

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 04/21/2025
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41729</p> <p>Based on record review, staff and resident interviews, it has been determined that the facility failed to ensure that the resident's environment remained as free of accident hazards as possible for 1 of 1 resident reviewed who sustained a fall from an improperly secured mechanical lift (hoyer lift) which resulted in broken bones, hospitalization, and surgical intervention, Resident ID #1.</p> <p>Findings are as follows:</p> <p>Review of a facility reported incident submitted to the Rhode Island Department of Health on 4/16/2025 revealed the resident was being transferred with a mechanical lift and s/he started to slide out of the sling that was attached to the mechanical lift. The resident's leg hit the mechanical lift, and s/he was transferred to an acute care hospital and diagnosed with a left femur fracture (broken thigh bone).</p> <p>Review of a facility policy titled, Lifting Machine, using a Mechanical states in part, Attach sling straps to sling bar, according to manufacturer's instructions. Make sure the sling is securely attached to the clips and that it is properly balanced .before resident is lifted, double check the security of the sling attached .</p> <p>Record review revealed the resident was admitted to the facility in January of 2025 with diagnosis including, but not limited to paraplegia (a type of paralysis that affects the lower half of the body including the legs, making it impossible to stand or walk).</p> <p>Record review of an Admission Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status score of 15 out of 15. This score indicates the resident's cognition is intact. Further review of the MDS Assessment revealed the resident requires extensive assistance with bed mobility and is dependent on two staff for transfers.</p> <p>Record review of a care plan dated 2/26/2025 revealed the resident is at risk for falls related to paraplegia and limited mobility. Additionally, the care plan revealed the resident has selfcare deficits and requires a mechanical lift with two staff for transfers.</p> <p>Record review revealed a progress note dated 4/15/2025 at 11:47 AM, which states in part, Pt [patient] seen this AM [morning] after fall from a height while in Hoyer lift .Pt hoisted [raised] above floor, when one strap either slipped off hook or broke .</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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of a nursing progress note dated 4/15/2025 at 12:04 PM, authored by Licensed Practical Nurse, Staff A, revealed the resident had a fall from the Hoyer lift landing on his/her left side and the left hip/thigh was noted to be swollen. Further review of this progress note revealed that as the resident adjusted him/herself while in the Hoyer lift, the strap slipped off, and the resident slid out of the Hoyer lift.</p> <p>Record review of a Continuity of Care Consultation and Referral Form completed by the facility and sent with the resident to the emergency room (ER) dated 4/15/2025, states in part, .Reason for transfer: S/P [status post] fall .Description of Problem: Fall from Hoyer lift to left side .</p> <p>Record review of a hospital document titled Triage assessment dated [DATE], states in part, .staff was using a portable Hoyer lift to get pt [patient] to [his/her] wheelchair when the strap reportedly broke/malfunctioned, and [s/he] fell to the ground .</p> <p>Further review of a Computed Tomography (CT scan, a medical imaging technique that uses X-rays and a computer to create detailed cross sectional images of the body) radiology report dated 4/15/2025 revealed the resident was diagnosed with a left femur fracture (a fracture in the middle of the femur, near the hip) and a nondisplaced left sacral alar fracture (a break in the wing of the bone in the pelvis).</p> <p>Record review of a facility's document titled Incident Statement Form dated 4/15/2025 that was obtained from Nursing Assistant, Staff B, revealed that when the resident was being transferred with the Hoyer lift, the loop on the Hoyer pad slipped off and the resident fell .</p> <p>During a surveyor interview on 4/18/2025 at 7:57 AM with Staff B, she acknowledged that on 4/15/2025 at approximately 10:30 AM, she assisted Nursing Assistant, Staff C to transfer the resident using a Hoyer lift from the bed to the wheelchair. Staff B indicated that one of the loops on the left side of the Hoyer pad slipped off, and the resident fell .</p> <p>During a surveyor interview on 4/18/2025 at 9:23 AM with Staff A, she indicated that on the morning of 4/15/2025 she heard a commotion coming from the resident's room and upon entering the room, she observed the resident on the floor in the presence of Staff B and Staff C. She indicated that she was told by Staff B that one of the Hoyer lift straps had slipped off during the transfer causing the resident to fall.</p> <p>During a surveyor interview on 4/21/2025 at 9:51 AM with the resident, s/he indicated that on 4/15/2025 while being transferred with a Hoyer lift from the bed to the wheelchair, one of the straps from the left side of the Hoyer lift came off and s/he fell to the floor hitting his/her leg on a foot piece of the Hoyer lift. The resident acknowledged that s/he was not lowered to the floor by the staff as alleged by the facility. Additionally, the resident indicated that when Staff A came to assess him/her after this incident on 4/15/2025, s/he informed Staff A that s/he had fallen out of the Hoyer lift because one of the straps on the Hoyer lift became unattached during the transfer.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During surveyor interviews on 4/18/2025 at 9:50 AM and at 11:00 AM with the Director of Nursing Services (DNS) in the presence of the Administrator, the DNS indicated that the resident did not fall out of the Hoyer lift when s/he was transferred. The DNS and the Administrator acknowledged that they were not present during this incident was unable to provide evidence that the resident was safely transferred from the bed to the wheelchair by Staff B and C. Both the DNS and the Administrator were unable to provide evidence that the resident had been interviewed to obtain a statement of an exact account of what had happened during the transfer which led to the resident sustaining a major injury.</p> <p>Upon further interview with the DNS, she indicated that the following interventions were put into place after the accident and before the survey team entered the facility therefore this citation will be cited as past non-compliance:</p> <ul style="list-style-type: none"> a) Investigate the incident-obtain statements from staff that transferred the resident, create a timeline of events. b) Validate that the Nursing Assistant (NA) who transferred the resident to the wheelchair from the bed have competencies in place. If so, complete disciplinary action as necessary. c) Conduct an Ad-Hoc Meeting to review the situation and develop a Root Cause Analysis. d) Complete a house audit of all residents' safe patient handling assessments for residents requiring a total lift (mechanical lift) to ensure that recommendations have been carried over to the care plan. e) Complete a house audit of all residents that require total assistance of two for transfers with a total lift to assure that care plan and Kardex are accurate. f) Re-educate the NAs and nurses on how to transfer residents using a total lift. g) Complete competency tests of all NAs and nurses on how to complete total lift transfers and how to appropriately determine sling size for residents. h) Randomly observe transfers of residents that require two-persons total lift transfers to ensure that care plans are being followed. Audits will occur weekly for four weeks then monthly for two months, and until substantial compliance is met. i) Housekeeping to assess all Hoyer pads to ensure they are in good condition, that is, no rips, tears, and missing pieces. j) Laundry to label all lift pads with size so it can be easily identified. k) Hoyer books to be created for each unit. Book will include resident's room number and copy of Kardex which shows sling size. l) The administrator will have overall responsibility for this plan. 		