

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  415059	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/27/2025
NAME OF PROVIDER OR SUPPLIER  Orchard View Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  135 Tripps Lane East Providence, RI 02915	

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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>47279</p> <p>Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to be adequately equipped to allow residents to call for staff assistance through a communication system which relays the call directly to a staff member or to a centralized staff work area directly from each resident's bedside for 4 of 4 units reviewed, affecting Resident ID #s 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, and 21.</p> <p>Findings are as follows:</p> <p>Review of a community reported complaint submitted to the Rhode Island Department of Health on 3/24/2025 alleged that 23 residents do not have functioning call lights, and instead utilize a hand bell as an alternative. Additionally, the report alleged that this issue has been ongoing for months posing concerns for the safety of the residents.</p> <p>During a surveyor interview on 3/26/2025 at 9:40 AM and 10:40 AM with the Director of Nursing Services, she revealed that approximately 30 residents do not have functioning call lights and instead, they are provided with hand bells to communicate their needs to the staff. She further revealed that this has been an ongoing issue and provided the surveyor with an undated, untitled document that revealed a list of all 4 units of the facility and the names of the residents that reside on each unit. Additionally, she indicated that any room with the label NCL indicates that there is no call light in the room.</p> <p>Review of the above-mentioned document revealed that 25 rooms listed were labeled with NCL. Additional review revealed that 21 of the 25 rooms were occupied by residents.</p> <p>Further review of the document revealed the following residents resided in rooms with the NCL designation:</p> <ul style="list-style-type: none"> <li>- A Unit: Resident ID #2</li> <li>- B Unit: Resident ID #s 1, 5, 6, and 7</li> <li>- C Unit: Resident ID #s 3, 8, 9, 10, 11, and 12</li> <li>- D Unit: Resident ID #s 4, 13, 14, 15, 16, 17, 18, 19, 20, and 21</li> </ul> <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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  415059	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/27/2025
NAME OF PROVIDER OR SUPPLIER  Orchard View Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  135 Tripps Lane East Providence, RI 02915	
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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During multiple surveyor observations and subsequent interviews with staff on 3/26/2025 revealed the following residents without a call light in his/her room at the following times:</p> <ul style="list-style-type: none"> <li>-Resident ID #1, who resides on the B Unit, at 11:12 AM. Additionally, Registered Nurse, Staff A, acknowledged that there was no call light and revealed he does not recall there being a call light.</li> <li>-Resident ID #2, who resides on the A Unit, at 11:43 AM. Additionally, Medication Technician, Staff B, acknowledged that there was no call light and revealed she was unsure how long the resident has not had a call light.</li> <li>-Resident ID #3, who resides on the C Unit, at 12:11 PM. Additionally, Nursing Assistant, Staff C, acknowledged that there was no call light and revealed it has been at least one month since she has observed a call light in the resident's room.</li> <li>-Resident ID #4, who resides on the D Unit, at 1:40 PM. Additionally, Licensed Practical Nurse, Staff D, acknowledged that there was no call light and revealed that she was unsure how long the resident has been without a call light.</li> </ul> <p>Record review revealed price quotes to replace the call light system on the B Unit; one quote dated 1/6/2025 and another dating as far back as 4/1/2022.</p> <p>During a surveyor interview on 3/26/2025 at 1:16 PM with the Director of Maintenance, he revealed that that the call light system issue has been ongoing for months and needs replacement as the parts for the current call light system have been discontinued. He further revealed that the call lights continue to break one by one. Additionally, he revealed that the most recent quote from 1/6/2025 to replace the entire B Unit call light system had been approved by corporate, and the plan was to utilize the existing functional parts from the B Unit to repair the other units. However, he was unable to provide evidence of any documentation, contract, or project start date to indicate that the B Unit call light system replacement was underway.</p> <p>During a surveyor interview on 3/26/2025 at approximately 2:00 PM with the Administrator, he acknowledged that the call light issue has been ongoing and multiple residents are without call lights.</p>		