STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415106	A. Building B. Wing	06/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Antoine Residence	10 Rhodes Avenue North Smithfield, RI 02896

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on clinical record review and staff interview, the facility failed to maintain medical records for each resident that are complete and accurately documented, in accordance with accepted professional standards of practice for 1 of 1 resident reviewed for transfer status, Resident ID #3.Findings are as follows:Record review revealed Resident ID #3 was admitted to the facility in January of 2026 with diagnoses including, but not limited to, muscle weakness, and abnormalities of gait and mobility.Record review revealed an order dated 5/13/2026 that the resident required a stand aid (a mechanical lift utilized to assist with standing) with a staff assist of one to transfer.Record review of a care plan with a focus area of Selfcare deficit related to change of condition and decline in function and cognition, had an intervention initiated on 5/14/2026 to Transfer with stand aid and 1 staff assist.Record review of a care plan with a focus area of .is at risk for falls [related to] impaired mobility, impaired cognition. had an intervention dated 4/15/2026 to Transfer stand aid (manual) assist x 1.During a surveyor observation on 6/5/2026 at approximately 10:00 AM revealed a white board on the resident's wall which indicated that the resident required a stand pivot with the assist of one staff member for transfers.During a surveyor interview with Physical Therapy Assistant, Staff A, he revealed that the resident is safe to transfer using the stand pivot method with the assist of one staff member. During a surveyor interview with Physical Therapist, Staff B, she revealed that the resident?s transfer status is the stand and pivot method with the assist of one staff member.During a surveyor interview with the Assistant Director of Nursing, she revealed that she would expect the resident's care plan and order to match the resident's requirements for transfer status. She further acknowledged that the resident's order and care plans failed to be updated, when the resident's transfer status changed to the stand and pivot method with the assist of one staff member.

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