RN, Staff G, with a hire date of 4/5/2025.During surveyor observations from 4/27/2026 through 4/30/2026, laundry bins were not observed to be in resident rooms, personal laundry was observed loosely piled on the bottom of some of the residents' closets.During a surveyor observation of the laundry room on 4/29/2026 at approximately 1:45 PM, two residential washers and two residential dryers were noted. A loose pile of personal laundry was set atop one of the dryers.During a surveyor interview on 4/29/2026 at 1:45 PM with the Maintenance Director, he revealed that linens are sent out and cleaned by a contracted provider. He further revealed that the facility does not have laundry staff and the NAs are responsible to complete the residents' personal laundry. Additionally, he revealed that the washers are equipped with automatic laundry detergent dispensers. The NAs set the dryers to whatever they think is suitable.During a surveyor interview on 4/29/2026 at 1:51 PM with NA, Staff H, she indicated that the residents' personal laundry is bagged in their rooms, brought into the laundry room, and put directly into the washer. She further indicated that each resident's clothing is washed and dried individually, then brought into the resident's room to be folded or hung in the closet. Additionally, she indicated that sanitizer is not used in the washer and the dryer is on a timer.During a surveyor interview on 4/30/2026 at 9:24 AM with NA, Staff I, she stated that she was unaware of what to do with soiled undergarments or where she could rinse them if needed. Additionally, she revealed she was unaware of the facility's laundry process and procedure.During a surveyor observation of the soiled laundry room on 4/30/2026 at approximately 9:30 AM, in the presence of NA, Staff J, three bins were observed: one bin for trash, one for linens, and one for residents' personal laundry.During a surveyor interview on 4/30/2026, just prior to and during the above observation, Staff J revealed that the three bins in the soiled laundry room were for trash, linens, and residents' personal laundry respectively. He further revealed that if the resident's family does not do the personal laundry, then dirty personal laundry is brought from each of the residents' rooms and put into the bin in the soiled laundry room. Additionally, he revealed that multiple residents' personal clothing is placed into the same bin in the soiled laundry room and when the bin is full, the NA takes the bag to the laundry room and washes all of the residents' personal laundry together. Furthermore, he indicated that there is a schedule for laundry to be completed however, it is also done whenever the personal laundry bin is full.During a surveyor interview on 4/30/2026 at 9:32 AM with LPN, Staff E, she indicated that wet personal laundry should be washed immediately, however, she was unaware of where soiled laundry could be rinsed out if needed. She further indicated that the NAs follow a laundry schedule and complete the residents' personal laundry on the second and third shifts. During surveyor interviews on 4/30/2026 at 12:07 PM and at 1:15 PM with the Director of (continued on next page)

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Nursing Services, she revealed that she implemented a laundry schedule and laundry was expected to be completed on second and third shifts. She indicated that the NAs are required to complete the residents' personal laundry for one resident room each night. She further indicated that residents should have a dirty laundry bin in their rooms, and that staff are educated on the facility's laundry process during orientation. Additionally, she acknowledged that the facility does not have a policy relative to the handling and processing of the residents' personal laundry. Furthermore, she could not provide evidence that laundry is reviewed during staff orientation, or that staff receive education relative to the handling and processing of personal laundry. During a surveyor interview on 4/30/2026 at 1:50 PM with the Regional Infection Preventionist (RIP), she provided the surveyor with a policy titled Laundry Guidelines, that indicated it was last reviewed 10/2018, however it was not signed by any of the facility's leadership.

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. Based on surveyor observation, clinical record review, and staff interview, it has been determined that the facility failed to ensure a resident's drug regimen is free from unnecessary drugs for 1 of 2 residents reviewed for the use of psychotropic medications without adequate indication of use, Resident ID #8. Findings are as follows:Record review revealed the resident was admitted to the facility in September of 2025 with a diagnosis including, but not limited to, dementia without behavioral disturbance, psychotic mood disturbance, or anxiety.Record review revealed the following physician's orders: -Lexapro (a medication prescribed to treat used to treat depression and anxiety disorder) 10 milligrams (mg) tablet once daily initiated on 3/30/2026. -Mirtazapine (a medication prescribed to treat depression) administer 7.5 mg at bedtime initiated on 4/6/2026. -Seroquel (a prescribed antipsychotic medication used to treat schizophrenia, bipolar disorder, and major depressive disorder) administer 12.5 mg at bedtime initiated on 4/22/2026. -Trazodone (a medication prescribed to treat major depressive disorder) administer 50 mg once in the morning, with a revision date of 4/22/2026. Record review of the above-mentioned physician ordered medications failed to reveal evidence of an indication for their use.During a surveyor interview on 4/30/2026 at 11:11 AM with the Nurse Practitioner, she revealed she would expect orders to contain a supporting diagnosis and indication for treatment. Additionally, she revealed that she is aware that the resident's current diagnosis of dementia without behavioral disturbances did not adequately support the use of the above-mentioned prescribed medications.During a surveyor interview on 4/30/2026 at 12:31 PM with the Director of Nursing Services, she acknowledged that the resident was receiving the above medications without adequate indications for their use.

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review and staff interview, the facility failed to meet professional standards of practice for 1 of 1 resident reviewed who had an order to obtain a stool sample to rule out an infectious disease, Resident ID #57.Findings are as follows:According to Mosby's 4th Edition, Fundamentals of Nursing, page 314 states in part, .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 revealed the resident was admitted to the facility in April of 2025 with a diagnosis including, but not limited to, functional diarrhea.Record review of the Minimum Data Set assessment dated [DATE] revealed the resident is always continent of stool.Record review revealed a physician's order for loperamide tablet (a medication prescribed for loose stool), 2 milligrams, every 8 hours as needed for loose stool.Additional record review revealed the loperamide was administered in the morning on 4/17, 4/18, 4/20 and 4/23/2026 for Diarrhea.Review of a progress note authored by the Nurse Practitioner (NP) dated 4/23/2026, states in part, .worsening loose stools with watery stool, sudden onset, occasionally incontinent.obtain C. difficile [Clostridioides difficile, a bacterial infection causing severe diarrhea and inflammation of the colon] specimen and fecal calprotectin [a stool test that measures inflammation in the intestines] for further work up.follow up for stool specimen results.Record review revealed a physician's order dated 4/24/2026 to obtain the C. diff and fecal calprotectin stool samples and to discontinue once obtained.Additional record review failed to reveal evidence that the stool samples were obtained for the above-mentioned tests as ordered.Further record review failed to reveal evidence that the NP was notified that the C. difficile and fecal calprotectin tests were not obtained until 4/28/2026, four days after it had been ordered.Record review of a progress note authored by the NP on 4/28/2026, stated in part, .Given improvement in stool frequency, there is less concern for C. difficile infection, and the C. difficile specimen can be discontinued if stool is not excessively loose or watery. However, a fecal calprotectin will still be obtained for further evaluation.more likely attributed to IBS [irritable bowel syndrome].During a surveyor interview with the Regional Infection Preventionist on 4/29/2026 at 1:07 PM, she acknowledged that the C. difficile and fecal calprotectin stool tests were not obtained as ordered.During a surveyor interview with the Director of Nursing Services on 4/30/2026 at 1:15 PM, she indicated that she would have expected the stool samples to be obtained per the physician's orders. Additionally, she would expect the provider to be notified if the samples were unable to be obtained.