

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 01/16/2025
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 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>46715</p> <p>Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to ensure that residents receive treatment and care in accordance with professional standards of practice, relative to care of a peripherally inserted central catheter (PICC line, a long thin tube that is inserted through a vein in the arm and passed through to the larger veins in the heart) for 1 of 1 resident reviewed with a PICC line, Resident ID #416.</p> <p>Findings are as follows:</p> <p>According to Lippincott Nursing Procedures, Ninth Edition page 653, states in part, .Make sure to follow evidence-based infection-prevention techniques, such as performing hand hygiene, using maximal barrier precautions, following sterile technique, and properly preparing the insertion site, to reduce the risk of vascular catheter-associated infections.</p> <p>Review of a facility policy titled, Peripheral and Midline IV [intravenous] Dressing Changes dated March 2022 states in part, .Maintain sterile dressing (transparent semi-permeable membrane [TSM] dressing or sterile gauze) for all peripheral catheter sites .</p> <p>Record review revealed that the resident was admitted to the facility in January of 2025 with diagnoses including, but not limited to, osteomyelitis (bone infection) and gangrene (dead tissue caused by an infection or lack of blood flow).</p> <p>During a surveyor observation on 1/14/2025 at 12:05 PM the resident was noted with a PICC line IV dressing to his/her right arm. The dressing was dated 1/14/2025 with gauze under the transparent dressing covering the insertion site.</p> <p>During a surveyor interview and observation on 1/14/2025 at 12:17 PM of Licensed Practical Nurse (LPN), Staff A, she acknowledged that the IV insertion site was covered with gauze making it difficult to assess for signs and symptoms of infection. Staff A immediately began to remove the PICC line dressing from the resident's arm with soiled gloves on. Staff A stopped attempting to remove the PICC line dressing after being instructed by the surveyor. Additionally, Staff A was observed to remove her gloves and attempt to re-secure the dressing with ungloved hands.</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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a surveyor interview on 1/14/2025 at 12:34 PM with Staff A, she acknowledged that changing a PICC line dressing is a sterile procedure, and she did not have a sterile field or sterile gloves on. Additionally, Staff A acknowledged that she should not have attempted to remove the dressing and should not have touched the dressing without gloves on, due to the risk of infection.</p> <p>During a surveyor interview on 1/14/2025 at 12:55 PM with the Director of Nursing Services, she acknowledged that Staff A should not have attempted to remove the resident's PICC line dressing with soiled gloves or without wearing gloves.</p> <p>46118</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>46118</p> <p>50004</p> <p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on record review and staff interview, it has been determined that the facility failed to ensure that residents receive treatment and care in accordance with professional standards of practice, relative to following physician orders for 1 of 1 resident reviewed with a skin tear, Resident ID #79.</p> <p>Findings are as follows:</p> <p>According to Mosby's 4th Edition, Fundamentals of Nursing page 314, states in part, The physician is responsible for directing medical treatment. Nurses are obligated to follow physicians' orders unless they believe the orders are in error or would harm the clients.</p> <p>Record review revealed Resident ID #79 was readmitted to the facility in September of 2024 with diagnoses including, but not limited to, Alzheimer's disease and adult failure to thrive.</p> <p>During a surveyor observation on 1/13/2025 at 9:09 AM, of the resident s/he was observed with a wound dressing to the back of his/her right hand dated 1/7/2025. Further observation revealed the dressing had visible dark soilage underneath.</p> <p>Record review of a physician's order dated 1/7/2025 revealed to cleanse the wound on the back of the right hand with wound cleanser, skin prep the surrounding area and cover with a dry clean dressing daily until resolved.</p> <p>Record review of the January 2025 Treatment Administration Record (TAR), revealed the above-mentioned treatment was documented as being completed on 1/8, 1/9, 1/10, 1/11, and 1/12/2025, during the evening shift.