STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415064	A. Building B. Wing	12/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pawtucket Falls Healthcare Center	70 Gill Avenue Pawtucket, RI 02861

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 0745 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide medically-related social services to help each resident achieve the highest possible quality of life. 46118 Based on record review, staff, and resident interview, it has been determined that the facility failed to provide medically-related social services to attain or maintain the highest practicable physical, mental and psychosocial well-being for 1 of 2 residents reviewed who alleged staff to resident abuse, Resident ID #2. Findings are as follows: Review of a facility reported incident submitted to the Rhode Island Department of Health on 12/14/2024 revealed a verbal altercation occurred between Resident ID #2 and a staff member regarding his/her roommate's care. Further review revealed the staff member was suspended pending the facility's investigation and removed from the resident's roommate's assignment. Record review revealed Resident ID #2 was admitted to the facility in December of 2019 with diagnoses including, but not limited to, anxiety disorder and major depressive disorder. Review of a Minimum Data Set (MDS) assessment revealed a Brief Interview for Mental Status score of 15 out of 15, indicating the resident's cognition was intact. During a surveyor interview on 12/23/2024 at 10:02 AM with Nursing Assistant (NA), Staff A, she indicated that while she was in the resident's room assisting his/her roommate, she and Resident #2 began arguing related to oral care. She further indicated that Resident ID #2 told her to shut up and she responded with make me! Additionally, she indicated that Resident #2 frequently yells at her and she lost her cool at that time. Furthermore, she indicated that the nurse removed her from the resident's room. During a surveyor interview on 12/23/2024 at 10:33 AM with Licensed Practical Nurse, Staff B, she indicated that she was the unit nursing during the time of the altercation and heard the staff member and resident yelling at each other. She further indicated that she told Staff A to leave the room, notified the nursing supervisor and returned to passing medications. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0745 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a surveyor interview on 12/23/2024 at approximately 12:15 PM with Resident ID #2, s/he indicated that a NA had began yelling at him/her while she was in the room caring for his/her roommate. The resident further indicated that s/he told the NA to shut up and the NA responded with make me! Additionally, the resident indicated that s/he felt physically threatened by the NA, as she was walking towards him/her. During a surveyor interview on 12/23/2024 at approximately 12:30 PM with the Social Worker (SW), Staff C, she indicated that she was aware of the incident that had recently occurred between Staff A and Resident ID #2. She further indicated that she spoke with the resident following the incident however, did not document the conversation. Additionally, she indicated that she did not follow up with the resident following the altercation. During a surveyor interview on 12/23/2024 at 12:55 PM and 1:20 PM with the Director of Nursing Services, she indicated that the alleged staff to resident altercation had been substantiated by the facility and that Staff A had been re-educated and disciplined. Additionally, she indicated that she would expect the SW to update the resident's care plan and document that she followed up with the resident.