

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415033	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2026
NAME OF PROVIDER OR SUPPLIER Adviniacare Newport, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 398 Bellevue Avenue Newport, RI 02840	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>Based on clinical record review and staff interview, the facility failed to meet professional standards of quality regarding not following physician orders for obtaining weights for 1 of 3 residents reviewed for nutrition, Resident ID #1. Additionally, the facility failed to follow the policy to reweigh residents to ensure accuracy when the weight falls outside of the established parameters for 2 of 3 resident's reviewed, Resident ID #s 1 and 3. Findings are as follows: Review of a community reported complaint submitted to the Rhode Island Department of Health on 2/12/2026 alleges that Resident ID #1 has had a drastic weight loss. Review of a facility policy titled, Weight Assessment and Interventions reveals in part, .Monthly weights will be obtained each month or as ordered by physician. Weights will be recorded in the medical record. for each resident. any weight change of 5 [pounds] lbs in a month and 3lbs in a week since their last weight assessment should be retaken within 72 [hours] hrs for confirmation and verified by Nursing. 1a) Record review revealed Resident ID #1 was readmitted to the facility in October of 2025 and had diagnoses including but not limited to, hemiplegia (a condition that causes weakness of the face, arm or leg on one side of the body), hemiparesis (a condition that causes complete paralysis on one side of the body), and adult failure to thrive. Record review of the resident's physician's orders revealed the following: 8/18/2025 to present - monthly weight 119/2026 to 2/2/2026 - weekly weights for 4 weeks Record review of the resident's weights revealed the following: 9/12/2025 - 130.6 lbs. 11/7/2025 - 134.6 lbs. 1/8/2026 - 121.2 lbs. 1/16/2026 - 117.4 lbs. 1/20/2026 - 118.8 lbs. 1/26/2026 - 120 lbs. 2/18/2026 - 115.8 lbs. Review of the weights failed to reveal evidence that weights were obtained during the months of October and December 2025, as ordered, by the physician. b) Additional record review failed to reveal that the resident was reweighed to ensure accuracy of the weights per the facility policy after the following weight losses occurred: 13.4 lb. weight loss between 11/7/2025 and 1/8/2026 3.8 lb. weight loss between 1/8/2026 and 1/16/2026 4.2 lb. weight loss between 1/26/2026 and 2/18/2026 2) Record review revealed Resident ID #3 was admitted to the facility in November of 2025 and had a diagnosis including but not limited to, type 2 diabetes mellitus. Record review of the resident's physician's orders revealed the following: 11/5/2025 to 12/1/2025- weekly weights for 4 weeks Record review of the resident's weights revealed the following: 11/5/2025 - 136.8 lbs. 11/17/2025 - 144.6 lbs. 12/2/2025 - 155 lbs. 1/7/2026 - 162.8 lbs. 2/3/2026 - 168.8 lbs. The record failed to reveal that the resident was reweighed to ensure accuracy of the weights per the facility policy after the following weight gains occurred: 7.8 lb. weight gain between 11/5/2025 and 11/17/2025 10.4 lb. weight gain between 11/17/2025 and 12/2/2025 5.8 lb. weight gain between 12/2/2025 and 1/7/2026 6 lb. weight gain between 1/7/2026 and 2/3/2026 During a surveyor interview on 2/26/2026 at 11:00 AM with the Dietitian, she acknowledged that the facility failed to obtain reweights for the above residents per the facility policy. She further acknowledged that they failed to follow the physician's order for Resident ID #1 by failing to obtain the resident's weight in October and December of 2025. During a surveyor interview on 2/26/2026 at 1:35 PM with the Director of Nursing</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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Services, she was unable to provide evidence that Resident ID #1's weights were obtained per the physician's order in October and December of 2025. Additionally, she was unable to provide evidence reweights were obtained for Resident ID #s 1 and 3, per the facility policy.</p>		