

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  415075	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/17/2026
NAME OF PROVIDER OR SUPPLIER  Holiday Retirement Home Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  30 Sayles Hill Road Manville, RI 02838	

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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on clinical record review, resident and staff interview, the facility failed to keep a resident free of significant medication errors for one of two residents reviewed, Resident ID #3. Findings are as follows: Review of a community reported complaint submitted to the Rhode Island Department of Health on 2/24/2026, alleges in part that on 1/31/2026, a nurse incorrectly transcribed Farxiga (a medication used to treat type 2 diabetes, kidney disease, and congestive heart failure) into the medical records of two residents. The error was identified 18 days later. Record review revealed Resident ID #3 was readmitted to the facility on [DATE], with diagnoses including, but not limited to, edema and hypokalemia. Record review of a Medication Error Form dated 2/18/2026, revealed that the Nurse Practitioner identified that the resident had been receiving Farxiga 5 milligrams daily, which was intended for another resident. This error persisted for 19 days. Record review of a written statement by the Assistant Director of Nursing, dated 2/18/2026, revealed that Staff A indicated she had mistakenly transcribed the Farxiga order into the wrong resident's chart. During a surveyor interview on 4/16/2026 at 11:42 AM with the Director of Nursing Services, he acknowledged that Resident ID #3 received Farxiga for 19 days in error.</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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