</p> <p>During a surveyor interview on 1/13/2025 at 2:01 PM, with Licensed Practical Nurse (LPN), Staff B, she acknowledged that the wound dressing appeared soiled and was dated 1/7/2025. Additionally, she indicated that the physician's order is scheduled daily and was to be completed on the evening shift.</p> <p>During a surveyor observation on 1/13/2025 at 2:39 PM, with Staff B, she was observed changing the wound dressing. Underneath the Allevyn dressing (a foam dressing) there was a buildup of dry crusted dark black and yellow drainage. Additionally, there was a second dressing underneath the Allevyn that was embedded into the wound bed, requiring the nurse to soak and slowly remove the dressing from the open skin.</p> <p>During a surveyor interview on 1/13/2025 at 3:11 PM with the Director of Nursing Services, she revealed that it would be her expectation that the physician's order would be followed. She further revealed that the TAR should not be signed off as completed if the treatment was not completed.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a surveyor interview on 1/15/2025 at approximately 10:30 AM with Nurse Practitioner, Staff C, she revealed that it would be her expectation that the treatment would be completed as ordered until healed.</p> <p>Cross reference F 842</p>

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46715</p> <p>41542</p> <p>Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to ensure that residents with pressure ulcers receive the necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing for 1 of 1 resident reviewed who was admitted with a pressure ulcer, Resident ID #415.</p> <p>Findings are as follows:</p> <p>Record review revealed that Resident ID #415 was admitted to the facility in January of 2025 with diagnoses including, but not limited to, hemiparesis (one sided muscle weakness because of disruption to the brain or spinal cord) and hemiplegia (total or nearly complete paralysis on one side of the body).</p> <p>Record review of an Admission assessment dated [DATE] revealed the resident has a pressure ulcer to his/her coccyx. Further review failed to reveal measurements or a description of the wound to include staging (classifying wounds based on their depth and severity), exudate (a mass of cells and fluid that has seeped out of blood vessels or an organ, especially in inflammation), pain, wound bed or edges.</p> <p>Review of the resident's admission care plan dated 1/3/2025 revealed the resident has an unstageable (a type of pressure ulcer that develops from long-lasting pressure on the skin where the full depth of the wound cannot be measured due to the presence of necrotic [death of the tissue due to lack of oxygen or blood flow] tissue such as eschar [a scab-like covering of dead tissue]), pressure ulcer of the coccyx and has the potential for pressure ulcer development related to immobility. Further record review revealed interventions including, but not limited to, measure length, width and depth, assess and document status of wound perimeter, wound bed and healing progress.</p> <p>Review of a Weekly Wound Progress Report dated 1/10/2025 revealed the resident has an unstageable pressure ulcer of the coccyx measuring 2 centimeters (cm) by 3 cm. The documentation failed to reveal measurements or a description of the wound until 7 days following admission.</p> <p>During a surveyor interview on 1/15/2025 at 1:22 PM with the Director of Nursing Services, she was unable to provide evidence that the coccyx wound was measured and described upon admission or until 1/10/2025, 7 days following admission.</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46118</p> <p>50004</p> <p>Based on record review and staff interview, it has been determined that the facility failed to ensure that residents maintain acceptable parameters of nutritional status, such as usual body weight for 1 of 2 residents reviewed for significant weight loss, Resident ID #30.</p> <p>Findings are as follows:</p> <p>Record review of a facility policy titled, Weight Assessment and Intervention, with a revision date of March 2022, states in part, .Any weight change of 5% or more since the last weight assessment is retaken the next day for confirmation .if the weight is verified, nursing will immediately notify the dietician in writing .The threshold for significant unplanned and undesired weight loss will be based on the following criteria .a. 1 month - 5% weight loss is significant; greater than 5% is severe. b 3 months - 7.5% weight loss is significant; greater than 7.5% is severe. c. 6 months - 10% weight loss is significant; greater than 10% is severe . Undesirable weight change is evaluated by the treatment team whether or not the criteria for significant weight change has been met .