

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415035	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/10/2024
NAME OF PROVIDER OR SUPPLIER Lincolnwood Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 610 Smithfield Road North Providence, RI 02904	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43376</p> <p>Based on record review, staff, and resident interview, it has been determined that the facility failed to ensure a resident's dignity was maintained for 1 of 3 residents reviewed, Resident ID #4.</p> <p>Findings are as follows:</p> <p>Review of a facility reported incident submitted to the Rhode Island Department of Health on 4/25/2024 revealed that Nursing Assistant (NA), Staff A, allegedly called Resident ID #4 a cripple, while providing care to the resident.</p> <p>Review of a facility policy titled Dignity states in part, .Staff speak respectfully to residents at all times, including addressing the resident by his or her name of choice and not labeling or referring to the resident by his or her .diagnosis, or care needs.</p> <p>Record review revealed that the resident was admitted to the facility in December of 2023 with diagnoses including, but not limited to, myopathy (a condition that affects the muscles connecting to your bones that control voluntary movements in the body), chronic pain syndrome, and anxiety.</p> <p>Record review of the resident's Quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status score of 15 out of 15, indicating that the resident is cognitively intact.</p> <p>During a surveyor interview on 5/9/2024 at 3:11 PM with the resident, s/he revealed that when NA, Staff A was caring for him/her on 4/24/2024 she said oh, I forgot you're a cripple and snickered, indicating that it made him/her feel awful, angry, helpless, and degraded. Additionally, the resident was visibly upset when talking about this incident and indicated that Staff A should not be allowed in his/her room. Furthermore, s/he revealed that Staff A came into his/her room twice after the incident, once to pass a meal tray and another time to answer his/her call light to let the resident know that his/her NA was busy.</p> <p>During a surveyor interview on 5/9/2024 at 3:22 PM with the resident's roommate, Resident ID #5, s/he revealed that s/he heard a staff member call the resident a cripple while providing care to his/her roommate.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a surveyor interview on 5/9/2024 at 3:26 PM with NA, Staff B, she revealed that she was providing care for to Resident ID #4 with Staff A on 4/24/2024. Staff A asked the resident to lift his/her arm, in which s/he had difficulty moving and Staff A replied, I didn't know you were cripple, and laughed it off. Staff B further revealed she went back later to see the resident to see how s/he was doing, and the resident appeared visibly upset. She revealed that the resident wanted his/her snack at night but had asked if someone other than NA, Staff A that called him/her a cripple to assist him/her. Additionally, she revealed the resident likes to talk but was very quiet that night.</p> <p>During a surveyor interview on 5/10/2024 at 8:23 AM with Registered Nurse, Staff C, she revealed that when she was given report, she was informed that Staff A was not allowed to go into the resident's room, and the resident informed her that s/he does not want Staff A in his/her room. She further revealed that Staff A went into the resident's room after the incident had occurred.</p> <p>During a surveyor interview on 5/10/2024 at 12:50 PM, with the Director of Nursing Services, she revealed that Staff A was not to be involved with the resident's care following the incident but was unable to provide evidence that Staff A did not go into the resident's room after the incident occurred. Additionally, she was unable to provide evidence that the dignity of Resident ID #4 was maintained.</p>		