STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415072	A. Building B. Wing	04/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elmwood Nursing and Rehabilitation Center	225 Elmwood Avenue Providence, RI 02907

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on surveyor observation, clinical record review, and staff interview, it has been determined the facility failed to provide care in accordance with a resident's plan of care to prevent falls for one of three residents reviewed, Resident ID #1, who sustained a fall with injury requiring hospitalization.Findings are as follows: Record review of a facility reported incident that was received by the Rhode Island Department of Health on 3/31/2026, alleged that while a Nursing Assistant (NA) was providing care to Resident ID #1 in bed, the resident rolled towards the NA and out of the bed, causing both the NA and resident to fall to the floor. The resident was assessed and a hematoma (a closed wound involving localized bleeding outside of the blood vessels) was immediately noted to his/her right temple. The resident was emergently transported to the hospital for further evaluation, where s/he was admitted with diagnoses including, fall, right frontal hematoma (localized bleeding to the right forehead region), and subdural hematoma (bleeding between the brain and its outer covering). Record review revealed the resident was admitted to the facility in September of 2022 with a diagnosis that includes, but is not limited to, Alzheimer's disease. Review of a Quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed the resident is nonverbal and dependent on staff, Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity, for all activities of daily living including transfers and rolling left to right in bed. Record review of a care plan for falls, initiated on 9/17/2022, revealed the resident was identified as being at risk for falls due to a decline in condition, poor safety awareness, and a lack of trunk control. Further review revealed the care plan was revised on 3/27/2023 to include that, due to poor trunk control, staff were to ensure the resident was positioned in the center of the bed during repositioning to prevent sliding out of bed. Additional review revealed the care plan was further revised on 3/29/2023 to indicate the resident required the use of a mechanical lift and the assistance of two staff members for all transfers. Record review of a progress note dated 3/31/2026 at 10:57 AM, authored by Registered Nurse, Staff A, revealed at 9:15 AM, the resident was receiving care and when s/he was turned to his/her side, s/he fell out of bed, landing on the NA and hitting the right side of his/her head on the floor. The resident sustained a hematoma to his/her right temple. Further review of the progress note revealed that the resident is nonverbal, contracted (a permanent inability to move the joints and muscles through full range) with advanced dementia, and receives a blood thinner twice daily. Record review of a written statement authored by the NA, Staff B, dated 3/31/2026 revealed that she had provided the resident's morning care and then she proceeded to apply the Hoyer pad under the resident by rolling him/her. When she attempted to roll the resident towards her, the resident rolled off the bed and both the NA and the resident fell to the floor. Record review revealed the resident was transferred to the hospital following his/her fall on 3/31/2026 where s/he was admitted with diagnoses including, fall, right frontal hematoma, and subdural hematoma. S/he was hospitalized for 4 days and returned to the facility on 4/3/2026. Record review revealed following the resident's fall with injury, his/her care plan for falls was revised on 3/31/2026 to include an intervention for two staff to assist with all care. During a surveyor (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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	interview on 4/15/2026 with Registered Nurse, Staff A, at 11:24 AM, she revealed that NAs are provided with an assignment sheet each shift which indicates the levels of care and assistance each resident requires. She further indicated the assignment sheets are updated as needed and reviewed weekly to reflect the residents' most recent status. Additionally, she revealed that Resident ID #1 required assistance of one staff person for care and to apply the Hoyer pad underneath the resident. She indicated that staff would then get assistance from another staff member to perform the transfer using the Hoyer lift. Further, Staff A indicated that she was unaware that Resident ID #1's care plan was revised on 3/31/2026 to include an intervention for two staff to assist with all care. During a surveyor interview on 4/15/2026 at approximately 11:30 AM with NA, Staff C, she revealed that staff refer to the assignment sheets to accurately inform them of the level of care and assistance that is required for each resident. Additionally, Staff C revealed that she was unaware that Resident ID #1's care plan was revised on 3/31/2026 to include an intervention for two staff to assist with all care. Record review of a document provided to the surveyor on 4/15/2026, titled 7-3, 3-11, 11-7 Assignments revealed the following for Resident ID #1: Hoyer; total care; 1:1 feed . Additional review of the document failed to reveal evidence that Resident ID #1 required two-person assistance with all care as indicated by the resident's care plan. During a surveyor interview on 4/17/2026 at 10:03 AM with the Director of Nursing Services, she revealed that total care includes dressing, bathing, rolling, and transfers. Additionally, she indicated she was unaware that the assignment sheet provided to staff failed to accurately reflect the requirement for two-person assistance with all care following the resident's fall with injury on 3/31/2026.