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

Printed: 11/21/2025 Form Approved OMB No. 0938-0391

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 08/13/2025	
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)			
F 0776 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely, approved x-ray send (continued on next page)	vices, or have an agreement with an ap	pproved provider to obtain them.	

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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SUMMARY STATEMENT OF DEFICIENCIES

(Each deficiency must be preceded by full regulatory or LSC identifying information)

F 0776

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Few

NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY Based on record review and staff interview it has been determined that the facility failed to provide or obtain radiology services to meet the needs of its residents relative to obtaining a STAT (diagnostic or therapeutic procedure that is to be performed immediately) X-ray for 1 of 1 resident reviewed, Resident ID #1. Findings are as follows:Record review of a facility reported incident dated 8/11/2025 revealed that Resident ID #1 sustained a fall on 8/9/2025 and was admitted to the hospital on [DATE] with a hip fracture.Record review revealed that the resident was admitted to the facility in July of 2023 with diagnoses including, but not limited to, dementia, anxiety, unsteadiness on feet and lack of coordination. Record review of a progress note dated 8/9/2025 authored by the Doctor of Osteopathic Medicine (DO), Staff A, at 4:40 PM revealed that the resident sustained an unwitnessed fall. Additionally, it revealed that the resident complained of right groin pain and demonstrated a leg length discrepancy (right leg shorter than the left). The note further stated, High possibility of right hip fracture and revealed new orders to obtain a STAT right hip X-ray and to remain on bed rest pending results. Record review revealed an order was entered on 8/9/2025 at 4:49 PM for a STAT X-Ray of the resident's right hip.Record review of a nursing progress note dated 8/10/2025 at 6:39 AM revealed that the resident asked what they were going to do for his/her leg, and s/he was told by nursing staff that the facility was going to obtain an X-ray and that s/he was to stay in bed. Record review of a nursing progress note dated 8/10/2025 at 9:29 AM revealed that the contracted company used for X-rays was contacted regarding the STAT X-ray and was told that they would have a technician call the facility with an estimated time of arrival Record review of a progress note dated 8/10/2025 authored by the Advanced Practice Registered Nurse (APRN), Staff B, at 12:34 PM revealed that they were contacted by nursing staff related to the resident experiencing an acute onset of malaise (a general feeling of discomfort, illness, or uneasiness whose exact cause is difficult to identify) and fever.Record review of a nursing progress note dated 8/10/2025 at 3:51 PM revealed that the resident had an elevated temperature, and his/her oxygen level was at 75% on room air (normal oxygen levels range from 95%-100%), the resident was placed on oxygen at 2 liters (L) and was given Tylenol which had no effect as the resident continued to have an elevated temperature after one hour. The note further revealed that the provider gave orders for a medical work-up that included lab work, a chest X-ray and a urine analysis. Additional review revealed that while attempting to wash the resident, [s/he] was screaming in pain and unable to roll over to place brief under. when rechecking [resident's] vitals low grad fever persist, and [resident] remained at 90% 3L Nasal Canula. On call provider called again to update on [resident's] status orders were given to send [resident] to Hospital. Review of an ED Provider Note dated 8/10/2025 states, .Per [his/her] nursing facility, [s/he] fell.around 4pm vesterday. This was an unwitnessed fall was supposed to get an x-ray done of [his/her] right hip but the facility was unable to get this done. They also noted a low-grade fever this morning here for evaluation walks with a walker at baseline and has not been ambulatory since the fall.does have significant hip pain in the setting of an acute hip fracture. During a surveyor interview on 8/13/2025 at approximately 10:40 AM with Licensed Practical Nurse, Staff C, she revealed that that a STAT X-ray should be performed within 4 hours of being ordered by the provider. She further revealed that if the X-ray is not performed in a few hours that the provider would be updated, and the resident could be sent to the hospital. During a surveyor interview on 8/13/2025 at 11:40 AM with the NP, Staff D, he revealed that he would expect the x-ray to be performed the same day if ordered STAT. Additionally, he would expect to be notified if the X-ray could not be performed and if there was a concern for injury the resident would be sent to the hospital for treatment.During a surveyor interview on 8/13/2025 at approximately 11:25 AM with the Director of Nursing Services, she was unable to provide evidence that the facility obtained radiology services to meet the needs of Resident ID #1. Additionally, she acknowledged that the staff did not notify the provider of the delay in obtaining the STAT X-ray on 8/9/2025 resulting in the residents prolonged pain and requiring hospitalization on 8/10/2025. She further revealed that timeliness of X-rays and services has been an ongoing problem with the current contracted company.

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 415059

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