

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  04/22/2026
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on clinical record review and staff interview, the facility failed to ensure that an allegation involving an accident resulting in serious injury, which occurred prior to a resident's death, was reported to the appropriate authorities, including the State Survey Agency, as required by State law. This deficient practice was identified for 1 of 1 resident reviewed Resident ID #1. Findings are as follows: Record review of a community-reported complaint submitted to the Rhode Island Department of Health on [DATE] alleged that Resident ID #1 sustained a fall with an injury that required hospital transfer on [DATE]. The complaint further alleged that diagnostic imaging at the hospital identified three new rib fractures. Record review revealed that the resident was readmitted to the facility in March of 2026 with diagnoses including, but not limited to, seizures and muscle weakness. Record review revealed the following progress notes: [DATE] at 9:22 AM, authored by the on-call provider, revealed the resident sustained an unwitnessed fall and was found lying on his/her left side with a left elbow skin tear [DATE] at 5:44 PM, authored by Licensed Practical Nurse (LPN), Staff A, revealed the resident complained of pain following the fall, refused a meal, and stated, I am in pain. Assessment findings included pain in the left shoulder and left rib cage. The provider was notified, and an order was obtained for x-rays of the left shoulder and ribs [DATE] at 10:24 PM, authored by LPN, Staff B, revealed she spoke with the nurse practitioner informing them that the resident had a fall with a left clavicle (the collarbone) fracture with a new order to send the resident to the emergency room for further evaluation. Record review of a CT scan (a medical imaging technique aiding in the diagnosis of varying conditions) report dated [DATE] at 1:04 PM failed to reveal evidence of a clavicle fracture; however, findings identified acute fractures of the right first rib and the left second and third ribs. Record review revealed the resident expired on [DATE]. During surveyor interviews conducted on [DATE] at 10:30 AM, 10:45 AM, and 3:57 PM with the Director of Nursing Services, she acknowledged that the resident sustained acute rib fractures as a result of the [DATE] fall prior to his/her death. Additionally, she was unable to provide evidence that the facility reported the death to the appropriate authorities, including the State Survey Agency, as required under applicable State law governing long-term care facilities.</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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NAME OF PROVIDER OR SUPPLIER  Lincolnwood Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  610 Smithfield Road North Providence, RI 02904	
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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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on clinical record review and staff interview, the facility failed to ensure that positive airway pressure therapy (a mechanical device used to support breathing and maintain airway patency) was provided to a resident in accordance with professional standards of practice for 1 of 1 resident reviewed, Resident ID #1. Findings are as follows:Record review revealed Resident ID #1 was admitted to the facility in February of 2026 with a diagnosis including, but not limited to, acute and chronic respiratory failure with hypercapnia (a long-term condition where the lungs cannot adequately exchange oxygen and carbon dioxide, resulting in retention of [NAME] dioxide).Record review revealed a physician's order dated 2/10/2026 for use of a CPAP machine ( a continuous positive airway pressure machine, a medical device designed to help individuals maintain consistent breathing while sleeping by keeping the airways open) at bedtime and as needed for naps, with instructions to verify proper placement and function, and to administer 4 liters of oxygen with the device. The order also included individualized settings for the CPAP machine.Record review revealed the resident was transferred to the hospital on 2/28/2026 with a diagnosis of a pleural effusion (the buildup of excess fluid between the thin membranes that line your lungs). The resident returned to the facility on 3/12/2026.Review of the hospital continuity of care form dated 3/12/2026 revealed discharge orders to continue nighttime BiPAP therapy (Bilevel Positive Airway Pressure, a device that assists with breathing. The machine uses two pressure levels: a higher pressure when you breathe in to help fill your lungs, and a lower pressure when you breathe out to make exhaling easier) with individualized settings.Record review failed to reveal evidence that an order was initiated for the resident to continue BIPAP therapy upon readmission on [DATE]. Further review failed to reveal evidence that the physician had been contacted regarding the therapy.Record review revealed a physician's order dated 3/13/2026 which stated, Follow up in the a.m. with BIPAP. Family will bring it in but there is a question of whether or not they returned it to the rental agency. In the morning Alert Unit Manager to follow up with BIPAP needs.Record review revealed that the above-mentioned order was signed off as completed from 3/13/2026 through 3/29/2026. Record review failed to reveal evidence that the resident was provided with BIPAP therapy from 3/12/2026 through 3/29/2026 which indicates s/he went without the use of his/her BIPAP therapy for 18 days. Record review of the weekly schedule from 3/12/2026 through 3/29/2026 revealed Licensed Practical Nurse (LPN) Staff C, worked the 11:00 PM to 7:30 AM shift nightly as the charge nurse on the resident's unit. During a surveyor interview conducted on 4/16/2026 at 1:30 PM, Staff C stated he was unaware that the resident required BiPAP therapy until the device was delivered by an oxygen vendor on 3/30/2026. He acknowledged that the resident did not receive BiPAP therapy from the time of readmission on [DATE] through 3/30/2026 during the 11:00 PM to 7:30 AM shift.During a surveyor interview on 4/16/2026 at 3:45 PM with the facility's Medical Director, Staff D, he revealed that he would have expected the resident to receive his/her BiPAP therapy upon readmission to the facility.</p>		