STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415082	A. Building B. Wing	04/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Riverview Healthcare Community	546 Main Street 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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure services provided by the nursing facility meet professional standards of quality. Based on clinical record review and staff interview, the facility failed to adhere to professional standards of practice by not following physician's orders for 1 of 3 residents reviewed Resident ID #17, related to medications requiring blood pressure monitoring parameters. Findings are as follows:According to Mosby's 4th Edition, Fundamentals of Nursing, page 314 states in part, .The physician is responsible for directing medical treatment, Nurses are obligated to follow physician's orders unless they believe the orders are in error or would harm the clients.Record review revealed that the resident was admitted to the facility in February of 2017 with diagnoses including, but not limited to, hypertensive heart disease, and congestive heart failure.Review of physician's orders revealed the following:Amlodipine 5 milligrams (mg), a medication prescribed to treat hypertension, to be administered in the morning at 6:00 AM, with instructions to monitor blood pressure prior to administration. This order was initiated on 7/16/2025.Spironolactone 25 mg, a potassium-sparing diuretic prescribed to treat heart failure, to be administered as one-half tablet twice daily at 6:00 AM and 6:00 PM. The order included parameters to hold the medication for a systolic blood pressure less than 110 mmHg. This order was initiated on 3/10/2026.Review of the Medication Administration Record (MAR) revealed no documented evidence that blood pressure readings were obtained prior to the administration of Amlodipine for 31 of 31 opportunities between 3/1/2026 and 3/31/2026.Further review of the MAR revealed no documented evidence that blood pressure readings were obtained prior to the administration of Spironolactone for 41 of 42 opportunities between 3/10/2026 and 3/31/2026.Further review of the MAR failed to reveal that blood pressures were obtained, as ordered, prior to the administration of Spironolactone for 41 out of 42 opportunities between 3/10/2026 and 3/31/2026.Additionally, review of the blood pressure summary reports and progress notes failed to reveal evidence that blood pressure monitoring was performed prior to medication administration, as ordered.During a surveyor interview on 3/31/2026 at 2:04 PM with Licensed Practical Nurse, Staff A, she was unable to provide evidence that blood pressures were obtained per the physician's orders prior to administration of the above medications. During a surveyor interview on 3/31/2026 at 2:13 PM with the Director of Nursing Services, she acknowledged that the blood pressures should have been obtained per the physician's order prior to administration of the above medications.

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough food/fluids to maintain a resident's health. Based on clinical record review and staff interview, the facility failed to ensure the implementation of nutritional interventions to maintain acceptable parameters of nutritional status, including usual body weight, for 1 of 2 residents reviewed, Resident ID #8, who experienced significant weight loss. Findings are as follows:Record review revealed the resident was admitted to the facility in December of 2022 with diagnoses including, but not limited to, dementia, dysphagia (difficulty swallowing), anxiety and cancer of the right kidney.Record review of the resident weighed 147.0 pounds (lbs.) on 3/1/2026 and 121.8 lbs. on 3/30/2026 which indicates a 12.89% weight loss.Record review of a document titled Continuity of Care Consultation and Referral Form dated 3/10/2026 from an oncology consult revealed a recommendation for a high-protein dietary supplement.Record review of a progress note dated 3/18/2026 authored by Advanced Practice Registered Nurse, Staff G, revealed that she was referring the recommended high-protein dietary supplement to the dietician.Record review failed to reveal evidence that a high-protein supplement had been implemented as recommended by the oncologist.During a surveyor interview on 4/2/2026 at 8:58 AM with the Registered Dietitian, Staff E, she revealed that she was unaware of the oncologist's recommendation for the resident to receive a high-protein supplement.During a surveyor interview on 4/2/2026 at 11:42 AM with the Nurse Practitioner, Staff G, she revealed that she referred the selection of the protein supplement to the dietician, so that they could determine what the best supplement would be for the Resident. Lastly she revealed that she was not aware that the high-protein supplement had not been implemented and indicated that she would have expected it to have been.

