

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  415087	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/01/2025
NAME OF PROVIDER OR SUPPLIER  Greenville Skilled Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  735 Putnam Pike Greenville, RI 02828	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety, relative to the main kitchen. Findings are as follows: Review of a community reported complaint submitted to the Rhode Island Department of Health on 11/5/2025 alleges in part that the kitchen is a mess: the walk-in refrigerator has mold on the walls, dirty racks where food is stored, and the food in the fridge has mold on it which goes unnoticed for weeks. Review of the 2022 Food and Drug Administration (FDA) Food Code, Section 3-202.15 Package Integrity states in part, Food packages shall be in good condition and protect the integrity of the contents so that the food is not exposed to adulteration or potential contaminants. Review of the 2022 FDA Food Code, Section 3-501.17 Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking states in part, .refrigerated, ready-to-eat, time/temperature control for safety food prepared and held in a food establishment for more than 24 hours shall be clearly marked to indicate the date or day by which the food shall be consumed on the premises, sold, or discarded when held at a temperature of 5 degrees C (41 degrees F [Fahrenheit]) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1. During a tour of the main kitchen on 11/13/2025 at 9:05 AM in the presence of the Regional Food Service Director, the following was observed in the walk-in refrigerator: - A small pan of red beans, with a discard date of 11/5 - A small pan of fried rice, prepared on 11/6 - A quarter sized hotel pan of roasted potato wedges, with a discard date of 11/12 - A half-sized hotel pan of tomato soup prepared on 11/4, with a discard date of 11/11 - A quarter sized hotel pan of a red liquid with an illegible label - Approximately one dozen 4-ounce orange juice containers in a box that were sticky and wet with one container open and leaking through the box - Three broken eggs with the contents covering the inside of a box containing approximately 4 dozen whole, raw eggs. During a surveyor interview immediately following the above observations, the Regional Food Service Director acknowledged that the above items in the walk-in refrigerator should have been discarded after 7 days and should have a legible label with the contents and date prepared. Additionally, he acknowledged that the orange juice container was leaking, the eggs were broken, and should be discarded. During a surveyor interview with the Administrator on 11/13/2025 at 10:31 AM, she acknowledged the above findings in the main kitchen.</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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