

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

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 07/30/2026
NAME OF PROVIDER OR SUPPLIER Cedar Haven Operations LLC Dba Lake Forest Health		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0825 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide or get specialized rehabilitative services as required for a resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review and staff interview, the facility failed to provide specialized rehabilitation services for 1 of 3 residents reviewed relative to physical therapy services, Resident ID #1. Findings are as follows: Review of a complaint received by the Rhode Island Department of Health on 7/29/2026 alleges in part, the facility lacks the training and knowledge needed to meet [the resident's] rehabilitative needs. [s/he] is being misclassified as someone with congenital/chronic conditions and not someone with restorative potential. This is leading to insurance denials when it comes to receiving therapy and improper care planning. Record review revealed that the resident was admitted to the facility in December of 2024 with a diagnosis including, but not limited to, traumatic brain injury. Review of a Quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status score of 4 of 15, indicating severe cognitive impairment. Additional review of the MDS revealed s/he is dependent on staff for bed mobility and transfers. Review of a Continuity of Care Consultation and Referral Form from [NAME] University Medicine and Rehabilitation dated 1/27/2026 revealed a recommendation to resume physical (PT) and occupational therapy (OT). Review of a nursing progress note dated 1/27/2026 revealed that the recommendation to resume physical and occupational therapy was reviewed and approved by Physician Assistant, Staff A. Review of a Continuity of Care Consultation and Referral Form from [NAME] University Medicine and Rehabilitation dated 3/31/2026 revealed a recommendation to continue PT and OT for range of motion to bilateral upper and lower extremities. Review of a Continuity of Care Consultation and Referral Form from [NAME] University Medicine and Rehabilitation dated 5/21/2026 revealed the resident had a severe traumatic brain injury with significant recovery and recommendations for PT, OT, and speech therapy (ST) for the max allotted time allowed at the facility. Review of a Continuity of Care Consultation and Referral Form from [NAME] University Medicine and Rehabilitation dated 6/30/2026 revealed the resident has had amazing progress with communication and participation. Additionally, there were recommendations for PT, OT, and ST at regular intervals for the max allotted time weekly. Review of Procedure Visit Progress Notes authored by the Physical Medicine and Rehabilitation Medical Doctor, dated 6/30/2026 states in part, strongly recommend resumption of PT/OT/ST at this time at max allocated intervals permitted at facility given ongoing functional gains. Record review failed to reveal evidence of a PT screen, evaluation, or treatment since it was first requested in January of 2026, indicating it has been more than 6 months without the resident receiving the recommended rehabilitative services. During a surveyor interview on 7/30/2026 at 1:04 PM with Physician Assistant, Staff A, she revealed that she approved the recommendations for Resident ID #1 to be seen by PT/OT and ST. Additionally, she revealed that she would expect the staff to follow recommendations made by the specialists. During a surveyor interview on 7/30/2026 at 1:20 PM with the Rehab Director, he acknowledged that Resident ID #1 had not been evaluated or (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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 415049	Facility ID: 415049 If continuation sheet Page 1 of 2

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F 0825 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	treated by physical therapy since December of 2025, and was aware that PT had been requested several times since January of 2026. During a surveyor interview on 7/30/2026 at 1:37 PM, with the Administrator and Director of Nursing Services, they were unable to provide evidence that Resident ID #1 received the specialized rehabilitation services for physical therapy since it was approved by PA, staff A on 1/27/2026.		