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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. Based on surveyor observation, clinical record review, and staff interview, the facility failed to provide respiratory care consistent with professional standards of practice for 1 of 1 resident reviewed related to a CPAP machine (Continuous Positive Airway Pressure - a medical device used to treat sleep apnea by delivering a steady, continuous stream of pressurized air through a mask into the airway), Resident ID #6, and for 1 of 1 resident reviewed with a tracheostomy (a surgical procedure that creates a secure, airway through an opening in the neck, directly into the wind pipe), Resident ID #15.Findings are as follows: 1. Record review of a facility policy titled CPAP.Support states in part, .Specific cleaning instructions are obtained from the manufacturer/supplier of the [CPAP] device.Record review of the ResMed Air Sense 10 replacement guidelines revealed: .Mask cushions/pillows: Every month (sensitive to oil buildup).Mask Frame: Every 3 months.Headgear/straps: Every 6 months (or when elasticity is lost).Tubing: Every 3 months .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 and obstructive sleep apnea.Record review of the March 2026 Treatment Administration Record (TAR) revealed a physician's order with a start date of 10/20/2025 to apply a CPAP at bedtime.Record review failed to reveal evidence that the mask, frame, and tubing, were being replaced per the manufacturer's guidelines.During a surveyor interview on 4/1/2026 at 12:03 PM with the Director of Nursing Services (DNS), she was unable to provide evidence that the CPAP was maintained per the manufacturer's guidelines.2. According to Lippincott Nursing Procedure Ninth Edition 2023, page 621, states in part, .Verify the practitioner's order for the oxygen therapy, because oxygen is considered a medication or therapy and should be prescribed .Record review revealed Resident ID #15 was readmitted to the facility in November of 2025 with diagnoses including, but not limited to, acute and chronic respiratory failure and tracheostomy status.Clinical record review failed to reveal evidence of physician's order for the intended oxygen flow rate to be administered via the resident's tracheostomy. During a surveyor observation of the resident on 3/31/2026 at 11:25 AM, in the presence of Licensed Practical Nurses (LPN) Staff F and Staff H, revealed the resident was receiving oxygen 5 liters per minute (LPM) via tracheostomy.During a surveyor interview with Staff F following the above observation, she revealed that she is unsure of what the resident's prescribed oxygen flow rate is.Record review revealed a progress note dated 3/31/2026 at 11:52 AM authored by Staff F, revealed that she notified the provider regarding the physician's order that is missing the prescribed oxygen flow rate. Further review revealed an order was obtained to administer oxygen at a flow rate of 4 LPM via tracheostomy.During a surveyor interview on 3/31/2026 at approximately 2:30 PM with the DNS, she was unable to provide evidence that Resident ID #15 received respiratory care consistent with professional standards of practice related to oxygen administration.

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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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that residents are free from significant medication errors. Based on clinical record review and staff interview, the facility failed to ensure that residents are free from significant medication errors for 1 of 2 residents reviewed who are receiving dialysis (a life-sustaining medical procedure used to filter waste, toxins, and excess fluids from the blood when the kidneys are no longer functioning), Resident ID #4.Findings are as follows:Record review of a facility policy titled Administering Medications dated April 2019, states in part, .Medications are administered in accordance with prescribed orders, including any required time frame.Record review revealed the resident was readmitted to the facility in January of 2026 with diagnoses including, but not limited to, end stage renal disease (when the kidneys are no longer able to function adequately) and gastritis (inflammation of the stomach lining).Record review revealed a physician's order dated 1/11/2026 reveals the resident is scheduled for outpatient dialysis every Monday, Wednesday, and Friday, with transportation pickup at 5:45 AM.Record review revealed a physician's order dated 11/21/2025 for Auryxia (a medication prescribed to lower the amount of phosphate in the blood for adults with chronic kidney disease who receive dialysis) 1 gram, give 3 tablets by mouth before meals at 8:00 AM, 11:00 AM, and 4:00 PM.Record review of the 2026 Medication Administration Record (MAR) failed to reveal evidence that the resident received his/her 8:00 AM dose of Auryxia on the following dialysis days:-1/13, 1/14, 1/16, 1/19, 1/21, 1/23, 1/28, and 1/30-2/2, 2/6, 2/9, 2/11, 2/13, 2/16, 2/18, and 2/20-3/2, 3/4, 3/11, 3/16, 3/18, 3/20, 3/23, 3/25, 3/27, and 3/30/2026.Record review revealed a physician's order dated 1/11/2026 for Pentasa (a medication prescribed to treat certain bowel diseases) 500 milligrams, give 