</p> <p>Record review revealed the resident was readmitted to the facility in September of 2024, with diagnoses including, but not limited to, dementia and vitamin D deficiency.</p> <p>Review of a care plan dated 8/18/2023 revealed, the resident has a potential nutritional problem related to a fracture, advanced age and cognition. Staff interventions include, monitor, record and report as needed significant weight loss: 3 pounds (lbs) in 1 week, greater than 5% in 1 month, greater than 7.5% in 3 months, greater than 10% in 6 months.</p> <p>Review of a Minimum Data Set assessment dated [DATE], section K, titled, Swallowing and Nutritional Status had a recorded weight of 151 pounds (lbs.) with no or unknown: weight loss in the last 6 months.</p> <p>Review of a document titled Vital signs: Weight revealed the following weights were obtained:</p> <p>-7/3/2024 151.4 lbs.</p> <p>-8/3/2024 147.8 lbs.</p> <p>-9/27/2024 158.4 lbs.</p> <p>-10/1/2024 158.3 lbs.</p> <p>-11/5/2024 157.0 lbs.</p> <p>-1/9/2025 132.9 lbs.</p> <p>-1/16/2025 135.8 lbs.</p> <p>(continued on next page)</p>

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review failed to reveal a monthly weight was obtained in December of 2024.</p> <p>Record review revealed the resident had the following documented severe weight losses:</p> <ul style="list-style-type: none"> - 11/5/2024 to 1/9/2025: 21.1 lb. weight loss, which is 15.35% in 2 months. - 10/1/2024 to 1/9/2025: 19.5 lb. weight loss, which is 14.27% in 3 months. - 7/3/2024 to 1/9/2025: 18.5 lb. weight loss, which is 12.22% in 6 months. <p>Record review failed to reveal evidence the resident was re-weighed the next day for confirmation when s/he had a documented severe weight loss, as indicated in the facility's policy. The re-weight obtained on 1/16/2025 was completed after it was brought to the facility's attention by the surveyor.</p> <p>Further record review failed to reveal evidence that any interventions were implemented after 1/9/2025, when the resident experienced severe weight loss of 19.5 lbs. (14.27%).</p> <p>Record review revealed the resident was last evaluated by the Dietician on 10/7/2024 and had not been reevaluated since the above weight discrepancies.</p> <p>During a surveyor interview on 1/16/2025 at 9:06 AM with Registered Nurse, Staff D, she acknowledged that the resident should have been re-weighed after a weight change was identified of greater than 5% and the Dietician and provider should have been notified to implement interventions.</p> <p>During a surveyor interview on 1/16/2025 at 2:06 PM with the Director of Nursing Services (DNS) she revealed that she would have expected the staff to re-weigh the resident after his/her weight was obtained on 1/9/2025. Additionally, the DNS could not provide evidence that the Dietitian was notified or that interventions were put in place for the resident's severe weight loss, as indicated in the facility's policy.</p>

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>46118</p> <p>Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to ensure that residents who are fed by a feeding tube receive the appropriate treatment and services to prevent complications for 1 of 2 residents reviewed who require continuous feeding via a gastrostomy tube (G-tube, a surgically placed device used to give direct access to the stomach for supplemental feeding, hydration or medicine), Resident ID #144.</p> <p>Findings are as follows:</p> <p>Review of a policy titled Enteral Nutrition dated November 2018 states in part, .Risk of aspiration [inhaling a substance into the lungs that may lead to coughing and infection] may be affected by .improper positioning of the resident during feeding .</p> <p>Record review revealed the resident was admitted to the facility in March of 2024 with diagnoses including, but not limited to, dysphagia (difficulty swallowing) and cognitive communication deficit.</p> <p>Review of a care plan dated 8/30/2024, revealed the resident required enteral tube feeding with a goal to remain free from complications including, but not limited to, aspiration.</p> <p>Record review revealed a physician's order dated 9/6/2024 to receive continuous enteral feeding via pump set at 60 milliliters (ml) per hour, for a total volume of 1440 ml, with a 300 ml free water flush every 6 hours.</p> <p>Further record review revealed a physician's order dated 9/13/2024 to elevate the head of the resident's bed to the position of 30-45 degrees at all times during enteral feeding, flushing, and medication administration for the prevention of aspiration.</p> <p>During a surveyor observation on 1/14/2025 at 9:13 AM, the resident's enteral feeding was running and the head of his/her bed was not elevated to a position of 30-45 degrees.