STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415071	A. Building B. Wing	05/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
South County Eden Operations LLC Dba Lakeside Nurs	740 Oak Hill Road North Kingstown, RI 02852

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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 0569 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death. Based on clinical record review and staff interview, the facility failed to notify each resident, or resident representative, that receives Medicaid benefits when the amount in the resident's account reaches $200 less than the Social Security Income (SSI) resource limit for 3 of 4 residents reviewed who had $4000 in personal needs funds handled by the facility, Resident ID #s 42, 45, and 93.Findings are as follows:Record review of Title 210-Executive Office of Health and Human Services, Chapter 50-Medicaid Long-Term Services and Supports (LTSS) under section 2.4 (G) of the Uniform Accountability Procedures for Title XIX Resident Personal Needs Funds in Community Nursing Facilities, ICF/DD Facilities, and Assisted Living Residences requires that the facility shall: .(10) The nursing facility must notify the resident in writing when his/her balance reaches $200.00 less than the resource eligibility guideline, that Medicaid eligibility is jeopardized if the account exceeds the guideline [4,000] .a) Review of Resident ID #42's quarterly statement dated 7/1/2025 through 9/30/2025 revealed an ending balance of $4,632, which exceeds the resource eligibility guideline. Review of Resident ID #42's quarterly statement dated 10/1/2025 through 12/31/2025 revealed an ending balance of $4,858.28, which exceeds the resource eligibility guideline. Review of Resident ID #42's quarterly statement dated 1/1/2026 through 3/31/2026 revealed from 1/1/2026 through 2/3/2026, the resident exceeded the resource eligibility guideline, with a balance of $5,008.71 on 2/3/2026.b) Review of Resident ID #45's quarterly statement dated 7/1/2025 through 9/30/2025 revealed an ending balance of $4,073.80, which exceeds the resource eligibility guideline. Review of Resident ID #45's quarterly statement dated 10/1/2025 through 12/31/2025 revealed an ending balance of $4,299.30, which exceeds the resource eligibility guideline. Review of Resident ID #45's quarterly statement dated 1/1/2026 through 3/31/2026 revealed an ending balance of $4,448.64, which exceeds the resource eligibility guideline. Review of Resident ID #45's Resident Statement Landscape, dated 2/12/2026 through 5/4/2026 revealed the resident exceeded the resource eligibility guideline from 4/1/2026 through 5/1/2026, with a balance of $4,484.22 on 5/1/2026.c) Review of Resident ID #93's Resident Statement Landscape, dated 3/2/2026 through 5/1/2026 revealed the resident exceeded the resource eligibility guideline from 3/2/2026 through 4/10/2026, with a balance of $4,115.18 on 4/10/2026.During a surveyor interview on 5/13/2026 at 2:46 PM with the Business Office Manager, she acknowledged that Resident ID #s 42, 45, and 93 were over the resource eligibility guideline for the above-mentioned dates. Further, she was unable to provide evidence that the above identified residents and/or their representatives were notified in writing when their account balances reached $200 less than the SSI Medicaid eligibility resource limit of $4,000.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Encode each resident?s assessment data and transmit these data to the State within 7 days of assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review and staff interview, the facility failed to electronically transmit encoded, accurate, and complete Minimum Data Set (MDS) data to the Centers for Medicare & Medicaid Services (CMS) System within 14 days of completion for 3 of 4 residents reviewed for MDS records over 120 days old, Resident ID #s 50, 71, and 106. Additionally, the facility failed to complete and transmit a Significant Change MDS Assessment for 1 of 2 hospice residents reviewed, Resident ID #75 and they failed to complete and transmit a discharge MDS Assessment for 1 of 3 discharged residents reviewed, Resident ID #94. Findings are as follows:Review of the Long-Term Care Facility Resident Assessment Instrument (RAI) 3.0 User's Manual last revised in October 2025 states in part, .Completion Timing: For all non-admission assessments.the MDS Completion Date must be no later than 14 days after the Assessment Reference Date (ARD). For the other comprehensive MDS assessments, Significant Change in Status Assessment