STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415129	A. Building B. Wing	07/02/2026

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 0559 Level of Harm - Potential for minimal harm Residents Affected - Many	Honor the resident's right to share a room with spouse or roommate of choice and receive written notice before a change is made. Based on clinical record review and resident, resident representative, and staff interviews, the facility failed to provide written notification, including the reason for the room change, before the resident's room or roommate in the facility is changed, for 6 of 6 residents reviewed, Resident ID #s, 45, 66, 93, 99, 101, and 147.Findings are as follows:Record review of a facility policy titled Room Change last revised in October of 2022, states in part, .The resident has the right to refuse transfer to another room in the facility if the purpose of the transfer is.Solely for the convenience of staff.When a resident room change is occurring, the resident being moved.will be informed of the room change. The resident receiving a new roommate will also be notified.The notice of a change in room or roommate assignment will be both verbal and in writing including the reason(s) for the change. Staff should complete a room change notice and provide to the resident.placed in the resident's medical record.1. Record review revealed Resident ID #45 was admitted to the facility in March of 2026 with a diagnosis including, but not limited to, type two diabetes.Record review of a Brief Interview for Mental Status (BIMS) score dated 5/8/2026, revealed a score of 15 of 15, indicating intact cognition.Record review of the facility census revealed that the resident was moved from his/her room on 4/1/2026.Review failed to reveal evidence that Resident ID #45 received written notification of the room change, including the reason for the change, per the facility policy.2. Record review revealed Resident ID #147 was admitted to the facility in May of 2026 with a diagnosis including, but not limited to, pneumonia.Record review of a BIMS score dated 5/29/2026, revealed a score of 8 of 15, indicating a moderate cognitive impairment.Record review of the facility census revealed that the resident was moved from his/her room on 6/9/2026.Record review failed to reveal evidence that Resident ID# 147 received written notification of the room change, including the reason for the change, per the facility policy.During a surveyor interview on 6/30/2026 at approximately 3:00 PM with Resident ID #147, s/he revealed that s/he was not initially happy with the transfer to another floor because s/he made friends on the second floor.3. Record review revealed Resident ID #66 was admitted to the facility in January of 2024 with diagnoses including, but not limited to, anxiety and depression.Record review of a BIMS score dated 5/28/2026, revealed a score of 15 of 15, indicating intact cognition. During a surveyor interview on 6/30/2026 at approximately 1:20 PM the resident revealed that one morning s/he was awoken by staff telling him/her that his/her room will be changed. The resident further revealed that s/he didn't not have a choice and did not want to move as s/he had been in that room for several years. The resident denied receiving written notification of the room change.Record review of the facility census revealed that the resident was moved from his/her room on 5/27/2026.Record review failed to reveal evidence that Resident ID #66 received written notification of the room change, including the reason for the change, per the facility policy.4. Record review revealed Resident ID #93 was admitted to the facility in October of 2021 with a diagnosis including, but not limited to, heart failure.Record review of a BIMS score dated 4/10/2026, revealed a score of 15 of 15, indicating intact cognition. During a surveyor interview on 7/1/2026 at 12:57 PM with Resident ID #93, s/he revealed that s/he was not notified about receiving a roommate prior to the transfer. Record review failed to reveal evidence of written notification to the resident that s/he was to receive a roommate.5. Record (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

