STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415049	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cedar Haven Operations LLC Dba Lake Forrest Health	180 Log Road Smithfield, RI 02917

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review and staff interview, the facility failed to ensure services provided to residents met professional standards of nursing practice for 1 of 1 resident reviewed who had physician orders for thin liquids by spoon only and for obtaining vital signs every shift for 7 days, that were not followed, Resident ID #1.Findings are as follows:Record review of a community-reported complaint submitted to the Rhode Island Department of Health on 3/16/2026, alleged in part, that the complainant received a call and a video from a family member of Resident ID #1. The video was reportedly recorded from a video surveillance camera located in the resident's room. The video revealed that during the overnight shift on 3/16/2026, a nurse provided the resident with a drink using a straw while the resident was lying down. The resident has physician's orders to consume liquids via spoon only and while positioned upright. 1. Record review revealed Resident ID #1 was admitted to the facility in December 2024 with diagnoses including, but not limited to, seizure disorder, autonomic dysfunction (a condition in which the autonomic nervous system does not properly regulate involuntary bodily functions such as heart rate, blood pressure, and digestion), presence of a gastrostomy tube (a medical device inserted through the abdomen directly into the stomach to deliver nutrition, fluids, and medications), bilateral upper extremity muscle contractures (permanent tightening of muscles, tendons, or skin causing reduced motion and joint deformity in both arms), and dysphagia (difficulty swallowing).Record review of a Quarterly Minimum Data Set assessment dated [DATE] revealed the resident was unable to self-feed and was dependent on staff for eating.Record review revealed a physician's order dated 1/6/2026 for the resident to receive a house diet, minced and moist texture, with thin liquids to be provided by a spoon only.Record review of a care plan initiated on 12/4/2024 revealed the resident had swallowing difficulty, with interventions including, but not limited to, providing thin liquids via spoon.Record review of a progress note dated 3/16/2026 at 3:00 PM revealed the nurse received a phone call from a family member who indicated that while viewing the camera footage on 3/16/2026 at approximately 4:14 AM, they witnessed a staff member giving the resident a drink using a straw while the resident was lying down.During a surveyor interview on 3/25/2026 at 1:37 PM with the Director of Nursing Services (DON), in the presence of the Administrator, she revealed that she had reviewed the video footage and acknowledged that a nurse provided thin liquids to the resident with a straw while s/he was not sitting upright in the bed, and continuing to do so while the resident was coughing. The DON indicated it was her expectation that all nurses would follow the physician's order to provide thin liquids by a spoon only due to the resident's aspiration risk.2. Record review revealed a physician's order dated 3/19/2026 to obtain the resident's vital signs, including lung sounds, oxygen saturation (blood oxygen level), temperature, and to document signs and symptoms of aspiration (the inhalation of, liquid, or foreign material into the airway and lungs), including coughing or runny nose, every shift for 7 days.Record review of the March 2026 Medication Administration Record revealed that the facility failed to obtain the resident's vital signs during the 3:00 PM to 11:00 PM and the 11:00 PM to 7:00 AM shifts on 3/23/2026, as well as the 11:00 PM to 7:00 AM shift on 3/24/2026.During a surveyor interview on 3/25/2026 at approximately 2:15 PM with the DON, in the presence of the Administrator, she revealed she would (continued on next page)

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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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	expect that vital signs would be obtained and documented each shift as ordered. Additionally, she acknowledged the facility failed to ensure physician orders were followed for Resident ID #1.