STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415033	A. Building B. Wing	06/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Adviniacare Newport, LLC	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)
F 0559 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to share a room with spouse or roommate of choice and receive written notice before a change is made. Based on clinical record review and staff interview, the facility failed to provide written notification, including the reason for the room change, prior to changing a resident's room or roommate assignment for 1 of 1 resident reviewed whose room and roommate were changed without prior notification, Resident ID #1.Findings are as follows:Record review of a community reported complaint submitted to the Rhode Island Department of Health on 6/8/2026 alleged in part, Resident ID #1 reported an allegation his/her room was changed, and s/he was assigned a new roommate. Furthermore, the complaint alleged that the new roommate yelled and screamed out at the top of their lungs which impacted the resident's quality of life as s/he could no longer receive visitors in his/her own room. Record review of a facility policy titled Room Change last revised in October of 2022, states in part, .The resident has the right to refuse transfer to another room in the facility if the purpose of the transfer is.Solely for the convenience of staff.When a resident room change is occurring, the resident being moved.will be informed of the room change. The resident receiving a new roommate will also be notified.The notice of a change in room or roommate assignment will be both verbal and in writing including the reason(s) for the change. Staff should complete a room change notice and provide to the resident.placed in the resident's medical record.Record review revealed Resident ID #1 was originally admitted to the facility in May of 2026 with a diagnosis including, but not limited to, infection or inflammatory reaction due to internal fixation device (implanted surgical hardware) of the spine.Record review of a Brief Interview for Mental Status score dated 5/15/2026, revealed a score of 11 out of 15, indicating a moderate cognitive impairment.Record review revealed the resident was transferred to the hospital on 5/27/2026 for an evaluation due to an elevated temperature and returned to the facility the following day.Record review of a progress note dated 5/28/2026 at 2:19 PM, revealed that Resident ID #1 was upset upon his/her return from the hospital because his/her room was changed. Additionally, s/he was unhappy with his/her roommate.Record review failed to reveal evidence the resident was informed of the room change prior to the transfer.Further record review failed to reveal evidence that Resident ID #1 received written notification of the room change, including the reason for the change, per the facility policy.During a surveyor interview on 6/17/2026 at 12:17 PM, with the Director of Nursing Services, she acknowledged that the resident's room assignment had been changed and that the resident had been assigned a new roommate. She was unable to provide evidence that Resident ID #1 received written notification of the room change, including the reason for the change, prior to the room change occurring.

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