

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415050	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/05/2026
NAME OF PROVIDER OR SUPPLIER The Dawn Hill Home for Rehab and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE One Dawn Hill Road Bristol, RI 02809	

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>Based on a review of the clinical record and staff interviews, the facility failed to ensure that services were provided in accordance with professional standards of quality by not following the physician's orders. This failure involved 1 of 1 resident reviewed who was prescribed a medication to prevent an adverse reaction after being served food to which the resident had a known allergy, Resident ID #2. According to Mosby's 4th Edition, Fundamentals of Nursing, page 314 states, The physician is responsible for directing medical treatment. Nurses are obligated to follow physician's orders unless they believe the orders are in error or would harm the clients. Review of a community reported complaint submitted to the Rhode Island Department of Health on 1/27/2026 alleges that Resident ID #2 experienced an acute medical episode as a result of an allergic reaction. Record review revealed the resident was admitted to the facility in July of 2024 with a diagnosis including, but not limited to, dementia. Review of the resident's listed allergies revealed s/he has an allergy to tomatoes. Further review revealed the tomato sauce allergy was entered into his/her electronic health record on 6/24/2025. Additionally, it revealed the severity of the tomato allergy was unknown. Review of a progress note dated 10/9/2025 at 10:30 AM authored by the Nurse Practitioner states in part, .Patient [Resident ID #2] was also noted to have eaten red tomato sauce in [his/her] food this afternoon which [s/he] has an allergy to. Will recommend Reglan [a medication prescribed to treat heartburn, nausea, and vomiting] 10 mg [milligrams] once and continued close monitoring for any signs and symptoms of allergic reaction. Review of a physician's order dated 10/9/2025 revealed to administer Reglan 10 mg one time. Review of the October 2025 Medication Administration Record revealed Reglan was coded as 9 by Licensed Practical Nurse, Staff A, indicating to refer to the progress notes. Review of a progress note dated 10/9/2025 at 7:29 PM authored by Staff A revealed that the Reglan was pending delivery from the pharmacy. Record review failed to reveal evidence that the resident received Reglan or that the provider was notified that the resident did not receive his/her medication as ordered. Review of an Inventory Summary dated 1/31/2025 for the facility's Pyxis machine (an automated medication dispensing machine that stocks commonly prescribed medications) revealed that it stocks a minimum of three 5 mg Reglan tablets. During a surveyor interview on 2/5/2026 at approximately 12:30 PM with Staff A, she acknowledged that the Reglan was not administered to the resident as ordered and was unable to provide evidence that the provider was notified. During a surveyor interview on 2/5/2026 at approximately 1:10 PM with the Director of Nursing Services, she revealed that Reglan is regularly stocked in the Pyxis machine and would have expected the resident to have received the medication as ordered. Additionally, she revealed that if a medication is not administered to a resident, she would expect the nurse to notify the provider and document it. Cross reference F 806</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 415050	If continuation sheet Page 1 of 2

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>Based on clinical record and staff interview, the facility served food to a resident that s/he had a known allergy to, Resident ID #2. Findings are as follows:Review of a community reported complaint submitted to the Rhode Island Department of Health on 1/27/2026 alleges that Resident ID #2 experienced an acute medical episode as a result of an allergic reaction.Record review revealed the resident was admitted to the facility in July of 2024 with a diagnosis including, but not limited to, dementia.Review of the resident's listed allergies revealed s/he has an allergy to tomatoes. Further review revealed the tomato sauce allergy was entered into his/her electronic health record on 6/24/2025. Additionally, it revealed the severity of the tomato allergy was unknown.Review of a progress note authored by the Nurse Practitioner dated 10/9/2025 at 10:30 AM states in part, .Patient [Resident ID #2] was also noted to have eaten red tomato sauce in [his/her] food this afternoon which [s/he] has an allergy to.continued close monitoring for any signs and symptoms of allergic reaction.During a surveyor interview on 2/5/2026 at approximately 1:10 PM with the Director of Nursing Services, she acknowledged that the resident has a documented allergy to tomatoes and should not have been served a tomato product.Cross reference F 658</p>		