

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  415108	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2026
NAME OF PROVIDER OR SUPPLIER  Harris Health Care Center North		STREET ADDRESS, CITY, STATE, ZIP CODE  60 Eben Brown Lane 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 0603</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from separation (from other residents, his/her room, or confinement to his/her room).</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on clinical record review and staff interview, the facility failed to maintain a resident's right to be free from involuntary seclusion for 1 of 1 resident reviewed, Resident ID #1. Findings are as follows:Record review of a facility reported incident that was reported to the Rhode Island Department of Health on 2/4/2026 revealed in part, Registered Nurse, Staff A, placed a medication cart in front of the door of Resident ID #1's room. Record review for Resident ID #1 revealed s/he was admitted to the facility in December of 2025 with diagnoses to include, but not limited to, Alzheimer's disease and dementia.Record review of the Minimum Data Set (MDS) assessment dated [DATE] reveals a Brief Interview for Mental Status (BIMS) coded as 99, indicating that s/he is unable to complete the interview due to severe cognitive impairment. The MDS further reveals that the resident exhibits wandering behaviors daily.Record review of a progress note dated 2/3/2026 at 4:10 PM, authored by the Director of Nursing Services (DNS), revealed that the resident was found with the medication cart placed in front of his/her doorway, blocking the resident's exit.Record review of a facility provided statement authored by the DNS, revealed that Staff A admitted that she put the medication cart in front of the resident's door, so s/he was unable to roam around the facility with COVID-19. During an interview with the Maintenance Director on 3/6/2026 at 11:38 AM, he stated that when he attempted to remove the cart that was blocking the resident's doorway, he observed that a cord was attached to the cart and the other end had been wrapped several times around a wall-mounted glove box located outside the door, securing the cart in place.During a surveyor interview on 3/6/2026 at 11:34 AM with the DNS, she acknowledged that while she was assisting the Maintenance Director to remove the cart it was determined that the cart was tied in place, blocking the resident's ability to leave the room.</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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