</p> <p>During a surveyor interview on 1/14/2025 at 9:15 AM with Speech Therapist, Staff E, she acknowledged that the head of the bed was not elevated to at least 30 degrees and immediately raised the head of the bed.</p> <p>During an additional surveyor observation on 1/15/2025 at 11:02 AM, in the presence of Nursing Assistant (NA), Staff F, the resident's enteral feeding was running and the head of the bed was not elevated to at least 30 degrees. Additionally, the resident was observed to be coughing.</p> <p>During a surveyor interview during the above mentioned observation with Staff F, she acknowledged that she had completed providing care for the resident and should have elevated the head of the bed higher.</p> <p>(continued on next page)</p>		

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a surveyor interview on 1/15/2025 at 11:06 AM with Licensed Practical Nurse, Staff G, she indicated that the head of the resident's bed should be elevated to at least 30 degrees while the feeding is running to prevent aspiration.</p> <p>During a surveyor interview on 1/15/2025 at 1:18 PM with the Director of Nursing Services, she indicated that the head of the resident's bed should have been elevated to the position of 30 degrees while the enteral feeding was running.</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>46118</p> <p>50004</p> <p>Based on record review and staff interview it has been determined that the facility failed to maintain the resident's medical record in accordance with accepted professional standards and practices, for 1 of 1 resident reviewed with a skin tear, Resident ID #79.</p> <p>Findings are as follows:</p> <p>Record review revealed Resident ID #79 was readmitted to the facility in September of 2024 with diagnoses including, but not limited to, Alzheimer's disease and adult failure to thrive.</p> <p>During a surveyor observation on 1/13/2025 at 9:09 AM, of the resident s/he was observed with a wound dressing to the back of his/her right hand dated 1/7/2025. Further observation revealed the dressing had visible dark soilage underneath.</p> <p>Record review of a physician's order dated 1/7/2025 revealed to cleanse the wound on the back of the right hand with wound cleanser, skin prep surrounding area and cover with a dry clean dressing daily until resolved.</p> <p>During a surveyor interview on 1/13/2025 at 2:01 PM, with Licensed Practical Nurse (LPN), Staff B, she acknowledged that the wound dressing appeared soiled and was dated 1/7/2025. Additionally, she indicated that the physician's order is scheduled daily and was to be completed on the evening shift.</p> <p>Record review of the January 2025 Treatment Administration Record (TAR) revealed the above-mentioned wound treatment was signed off as completed by LPN, Staff H, on 1/9/2025.</p> <p>Further record review of the January 2025 TAR revealed the above-mentioned wound treatment was signed off as completed by LPN, Staff I on 1/8, 1/10, 1/11 and 1/12/2025.</p> <p>During a surveyor interview on 1/13/2025 at 2:56 PM with Staff H, she was unable to recall why she signed off the wound treatment as completed when she did not complete the wound treatment on 1/9/2025. She further revealed she was unaware the dressing was dated 1/7/2025.</p> <p>During a surveyor interview on 1/13/2025 at 3:02 PM with Staff I, she was unable to recall why she signed off the wound treatment as completed when she did not complete the wound treatment on 1/8, 1/10, 1/11 and 1/12/2025. She further revealed she was unaware the dressing was dated 1/7/2025.</p> <p>During a surveyor interview on 1/13/2025 at 3:11 PM with the Director of Nursing Services, revealed that the TAR should not be signed off as completed if they did not complete the treatment.</p> <p>Cross reference F 684</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>46715</p> <p>46241</p> <p>Provide and implement an infection prevention and control program.</p> <p>Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to maintain an infection prevention and control program to help prevent the transmission of communicable diseases and infections for 4 out of 5 residents reviewed for droplet precautions, Resident ID #s 5, 29, 106, and 107 and for 1 of 1 resident reviewed with a peripherally inserted central catheter (PICC line, a long thin tube that is inserted through a vein in the arm and passed through to the larger veins in the heart), Resident ID #416.</p> <p>Findings are as follows:</p> <p>1a) Record review revealed Resident ID #5 was readmitted to the facility in June of 2024 with a diagnosis including, but not limited to, end stage renal disease.</p> <p>Record review revealed a physician's order dated 1/8/2025 for isolation precautions; droplet precautions until 1/15/2025, due to testing positive for Flu A.