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0559 Level of Harm - Potential for minimal harm Residents Affected - Many	review revealed Resident ID #99 was admitted to the facility in December of 2023 with diagnoses including, but not limited to, dementia and obsessive-compulsive disorder. Record review of a BIMS score dated 6/25/2026, revealed a score of 0 of 15, indicating severe cognitive impairment.Record review of the facility census revealed that the resident was moved from his/her room three times from December 2024 to June of 2026.During a surveyor interview on 6/30/2026 at 1:06 PM with Resident ID #99's representative, s/he revealed that there were no written notifications provided for room changes within the facility. Record review failed to reveal evidence that Resident ID #99's resident representative received written notification of the room change, including the reason for the change, per the facility policy.6. Record review revealed Resident ID #101 was admitted to the facility in January of 2026 with a diagnosis including, but not limited to, dementia.Record review of a BIMS score dated 5/7/2026, revealed a score of 0 of 15, indicating severe cognitive impairment.Record review of the facility census revealed that the resident was moved from his/her room three times from January 2026 to June of 2026.During a surveyor interview on 6/30/2026 at 1:06 PM with Resident ID #101's representative, s/he revealed that there were no written notifications provided for room changes within the facility. Record review failed to reveal evidence that Resident ID #101's representative received written notification of the room change, including the reason for the change, per the facility policy.During a surveyor interview on 7/2/2026 at 11:17 AM, with the Social Worker, she revealed that when a room change or roommate change occurs the facility will complete an assessment in the record but does not give any written notification to the resident and/or resident representative.During a surveyor interview on 7/1/2026 at 10:36 AM and 7/2/2026 at 2:17 PM, with the Director of Nursing Services, she acknowledged that the facility failed to provide written notification, including the reason for the room change, before the resident's room or roommate in the facility is changed, for Resident ID #s, 45, 66, 93, 99, and 101, and 147.

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, surveyor observation, and resident and staff interviews, the facility failed to follow the weekly menu relative to providing soup daily as stated on the menu for 4 of 4 units. Additionally, the facility failed to ensure that the residents' meal tickets matched the meal served to each resident, affecting Resident ID #s 12, 20, 45, 56, 58, 76, 93, and 115. Findings are as follows:Record review revealed that Resident ID #93 was admitted to the facility on [DATE] with diagnoses including, but not limited to, type 2 diabetes mellitus and heart failure.Record review of the Quarterly Minimum Data Set assessment dated [DATE] revealed a Brief Interview for Mental Status score of 15 of 15, indicating intact cognition.During a surveyor interview during the initial tour on 6/29/2026 at 11:49 AM, Resident ID #93 stated that his/her meal ticket does not always match what is served. S/he stated, we do not have soup even though the slips indicate that we receive soup every day. 1. During surveyor observations of the lunch meal service on 6/30/2026, the facility failed to serve the specific food items listed on the meal tickets for the following residents: a. Resident ID #12's meal ticket indicated that s/he is supposed to receive a bowl of soup and chocolate pudding.Surveyor observation revealed the resident failed to receive a bowl of soup and was served Jello, instead of chocolate pudding.During a surveyor interview with Resident ID #12 following the above observation, s/he revealed that s/he wishes to have soup as listed on the meal ticket.b. Resident ID #45's meal ticket indicated that s/he is supposed to receive a side salad.Surveyor observation revealed the resident failed to receive a side salad.During a surveyor interview following the above observation, s/he revealed that s/he has not been served the salad.c. Resident ID #s 12, 20, 56, and 76's meal tickets indicated that they are supposed to have pineapple with their meals.Surveyor observation revealed the above residents failed to receive pineapple with their meals.2. During the breakfast service on 7/1/2026, surveyor observations confirmed the facility failed to serve English muffins to Resident ID #s 12, 20, 56, and 76, as indicated by their individual meal tickets. During a surveyor interview on 7/1/2026 at 1:41 PM, the Food Service Director revealed that the facility does not offer soup during the summer months, per the company's policy. He further stated that the facility's Dietitian, Staff F, should have updated the residents' meal tickets for accuracy.During a surveyor interview on 7/1/2026 at 1:52 PM, Staff F acknowledged that the residents' meal tickets and the food served on the nursing units failed to match.During a surveyor interview on 7/1/2026 at 2:51 PM, the Director of Nursing Services stated that she expects residents to receive the items listed on the menu. She acknowledged that discrepancies between menu listings and meal tickets have been an ongoing concern.