

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 09/17/2025
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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe, appropriate dialysis care/services for a resident who requires such services. (continued on next page)		

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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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, resident and staff interviews, it has been determined that the facility failed to ensure that residents who require dialysis (a treatment that filters waste and excess fluid from your blood when your kidneys are failing) receive services consistent with professional standards of practice, for 2 of 2 residents reviewed who receive dialysis, Resident ID #s 1 and 3. Findings are as follows: According to the manufacturer's instructions for Sevelamer Carbonate states in part, .1 INDICATIONS AND USAGE Sevelamer Carbonate is indicated for the control of serum phosphorus [elevated levels can develop weak and broken bones and cause damage to blood vessels] in adults .with chronic kidney disease (CKD) on dialysis. 2 DOSAGE AND ADMINISTRATION .administered orally with meals .12.1 By binding phosphate in the gastrointestinal tract and decreasing absorption, sevelamer carbonate lowers the phosphate concentration in the serum (serum phosphorus).1. Record review revealed Resident ID #1 was admitted to the facility in August of 2025 with a diagnosis including, but not limited to, CKD. Additionally, the resident receives dialysis three times a week.Record review revealed the following physician's orders:-8/28/2025, Sevelamer Carbonate 1600 milligrams (mg) by mouth three times a day. -1000 milliliter (ml) fluid restriction (the limitation of daily fluid intake for patients who can't maintain their body's fluid balance) per day; 600 ml from dietary and 400 ml from nursing Review of the August 2025 Medication Administration Record (MAR) from 8/23/2025 through 8/31/2025 revealed the administration times for Sevelamer were scheduled for 6:30 AM, 3:00 PM and 8:00 PM. Further review of the MAR revealed documentation of a code 3, indicating the resident was absent from the facility and that s/he was not administered his/her Sevelamer on 8/26/2025 and 8/27/2025 at 3:00 PM.Further review of the September 2025 MAR revealed the administration times for Sevelamer are scheduled for 8:00 AM, 12:00 PM and 5:00 PM. Further review of the MAR revealed documentation of a code 3, indicating the resident was not administered his/her Sevelamer on the following dates and times:-9/3/2025 at 12:00 PM-9/5/2025 at 8:00 AM-9/10/2025 at 12:00 PM-9/15/2025 at 12:00 PMRecord review of the September 2025 MAR revealed the resident exceeded his/her ordered fluid intake specific to nursing administration, on the following dates:-9/13/2025, 1400 ml-9/14/2025, 1210 ml-9/15/2025, 1010 ml2. Record review revealed Resident ID #3 was readmitted to the facility in August of 2021 with a diagnosis including, but not limited to, CKD. Additionally, the resident receives dialysis three times a week. Record review of a Quarterly Minimum Data Set assessment dated [DATE] revealed a Brief Interview for Mental Status score of 15 out of 15, indicating the resident is cognitively intact.Record review revealed the following physician's orders:-8/13/2025, Sevelamer Carbonate 1600 mg by mouth three times a day before meals. -1000 ml fluid restriction per day; 720 ml from dietary and 280 ml from nursing. Review of the August 2025 MAR from 8/13/2025 through 8/31/2025 and the September 2025 MAR revealed the administration times for Sevelamer are scheduled for 7:00 AM, 11:30 AM and 4:30 PM. Further review of the MAR revealed documentation of a code 3, indicating the resident was not administered his/her Sevelamer on the following dates at 11:30 AM:-8/14/2025-8/16/2025-8/19/2025-8/21/2025-8/23/2025-8/26/2025-8/28/2025-9/2/2025-9/4/2025-9/6/2025-9/9/2025-9/11/2025-9/13/2025Record review of the September 2025 MAR revealed the resident exceeded his/her ordered fluid intake specific to nursing administration, on the following dates:-9/8/2025, 1090 ml-9/12/2025, 1040 ml-9/14/2025, 1510 mlDuring a surveyor interview on 9/17/2025 at 5:16 PM with Resident ID #3, s/he revealed that s/he is supposed to receive the Sevelamer before meals and that usually does not happen. The resident further revealed that s/he is good at following his/her fluid restriction. During surveyor interviews with the Director of Nursing Services on 9/17/2025 at 4:19 PM and at 5:30 PM, she was unable to provide evidence that Resident ID #s 1 and 3 received his/her Sevelamer, as ordered, or that the residents' fluid restrictions were followed, as ordered.</p>		