STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415042	A. Building B. Wing	02/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Adviniacare Waterview Villas, LLC	1275 South Broadway East Providence, RI 02914

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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, resident, and staff interview the facility failed to provide pharmaceutical services that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals to meet the needs of each resident related to pramipexole (a medication prescribed to treat restless leg syndrome (RLS;) RLS is a neurological condition characterized by uncomfortable sensations described as crawling, tingling, or aching.) 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 2/12/2026 alleges that Resident ID #1 was not administered his/her prescribed pramipexole because the medication was unavailable due to an issue with the pharmacy.Record review revealed that the resident was admitted to the facility in January of 2026 with diagnoses including, but not limited to, RLS and seizures.Review of an admission Minimum Data Set assessment dated [DATE], revealed a Brief Interview for Mental Status score of 15 out of 15, indicating intact cognition.Record review revealed the following physician's order:-1/23/2026, pramipexole dihydrochloride oral tablet 0.5 milligrams, give two tablets by mouth, two times a day related to RLS.Record review of the February 2026 Medication Administration Record revealed that the pramipexole was documented as not administered per the order on the following dates and times:-2/8/2026 afternoon-2/9/2026 morning-2/9/2026 afternoon-2/10/2026 morning-2/10/2026 afternoon-2/11/2026 morning-2/11/2026 afternoon-2/12/2025 morning -2/12/2026 afternoon This indicates that the resident was not administered his/her prescribed pramipexole for a total of nine doses from 2/8/2026 through 2/12/2026. Additionally, the record revealed that because of this the resident requested to be transferred to the Emergency Department (ED) so s/he could receive the medication, as it was unavailable at the facility. Record review of a progress note dated 2/11/2026 at 8:21 PM, authored by a provider revealed that the pharmacy failed to deliver the resident's ordered pramipexole for RLS. The note further indicates that the resident requested to be transferred to the ED to have access to his/her medication. During a surveyor interview on 2/27/2026 at 11:31 AM, with the resident, s/he stated that s/he went about three days without receiving his/her pramipexole as ordered for RLS because it was not available. S/he further indicated that s/he requested to be transferred to the ED because his/her legs were uncomfortable, with pain that radiated to his/her back. Additionally, s/he stated that s/he paced around the unit because sitting still was uncomfortable. During a surveyor interview with the Director of Nursing Services on 2/27/2026 at 2:55 PM, she acknowledged that the medication was not administered as ordered because it was unavailable from the pharmacy on 2/8, 2/9, 2/10, 2/11, and 2/12/2026.During a surveyor interview on 2/27/2026 at 3:25 PM with the Pharmacy Account Manager, he stated that the request for a refill of the pramipexole was not submitted by the facility until 2/12/2026.

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