</p> <p>Review of the signage posted outside of the resident's room from 1/13/2025 through 1/15/2025 revealed the resident was on special contact/droplet precautions which indicated to wear a gown, gloves, eye protection, and an N-95 mask, prior to room entry.</p> <p>During a surveyor observation on 1/14/2025 at 8:34 AM, Nursing Assistant (NA), Staff J, entered the resident's room, delivered a meal tray, and was speaking with the resident, without wearing a gown, gloves, or eye protection.</p> <p>During a surveyor interview on 1/14/2025, immediately following the above observation, Staff J acknowledged the special contact/droplet precaution signage posted outside the resident's room and revealed the resident was Flu positive. Additionally, she acknowledged that she was not wearing a gown, gloves, or eye protection, as indicated on the posted signage.</p> <p>During a surveyor interview on 1/14/2025 at 10:32 AM with Unit Manager, Staff K, she revealed that she would expect staff to wear the appropriate personal protective equipment (PPE) listed on the special contact/droplet precaution signage posted outside the resident's door.</p> <p>1b) Record review revealed Resident ID #29 was admitted to the facility in December of 2022 with a diagnosis including, but not limited to, dementia.</p> <p>Record review revealed a physician order dated 1/13/2025 for isolation precautions; droplet precautions until 1/18/2025, due to testing positive for Influenza A (Flu A).</p> <p>Review of the signage posted outside of the resident's room from 1/13/2025 through 1/16/2025 revealed the resident was on special contact/droplet precautions which indicated to wear a gown, gloves, eye protection, and an N-95 mask, prior to room entry.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a surveyor observation on 1/16/2025 at 9:40 AM, NA, Staff L, entered Resident ID # 29's room to deliver a meal tray, without wearing eye protection.</p> <p>During a surveyor interview on 1/16/2025 at 10:25 AM, Staff L acknowledged the special contact/droplet precaution signage posted at the resident's door and indicated that the resident had the Flu. She revealed that a gown, gloves, and eye protection should be worn in the resident's room but indicated that she did not have to wear eye protection, as she was wearing eyeglasses.</p> <p>During a surveyor interview on 1/16/2025 at 9:50 AM, with Licensed Practical Nurse (LPN), Staff M, she revealed that Resident ID #29 was on special contact/droplet precautions due to being positive for Flu A. She revealed that for a resident who is on special contact/droplet precautions, staff should be wearing a gown, gloves, N-95 mask, and either goggles or a face shield. She further revealed that normal wear eyeglasses do not count as eye protection, indicating they are not meant for protection.</p> <p>During a surveyor observation on 1/16/2025 at 10:10 AM, Certified Medication Technician, Staff N, entered Resident ID # 29's room to administer medication, without wearing a gown, gloves, or eye protection.</p> <p>During a surveyor interview on 1/16/2025 at 10:11 AM with Staff N, she revealed that the resident was on special contact/droplet precautions due to being positive for the Flu and acknowledged the signage posted at the resident's door. She revealed that a gown, gloves, N-95 mask, and eye protection should be worn in the resident's room and acknowledged that she was not wearing a gown, gloves, or eye protection, as indicated on the posted signage.</p> <p>1c) Record review revealed Resident ID #106 was readmitted in November of 2024 with a diagnosis including, but not limited to, end stage renal disease.</p> <p>Review of a progress note dated 1/8/2025 revealed the resident tested positive for COVID-19. It further revealed contact and droplet precautions were initiated.</p> <p>Review of the signage posted outside of the resident's room from 1/13/2025 through 1/16/2025 revealed the resident was on special contact/droplet precautions which indicated to wear a gown, gloves, eye protection, and an N-95 mask, prior to room entry.</p> <p>During a surveyor observation on 1/13/2025 at 10:10 AM, NA, Staff O, was observed entering the resident's room without wearing eye protection.</p> <p>During a surveyor interview on 1/13/2025 at 10:31 AM, with Staff O, she indicated that only a gown and gloves were needed to enter the resident's room. Further, she acknowledged the signage posted at the resident's door and that she should have been wearing eye protection.</p> <p>(continued on next page)</p>		

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 01/16/2025
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.			
