

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415064	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/25/2026
NAME OF PROVIDER OR SUPPLIER Pawtucket Falls Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 70 Gill Ave 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)
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, and staff and resident interview, the facility failed to ensure a resident was free from verbal abuse for 1 of 5 residents reviewed, Resident ID #1. Findings are as follows: Record review of a facility-reported incident received by the Rhode Island Department of Health on 3/13/2026 revealed that Nursing Assistant, Staff A, was reported to have been verbally abusive towards Resident ID #1. Record review of a facility policy titled Abuse prohibition revealed in part, . Verbal Abuse = Oral, written, or gestured language that willfully includes disparaging and derogatory terms to the resident/patient or their families, or within their hearing distance, to describe resident/patient, regardless of their age, ability to comprehend or disability. Record review revealed the resident was admitted to the facility in March of 2026 with a diagnosis including, but not limited to, hypertension (high blood pressure). Record review of the admission Minimum Data Set assessment dated [DATE] revealed a Brief Interview for Mental Status score of 15 out of 15, indicating intact cognition. During a surveyor interview with the resident on 3/25/2026 at 10:20 AM, s/he stated that after using the call light for toileting assistance, Staff A entered the room yelling, I'm not playing games with you tonight, you keep pressing the call light, and I told you to wait. The resident reported being upset. During a surveyor interview on 3/25/2026 at 1:30 PM with Nursing Supervisor, Staff B, she revealed that she was the supervisor who was working the afternoon of 3/11/2026 when the incident happened. She stated that she responded to the resident's room after hearing Staff A yelling at the resident. She observed the resident being visibly upset. Record review of a written statement dated 3/13/2026 authored by Licensed Practical Nurse, Staff C, revealed that she heard Staff A being very rude in her tone, yelling at the resident, I told you to wait, I was with another resident. Record review of a written statement dated 3/13/2026 authored by Staff A, it revealed that she acknowledged speaking back to the resident loudly. During a surveyor interview on 3/25/2026 at 3:20 PM, with the Administrator and Director of Nursing Services, they acknowledged the findings and were unable to provide evidence that the resident was free from verbal abuse during the incident 3/11/2026.</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
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