STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415083	A. Building B. Wing	02/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Eastgate Nursing & Rehabilitation Center	198 Waterman Avenue East Providence, RI 02914

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. Based on clinical record review and staff interview, the facility failed to ensure that the residents and/or their representatives participated in the comprehensive and quarterly care plan reviews for 3 of 6 residents, Resident ID #s 7, 8, and 10.Findings are as follows:Record review of a facility policy titled Comprehensive Care Plans last reviewed on 9/30/2025 states in part, .Frequent care plan meetings are to be encouraged to address changing circumstances which affect the residents' well-being. 1. Record review revealed Resident ID #7 was admitted to the facility in September of 2021 with a diagnosis including, but not limited to, abnormalities of gait and mobility.Record review failed to reveal evidence that the following Minimum Data Set (MDS - a federally mandated, standardized comprehensive assessment tool used in Medicare/Medicaid certified nursing homes to evaluate the clinical, functional, and psychosocial status of residents) Assessments included documentation of participation or an explanation of non-participation of the resident and his/her representative:4/13/20259/15/202512/16/2025 2. Record review revealed Resident ID #8 was admitted to the facility in July of 2021 with diagnosis including, but not limited to, dementia.Record review failed to reveal evidence that the following MDS Assessments included documentation of participation or an explanation of non-participation of the resident and his/her representative:2/26/20255/26/20252/4/2026 3. Record review revealed Resident ID #10 was admitted to the facility in July of 2021 with diagnosis including, but not limited to, diabetes mellitus.Record review failed to reveal evidence that the following MDS Assessments included documentation of participation or an explanation of non-participation of the resident and his/her representative:3/10/20256/10/20259/10/2025During a surveyor interview on 2/19/2026 at 10:05 AM with the MDS nurse, Staff A, she revealed that care conferences are held quarterly by the interdisciplinary team and the residents and their representatives are invited. However, she acknowledged that Resident ID #7 and 8's failed to have documentation of non-participation of the residents or the residents' representatives following the above-mentioned MDS Assessments, as required.During a surveyor interview on 2/19/2026 at approximately 2:00 PM with the Director of Nursing Services, she was unable to provide evidence that the abovementioned residents' MDS Assessments included documentation of the participation or non-participation of the residents and their representatives quarterly, as required.

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
	415083	A. Building B. Wing	02/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Eastgate Nursing & Rehabilitation Center	198 Waterman Avenue East Providence, RI 02914

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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 2 of 6 residents reviewed for oxygen use, Resident ID #s 11 and 63. Findings are as follows: 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 . 1. Record review revealed Resident ID #11 was admitted to the facility in October 2017 with diagnoses including, but not limited to, diabetes, and dementia. During surveyor observations on the following date and times, Resident ID #11 was observed receiving 2 liters (L) of oxygen via a nasal cannula: 2/17/2026 at 10:45 AM, 12:00 PM, 1:15 PM, and 2:00 PM. Record review failed to reveal evidence of a physician's order for the use of oxygen, as required. During a surveyor interview on 2/17/2026 at 2:25 PM with Registered Nurse, Staff B, she acknowledged that the resident was receiving 2 L of oxygen via nasal cannula. Staff B further acknowledged that the resident did not have a physician's order for the use of oxygen s/he was receiving, as required.2. Record review revealed Resident ID #63 was admitted to the facility in February of 2026 with diagnoses including, but not limited to, chronic obstructive pulmonary disease (COPD) and congestive heart failure (when the heart muscle is too weak or stiff to pump blood efficiently, causing blood and fluids to back up into the lungs, liver, or legs).Review of the resident's care plan revealed that the resident has an alteration in respiratory status related to a diagnosis of COPD with the goal that the resident will be free from acute signs or symptoms of respiratory distress with the approach including the administration of oxygen as ordered and monitoring for symptoms of respiratory distress.During surveyor observations on the following dates and times, Resident ID #63 was receiving oxygen via a nasal canula at 2 L per minute: 2/16/2026 at 9:00AM 2/17/2026 at 8:30 AM and 1:05 PM Record review failed to reveal evidence of a physician's order for the use of oxygen, as required. During a surveyor interview on 2/17/2026 at approximately 2:00 PM with the Director of Nursing Services, she acknowledged that Resident ID #63 failed to have a physician's order for the use of oxygen, as required.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415083	A. Building B. Wing	02/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Eastgate Nursing & Rehabilitation Center	198 Waterman Avenue East Providence, RI 02914