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a surveyor observation on 1/15/2025 at 10:20 AM, NA, Staff P, was observed entering the resident's room to provide care, without wearing eye protection. At 10:44 AM, Staff P exited the resident's room, without removing her gown and gloves, walked approximately six feet down the hallway, and obtained clean linens off of the multi-use clean linen cart. Staff P then removed her gown, brought a dirty linen bin from the hallway, and moved it to the resident's doorway. At this time, Staff P, picked up dirty linen from the floor of Resident ID #106's room and put it in the dirty linen bin, without wearing a gown.</p> <p>During a surveyor interview on 1/15/2025 at 10:44 AM with Staff P, she acknowledged the signage posted outside the resident's room and that she was not wearing eye protection when she entered the resident's room, as indicated by the signage posted outside the resident's room. Additionally, she acknowledged that she did not remove her gown and gloves before exiting the room and that she picked up dirty linen's without wearing a gown.</p> <p>During a surveyor interview on 1/15/2025 at 10:51 AM, with Registered Nurse, Staff Q, she acknowledged that Resident ID #106 was on special contact/droplet precautions for COVID-19 and indicated that all staff should wear eye protection when entering the resident's room. She further revealed that staff should not exit the room with PPE still on or touch clean linen carts with dirty gloves.</p> <p>1d) Record review revealed Resident ID #107 was readmitted to the facility in December of 2024 with a diagnosis including, but not limited to, COVID-19.</p> <p>Review of a progress note dated 1/7/2025 revealed the resident tested positive for COVID-19. It further revealed contact and droplet precautions were initiated.</p> <p>Review of the signage posted outside of the resident's room from 1/13/2025 through 1/16/2025 revealed the resident was on special contact/droplet precautions which indicated to wear a gown, gloves, eye protection, and an N-95 mask, prior to room entry.</p> <p>During a surveyor observation on 1/13/2025 at 10:15 AM, a Hospice provider, Staff R, was observed in the resident's room, at his/her bedside, and was not wearing a gown or eye protection.</p> <p>During a surveyor interview on 1/13/2025 at 10:19 AM with Staff R, she acknowledged that she was not wearing a gown or eye protection, as instructed in the special contact/droplet precaution signage and indicated that she was unaware of the precautions.</p> <p>During a surveyor interview on 1/13/2025 at approximately 10:20 AM, with RN, Staff Q, she revealed that Resident ID #107 was on special contact/droplet precautions due to being COVID positive and acknowledged that staff should follow the signage posted at the resident's door.</p> <p>During a surveyor interview on 1/15/2025 at 10:32 AM, with the Infection Preventionist, she revealed that she would expect staff to wear the appropriate PPE, as indicated on the special contact/droplet precaution signage posted outside the resident rooms.</p> <p>During a surveyor interview on 1/15/2025 at 1:18 PM, with the Director of Nursing Services (DNS), she revealed that staff should be following the directions on the special contact/droplet precaution signage and wear the appropriate PPE. She further revealed that staff should remove the PPE prior to exiting resident rooms.</p> <p>(continued on next page)</p>		

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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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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. Record review revealed Resident ID #416 was admitted to the facility in January of 2025 with diagnoses including, but not limited to, osteomyelitis (bone infection) and gangrene (dead tissue caused by an infection or lack of blood flow).</p> <p>Record review revealed a physician's order dated 1/12/2025 for enhanced barrier precautions due to wounds.</p> <p>Review of the signage posted outside of Resident ID #416's room revealed that staff must wear a gown and gloves during device care or use of a central intravenous (IV) line.</p> <p>During a surveyor observation on 1/14/2025 at 12:05 PM the resident was noted with a PICC line IV to his/her right arm.</p> <p>During a surveyor observation on 1/14/2025 at approximately 12:30 PM, Licensed Practical Nurse, Staff A was touching the PICC line dressing with ungloved hands.</p> <p>During a surveyor interview on 1/14/2025 at 12:34 PM with Staff A, she acknowledged that the resident is on enhanced barrier precautions, and she should not have touched his/her PICC line dressing without gloves on.</p> <p>During a surveyor interview on 1/14/2025 at 12:55 PM with the DNS she acknowledged that Staff A, should not have been touching Resident ID #416's PICC line dressing without gloves on due to the resident being on enhanced barrier precautions.</p> <p>46118</p> <p>50004</p>

