

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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<p>F 0924</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Put firmly secured handrails on each side of hallways.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on surveyor observation and staff interview, the facility failed to maintain the hallway handrails in a safe operating condition for 3 of 4 units observed. Findings are as follows:During a surveyor observation on 3/17/2026 at approximately 12:54PM, revealed the wall railing to the left of room [ROOM NUMBER] was noted to move slightly when this surveyor leaned against the wall. Further observation of the railing revealed that the right side of that railing was not secured to the wall. Additional surveyor observations on 3/18/2026 at approximately 9:30 AM, revealed that the hallway handrails were in disrepair and were becoming detached from the wall in the following locations:Second floor by stairwell ASecond floor south unit by the storage roomSecond floor north unit by resident room [ROOM NUMBER]Second floor north unit by resident room [ROOM NUMBER]Third floor north unit by the elevatorThird floor north unit by resident room [ROOM NUMBER]Third floor north unit by resident room [ROOM NUMBER]During a surveyor interview with the Maintenance Director on 3/19/2026 at approximately 10:10 AM, he acknowledged that the hallway handrails in the above-mentioned locations were in disrepair and were becoming detached from the walls.</p>		

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<p>F 0557</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 be treated with respect and dignity and to retain and use personal possessions.</p> <p>Based on surveyor observation, clinical record review, and staff interview, the facility failed to ensure that each resident was treated with respect and dignity for 1 of 2 residents reviewed, in relation to a dressing change, Resident ID #4. Findings are as follows:Record review of a facility policy titled Resident Rights Guidelines for All Nursing Procedures last revised in October of 2010, states in part, .1. For any procedure that involves direct resident care, follow these steps.Close the room entrance door and provide for the resident's privacy.Record review revealed a physician's order dated 3/15/2026 to clean the wound to his/her coccyx (tailbone) and apply a treatment daily and as needed.During a surveyor observation of a dressing change on 3/18/2026 at approximately 10:00 AM, Licensed Practical Nurse (LPN), Staff A, was observed entering and exiting the room while preparing wound care supplies at the resident's bedside table. Staff A failed to provide privacy, as the privacy curtain was not drawn and the door to the resident's room was left open. The resident was observed without pants, wearing only a brief, and was exposed to individuals passing in the hallway.During a surveyor interview with Staff A following the above observation, she acknowledged that she should have pulled the privacy curtain or covered the resident while going in and out of the room.During a surveyor interview on 3/18/2026 at 1:00 PM with the Director of Nursing Services, in the presence of the Regional Director of Clinical Services, she was unable to provide evidence that staff ensured the resident was provided with privacy during the dressing change.</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>Based on surveyor observation, clinical record review, and staff interview, the facility failed to ensure that residents with pressure ulcers (localized damage to the skin and underlying tissues caused by constant pressure on an area over a long period of time) receive necessary treatment and services consistent with professional standards of practice, to promote healing, prevent infection, and prevent new ulcers from developing for 2 of 5 residents reviewed, Resident ID #s 17 and 31. Findings are as follows: According to Lippincott Nursing Center Procedure titled Wound Assessment, Management, and Documentation dated October 2022, states in part, .The initial assessment should be completed when the wound is first observed. Follow-up assessments should be completed at least weekly. the physician will help identify medical interventions related to wound management .Review of a facility policy titled Pressure Ulcers/Skin Breakdown-Clinical Protocol with a revision date of 2014, states in part, .In addition, the nurse shall describe and document/report the following: a full assessment of pressure sore [ulcer] including location, stage, length, width, and depth, presence of exudates [liquid that seeps from wounds] or necrotic [dead tissue] tissue. the physician will help identify medical interventions related to wound management . 