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 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail. Based on surveyor observation, clinical record review, and staff interview, the facility failed to assess one of three residents for the use of an air mattress (a pressure redistribution mattress that utilizes low air loss and pulsation) for the potential risk of entrapment related to bed rails, Resident ID # 2.Findings are as follows:Record review of a policy titled Side Rail Use last reviewed on 12/18/2025 states in part, POLICY: This facility recognizes the potential for the hazard of entrapment related to side rail use .PROCEDURE:4. The assessment is to assess the risk of entrapment and will specify the medical/physical conditions that make the rail necessary .8. Side rails are to be ordered by the resident's physician. The order shall include the reason the rail is to be utilized. 9. The care plan will reflect the use of the side rail. Record review revealed the resident was admitted to the facility in December of 2025 with diagnoses including, but not limited to, congestive heart failure (when the heart muscle is too weak or stiff to pump blood efficiently, causing blood and fluids to back up into the lungs, liver or legs) and chronic kidney disease.Record review of a progress note dated 1/24/2026 revealed that the resident was receiving hospice care services. Further review revealed that the hospice provider would provide an air mattress for the resident. Record review of a Hospice Care Coordination Note dated 1/29/2026 revealed that the low air mattress would be delivered the next day.Surveyor observations on 2/16/2026 at 10:22 AM and 2/17/2026 at 9:10 AM revealed the resident was in lying in bed with an air mattress in place with (2) 1/2 bed rails in use. Record review failed to reveal evidence that a bed rail entrapment assessment had been completed following the implementation of an air mattress to the resident's bed. During a surveyor interview on 2/17/2026 at 2:09 PM with the Director of Nursing, she revealed that it was her expectation that upon receiving an air mattress, the resident would have been reassessed for risk of entrapment from the bed rails.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415083	A. Building B. Wing	02/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Eastgate Nursing & Rehabilitation Center	198 Waterman Avenue East Providence, RI 02914

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on surveyor observation, clinical record review and staff interview, the facility failed to provide a safe and sanitary environment to help prevent the transmission of infections related to disinfecting blood glucose meters (a device used to monitor blood glucose) for 1 of 1 resident observed, Resident ID #32.Findings are as follows:According to the Centers for Disease Control and Prevention article titled Considerations for Blood Glucose Monitoring and Insulin Administration dated 8/7/2024 states in part, If blood glucose meters must be shared, the device should be cleaned and disinfected after every use, per the manufacturer's instructions, to prevent the spread of blood and infectious agents.Review of the facility's policy revised on December 2025, titled, Diabetes - Care of equipment states in part, .If a glucometer is to be used for one resident and then reused for another, the device must be cleaned and disinfected between uses.Follow the manufacturer's recommendations for cleaning.Review of the [NAME] Quintet AC Blood Glucose Meters cleaning and disinfecting guide states in part, .[NAME] Quintet AC.are considered potentially infectious and capable of transmitting bloodborne pathogens.To clean and disinfect the meter, we recommend using CaviWipes Disinfecting Towelettes.During a surveyor observation on 2/19/2026 at 8:30 AM of Registered Nurse, Staff C, she obtained Resident ID #32's blood glucose level utilizing the [NAME] Quintet AC blood glucose meter. She then used an alcohol prep pad to clean it and failed to utilize an approved cleaner such as Caviwipes Disinfected Towelettes to disinfect the meter before putting it back in the medication cart.During a surveyor interview with Staff C following the above observation, she revealed that she only uses the alcohol prep pad to clean the glucose meter because that's what she's told. Additionally, she claimed that the glucose meter was for the sole use of Resident ID #32, however, she was unable to provide evidence or labeling confirming its dedicated use for Resident ID #32.During a surveyor interview on 2/19/2026 at 9:15 AM with the Director of Nursing Services, she acknowledged that she would expect Staff C to utilize the purple wipes (PDI - Professional Disposables International Super Sani-Cloth Germicidal Wipes) when cleaning the glucometer after each use. Additionally, she was unable to provide evidence that the glucose meter was solely dedicated for use by Resident ID #32.