and Significant Correction to Prior Comprehensive Assessment.Completion Date must be no later than 14 days from the ARD and no later than 14 days from the determination date of the significant change.Encoding Data: Within 7 days after completing a resident's MDS assessment.1a. Record review revealed that Resident ID #50 was admitted to the facility in July of 2025 with diagnoses including, but not limited to, stroke and lung cancer. Additional review revealed that Resident ID #50 was discharged from the facility in December of 2025.Review of an MDS Audit Report dated 5/15/2026 revealed that a Quarterly Assessment with an ARD of 12/29/2025 was opened and completed on 5/12/2026. Additional review revealed that the Quarterly MDS Assessment was transmitted on 5/14/2026, more than 4 months following the ARD.During a surveyor interview on 5/15/2026 at 12:26 PM with the Regional MDS Coordinator, she acknowledged that the Quarterly MDS assessment dated [DATE] was opened and completed on 5/12/2026, more than 4 months following the resident's discharge. Additionally, she was unable to provide evidence that the assessment was completed 14 days following the ARD or transmitted 7 days later per the RAI manual.1b. Record review revealed that Resident ID #71 was admitted to the facility in December of 2018 with diagnoses including, but not limited to, chronic obstructive pulmonary disease and depression.Review of an MDS Audit Report dated 5/15/2026 revealed that an Annual MDS Assessment with an ARD of 4/1/2026 was opened on 5/7/2026 and completed on 5/12/2026, 41 days following the ARD. Additional review revealed that the Annual MDS Assessment was transmitted on 5/14/2026.During a surveyor interview on 5/15/2026 at 12:26 PM with the Regional MDS Coordinator, she was unable to provide evidence that the Annual MDS for Resident ID #71 was completed 14 days following the ARD or transmitted 7 days later per the RAI manual.1c. Record review revealed Resident ID #106 was admitted to the facility in July of 2025 with diagnoses including, but not limited to, stroke and type II diabetes. Additional review revealed that Resident ID #106 was discharged from the facility in April of 2026.Review of a Quarterly MDS with an ARD of 10/17/2025 revealed it was completed and transmitted on 5/10/2026, more than 6 months after the ARD date.During a surveyor interview on 5/15/2026 at 1:17 PM with the Regional MDS Coordinator, she acknowledged that the Quarterly MDS was completed and transmitted more than 6 months following the ARD.2. Review of a facility policy titled, Resident Assessment last revised October 2025 states in part, .Significant Change in Status Assessment (SCSA)- a comprehensive assessment completed within 14 days of identification of a status change.a SCSA is required when a resident enrolls in a hospice program.Record review revealed that Resident ID #75 was admitted to the facility in June of 2019 with diagnoses including, but not limited to, dementia and depression. Additional review revealed that Resident ID #75 was admitted to hospice services on 4/3/2026.Review of a Significant Change in Status Assessment with an ARD of 4/15/2026 revealed it was completed on 4/28/2026, indicating it was completed and transmitted 12 days late.During a surveyor interview on (continued on next page)

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F 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	5/18/2026 at 12:48 PM with the Regional MDS Coordinator, she acknowledged that the Significant Change in Status Assessment was not completed within the 14 days as required.3. Review of a facility policy titled, Resident Assessment last revised October 2025 states in part, .Discharge Assessment-completed using the discharge date s as the ARD. Must be completed within 14 days of the discharge date / ARD, and submitted within 14 days of completion.Record review revealed that Resident ID #94 was admitted to the facility in November of 2025 with diagnoses including, but not limited to, type II diabetes and depression. Additional review revealed that Resident ID #94 was discharged from the facility on 1/1/2026.Review of the MDS tracking failed to reveal evidence that the discharge assessment was completed or transmitted as required.During a surveyor interview on 5/14/2026 at 11:20 AM with the MDS Coordinator, she acknowledged that the discharge assessment was not completed or transmitted as required. Additionally, she was unable to provide evidence that any of the above noted MDS assessments were completed and transmitted as required per the facility policy and the RAI.

