STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01510	A. BUILDING _____ B. WING _____	C 08/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY. STATE. ZIP CODE
WINGATE RESIDENCES ON BLACKSTONE BO	353 BLACKSTONE BOULEVARD PROVIDENCE, RI 02906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 003	Initial Comments An unannounced complaint/incident investigation survey was conducted at this residence. Deficiencies were identified.	S 003		
s 365	Residency Requirements 2.4.16.D Resident Assessment/Service Plans 2.4.16 (d) Resident Assessments and Service Plans D. The assessment shall be reviewed and at intervals not to exceed twelve (12) months and each time a resident's condition changes significantly. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined the residence failed to review the comprehensive assessment each time a resident's condition changes significantly for 1 of 3 sample residents reviewed, Resident ID #1. Findings are as follows: Record review revealed Resident ID #1 moved into the residence in April of 2023 with diagnosis including dementia. Record review revealed the last comprehensive assessment completed was the initial assessment dated 3/28/2023, which was completed prior to the resident moving into the residence. Record review of the above-mentioned assessment states in part, "...Resident does not have current or history of disruptive, aggressive, verbal or socially inappropriate behavior..."	S 365	S365 Resident # 1 a Change in Condition assessment was completed on 8/8/2023 which included [redacted] current behaviors. All resident 90-day Nurse Review completed since 5/3/2023 were audited to ensure the assessment was updated to reflect any significant change in condition. All licensed nurses were educated on including behavior changes on Change in Condition assessments. Change in Condition assessments will be audited for accuracy monthly for 90 days.	

Facilities Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6)DATE

Bill Q. ED 9/22/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01510	A. BUILDING _____ B. WING _____	C 08/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINGATE RESIDENCES ON BLACKSTONE BO	353 BLACKSTONE BOULEVARD PROVIDENCE, RI 02906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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Facilities Regulation

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01510	A. BUILDING: _____ B. WING _____	C 08/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINGATE RESIDENCES ON BLACKSTONE BO	353 BLACKSTONE BOULEVARD PROVIDENCE, RI 02906

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S 365	Continued From page 1 Record review of nursing progress notes revealed the resident had behavior issues including being disruptive, verbally inappropriate, and/or socially inappropriate towards others on the following dates: 8/3, 8/1, 7/11, 6/30, 6/29, 6/28, 6/14, 5/23, 5/22, 5/12, 5/9, 4/20, 4/17, and 4/10/2023. Record review failed to reveal evidence that the resident's assessment was updated to reflect his/her significant condition change, as required. During a surveyor interview with the Director of Wellness on 8/3/2023 at approximately 2:46 **PM**, she could not provide evidence the resident's assessment was updated to reflect the significant change in his/her condition, as required.	S365		
S 390	Residency Requirements 2.4.16.G.3 Resident Assessment/Service Plan 2.4.16 (G)(3) Service Plans 3. The service plan shall be reviewed by both parties at intervals not to exceed twelve (12) months and each time a resident's condition changes significantly and all changes shall be acknowledged in writing by both parties. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined the residence failed to review the service plan each time a resident's condition changes significantly for 1 of 3 sample residents reviewed, Resident ID #1. Findings are as follows:	S 390	S390 Resident # 1 a Service Plan was completed on 8/8/2023 which included [redacted] current behaviors. All resident Change in Condition assessments completed since 5/3/2023 were audited to ensure the Service Plan was updated to reflect any significant change in condition. All licensed nurses were educated on including behavior changes on Change in Condition assessments and Service Plans. Change in Condition assessments and Service Plans will be audited for accuracy monthly for 90 days Completed on: 8/21/23	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01510	A. BUILDING _____ BW.ING _____	C 08/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINGATE RESIDENCES ON BLACKSTONE BO	353 BLACKSTONE BOULEVARD PROVIDENCE, RI 02906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 390	Continued From page 2 Record review revealed Resident ID #1 moved into the residence in April of 2023 with a diagnosis of dementia. Record review revealed the last service plan completed was the initial service plan dated 3/28/2023, which was completed prior to the resident moving into the residence. Record review of the above-mentioned service plan states in part, "...Psychosocial: Actions: no behavior issues, Resident does not have current or history of disruptive, aggressive, verbal or socially inappropriate behavior..." Record review of nursing progress notes revealed the resident had behavior issues including being disruptive, verbally inappropriate, and/or socially inappropriate towards others on the following dates: 8/3, 8/1, 7/11, 6/30, 6/29, 6/28, 6/14, 5/23, 5/22, 5/12, 5/9, 4/20, 4/17, and 4/10/2023. Record review failed to reveal evidence that the resident's service plan was updated to reflect his/her significant condition change and interventions the facility utilized, as required. During a surveyor interview with the Director of Wellness on 8/3/2023 at approximately 2:46 PM, she could not provide evidence the resident's service plan was updated to reflect the significant change in his/her condition and services being provided by the residence, as required	S390		
S415	Residency Requirements2.4.17.D Reporting Requirements 2.4.17 (D) Licensure Requirements	S415		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01510	A. BUILDING: _____ BW.ING _____	C 08/03/2023

