

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 07/18/2025
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)
<p>F 0569</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interview it has been determined that the facility failed to notify each resident, or resident representative, that receives Medicaid benefits upon death of a resident with a personal fund deposited with the facility, within 30 days of the resident's funds, and provide a final accounting of those funds to the individual or probate jurisdiction administering the resident's estate, in accordance with State law for 2 of 2 residents reviewed who expired with funds remaining at the facility, Resident ID #s 57 and 58. Findings are as follows: 1a) Record review revealed Resident ID #57 was admitted to the facility in August of 2020 and expired on [DATE]. Record review revealed that the facility was holding funds for Resident ID #57, but they were unable to provide evidence of the amount of funds that were continuing to be held. 1b) Record review revealed Resident ID #58 was originally admitted to the facility in October of 2022 and expired on [DATE]. Record review revealed that the facility was holding funds for Resident ID #58, but they were unable to provide evidence of the amount of funds that were continuing to be held. During a surveyor interview on [DATE] at approximately 9:15 AM with the Administrator, she indicated that the facility was still holding funds for Resident ID #s 57 and 58. Additionally, she was unable to provide evidence that the facility conveyed the residents' funds within 30 days of the residents' deaths, or the final accounting of those funds, to the individual or probate jurisdiction administering the residents' estates.</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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<p>F 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident must receive and the facility must provide necessary behavioral health care and services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, staff and resident interviews, it has been determined that the facility failed to provide the necessary behavioral health care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, for a resident who is diagnosed with a mental disorder and has a history of trauma, for 1 of 1 resident reviewed, Resident ID #28. Findings are as follows: Record review revealed that the resident was originally admitted to the facility in May of 2023 with diagnoses including, but not limited to, schizoaffective disorder, anxiety disorder, and post-traumatic stress disorder (PTSD). Review of a Minimum Data Set assessment dated [DATE] revealed a Brief Interview for Mental Status score of 14 out of 15, indicating intact cognition. Review of a Mood Interview dated 7/3/2025 revealed a score of 12 out of 27, indicating the resident has moderate depression. Record review of a psychiatric consultation document dated 7/10/2025 revealed the resident reported that s/he was experiencing .excess anxiety and having trouble settling in and asks for medications. Further review revealed the following recommendations: -Switch Sertraline (a medication prescribed to treat depression and anxiety) 100 milligrams (mg) at bedtime to daytime.-Trial Prazosin (a medication prescribed off label to alleviate nightmares and sleep disturbances associated with PTSD) 1 mg at bedtime for nightmares and anxiety. Record review revealed the psychiatric consultation documentation was sent to the facility via fax on 7/17/2025, after the document was requested by the surveyor on 7/16/2025. Record review failed to reveal evidence that the physician was made aware of the medication recommendations. Further record review failed to reveal evidence that the medications were put into place as recommended. During a surveyor interview on 7/15/2025 at 9:27 AM with Resident ID #28, s/he indicated that s/he requested a change in medications for anxiety about a week ago, however, has not heard anything since. During a subsequent interview on 7/16/2025 at 1:42 PM with the resident, s/he indicated that s/he has been experiencing an increase in his/her anxiety level and is not sleeping well as a result. S/he further indicated that s/he has told the staff about it but hasn't received any additional medications to help alleviate the symptoms. During a surveyor interview on 7/18/2025 at 11:07 AM with Registered Nurse, Staff A, she indicated that the unit nurse is responsible for contacting the physician regarding psychiatric recommendations. She further indicated that she was told about the psychiatric recommendations the day before, however she did not review them or contact the physician. During a surveyor interview on 7/18/2025 at 11:15 AM with the Director of Nursing Services, she indicated that the psychiatric provider usually emails her with any recommendations, however a new provider completed Resident ID #28's consult and did not send an email. Additionally, she acknowledged that the psychiatric medication recommendations had not yet been reviewed by the physician and had not been put into place, eight days after the consultation took place and the recommendations were made.</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>Based on record review and staff interview, it has been determined that the facility failed to ensure that the irregularities identified by the Clinical Consultant Pharmacist during the monthly pharmacist Medication Regimen Review (MRR) were acted upon for 4 of 4 residents reviewed, Resident ID #s 5, 7, 14, and 25. Findings are as follows:Review of a facility policy titled, Consultant Pharmacist Reports dated November 2021 states in part, .Recommendations are acted upon and documented by the facility staff and/or the prescriber. Prescriber accepts and acts upon suggestion or rejects and provides an explanation for disagreeing .The Director of Nursing or designated licensed nurse address and document recommendations that do not require a physician intervention.1. Record review revealed that Resident ID #5 was admitted to the facility in November of 2023 with diagnoses including, but not limited to, dementia, major depressive disorder, anxiety, and post-traumatic stress disorder (PTSD). Record review of the pharmacist's progress note, dated 