STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415110	A. Building B. Wing	06/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oakland Grove Health Care Center	560 Cumberland Hill Road Woonsocket, RI 02895

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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **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 honor a resident's right to request treatment for 1 of 1 resident reviewed for a hospital transfer, Resident ID #1. Findings are as follows: Review of a community reported complaint received by the Rhode Island Department of Health on 5/30/2025 alleged that Resident ID #1 requested to be sent out to the hospital for pain, however the facility refused the request because there was no order from a physician. Additionally Resident ID #1 called 911 from her/his personal cell phone and was transported to the hospital where a significant injury was identified. Record review revealed the resident was admitted to the facility in January of 2025 with diagnoses including, but not limited to, stroke, renal disease, and diabetes. Record review of a Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status score of 15 out of 15, indicating s/he is cognitively intact. Further review of the MDS revealed the resident requires the assistance of a walker to move around the facility. Record review revealed the following nursing progress notes: -5/29/2025 at 12:09 AM - the resident had an unwitnessed fall and was found lying on the bathroom floor of his/her room at approximately 11:00 PM on 5/28/2025. -5/29/2025 at 3:58 AM - the resident has been requesting to be transported to the hospital since the fall. Further review of the progress note revealed the Medical Director had been notified of the fall and did not give an order to send the resident out. -5/29/2025 at 10:50 PM - the resident called 911 from his/her personal phone for transportation to the hospital for pain in his/her groin and ribs. Further review revealed the resident was transported to the hospital by Emergency Medical Services on 5/29/2025 at 11:30 PM. Review of the hospital summary of care report dated 5/30/2025 revealed that the resident had been diagnosed with a closed fracture of the first lumbar vertebra (a bone in the spine) and a rib fracture. Further review revealed s/he was discharged back to the facility on 5/30/2025. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415110	A. Building B. Wing	06/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oakland Grove Health Care Center	560 Cumberland Hill Road Woonsocket, RI 02895

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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a surveyor interview on 6/2/2025 at approximately 1:55 PM with the Director of Nursing Services (DNS), she revealed that the expectation is to contact the physician if a resident complains of pain and acknowledged that she would have called for a hospital evaluation if the resident complained of pain. Additionally, she was unable to provide evidence that the facility honored the resident's request to be transferred to the hospital.