

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415084	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/26/2024
NAME OF PROVIDER OR SUPPLIER Elmhurst Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 50 Maude Street Providence, RI 02908	

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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>45855</p> <p>Based on surveyor observation, resident and staff interview, it has been determined that the facility failed have sufficient nursing staff to assure resident safety for 1 of 2 residents reviewed related to call light response, Resident ID #4.</p> <p>Findings are as follows:</p> <p>Record review of a complaint submitted to the Rhode Island Department of Health on 12/17/2024 alleges that Resident ID #2 failed to receive care for 24 hours.</p> <p>During a surveyor interview on 12/26/2024 at 11:20 AM with Resident ID #4, Resident ID #2's roommate, s/he revealed that at times, staff takes 30 minutes to 1 hour to respond to his/her call light.</p> <p>Further surveyor interview with Resident ID #4 revealed that s/he would like to have a glass of water and this surveyor recommended that the resident use the call light system for assistance. The resident asked the surveyor to press the call light for him/her at 11:28 AM and was not answered by staff until 12:04 PM, 36 minutes later.</p> <p>During a surveyor interview on 12/26/2024 at 12:05 PM with Licensed Practical Nurse, Staff A, she acknowledged that it took her awhile to answer the call light and would expect it to be answered within 15 minutes.</p> <p>During a surveyor interview with the Administrator at approximately 2:00 PM, she was unable to provide evidence that the call light was answered in a timely manner.</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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