6/25/2025, states the following, JUNE PHARMACIST MEDICATION REGIMEN REVIEW See report for any noted irregularities/recommendations.Record review failed to reveal evidence of the June 2025 pharmacy recommendations.During a surveyor interview on 7/18/2025 at 9:41 AM with the Director of Nursing Services (DNS) she was unable to provide the pharmacy recommendation for June 2025.2. Record review revealed that Resident ID #7 was admitted to the facility in April of 2023 with diagnoses including, but not limited to, delusional disorder, personal history of mental and behavioral disorders and anxiety.Record review revealed the following physician's order for alprazolam (a medication prescribed to treat anxiety):-alprazolam 1 milligram (MG) three times a day, dated 8/18/2021Record review of the pharmacist's MRR, dated 3/19/2025, revealed the following recommendations: Consider a trial discontinuation of psychotropic medication alprazolam 1 mg three times a day due to a recent fall that resulted in a right distal femur fracture.Record review failed to reveal evidence that the pharmacy recommendation dated 3/19/2025 was reviewed by the provider.During a surveyor interview on 7/17/2025 at approximately 1:10 PM with the DNS, she could not provide evidence that the pharmacy recommendation was reviewed by the provider. 3. Record review revealed that Resident ID #14 was admitted to the facility in April of 2023 with diagnoses including, but not limited to, dementia with psychotic disturbance and delusional disorders.Record review revealed the following physician's order for Seroquel (a medication prescribed to treat schizophrenia, bipolar disorder, and major depressive disorder): -Seroquel 12.5 mg at bedtime, dated 4/5/2023Record review of the pharmacist's MRR, dated 4/29/2025, revealed the following recommendations: Consider a trial discontinuation of a short acting dose of Seroquel 12.5 mg at bedtime per resident's recent fall and the increased risk for falls while on psychotropic medications.Record review failed to reveal evidence that the pharmacy recommendation dated 4/29/2025 was reviewed by the provider.During a surveyor interview on 7/17/2025 at approximately 1:10 PM with the DNS, she could not provide evidence that the pharmacy recommendation was reviewed by the provider.4. Record review revealed that Resident ID #25 was readmitted to the facility in November of 2024 with diagnoses including, but not limited to, dementia, bipolar disorder, anxiety, and PTSD. Record review of the pharmacist's progress note, dated 6/25/2025, states the following, JUNE PHARMACIST MEDICATION REGIMEN REVIEW See report for any noted irregularities/recommendations.During a surveyor interview on 7/18/2025 at 9:41 AM with the DNS, she was unable to provide the pharmacy recommendation for June 2025.During a surveyor interview on 7/18/2025 at approximately 2:30 PM with the DNS, she was unable to provide evidence that the pharmacy consultation reports with noted irregularities for Resident ID #s 5, 7, 14, and 25 were reviewed by the provider and acted upon, as required.</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>Based on record review and staff interview, it has been determined that the facility failed to ensure that the resident's drug regimen is free from unnecessary drugs for 1 of 1 resident reviewed for a medication with blood pressure parameters, Resident ID #3. Findings are as follows: Record review revealed the resident was admitted to the facility in February of 2025 with diagnoses including, but not limited to, hypertensive heart disease without heart failure and orthostatic hypotension (a decrease in blood pressure of 20 mm Hg or more systolic or 10 mm Hg or more diastolic within three minutes of standing from the supine position). Review of a physician's order dated 3/28/2025 revealed to administer midodrine (a medication prescribed to treat low blood pressure) 10 milligrams three times daily. Additionally, the special instructions indicate to hold the medication for a systolic blood pressure (the top number of the blood pressure reading) of more than 130. Review of the June and July 2025 Medication Administration Records (MARs) revealed that the resident received the medication when it was indicated to be held, per the physician's order on the following dates and times:- 6/9 6:00-7:00 AM with a documented blood pressure (BP) of: 133/88- 6/12 6:00-7:00 AM with a documented BP of: 133/95- 6/17 6:00-7:00 AM with a documented BP of: 139/87- 6/21 4:00-5:00 PM with a documented BP of: 132/92-7/14 6:00-7:00 AM with a documented BP of: 142/100. During a surveyor interview on 7/18/2025 at 10:27 AM with Registered Nurse, Staff A, she acknowledged that the midodrine was signed off as administered on the above dates and times when it should have been held. During a surveyor interview on 7/18/2025 at 10:32 AM with the Director of Nursing Services, she was not able to provide evidence that the midodrine was held per the ordered parameters.</p>		

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<p>F 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.</p> <p>Based on record review and staff interview, it has been determined that the facility failed to measure success and track performance of Quality Assurance and Performance Improvement (QAPI) actions to ensure that problem areas are identified, and good faith efforts for improvements are achieved and sustained demonstrated by measurable objectives with statistical data documented. Findings are as follows: Record review of a facility policy titled, .Quality Assurance Performance Improvement QAPI PLAN 2025 . revealed in part, .Establish, maintain, support, and document evidence of an ongoing QAPI program that includes effective mechanisms for monitoring and evaluating resident care and for appropriate response to findings . Record review of the facility's 2024 and 2025 QAPI failed to reveal evidence of any actions, measurements, or tracking to ensure efforts for improvements of identified problem areas within the facility. During a surveyor interview on 7/18/2025 at approximately 11:00 AM with the Administrator, she was unable to provide evidence that the facility developed actions, measurements, or tracking systems to measure and track performance of identified problem areas within the facility.</p>		