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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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on surveyor observation, clinical record review, resident and staff interviews, the facility failed to provide respiratory care in accordance with professional standards of practice for 3 of 3 residents reviewed who required non-invasive positive airway pressure therapy, including Continuous Positive Airway Pressure (CPAP-a medical device that uses mild air pressure to keep the airways open during sleep) and Bilevel Positive Airway Pressure (BiPAP-a medical device that delivers higher pressure during inhalation and lower pressure during exhalation to keep the airways open during sleep), Resident ID #s 6, 7, and 35.Findings are as follows:Record review of the ResMed manufacturers guidelines for Replacing CPAP supplies and equipment dated 2026, reveals ResMed recommends the following standard replacement schedule: - Disposable filters and silicone mask cushions/nasal pillows- 1-2 Times per Month - Mask frame and tubing - Every 3 Months - Mask headgear, chin straps, and the humidifier water chamber - Every 6 Months - The CPAP and BiPAP device - Every 5 Years1.Record review revealed Resident ID #6 was admitted to the facility in August of 2025 with diagnoses including, but not limited to, chronic obstructive pulmonary disease (COPD-a lung and airway disease that restricts breathing) and obstructive sleep apnea (a serious sleep disorder where breathing repeatedly stops and starts because throat muscles relax, causing the airway to collapse or narrow during sleep).Record review of a Quarterly Minimum Data Set (MDS) assessment dated [DATE], Section - O Special Treatments, Procedures, and Programs, revealed the resident uses a non-invasive mechanical ventilator.Record review of a care plan dated 9/22/2025 revealed the resident is at risk for altered respiratory status and difficulty breathing related to sleep apnea and COPD with an intervention to encourage the use of CPAP.Record review revealed the following physician's orders: - Clean the CPAP mask and tubing weekly, dated 9/16/2025. - CPAP on at bedtime, dated 9/16/2025Further review of the physician's orders failed to reveal evidence of an order to replace the air filters, masks, mask frame, chin straps, and the humidifier water chamber filter per the manufacturer's recommendations.2. Record review revealed Resident ID #7 was readmitted to the facility in January of 2026 with a diagnosis including, but not limited to, obstructive sleep apnea.Record review of a Quarterly MDS assessment dated [DATE], Section - O Special Treatments, Procedures, and Programs, revealed the resident uses a non-invasive mechanical ventilator.Record review revealed the following physician's orders: - Clean the CPAP machine, hose and mask weekly, dated 3/5/2026. - Apply CPAP at bedtime and remove in the morning, dated 9/16/2025Further review of the physician's orders failed to reveal evidence of an order to replace the disposable air filter, cushions, mask frame system, air tubing, and the humidifier water chamber per the manufacturers recommendations.Record review of a document titled ACG -Acute Care Gas Sales Order dated 2/27/2026, revealed that Resident ID #7 was evaluated by a Respiratory Therapist for set up of a CPAP machine per physician orders. Further review revealed No mask needed, pt [patient] has [his/her] own.During a surveyor interview with the resident on 5/14/2026 at 9:33 AM, s/he revealed that s/he was unable to recall when his/her mask was last replaced and the mask s/he is currently using was from prior to admission in January of 2026.3.Record review revealed Resident ID #35 was admitted to the facility in June of 2023 with diagnoses including but not limited to COPD and obstructive sleep apnea.Record review of a Quarterly MDS assessment dated [DATE], Section - O Special Treatments, Procedures, and Programs, revealed the resident uses a non-invasive mechanical ventilator.Record review of a care plan initiated on 6/4/2023 revealed the resident has a diagnosis of COPD resulting in shortness of breath at rest and with exertion, decreased activity tolerance, s/he is dependent on supplemental oxygen and uses a BiPAP machine.Record review revealed the following physician's orders in place: - BiPAP on every evening and night shift dated 1/22/2026 - Clean BiPAP mask and tubing weekly dated 4/9/2026Further review of the physician's orders failed to reveal evidence of an order to replace the air filters, masks, mask frame, chin straps, and the humidifier (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	water chamber filter per-manufacturers recommendations.During a surveyor interview with the resident on 5/15/2026 at 10:47 AM, s/he revealed that the air hose had been replaced last in January of 2026 due to an issue with it. S/he was unable to recall when the air filter, mask, mask frame and the humidifier water chamber were last replaced. During a surveyor interview with the Director of Nursing on 5/15/2026 at 11:57 AM, she was unable to provide evidence that the above-mentioned residents CPAP and BiPAP equipment had been or were scheduled to be replaced per manufacture recommendations.

