STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415078	A. Building B. Wing	04/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Coventry Operations RI LLC Dba Respiratory and Reh	10 Woodland Drive Coventry, RI 02816

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 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge. Based on clinical record review and staff interview, the facility failed to provide and document sufficient preparation and orientation to the resident to ensure a safe and orderly discharge from the facility by communicating the appropriate information for 1 of 1 resident reviewed for a discharge to his/her home, Resident ID #4.Findings are as follows:Record review of a community reported complaint submitted to the Rhode Island Department of Health on 4/14/2026 revealed that the resident was discharged with a plan of care that was incomplete.Record review revealed the resident was admitted to the facility in March of 2026, with diagnoses including but not limited to, dementia, chronic obstructive pulmonary disorder, gastro-esophageal reflux disorder, history of venous thrombosis and anxiety disorder. The resident was discharged with home care services on 4/6/2026.Record review of a progress note authored by Physician's Assistant (PA), Staff A, on the day of the resident's discharge revealed that the resident should follow up with his/her primary physician, a neurologist, a gastroenterologist, a pulmonologist, a vascular physician and a psychologist.Record review of a form titled Continuity of Care Discharge/Transfer of Patient Form which was provided to and signed by the resident representative on the day of discharge revealed the following sections were left blank:-Discharging facility contact person/ phone number-Physician who will follow this patient after discharge including the name, phone number-and if physician was notified-The phone number to the referral home care agency-The section titled call physician if-Follow up appointments with phone numbersAdditionally, there failed to be documentation that the resident should see his/her primary physician, a neurologist, a gastroenterologist, a pulmonologist, a vascular physician, and a psychologist after discharge as documented in Staff A's, progress note.During a surveyor interview with Staff A on 4/27/2026 at approximately 9:15 AM, he acknowledged that the Continuity of Care Discharge/ Transfer of patient form was missing the documentation listed above. He further revealed that he would expect the form to document the list of physicians that the resident needed to follow up with after discharge.During a surveyor interview on 4/27/2026 at 10:36 AM with Licensed Practical Nurse, Staff B, she acknowledged that she had assisted with the resident's discharge. She acknowledged that the discharge form was not complete and was missing the above-mentioned components.During a surveyor telephone interview with Social Worker, Staff C, on 4/27/2026 at 8:39 AM, she acknowledged she was involved with the resident's discharge and indicated that she set up his/her homecare services. She further indicated that she would expect the Continuity of Care Discharge/Transfer of patient form to be filled out completely and could not explain why it was not. During a surveyor interview on 4/27/2026 at 11:53 AM with the Director of Nursing Services, she could not provide evidence that the facility provided and documented sufficient preparation and orientation to the resident to ensure a safe and orderly discharge.

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: 415078	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Coventry Operations RI LLC Dba Respiratory and Reh	10 Woodland Drive Coventry, RI 02816

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review and staff interview, the facility failed to provide a resident who is unable to carry out activities of daily living, the necessary services to maintain good grooming and personal hygiene for 1 of 3 residents who were reviewed for showers, Resident ID #4.Findings are as follows:Record review of a community reported complaint submitted to the Rhode Island Department of Health on 4/14/2026 alleged that the resident was found with noticeably greasy hair, and the nurse was unable to determine when the resident had last received a shower. It further alleged that it wasn't until after the resident's family voiced a complaint that the resident received a shower.Record review revealed the resident was admitted to the facility in March of 2026, with diagnoses including but not limited to dementia, muscle weakness, difficulty walking and unsteadiness on his/her feet.Record review of the Discharge Minimum Data Set assessment dated [DATE] revealed s/he requires partial/moderate assistance with showering or bathing.Record review of the facility task documentation for Tub/ Shower revealed the resident is scheduled to receive a shower every Friday on the 3:00 PM to 11:00 PM shift. Review of the documentation from 3/26/2026, until 4/6/2026, revealed no documented showers. Indicating that the resident would have missed his/her scheduled shower on 3/27/2026, and on 4/3/2026.Record review of the facility task documentation for Bathing from 3/26/2026, until 4/6/2026 revealed one documented shower dated 4/6/2026 at 12:30 PM. This was the day the resident was discharged home. Record review of the clinical record failed to reveal evidence that the resident had been offered a shower, or refused a shower on 3/27/2026, or on 4/3/2026.During a surveyor interview on 4/27/2026 at 11:53 AM with the Director of Nursing Services, she was unable to provide evidence that the resident had received a shower prior to 4/6/2026. Additionally, she indicated that if a shower was offered but refused by the resident, she would expect documentation in the resident's record.