1. Record review revealed Resident ID #17 was admitted to the facility in February of 2026 with diagnosis including, but not limited to, unstageable pressure ulcer (a full thickness wound where the depth and extent of tissue damage cannot be determined as it is obscured by dead tissue) to the right heel. Record review of a care plan dated 3/8/2026 revealed, the resident has a pressure injury on the right heel and has the potential to develop a pressure ulcer related to immobility. Staff interventions include, but are not limited to, documenting wound length, width, and depth where possible, status of wound perimeter, and wound bed. Record review of weekly skin assessments dated 3/3/2026 and 3/9/2026, failed to reveal evidence that the resident's right heel unstageable pressure ulcer was indicated on these assessments. Additionally, the assessments failed to reveal evidence of measurements of the pressure ulcer including length, width, and depth, and a full description of the pressure ulcer including location, stage, and the presence of exudates or necrotic tissue, per the facility's policy. During a surveyor interview on 3/17/2026 at 3:11 PM with the Unit Manager (UM), Staff F, she acknowledged Resident ID #17 has an unstageable pressure ulcer to his/her right heel and was unable to provide evidence the pressure ulcer was measured and documented weekly for the weeks of 3/3/2026 and 3/9/2026. During a surveyor interview on 3/18/2026 at 9:35 AM with the Director of Nursing Services (DNS), in the presence of the Regional Director of Clinical Services (RDCS), she stated that Resident ID #17 was admitted to the facility with an unstageable pressure ulcer to his/her right heel and would have expected the wound to be measured weekly with a full description documented on the skin assessment. She was unable to provide evidence that the weekly measurements for Resident ID #17's pressure ulcer were obtained for the weeks of 3/3/2029 and 3/9/2026. 2. Per the National Pressure Injury Advisory Panel, an intact blister located over a pressure area is classified as a stage 2 pressure injury (a partial-thickness loss of skin with exposed dermis (middle layer of skin)). a. Record review revealed Resident ID #31 was admitted to the facility in February of 2026 with a diagnosis including, but not limited to, vascular dementia. Record review of a physician's order dated 2/4/2026 indicated that skin prep (a barrier agent used on intact skin that should not be applied to an open wound bed) was to be applied to three intact blisters on the coccyx (tailbone) twice daily. Record review of the skin assessments dated 2/4, 2/9 and 2/16/2026, revealed the resident had a blister on his/her coccyx. Additionally, the assessments failed to reveal evidence of measurements of the pressure ulcer including length, width, and depth, and a full description of the pressure ulcer including location, stage, and the presence of exudates or necrotic tissue, per the facility's policy. b. Record review revealed that on 2/25/2026, a wound care provider assessed the resident and determined that the coccyx wound had progressed to a stage 3 pressure ulcer (full-thickness skin loss and exposure of the fatty tissue beneath). The provider recommended cleansing the wound with normal saline, applying medicated honey, and (continued on next page)</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>covering with a silicone foam dressing daily. The record failed to reveal these recommendations were implemented until 2/28/2026. In the interim, staff continued to apply skin prep to the wound site, which was no longer appropriate, as the previous stage 2 intact blisters had become an open wound, and skin prep should not be used on open wounds. During a surveyor interview on 3/17/2026 at 2:57 PM with the UM, Staff F, she stated that Resident ID #31 was admitted with blisters to his/her coccyx and acknowledged that the blisters were not measured because they do not measure blisters. Additionally, Staff F acknowledged that there were no measurements documented of the blisters until 2/25/2026 when it was identified as a stage 3 pressure ulcer. During additional interviews on 3/18/2026 at 9:30 AM and 3/19/2026 at 2:31 PM with the DNS, in the presence of the RDCS, she stated that a blister is considered a stage 2 pressure ulcer and that staff are expected to measure and document blisters weekly. She further indicated that Resident ID #31 was seen by the wound provider on 2/25/2026, at which time the coccyx blister was identified as a stage 3 pressure ulcer. The DNS was unable to provide evidence that the new wound treatment order from the provider was implemented on 2/25/2026. She also did not clarify the standard process staff are to follow when a provider writes a recommendation for an order. Additionally, the DNS could not provide evidence that Resident ID #31 received appropriate treatment for the stage 3 pressure ulcer on 2/26/2026 and 2/27/2026.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on surveyor observation, clinical record review, and staff interview, the facility failed to provide respiratory care consistent with professional standards of practice for 2 of 3 residents reviewed related to a BiPAP machine (Bilevel Positive Airway Pressure - a noninvasive ventilator machine prescribed to assist breathing by delivering pressurized air through a mask), Resident ID #s 161 and 204. Findings are as follows: Record review of a facility policy titled .BIPAP Support. states in part, .Preparation.3. Review the physician's order to determine the oxygen concentration and flow, and the PEEP pressure [Positive End-Expiratory Pressure - a medical ventilator setting that maintains positive pressure in the lungs at the end of exhalation].for the machine.General Guidelines for Cleaning.4. Machine cleaning: Wipe machine with warm, soapy water and rinse at least once a week and as needed.5. Humidifier (if used):a. Use clean, distilled water only in the humidifier chamber.b. Clean humidifier weekly and air dry.c. To disinfect, place vinegar-water solution (1:3) in clean humidifier. Soak for 30 minutes and rinse thoroughly.6. Filter cleaning;a. Rinse washable filter under running water once a week to remove dust and