

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415085	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/17/2026
NAME OF PROVIDER OR SUPPLIER Mount St Rita Health Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 15 Sumner Brown Road Cumberland, RI 02864	

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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on surveyor observation, record review, and staff interview, the facility failed to provide a sanitary and comfortable environment for residents, staff and the public relative to stained ceiling tiles observed on 2 of 3 floors in the building. Findings are as follows: Record review of a community reported complaint submitted to the Rhode Island Department of Health on 2/10/2026 alleges in part, There are serious plumbing issues, and the ceilings leak as do some of the heating systems. There are water stains throughout the building in the ceiling tiles. Surveyor observations of the first floor on 2/17/2026 at approximately 11:45 AM revealed the following: - A ceiling tile with brown staining approximately 6 inches long in the main hallway across from the chapel. - A ceiling tile with brown staining spanning approximately 8 inches directly above the doorway to room [ROOM NUMBER] on the South unit. - A ceiling tile with brown staining approximately 6 to 8 inches long above the doorway to a utility room on the South unit. - Three adjacent ceiling tiles each with a circular, brown stain, 12 to 18 inches in diameter in the hallway leading to the shower rooms on the South unit. Surveyor observations of the second-floor South unit on 2/17/2026 at approximately 12:30 PM revealed a ceiling tile with brown staining, semi-circular in shape, approximately 18 inches wide above the doorway to a shower room. During surveyor observations and interview on 2/17/2026 at 2:40 PM with the Maintenance Director, he acknowledged that the above-mentioned ceiling tiles were stained and needed to be replaced.</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
---	-------	-----------