Printed: 06/26/2025 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415053	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/24/2025
NAME OF PROVIDER OR SUPPLIER Cherry Hill Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 2 Cherry Hill Road Johnston, RI 02919	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few			

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: 415053

If continuation sheet Page 1 of 6

			NO. 0930-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415053	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/24/2025
NAME OF PROVIDER OR SUPPLIER Cherry Hill Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 2 Cherry Hill Road Johnston, RI 02919	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		ion)
F 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a surveyor interview on 4/24/2025 at 9:40 AM with the Director of Nursing Services and the Assistant Director of Nursing Services, they acknowledged that the resident had a surgical wound and a Hemovac drain on admission. Additionally, they were unable to provide evidence that the baseline care plan included instructions needed to provide effective and person-centered care relative to the use of a Hemovac drain for Resident ID #1.		

			No. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415053	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/24/2025
NAME OF PROVIDER OR SUPPLIER Cherry Hill Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 2 Cherry Hill Road Johnston, RI 02919	
For information on the nursing home's	or information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.		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	Johnston, RI 02919 s plan to correct this deficiency, please contact the nursing home or the state survey agency. SUMMARY STATEMENT OF DEFICIENCIES		rds of quality. Indeen determined that the facility ality relative to a Hemovac drain (a after surgery. The Hemovac drain ized flat and expands as it fills with a light properties of the many strain and the solid properties of the many strain and the many strai

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NAME OF PROVIDER OR SUPPLII	ER	STREET ADDRESS, CITY, STATE, ZI	P CODE
Cherry Hill Manor		2 Cherry Hill Road Johnston, RI 02919	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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	Record review of the physician's orders failed to reveal an order to empty the Hemovac drain's contents, the frequency, amount and description of the drainage per the facility policy. Additionally, the record failed to		
Level of Harm - Minimal harm or potential for actual harm	have an order for monitoring the He	emovac drain's function from 3/28/2025	5 through 3/30/2025.
Residents Affected - Few	During a surveyor interview on 4/23/2025 at approximately 3:00 PM with the Assistant Director of Nursing Services, she was unable to provide documentation of Hemovac drain's output monitoring during the resident's stay from 3/28/2025 through 3/31/2025. Additionally, she was unable to provide evidence of a physician's order to monitor the Hemovac drain's function from 3/28/2025 through 3/30/2025. During a surveyor interview on 4/23/2025 at 3:50 PM with the resident's facility physician, he revealed that for residents who have a Hemovac, the general rule is to have a physician's order to monitor how much drainage is coming out of the drain, ensure of proper functioning, monitor for signs and symptoms of infection, and to have a follow up appointment scheduled with the surgeon. During a surveyor interview on 4/24/2025 at 10:23 AM with the surgeon's physician assistant, he revealed that during the resident's follow-up appointment, the facility failed to provide documentation of the resident's Hemovac drain's output. He added that he would expect the facility to monitor and document the Hemovac drain's output at least two times daily, decompressing it to empty the drainage and compressing it again to reset the drain to ensure that negative pressure is in place. During a surveyor interview on 4/24/2025 at 9:40 AM with the Director of Nursing Services, she was unable to provide evidence of an order to empty the Hemovac drain's contents, its frequency, amount and description of the drainage per the facility policy. Additionally, she was unable to provide evidence of a physician's order to monitor that the Hemovac drain was properly functioning from 3/28/2025 through 3/30/2025, per the facility policy.		
	Cross Reference F 726		

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few			the facility failed to ensure that thursing and related services to al, mental, and psychosocial considering the number, acuity and try assessment as required for 2 of the same of the second of the

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few			Nursing Services, after the surveyor ty does not provide education or