debris.7. Masks, nasal pillows and tubing: Clean daily by placing in warm, soapy water and soaking/agitating for 5 minutes. Mild dish detergent is recommended. Rinse with warm water and allow it to air dry between uses.1. Record review revealed Resident ID #161 was readmitted to the facility in March of 2026 with a diagnosis including, but not limited to, chronic diastolic congestive heart failure (a long-term condition where the left ventricle of the heart becomes stiff, causing shortness of breath and other medical symptoms).Record review of the admission Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status score of 15 out of 15, indicating intact cognition.a. Record review revealed a physician's order to apply BiPAP at bedtime and as needed for naps, check placement and functioning while applied.Further review of the physician's orders failed to reveal evidence of an order to clean the BiPAP, per the facility policy.Surveyor observations on 3/15/2026 at 10:56 AM and 3/17/2026 at 8:45 AM, the surveyor noted the resident was using a BiPAP while sleeping.During a surveyor observation on 3/17/2026 at 3:19 PM with the Unit Manager (UM), Staff F, the BiPAP device was noted to have small brown particles inside the face mask and a brown discoloration within the tubing. During a surveyor interview on 3/18/2026 at 9:35 AM with the Director of Nursing Services (DNS), and the Regional Director of Clinical Services, they stated that, per facility policy, there should be an order to clean the BiPAP mask daily and the tubing weekly.b. Record review of the BiPAP manufacturer's user manual revealed that room temperature distilled water must be utilized for filling the machine's humidifier.During a surveyor observation and interview with the resident on 3/18/2026 at 12:42 PM, the BiPAP machine's water chamber (humidifier) was found to be empty. The resident reported that the BiPAP dries out his/her face and mouth, and that staff do not consistently fill the humidifier with distilled water.Record review failed to reveal evidence that the BiPAP's humidifier is filled with distilled water when being utilized, according to the manufacturer's manual.During a surveyor interview on 3/18/2026 at 12:58 PM with the UM, Staff F, she failed to provide evidence that staff fill the BiPAP's humidifier with distilled water. 2. Record review revealed Resident ID #204 was admitted to the facility in February of 2023 with diagnoses including, but not limited to, obstructive sleep apnea (a serious sleep disorder where breathing repeatedly stops and starts because throat muscles relax, causing the airway to collapse or narrow during sleep) and chronic respiratory failure (a long-term condition where the lungs cannot adequately exchange oxygen and carbon dioxide, resulting in low oxygen).Record review revealed a physician's order dated 9/9/2024 for use of a BiPAP machine at bedtime and as needed for naps, with instructions to verify proper placement and function, and to administer 2 liters of oxygen via nasal cannula under the mask. The order also included individualized settings for the BiPAP machine.Record review revealed the resident was discharged to the hospital and admitted on [DATE] with diagnoses of pericardial and pleural (continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>effusion (abnormal accumulations of fluid in the chest surrounding the heart or lungs, resulting in difficulty breathing). The resident returned to the facility on 3/10/2026. Record review failed to reveal evidence that an order was initiated for the resident to continue BiPAP therapy for obstructive sleep apnea upon readmission on [DATE], nor had the physician been contacted regarding the therapy. A readmission progress note signed on 3/12/2026 by Nurse Practitioner, Staff G, subsequently indicated a plan to continue BiPAP therapy for the resident's obstructive sleep apnea. A surveyor observation of the resident on 3/16/2026 at 10:27 AM, revealed the resident was sleeping and not utilizing the BiPAP machine. Record review of the March 2026 Medication Administration Record failed to reveal evidence of a physician's order for use of a BiPAP for the resident. During a surveyor interview on 3/18/2026 at 11:33 AM with the UM, Staff H, she revealed that the resident has not been using his/her BiPAP machine since returning from the hospital as s/he did not have a physician's order. She stated that she has reported this to Nurse Practitioner, Staff G, when she assessed the resident on 3/12/2026 and several following occasions, however, Staff G failed to provide an order. During a surveyor interview on 3/18/2026 with Staff G at 11:34 AM, she revealed that she assessed the resident on 3/12/2026 and wanted the resident to continue utilizing the BiPAP machine for the treatment of obstructive sleep apnea. However, she acknowledged that she did not write an order. Record review revealed that on 3/19/2026 at 12:33 PM, Staff G initiated a physician's order for the resident to use a BiPAP machine with 2 liters of oxygen via nasal cannula under the mask during nighttime and naps. This indicates that the order was not implemented until 24 hours after the issue was brought to Staff G's attention by the surveyor. During a surveyor interview on 3/19/2026 at 12:54 PM with the resident's physician, Staff I, he revealed that he would have expected Staff G to provide the BiPAP treatment order as soon as possible and for Resident ID #204 to receive his/her BiPAP therapy upon readmission to the facility.</p>		