

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  415110	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/02/2025
NAME OF PROVIDER OR SUPPLIER  Oakland Grove Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>Based on record review and staff interview, the facility failed to meet professional standards of quality for 1 of 1 resident reviewed with a physician's order for a neck brace, Resident ID #1. Findings are as follows: Mosby's 4th Edition, Fundamentals of Nursing, page 314 states, .The physician is responsible for directing medical treatment. Nurses are obligated to follow physician's orders unless they believe the orders are in error or would harm the clients .Record review of a facility reported incident submitted to the Rhode Island Department of Health on 10/27/2025 states in part, the resident has a neck fracture requiring a neck brace and was neglected. Record review revealed Resident ID #1 was admitted to the facility in October of 2025 with a diagnosis including, but not limited to, type 2 odontoid fracture (a fracture at the base of the second cervical vertebra). Record review revealed a physician's order dated 10/24/2025 for a neck brace to be applied at all times. Record review of the October 2025 Treatment Administration Record revealed that s/he had not received his/her neck brace, as ordered, by the physician, as it was not available on the following dates and times:- 10/25/2025, 7:00 AM to 3:00 PM- 10/25/2025, 3:00 PM to 11:00 PM- 10/26/2025, 7:00 AM to 3:00 PM- 10/26/2025, 11:00 PM to 7:00 PM Record review of a Physical Therapy progress note dated 10/27/2025, revealed that the residents neck brace was not on and the nurse was unable to locate it. During a surveyor interview on 12/2/2025 at approximately 3:30 PM with the Director of Nursing Services, she indicated it would be her expectation for the neck brace to be applied, as ordered.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Keep all essential equipment working safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on surveyor observation and staff interview, the facility failed to maintain all mechanical, electrical, and patient care equipment, in a safe operating condition for the walk-in freezer unit in the main kitchen. Findings are as follows: Review of a community reported complaint submitted to the Rhode Island Department of Health on 10/15/2025 alleged in part, a concern related to residents experiencing foodborne illness while at the facility. Record review of Rhode Island Food Code, 2022 Edition, Section 4-501.11 states in part, .EQUIPMENT shall be maintained in a state of repair and condition that meets the requirements specified under Parts 4-1 and 4-2 . During the initial tour of the kitchen on 12/1/2025 at approximately 11:00 AM, the walk-in freezer was holding at an ambient temperature of 28 degrees Fahrenheit. Additionally, the following items were observed in a partially thawed condition:- one bag containing approximately 5 pounds (lbs.) of chicken wings- one bag containing approximately 5 lbs. of chicken tenders- four bags containing 2 lbs. of lobster- one box containing 10 lbs. of [NAME] dean mild pork sausage patties During a surveyor interview with the Food Service Director following the above observation, he acknowledged the walk-in freezer temperature, and the above-mentioned items were not frozen solid. Additionally, he indicated the freezer temperatures taken recently had been erratic. He further indicated that the freezer is in need of replacement.</p>		