2 capsules three times a day at 8:00 AM, 12:00 PM, and 4:00 PM.Further record review of the 2026 MAR failed to reveal evidence that the resident received his/her 8:00 AM dose of Pentasa on the following dialysis days:-1/13, 1/16, 1/19, 1/21, 1/23, 1/28, and 1/30-2/2, 2/6, 2/9, 2/13, 2/16, and 2/20-3/4, 3/11, 3/18, 3/20, 3/23, 3/25, 3/27, and 3/30/2026.Record review failed to reveal evidence that the physician was notified when the resident's 8:00 AM doses of Auryxia and Pentasa were missed on the above-mentioned dialysis days.During a surveyor interview on 4/1/2026 at 11:25 AM, the Assistant Director of Nursing Services she acknowledged the 8:00 AM dose of Aurexia was not being administered to the resident at the facility on his/her dialysis days. She revealed that the resident receives his/her 8:00 AM dose of Pentasa at the outpatient dialysis center when s/he receives his/her treatments there. During a surveyor interview on 4/1/2026 at 2:15 PM with the Clinical Manager of the outpatient dialysis center, she stated that the dialysis center does not administer Pentasa to the resident during treatments at the center.During surveyor interviews on 3/31/2026 at 2:31 PM and 4/1/2026 at 2:29 PM with Physician, Staff I, he stated that he was unaware that the facility was not administering the resident's Auryxia and Pentasa as ordered. He further stated that had he been informed, he would have adjusted the administration times.During an interview on 4/1/2026, the Director of Nursing Services was unable to provide evidence that the facility ensured the resident remained free from significant medication errors related to these omissions.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on surveyor observation, clinical record review, and staff interview, the facility failed to store and label drugs and biologicals in accordance with currently accepted professional principles for 4 of 5 medication carts and 2 of 3 medication supply rooms observed.Findings are as follows: Record review of the facility policy last revised February 2023, titled, Medication Labeling and Storage states in part, .The nursing staff is responsible for maintaining medication storage and preparation areas in a clean, safe, and sanitary manner .If the facility has discontinued, outdated, or deteriorated medications or biologicals, the dispensing pharmacy is contacted for instructions regarding returning or destroying these items .Medications requiring refrigeration are stored in a refrigerator . 1. During a surveyor observation on [DATE] at approximately 8:45 AM of the first floor East Wing, B side medication cart, in the presence of Registered Nurse (RN) Staff J, revealed the following: One Advair Diskus Aerosol Powder inhaler opened, with a dose indicator reading of 53, not labeled with the date when opened. One Advair Diskus Aerosol Powder inhaler opened with a dose indicator reading of 52, not labeled with the date when opened. One Advair Diskus Aerosol Powder inhaler opened, with a dose indicator reading of 35, not labeled with the date when opened. Review of the manufacturer's guidance and pharmacy label indicates to discard 30 days after it is removed from the foil pouch or after the dose indicator reads zero. During a surveyor interview with Staff J immediately following the above-mentioned observations, she acknowledged the inhalers were not labeled with the date when they were opened. 2. During a surveyor observation on [DATE] at approximately 9:00 AM of the first floor A side medication cart in the presence of Licensed Practical Nurse (LPN) Staff K, the following was revealed: One Advair Diskus Aerosol Powder inhaler opened, with a dose indicator reading of 24, not labeled with the date when opened. One bottle of Prevnar 20PF (pre-filled) 0.5mL vaccine labeled refrigerate. One container of a nutritional supplement Med Plus 2.0, review of the product label reads refrigerate after opening and discard after three days. Additional observation failed to reveal that the Med Plus 2.0 was being stored on ice. During a surveyor interview with Staff K following the above observation, she acknowledged the inhaler was open and undated and the bottle of Prevnar should have been refrigerated. Additionally, Staff K at 11:37 AM, she revealed that she opened the nutritional supplement container at 7:00 AM and was unsure if the container should be on ice despite what the manufacturer label reads. 3. During a surveyor observation on [DATE] at 10:52 AM, of the 2 East Med cart in the presence of RN, Staff L, revealed the following: One Advair Diskus Aerosol Powder inhaler with a dose indicator reading of 0-1, opened and not labeled with a date when opened. One Advair Diskus Aerosol Powder inhaler with a dose indicator reading of 42, opened and not labeled with a date when opened. Incruse Ellipta inhaler with a dose indicator reading of 21, opened and not labeled with a date when opened. Review of the manufacturer's guidance and pharmacy label indicates to discard 6 weeks after it is removed from the foil pouch. During a surveyor interview with Staff L at the time of the above-mentioned observations, she acknowledged the inhalers should be dated when opened. 