

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

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

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 11/26/2025
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)		
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. Based on record review and staff interview, it has been determined that the facility failed to ensure that the unscheduled implementation of the fire and evacuation plan was reported immediately to the local state agency (Rhode Island Department of Health). Findings are as follows: Review of a community-reported complaint submitted to the Rhode Island Department of Health (RIDOH) on 10/20/2025 alleged that the fire department responded to the facility for a reported fire. The complaint also stated that smoke was observed coming from a heater that had experienced an electrical fire behind its control panel. During a surveyor interview on 10/21/2025 at 8:53 AM with the Director of Nursing Services, she acknowledged that the Fire Department responded to an unscheduled implementation of the fire and evacuation plan on 10/18/2025. She was unable to provide evidence that the facility reported the unscheduled implementation of the fire and evacuation plan immediately to the RIDOH.		

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, and resident and staff interview, it has been determined that the facility failed to ensure that the resident environment remains as free of accident hazards as possible, related to heating devices for 2 of 3 resident rooms observed. Findings are as follows:Review of a community-reported complaint submitted to the Rhode Island Department of Health (RIDOH) on 10/20/2025 alleged that the fire department responded to the facility for a reported fire. The complaint also stated that smoke was observed coming from a heater that had experienced an electrical fire behind its control panel.Record review of the fixed installed heater maintenance manual on 10/21/2025 at 1:00 PM revealed, a minimum of an eight-inch clearance is required from the unit to furniture, beds, or other objects for proper operation. In severe airflow restrictions, damage can occur to the unit components.A surveyor observation on 10/21/2025 at 9:55 AM, of room [ROOM NUMBER], a recliner was partially blocking the fixed installed heater and was approximately 2 inches from the unit.Record review of the Quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed that Resident ID #1, who resides in room [ROOM NUMBER], had a Brief Interview for Mental Status (BIMS) score of 13 out of 15, indicating intact cognition.During a surveyor interview with Resident ID #1 following the above observation, s/he revealed that the recliner has been in the same location in his/her room for at least a year. A surveyor observation on 10/21/2025 at 10:12 AM, of room [ROOM NUMBER], revealed Resident ID #2's recliner was also blocking the fixed installed heating unit and failed to maintain a clearance of more than eight inches, as required.During subsequent surveyor observations in the presence of the Maintenance Director on 10/21/2025 at 2:00 PM, he acknowledged that the recliners for Resident ID #1 and 2 were closer than 8 inches from the fixed installed heating units.		