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F 0559 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to share a room with spouse or roommate of choice and receive written notice before a change is made. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on surveyor observation, clinical record review, resident and staff interviews, the facility failed to provide written notification, including the reason for the room change, before the residents room or roommate in the facility is changed, for 2 of 2 residents reviewed for notification of room or roommate changes, Resident ID #'s 3 and 59.Findings are as follows:Record review of a facility policy titled Room Changes dated 10/15/2020, states in part, .Procedure: 1. Residents will receive written notice of a room or roommate change.4. The notice will be delivered to the resident in a reasonable amount of time prior to the planned change.1. Record review revealed Resident ID #3 was readmitted to the facility in March of 2026 with diagnoses including, but not limited to, anxiety disorder, major depressive disorder, and dementia.Record review of the admission Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 12 out of 15, indicating a moderate cognitive impairment.During a surveyor observation on 5/14/2026 at 12:34 PM, the Admissions Director was seen pushing a luggage cart with the belonging of Resident ID #59 into the room of Resident ID #3. She then proceeded to don (put on) a gown and gloves, enter the resident's room and proceeded to unload another resident's personal items into the room.During a surveyor interview with Resident ID #3 immediately following the above observation, s/he revealed that s/he was not informed that s/he was getting a roommate, until personal items were being moved into the room.Record review failed to reveal evidence of prior notification to the resident or the representative that s/he was to receive a roommate.2. Record review revealed Resident ID #59 was admitted to the facility in May of 2026 with diagnoses including, but not limited to, neuromuscular dysfunction of bladder (bladder dysfunction) and complications of a urinary catheter.Record review of the admission MDS assessment dated [DATE] revealed a BIMS score of 15 out of 15, indicating intact cognition.Record review of progress notes revealed that Resident ID #59 was out of the facility for a scheduled 1:00 PM appointment in the community at the time of the room change. Additionally, there was no evidence that Resident ID #59 was informed that his/her room was being changed while s/he was at an appointment. Further review failed to reveal evidence that Resident ID #59 had received written notice of a room change that included the reason for the change and consent to a room change prior to the surveyor observation on 5/14/2026 at 12:34 PM.A surveyor interview was attempted on 5/14 and 5/15/2026 and the resident was unavailable. During a surveyor interview on 5/14/2026 at 12:57 PM with the admission Director, she revealed that the facility was receiving a new admission that required them to be on precautions, and that she had moved Resident ID #59's personal items for a room change while the resident was out of the facility for ease. She acknowledged that she had not informed Resident ID #3 until she was moving Resident ID #59's personal items into his/her room. Additionally, she revealed that she had not documented that consent was given by Resident ID #59 prior to being brought to her attention by the surveyor.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on clinical record review and staff interview, the facility failed to ensure that each resident receives treatment and care in accordance with professional standards of practice and the comprehensive person-centered care plan relative to 1 of 2 residents reviewed with a peripherally inserted central catheter (PICC line, a long flexible tube inserted into a vein in the arm that reaches a large central vein near the heart, used for long term intravenous treatments), Resident ID #2.Findings are as follows:Review of the resident's record revealed s/he was admitted to the facility in April of 2026 with a diagnosis including, but not limited to, sepsis due to methicillin susceptible staphylococcus aureus (an infection caused by bacteria entering the bloodstream requiring the use of intravenous antibiotics).Record review revealed the following physician's orders:-4/19/2026, change the PICC line dressing every week on Sunday, measure external catheter length, as needed for dislodgement.-4/26/2026, change the PICC line dressing every week, measure external catheter length at bedtime every week on Sunday.-5/6/2026, change the PICC line dressing every week, measure external catheter length and upper arm circumference every week on Wednesday.Record review of the resident's record revealed the following PICC line measurements:-4/19/2026, external catheter length of 4 millimeters, arm circumference of 30 centimeters (cm)-4/26/2026, external catheter length of 9.5 cm, no documented arm circumference-5/6/2026, no documented measurements-5/13/2026, no documented measurementsFurther record review failed to reveal evidence that the resident's arm circumference and external catheter length were measured and documented per the physician's orders.During a surveyor interview with Registered Nurse, Staff A, on 5/14/2026 at 2:56 PM, he indicated that the orders to obtain the PICC line measurements were documented as completed, however, the measurements were not documented in the Treatment Administration Record.During a surveyor interview with the Director of Nursing Services on 5/14/2026 at 3:12 PM, she was unable to provide evidence that the resident's PICC line external catheter length and his/her arm circumference was measured weekly per the physician's orders.

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident?s drug regimen must be free from unnecessary drugs. Based on clinical record review and staff interview, the facility failed to ensure that the resident's drug regimen is free from unnecessary drugs for 1 of 1 resident reviewed for a medication with parameters, Resident ID #6. Findings are as follows:Record review revealed that the resident was admitted to the facility in August of 2025 with diagnoses including, but not limited to, chronic kidney disease and hypertension.Record review revealed a physician's order for metoprolol succinate (an antihypertensive) 25 milligrams one time a day on Monday, Wednesday, Friday, and Sunday for hypertension with parameters to hold the medication if the systolic blood pressure (SBP; top number/pressure when the heart beats) is less than 110.Review of the May 2026 Medication Administration Record revealed that the metoprolol was administered to the resident when the resident's SBP indicated it should be held based on the parameters on 2 out of 8 opportunities:-5/1/2026, 100/48-5/8/2026, 102/74During a surveyor interview on 5/15/2026 at 8:33 AM with Certified Medication Technician, Staff B, she acknowledged that the medication should have been held on 5/1 and 5/8/2026 due to the parameters.During a surveyor interview on 5/15/2026 at 8:38 AM with the Director of Nursing Services (DNS) she acknowledged that the metoprolol was administered when it should have been held on 5/1 and 5/8/2026. Additionally, the DNS was unable to provide evidence that the facility kept Resident ID #6 free from unnecessary medications.