

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 12/02/2025
NAME OF PROVIDER OR SUPPLIER Greenville Operations RI LLC DbA Greenville Skille		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 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or obtain dental services for each resident.</p> <p>Based on record review, and staff and resident's family interview, the facility failed to provide dental services for 1 of 1 resident with dentures, Resident ID #1. Additionally, the facility failed to have a policy that addressed instances when a resident's dentures were lost or damaged. Findings are as follows: Record review of a community reported complaint submitted to Rhode Island Department of Health on 12/1/2025 by Resident ID #1's family member alleges, the resident's upper dentures were missing, and the facility did not know that s/he was supposed to have upper dentures. Record review of the policy titled, .Oral Health last reviewed on 9/15/2025, states in part, .A patient's oral health will be evaluated as part of the nursing assessment upon admission, annually, and with a change in oral health.1. Record review revealed the resident was admitted to the facility in February of 2025 with diagnoses including, but not limited to, dementia and mild protein calorie malnutrition. During a surveyor interview on 12/2/2025 at approximately 11:00 AM with the resident's family member, s/he indicated that the resident utilizes upper dentures and did not have the upper dentures when s/he last visited the resident on 12/28/2025. Record review of the document titled Oral Health Evaluation completed by Registered Nurse, Staff A, on 2/28/2025, revealed that the resident has a full upper denture. Record review of Staff A's nursing progress notes dated 2/28/2025 revealed that the resident's dentures appear healthy. Record review of the resident's plan of care and November 2025 Treatment Administration Record (TAR) failed to reveal evidence that the resident has been receiving assistance or care related to his/her dentures. During a surveyor interview on 12/2/2025 at 11:55 AM with Nursing Assistant (NA), Staff B, she revealed that she was unsure if the resident utilizes dentures. Additionally, she revealed that the NAs receive report from the nurse if a resident needs to have their dentures for meals. During a surveyor interview on 12/2/2025 at 12:00 PM with Licensed Practical Nurse, Staff C, she revealed that she was unaware if the resident utilizes dentures. She stated that she would expect a physician's order in the TAR to make sure that the nursing staff takes care of the dentures for the resident.2. Record review of a policy titled .Oral Health last reviewed on 9/15/2025, failed to reveal that the policy included language for circumstances when the loss or damage of dentures is the facility's responsibility and may not charge a resident for the loss or damage of dentures, as required. During a surveyor interview on 12/2/2025 at 2:20 PM with the Director of Nursing Services (DNS), in the presence of the Administrator and the Regional Director, she was unable to provide evidence that the resident received assistance with care related to his/her dentures, and acknowledged that the policy failed to include language for circumstances when the loss or damage of dentures is the facility's responsibility and may not charge a resident for the loss or damage of dentures, as required.</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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