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 01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Adviniacare Summit Commons, LLC	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)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. Based on clinical record review and staff interviews, the facility failed to revise each resident's care plan, by the interdisciplinary team, for 1 of 2 resident's reviewed relative to gastrostomy tubes (g-tube-a tube inserted through the abdominal wall directly into the stomach used to provide nutrition, hydration and medications for residents that are unable to take food or fluids by mouth), Resident ID #1, and for 2 of 3 residents reviewed relative to falls, Resident IDs #1 and 2.Findings are as follows: Review of a community reported complaint submitted to the Rhode Island Department of Health on 1/13/2026 alleges in part, that there were concerns that Resident ID #1 frequently damaged or pulled out his/her g- tube. It further alleges that the facility did not put proper precautions in place to prevent the resident from pulling out the g-tube including an abdominal binder (a wide compression wrap that encircles the abdomen used to secure the g-tube in place to help prevent dislodgement.) 1. Record review revealed Resident ID #1 was admitted to the facility in September of 2024, with diagnoses including, but not limited to, gastrostomy tube and muscle weakness.Review of the resident's physician's orders revealed the following: -9/4/2025-encourage the use of the abdominal binder at all times on every shift.-1/7/2026-resident to wear the abdominal binder, may remove during activity of daily living care or showering.Record review of the resident's care plan revealed the focus area initiated on 6/24/2025 for a behavior problem of tactile impulses related to a cerebrovascular accident (stroke), which manifests as rubbing eyes, pulling g-tube, pulling clothes, sheets etc. Record review revealed the last revision on this care plan was made on 8/26/2025 and the care plan did not include the use of the abdominal binder.During a surveyor interview with the Director of Nursing Services (DNS), she acknowledged that the care plan failed to be revised to include an intervention for an abdominal binder. Review of a community reported complaint submitted to the Rhode Island Department of Health on 1/2/2026 alleges in part, that Resident ID #2's family member was concerned that the resident had 8 falls since his/her admission to the facility.2 a. Record review for Resident ID #1 revealed s/he had falls on the following dates:-12/8/2025 at 10:30 AM-12/9/2025 at 12:00 AM-12/21/2025 at 10:27 PM-12/23/2025 at 4:30 PM and at 7:15 PM-12/26/2025 at 11:10 PM-1/6/2026 at 5:45 PM-1/13/2026 at 3:39 PMRecord review of the resident's care plan revealed a focus area initiated on 2/3/2025 for frequent falls secondary to generalized weakness, decreased neuromuscular coordination and cognitive impairment. Record review revealed the last revision on this care plan was made on 12/2/2025 and did not include added interventions relative to the falls on 12/8, 12/9, 12/21, 12/23, 12/26/2025, 1/6 and 1/13/2026.During a surveyor interview on 1/15/2026 at 1:12 PM with the DNS, she was unable to provide evidence that the resident's care plan was updated following the above-mentioned falls. 2b. Record review revealed Resident ID #2 was admitted to the facility in December of 2025 with diagnoses including, but not limited to, dementia and unsteadiness on feet.Further record review revealed the resident had falls on the following dates:-12/11/2025 at 2:29 PM-12/12/2025 at 6:34 PM-12/14/2025 at 1:36 PM-12/21/2025 at 2:46 (continued on next page)

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 01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Adviniacare Summit Commons, LLC	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)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PM-12/22/2025 at 1:20 PM-12/23/2025 at 11:51 AM-12/24/2025 at 12:38 PM-12/25/2025 at 4:30 PMRecord review of the resident's care plan failed to reveal evidence that it was revised to include a focus area for falls.During a surveyor interview on 1/15/2026 at approximately 1:12 PM with the DNS, she was unable to provide evidence that the resident's care plan was revised to include falls.

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 01/15/2026
NAME OF PROVIDER OR SUPPLIER Adviniacare Summit Commons, LLC		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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on surveyor observation, clinical record review, and staff interview, the facility failed to ensure that residents receive treatment and care in accordance with professional standards of practice, relative to physician's orders for 1 of 2 residents with gastrostomy tubes (G-tube-a tube inserted through the abdominal wall directly into the stomach used to provide nutrition, hydration and medications for residents that are unable to take food or fluids by mouth), Resident ID #1.Findings are as follows:Review of a community reported complaint submitted to the Rhode Island Department of Health on 1/13/2026 alleges in part, that there were concerns that the resident frequently damaged or pulled out his/her g- tube. It further alleges that the facility did not put proper precautions in place to prevent the resident from pulling out the g-tube including an abdominal binder (a wide compression wrap that encircles the abdomen used to secure the g-tube in place to help prevent dislodgement.)According to Mosby's 4th Edition, Fundamentals of Nursing, page 314 states in part, The physician is responsible for directing medical treatment. Nurses are obligated to follow physician's orders unless they believe that the orders are in error or would harm the clients.Record review revealed the resident was admitted to the facility in September of 2024, with a diagnosis including, but not limited to, gastrostomy tube.Review of the resident's Minimum Data Set assessment dated [DATE] revealed a Brief Interview of Mental Status score of 0 out of 15, indicating the resident has severe cognitive impairment. It further revealed that the resident is dependent on staff for dressing.Review of the resident's physician's orders revealed the following: -9/4/2025-encourage the use of the abdominal binder at all times on every shift-1/7/2026-resident to wear the abdominal binder may remove during activity of daily living care or showeringDuring a surveyor observation on 1/15/2026 at approximately 10:55 AM the resident was observed in bed and did not appear to be wearing his/her abdominal binder under his/her shirt.During a subsequent surveyor observation on 1/15/2026 at 11:00 AM in the presence of Licensed Practical Nurse, Staff A, she acknowledged the resident was not wearing the abdominal binder. Of note, the abdominal binder was on a shelf across the room from the resident's bed.During a surveyor interview on 1/15/2026 at the time of the above observation with Staff A, she acknowledged that the resident was not wearing the abdominal binder and she had failed to assist the resident to put it on that morning.During a surveyor interview on 1/15/2026 at 11:30 AM with the Director of Nursing Services, she indicated that she would expect the abdominal binder to be in place on the resident.