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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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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Implement a program that monitors antibiotic use.</p> <p>46715</p> <p>Based on record review and staff interview, it has been determined that the facility failed to establish an Infection Prevention and Control Program (IPCP) that must include, at a minimum, an antibiotic stewardship program which includes antibiotic use protocols and a system to monitor antibiotic use to ensure that residents who require an antibiotic, are prescribed the appropriate antibiotic for 3 of 3 residents reviewed for antibiotic use, Resident ID #s 15, 32, and 53.</p> <p>Findings are as follows:</p> <p>According to the Centers for Disease Control and Prevention (CDC) document titled, The Core Elements of Antibiotic Stewardship for Nursing Homes states in part, Standardize the practices which should be applied during the care of any resident suspected of an infection or started on an antibiotic. These practices include improving the evaluation and communication of clinical signs and symptoms when a resident is first suspected of having an infection, optimizing the use of diagnostic testing, and implementing an antibiotic review process, also known as an antibiotic time-out, for all antibiotics prescribed in your facility. Antibiotic reviews provide clinicians with an opportunity to reassess the ongoing need for and choice of an antibiotic when the clinical picture is clearer and more information is available .Track the amount of antibiotic used in your nursing home to review patterns of use and determine the impact of new stewardship interventions . Interventions designed to shorten the duration of antibiotic courses, or discontinue antibiotics based on post-prescription review (i.e., antibiotic time-out), may not necessarily change the rate of antibiotic starts, but would decrease the antibiotic DOT [days of therapy] .</p> <p>1. Record review revealed that Resident ID #15 was readmitted to the facility in July of 2024 with diagnoses including, but not limited to, chronic obstructive pulmonary disorder and type II diabetes mellitus.</p> <p>Record review revealed a physician's order for Levaquin (an antibiotic) 750 milligrams (MG) by mouth once daily for 6 days for a cough with a start date of 1/14/2025 and an end date of 1/20/2025.</p> <p>Record review failed to reveal evidence of an antibiotic review or an antibiotic time out.</p> <p>2. Record review revealed that Resident ID #32 was readmitted to the facility in January of 2024 with diagnoses including, but not limited to, chronic kidney disease and bipolar disorder.</p> <p>Record review revealed a physician's order for Amoxicillin (an antibiotic) 500 MG by mouth twice daily for a dental infection with a start date of 1/10/2025 and an end date of 1/20/2025.</p> <p>Record review failed to reveal evidence of an antibiotic review or an antibiotic time out.</p> <p>3. Record review revealed that Resident ID #53 was admitted to the facility in October of 2024 with diagnoses including, but not limited to, Parkinson's disease and dementia.</p> <p>Record review revealed a physician's order for Cephtriaxone (an antibiotic) 1 gram daily for 5 days for pneumonia with a start date of 1/10/2025 and an end date of 1/14/2025.</p> <p>(continued on next page)</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review failed to reveal evidence of an antibiotic review or an antibiotic time out.</p> <p>During a surveyor interview on 1/15/2025 at 10:27 AM with the Infection Preventionist, she acknowledged that antibiotic time outs had not been completed for the above-mentioned residents receiving antibiotics. Additionally, she acknowledged that the facility is not completing antibiotic time outs for any residents that are prescribed antibiotics.</p> <p>46118</p>