

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415129	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2025
NAME OF PROVIDER OR SUPPLIER Summit Commons Rehabilitation and Health Care Cent		STREET ADDRESS, CITY, STATE, ZIP CODE 99 Hillside Avenue Providence, RI 02906	

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 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>(continued on next page)</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415129	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2025
NAME OF PROVIDER OR SUPPLIER Summit Commons Rehabilitation and Health Care Cent		STREET ADDRESS, CITY, STATE, ZIP CODE 99 Hillside Avenue Providence, RI 02906	
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 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>**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 maintain an infection prevention and control program to help prevent the transmission of communicable diseases and infections as the facility failed to implement a water management program (WPM) based upon industry standards and/or the Centers for Disease Control and Prevention (CDC), and to perform and document specified testing for the prevention of Legionella disease (a very serious type of lung infection caused by the bacteria called Legionella which can be found in water) resulting in infections for 1 of 1 resident reviewed who tested positive for Legionella pneumonia, Resident ID #1. Findings are as follows: Review of a community reported complaint received by the Rhode Island Department of Health on 10/15/2025 alleges that Resident ID #1 tested positive for Legionella pneumonia. Record review of the CDC document titled, Developing a Water Management Program to Reduce Legionella Growth & Spread in Buildings, dated June 2021, version 1.1 states in part, .The key to preventing Legionnaires' disease is maintenance of the water systems in which Legionella may grow .Water stagnation: Encourages biofilm growth and reduces temperature and levels of disinfectant. Common issues that contribute to water stagnation include .reduced building occupancy . Stagnation can also occur when fixtures go unused, like a rarely used shower .Further review of the CDC's Legionella Control Toolkit revealed, detection of the following results indicates that Legionella growth appears poorly controlled: 1.0-9.9 Colony Forming Units per Milliliter (CFU/mL) in potable water. 1a. Review of a facility policy titled Legionella Policy last revised on 10/24/2022 states in part, It is the policy of this facility to have a water management program to reduce legionella bacteria growth and spread in the facility. Facility will conduct an annual water program assessment with a qualified contractor. Review of a facility document titled, Facility Compliance Services-Legionella . last revised on 5/1/2018 states in part, .The purpose of the assessment is to discover any vulnerabilities that would allow for amplification of Legionella. and to structure a response in advance of any environmental sampling for Legionella. Potential Risks and Facility Mitigation Steps: After Facility Review, the facility poses a High Risk to promote the growth of Legionella. showers/Tubs/Faucet Taps: Hot and cold-water taps, shower heads, and tubs should be periodically flushed to help mitigate the potential for stagnation. Showers, sprayers, Tubs, and Faucet taps should be disinfected with an EPA [Environmental Protection Agency] registered disinfectant on a scheduled cleaning program; to reduce buildup of bacteria. Uncommonly used tubs, Showers/faucets should be flushed for 3-5 minutes and disinfected monthly. This process should be documented and kept in the service records section of this program. It is recommended that cold water and hot water be flushed. Plumbed Eyewash stations should also be flushed monthly. Flushing of the station should be done for 3 minutes. These stations should also be disinfected regularly to reduce bacterial growth. This process should be documented and kept in the service records section of this program. HVAC Systems [heating, ventilation, and air conditioning]: Facility should maintain a strong maintenance program for filters, belts, and cleaning coils. This will help eliminate the growth of bacteria that may be able to form on the units. Preventative maintenance should be scheduled, and documentation of service should be recorded in the service section of this plan. Record review of the facility water sample results dated 8/26/2024 revealed the following 5 positive results out of 21 samples:-room [ROOM NUMBER] shower hot (Water Sample) collected 8/14/2024 Positive: Legionella at a concentration of 3.5 CFU/ml-room [ROOM NUMBER] sink hot (water sample) collected 8/14/2024 Positive: Legionella at a concentration of 0.3 CFU/ml-room [ROOM NUMBER] sink hot (water sample) collected 8/14/2024 Positive: Legionella at a concentration of 1.8 CFU/ml-room [ROOM NUMBER] sink hot (water sample) collected 8/14/2024 Positive: Legionella at a concentration of 5.3 CFU/ml-Communal Shower room [ROOM NUMBER]th floor, sink hot (water sample) collected 8/14/2024 Positive: Legionella at a concentration of 4.8 CFU/mlRecord review of a document from the facility's contracted Water Safety Company titled, Remediation/ Sanitization Report for [Facility Name and location] dated 8/22/2024, revealed that the facility conducted a remediation (sanitization) of the potable water system. The sanitization was performed as an acute remedial treatment. Conclusions/Recommendations Following Remediation Sanitization. Quarterly sampling is recommended following sanitization in the absence of a reportable case of Legionnaire's Disease. Regular flushing of vacant units and other areas where there are infrequently used sinks should be flushed on a weekly basis for at least 5 minutes. Record review revealed that the last time the water was tested for Legionella was on 10/21/2024. Additionally, the record review failed to reveal evidence</p>		