STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415123	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stillwater Assisted Living and Skilled Nursing Com	20 Austin Avenue Greenville, RI 02828

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review and staff interview, the facility failed to ensure that residents receive treatment and care in accordance with professional standards of practice for 2 of 3 residents reviewed relative to physician's orders for laboratory testing, Resident ID #s 1 and 2.Findings are as follows:According to Mosby's 4th Edition, Fundamentals of Nursing page 314, which states in part, The physician is responsible for directing medical treatment. Nurses are obligated to follow physicians' orders unless they believe the orders are in error or would harm the clients. 1. Record review revealed Resident ID #1 was admitted to the facility in October of 2024 with a diagnosis including, but not limited to, a history of acute pulmonary edema (the buildup of fluid in the lungs).Record review of the Quarterly Minimum Data Set assessment dated [DATE] revealed a Brief Interview for Mental Status score of 14 out of 15, indicating the resident has intact cognition.During a surveyor interview on 3/2/2026 at approximately 1:30 PM with Resident ID #1 s/he indicated that the facility was giving him/her a fluid pill for swelling in his/her legs, but it has not helped.Record review revealed a physician's order dated 8/10/2025 to obtain a Brain Natriuretic Peptide (BNP- a blood value used to monitor and diagnose heart failure) every second Monday in February and August.Record review of the February of 2026 Medication Administration Record (MAR) revealed the BNP was scheduled to be completed as ordered on 2/9/2026. The order was not signed off as completed in the MAR.Further record review failed to reveal evidence that the BNP was completed as ordered on 2/9/2026.During a surveyor interview on 3/2/2026 at 3:04 PM with the Assistant Director of Nursing Services (ADNS), she acknowledged that the BNP that was ordered to be obtained on 2/9/2026 was not completed. Additionally, she indicated that a physician's order was received to obtain a pro BNP (a blood test that measures a protein released by the heart when it is under stress, that is obtained to diagnose and monitor heart failure) on 3/3/2026, after it was brought to the facility's attention by the surveyor.Record review of a laboratory test provided to the surveyor on 3/3/2026 after exiting the facility revealed a pro BNP level was obtained for resident on 3/3/2025 with a value of 945 picograms per milliliter (pg/ml), a normal range is less than 300 pg/ml.Record review of a progress note dated 3/3/2026 at 2:58 PM authored by Registered Nurse, Staff A, revealed the pro BNP was reviewed with the provider and a new order was obtained for Lasix (a medication prescribed to treat excess fluid), once daily for three days. 2. Record review of a community reported complaint submitted to the Rhode Island Department of Health on 1/26/2026, alleges that Resident ID #2 was hospitalized due to a lack of timely medical intervention by the facility.Record review revealed Resident ID #2 was admitted to the facility in December of 2025 with a diagnosis including, but not limited to, hypertension (high blood pressure).Record review of a progress note dated 12/19/2025 at 4:53 PM, authored by the Physician revealed, a new order to obtain a repeat Basic Metabolic Panel (BMP-a blood test used to monitor the body's fluid balance and electrolyte levels) in one week.Record review failed to reveal evidence that the BMP was repeated for Resident ID #2 in one week, as ordered.During a surveyor interview on 3/2/2026 at approximately 3:30 PM with the ADNS, she was unable to provide evidence that the repeat BMP was obtained in one week, as ordered, for Resident ID #2.

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