

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  415097	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/21/2026
NAME OF PROVIDER OR SUPPLIER  Mansion Nursing and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  104 Clay Street Central Falls, RI 02863	
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 0658  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	Ensure services provided by the nursing facility meet professional standards of quality.  Based on clinical record review, and staff interview, it has been determined that the facility failed to ensure that residents receive treatment and care in accordance with professional standards of practice, relative to following provider orders for 40 of 48 residents reviewed, Resident ID #s 1 through 40. Findings are as follows: Record review of a facility-reported incident dated 1/14/2026 and submitted to the Rhode Island Department of Health revealed that during the 11:00 PM to 7:00 AM shift on 1/2/2026, Registered Nurse (Staff A) failed to fulfill assigned nursing responsibilities, including failure to complete the medication administration pass and failure to complete required treatments, monitoring, and documentation for the entire shift. Record review of the facility schedule revealed Staff A worked during the 11:00 PM to 7:00 AM shift on 1/2/2026. Record review failed to reveal medication orders were administered from 11:00 PM to 7:00 AM on 1/2/2026 into 1/3/2026 for 40 of 48 residents reviewed. Record review failed to reveal treatment orders were completed on the 11:00 PM to 7:00 AM shift on 1/2/2026 into 1/3/2026 for 40 of 48 residents reviewed. During surveyor interviews on 1/20/202 at approximately 10:30 AM with the Director of Nursing Services (DNS) and Administrator, they indicated when the missing documentation was identified by the oncoming shift, their first thought was that the agency nurse was diverting medications. The only medications that were documented as administered included Oxycodone, Ritalin, and Lorazepam. Additionally, her documentation was inaccurate. They revealed that they called the agency nurse, who refused to return to the facility to complete the documentation, so they contacted the agency. The DNS revealed that they reported the event to the department of health as well as the licensing board. The Administrator and the DNS were unable to provide evidence the facility's residents received medications and treatment in accordance with professional standards of practice from 11:00 PM on 1/2/2026 until 7:00 AM on 1/3/2026.		

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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