4. During a surveyor observation on [DATE] at 11:02 AM, of the 2nd floor South medication cart in the presence of LPN, Staff M, revealed the following: One Trelegy Ellipta inhaler opened with a dose indicator reading of 21, not labeled with the date when opened. One Trelegy Ellipta inhaler opened with a dose indicator reading of 3, labeled with date opened 1/31 and an expiration date of [DATE]. One Bretzi AeroSphere inhaler opened with a dose indicator reading of 100, not labeled with the date when opened. Review of the manufacturer's guidance and pharmacy label indicates to discard three months after removal from the foil pouch. During a surveyor Interview with Staff M at the time of the observations, she acknowledged the inhalers should be dated when opened and that the expired inhaler should have been discarded. 5. During a surveyor observation of (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	the 1st floor East Unit medication room on [DATE] at approximately 11:30 AM in the presence of Staff J, revealed the following: One bottle of Lorazepam liquid opened and not labeled with a date when opened. Review of the manufacturer's guidance indicates to date when it is opened and discarded 90 days after opening. One bottle of vancomycin labeled discard after [DATE]. During a surveyor interview with Staff J at the time of the above-mentioned observations, she acknowledged the Lorazepam should have been dated when opened and the vancomycin should have been discarded. 6. During a surveyor observation of the 2nd floor medication room on [DATE] at 10:50 AM in the presence of Staff M, revealed the following: One bottle of Lorazepam liquid opened and not labeled with a date when opened. During a surveyor interview with Staff M at the time of the observation, she acknowledged the Lorazepam should have been dated when opened. During a surveyor interview on [DATE] at 2:40 PM with the Director of Nursing Services, in the presence of the Regional Director of Operations, Administrator, and Regional Director of Clinical Services, they were unable to provide evidence that medications were being stored in accordance with accepted professional principles, including but not limited to expiration dates.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on surveyor observations, clinical record review, and staff interviews, the facility failed to ensure that staff provided treatment and care in accordance with professional standards of practice for 1 of 2 residents reviewed, Resident ID #141, related to the assessment and monitoring of a blister and edema (swelling in the legs due to fluid buildup) of the lower extremities. Findings are as follows:Record review revealed the resident was admitted to the facility in December of 2020 with diagnoses including, but not limited to, type 2 diabetes, hypertensive heart, and dementia.Record review of a Quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed that the resident required total assistance with toileting hygiene, moderate assistance with upper and lower body dressing, and maximal assistance with applying and removing footwear. Record reviews of a care plan initiated on 3/15/2023 revealed a focus area for potential skin breakdown. Additionally, on 6/16/2025 a focus area was initiated to monitor and document edema, and to report abnormal findings to the physician.During a surveyor observation on 3/29/2026 at 9:38 AM the resident was observed with a blister on the right lower shin area surrounded by small black scabs and notable edema in both legs.Additional surveyor observations on 3/30/2026 at 10:00 AM, 12:00 PM, 1:00 PM and 2:40 PM revealed the resident sitting in a wheelchair and independently wheeling across the main lobby and the activity/dining area. The resident was again noted to have edema to bilateral lower extremities and a blister to his/her right shin.Record review failed to reveal evidence that the physician was notified of the blister or the edema. Further, the record lacked evidence that treatments or interventions were in place.During a surveyor observation of the resident, in the presence of License Practical Nurse, Staff B on 3/30/2026 at 2:48 PM she acknowledged the resident had a blister to the right shin bilateral edema. Furthermore she revealed that she was unaware of the blister and edema.During a surveyor interview on 3/30/2026 at 2:55 PM with the Unit Manager, Registered Nurse, Staff C, she acknowledged that she was unaware of the resident's blister to his/her shin and revealed that she would expect the provider to be notified of any change in condition. Record review of the progress note dated 3/31/2026, authored by the Infection Preventionist Nurse, revealed that the resident had an intact blister on his/her right shin. The documentation further noted that the blister measured 3.56 centimeters (cm) in length and 4.21 cm in width. During a surveyor interview on 4/1/2026 at 2:04 PM with the Director of Nursing Services, she was unable to provide evidence that the provider was notified or that the facility was aware of the 3.56 cm x 4.21 cm blister located on the resident's right shin, until it was brought to their attention by the surveyor. On 4/1/2026, the physician provided an order for staff to cleanse the right lower extremity wound with normal saline, apply Xeroform, and cover it with a dressing every evening shift until healed.