

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

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 07/08/2026
NAME OF PROVIDER OR SUPPLIER Adviniacare Oakland Grove LLC		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)		
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. Based on clinical record review and staff interview, the facility failed to ensure that an accident resulting in hospital admission was reported to the appropriate authorities, including the State Survey Agency, as required by state law, for 1 of 1 resident reviewed who sustained a fall and was admitted to the hospital as a result, Resident ID #2. Findings are as follows: Record review of a facility-reported incident submitted to the Rhode Island Department of Health on 6/26/2026 revealed Resident ID #2 underwent a chest x-ray on 6/26/2026 that identified a left rib fracture, which the facility reported as an injury of unknown source. The report further documented that the resident had experienced recent falls and previously underwent radiological evaluation while hospitalized. Record review revealed that Resident ID #2 was readmitted to the facility in June of 2026 with diagnoses including, but not limited to, type 3 heart block (a communication failure in the heart between the atria (the upper chamber) and ventricles (the lower chamber) and hypertension. Record review of a progress note dated 6/5/2026 at 1:53 PM revealed, the resident fell and hit his/her head then began vomiting. The in-house Nurse Practitioner was informed and gave a new order to send out to the hospital for evaluation. Further record review of a progress note dated 6/5/2026 at 11:24 PM revealed, the resident was admitted to the hospital with a diagnosis of a complete heart block. Record review failed to reveal evidence that the facility reported the accident resulting in hospital admission to the appropriate authorities, including the State Survey Agency, in accordance with state law through established procedures. During a surveyor interview on 7/8/2026 at 1:03 PM with the Administrator, she acknowledged that the resident was sent to the hospital as a result of the fall on 6/5/2026 and was admitted. Additionally, she was unable to provide evidence that the facility reported the incident to the appropriate authorities, including the State Survey Agency, in accordance with state law through established procedures, as required.		

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
--	-------	-----------