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	06/24/2026

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 0838 Level of Harm - Potential for minimal harm Residents Affected - Many	Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies. Based on record review and staff interview, the facility failed to conduct and document a comprehensive facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations (including nights and weekends) and emergencies. The facility must review and update this assessment whenever there is, or the facility plans for, any change that would require a substantial modification to any part of this assessment and maintain a plan to maximize recruitment and retention of direct care staff.Findings are as follows:Review of a community reported complaint received by the Rhode Island Department of Health on 6/23/2026 alleges in part, that the facility has a severe and persistent staffing shortage.Review of a document titled, 2025 Facility Assessment revealed the document had been signed by the former administrator and former Director of Nursing Services (DNS) on 3/30/2026. The document states in part, .Function- Sufficiency Analysis Summary.4. Please document total #[number]/average/range of staff required to ensure sufficient number of qualified staff are available to meet each resident's needs: Kindly reference the attached Staffing and Personnel Worksheet in the Attachments section of this Facility Assessment.Further review of the 2025 Facility Assessment revealed multiple sections for Supporting Documents that state, No records were found. Additional review failed to reveal evidence that a Staffing and Personnel Worksheet had been completed in the facility assessment.Additional review of the 2025 Facility Assessment revealed previous employees listed as the Administrator and the DNS, and not the current Administrator and DNS.Furthermore, the facility failed to provide evidence of a plan to maximize recruitment and retention of direct care staff.During a surveyor interview on 6/24/2026 at 1:28 PM with the DNS, she acknowledged that the Facility Assessment does not accurately reflect the staffing patterns of the facility. Additionally, she could not provide evidence of a recruitment and retention plan for direct care staff.

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