

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415056	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/22/2025
NAME OF PROVIDER OR SUPPLIER Evergreen House Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1 Evergreen Drive 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)
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46241</p> <p>Based on record review, resident and staff interview, it has been determined that the facility failed to keep a resident free from abuse for 1 of 3 residents reviewed, Resident ID #1.</p> <p>Findings are as follows:</p> <p>Review of a facility reported incident submitted to the Rhode Island Department of Health on 4/21/2025, revealed in part, Resident ID #2 was observed by Licensed Practical Nurse, Staff A, kissing and inappropriately touching Resident ID #1 on 4/19/2025. Further review revealed Resident ID #2 was alert and aware, whereas Resident ID #1 was not alert and aware. Resident ID #2 was sent to the hospital and the facility changed him/her to a different unit.</p> <p>Review of a facility policy titled, Abuse - Identification of Types reviewed 6/17/2024, states in part, .It is the policy of this facility to identify abuse, neglect, and exploitation of residents .This includes but is not limited to identifying and understanding the different types of abuse and possible indicators .The resident has the right to be free from abuse .Sexual abuse is non-consensual sexual contact of any type with a resident, as defined at have the capacity to consent. Sexual abuse includes, but is not limited to .Unwanted intimate touching of any kind especially of breasts or perineal area .Generally, sexual contact is nonconsensual if the resident either .appears to want to contact to occur, but lacks the cognitive ability to consent; or .does not want the contact to occur .</p> <p>Record review revealed that Resident ID #1, the alleged victim, was admitted to the facility in October of 2023 with a diagnosis including, but not limited to, Alzheimer's disease.</p> <p>Review of a Quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 5 out of 15, indicating the resident has severely impaired cognition.</p> <p>Record review revealed that Resident ID #2, the alleged perpetrator, was readmitted to the facility in October of 2024 with a diagnosis including, but not limited to, unspecified intellectual disabilities.</p> <p>Record review of a care plan dated 3/28/2025 for Resident ID #2 reveals s/he is in an intimate relationship with a resident of the opposite sex (not Resident ID #1).</p> <p>(continued on next page)</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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident ID #2's Annual MDS assessment dated [DATE] revealed a BIMS score of 12 out of 15, indicating the resident has moderately impaired cognition.</p> <p>Record review for Resident ID #2 revealed a progress note dated 4/19/2025 which revealed Resident ID #2 was observed by staff rubbing Resident ID #1's breast and kissing him/her on the lips. Further review revealed the resident stated, [S/he] asked me to do it.</p> <p>Review of a Continuity of Care form dated 4/19/2025 revealed Resident ID #2 was sent to the hospital for a psychiatric evaluation for touching [a] patient that cannot give consent.</p> <p>Record review of a progress note dated 4/21/2025 indicates that Social Services met with Resident ID #1 to see how s/he was doing after the incident that occurred with Resident ID #2 and Resident ID #1 asked if [s/he] was involved.</p> <p>During a surveyor interview on 4/22/2025 at 9:49 AM, with Resident ID #1's family member, s/he revealed that they do not consent to Resident ID #1 being intimate with Resident ID #2, as Resident ID #1 is married and is unable to consent for him/herself.</p> <p>During surveyor interviews on 4/22/2025 at 10:22 AM and 10:50 AM, with Resident ID #2, the alleged perpetrator, s/he revealed that s/he had moved to a new room because another resident was bothering him/her. S/he acknowledged touching and kissing Resident ID #1, and stated. It is not my fault.</p> <p>During a surveyor interview on 4/22/2025 at 11:02 AM with Resident ID #1 s/he was able to hold a conversation but asked the surveyor multiple times what her name was and that s/he liked her hair. S/he was unable to answer detailed questions.</p> <p>During a surveyor interview on 4/22/2025 at 10:56 AM, with Staff A, she revealed that on 4/19/2025, she observed Resident ID #2 approach Resident ID #1 in the day room, where Resident ID #2 touched Resident ID #1's breast and kissed Resident ID #1 on the lips. She further revealed that when she spoke with Resident ID #2, s/he revealed that Resident ID #1 asked him/her to do it.</p> <p>During surveyor interviews on 4/22/2025 at 8:31 AM and 11:09 AM, with the Assistant Director of Nursing Services (ADON), she acknowledged that Resident ID #2 inappropriately touched Resident ID #1 on 4/19/2025. She further revealed that Resident ID #1 is unable to consent for him/herself, due to his/her cognitive impairment, indicating that Resident ID #1's family makes decisions on his/her behalf.</p> <p>During a surveyor interview on 4/22/2025 at 1:28 PM, with the ADON, and the Director of Nursing Services via telephone, they were unable to provide evidence that the facility kept Resident ID #1 free from sexual abuse on 4/19/2025.</p>		