

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 03/19/2026
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 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service.</p> <p>Based on surveyor observation, record review, and staff interview, the facility failed to ensure sufficient food and nutrition service support personnel possessed the appropriate competencies and skill sets to safely carry out the functions of the food and nutrition service. Specifically, the facility failed to ensure that the cooks who were in charge during meal preparation and service obtained the required Food Manager's Certification, as required, to ensure safe food handling practices and resident safety. Findings are as follows:Record review of the U.S. Food and Drug Administration Food Code, 2022 Edition, Section 2-102.11 Demonstration, states in part, .the person in charge shall demonstrate knowledge by.(B) Being a certified FOOD protection manager who has shown proficiency of required information through passing a test that is part of an ACCREDITED PROGRAM.During the initial tour of the main kitchen on 3/15/2026 at approximately 8:11 AM, Cook, Staff J, revealed that he was the staff member in charge of food service that morning. During a surveyor interview on 3/15/2026 at approximately 8:40 AM with the Food Service Director (FSD), she revealed that the two cooks that had prepared and served the breakfast meal, had obtained Food Handlers Certifications (an accredited credential verifying that a food service employees had basic knowledge of food safety), not a Food Manager's Certification (an accredited credential verifying that a food service employees has knowledge of food safety to prevent foodborne illnesses, sanitation, temperature control, hygiene, and regulatory compliance). She further revealed that Cooks Staff K, L, and herself had obtained the Food Manager's Certification, as required, for the person in charge.Record review of an undated document titled Meal Truck Delivery Times revealed that the prepared meals are brought from the kitchen to the units at the following times:Breakfast starts at 7:30 AM through 9:15 AMLunch starts at 11:30 AM through 1:15 PMDinner starts at 4:30 PM through 6:15 PMRecord review of the dietary schedules on 3/16/2026 for February and March 2026, failed to reveal evidence that a person with a Food Manager's Certification was scheduled during all three meals that are prepared and served to residents on the following dates: 2/1, 2/4, 2/6, 2/11, 2/13, 2/14, 2/15, 2/18, 2/20, 2/25, 2/27, 2/28, 3/1, 3/4, 3/6, 3/7, 3/11, 3/13, 3/14, and 3/15/2026During a surveyor interview on 3/18/2026 at 2:04 PM, the FSD, in the presence of the Regional FSD, she acknowledged that 2 of the 4 cooks on staff did not obtain the Food Manager's Certification required to safely and effectively carry out the functions of the food and nutrition services. She further acknowledged that the facility's schedule included periods when a staff member holding a Food Manager's Certification was not present during the preparation and service of residents' meals.</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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