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s 415	Continued From page 3 D. Any employee of an assisted living residence who has reasonable cause to believe that a resident has been abused, exploited, neglected, or mistreated shall within twenty-four (24) hours of the receipt of said information, transfer such to the Director and to the Office of the Long- Term Care Ombudsman. Any person required to make a report pursuant to this section shall be deemed to have complied with these requirements if a report is made to a high managerial agent. Once notified, said agent shall be required to meet the above reporting requirements. The residence shall establish a written policy or procedure for reporting abused, exploited or neglected residents that complies with the provisions of this section. The report may be submitted by telephone but shall be followed up in writing. 1. Upon receipt of such information or allegation, the Director shall forthwith conduct such investigation as may be necessary and submit a report of findings of the investigation(s) to the Attorney General of the State of Rhode Island. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined the residence failed to ensure employees of an assisted living residence who have reasonable cause to believe that a resident has been abused, exploited, neglected, or mistreated shall within twenty-four (24) hours of the receipt of said information make a report to a high managerial agent and to the appropriate state agency for 2 of 3 sample residents reviewed, Resident ID #s 1 and 2. Findings are as follows:	S415	S415: All resident incidents that occurred since 5/3/2023 were reviewed to ensure that all reportable incidents were reported appropriately. The staff was re-educated on identifying and reporting Resident abuse, exploitation, neglect and mistreatment. The Executive Director and or the Wellness Director will submit any report of potential abuse, exploitation, neglect or mistreatment of a resident to the Rhode Island Department of Health and Ombudsman within 24 hours of occurrence. Resident incidents will be audited bi-weekly for 90 days to ensure any incident that requires reporting to the RIDOH has occurred. Started on: 8/21/23 Will be completed on: 9/1/23	

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S 415	Continued From page 4 According to 2.4.17 (D) of The Rules and Regulations for Licensing Assisted Living which states in part, "...Any employee of an assisted living residence who has reasonable cause to believe that a resident has been abused, exploited, neglected, or mistreated, shall within twenty-four (24) hours of the receipt of said information, transfer such to the Director and to the Office of the Long-Term Care Ombudsman.. 1. Upon receipt of such information or allegation, the Director shall forthwith conduct such investigation as may be necessary and submit a report of findings to the investigation(s) to the Attorney General of the State of Rhode Island ." Record review revealed an "Assisted Living Residence Required Incident Reporting" form sent to the Rhode Island Department of Health (RIDOH) on 8/1/2023 which states in part, "...Resident to ResidentAbuse.. Date of Incident: 8/1/2023 Time: 11:10 **AM..".** This form reported that two residents were involved, one who was the perpetrator, Resident ID #1, and the other who was the victim of sexual abuse, Resident ID #2. 1. Record review revealed Resident ID #1 moved into the residence in April of 2023 with a diagnosis of dementia. Record review of a progress note dated 7/11/2023 states in part, "Overnight staff found another resident... in [his/her] room during rounds at 4:15 am. [Resident ID #2] was naked in bed, and [Resident ID #1] had [his/her] arm around [him/her).. " 2. Record review revealed Resident ID #2 moved into the residence in August of 2022 with a	S415		

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S 415	Continued From page 5 diagnosis of dementia. Record review of a progress note dated 7/11/2023 at 12:30 PM, states in part, "Overnight staff reported that during rounds at 4:15 AM, resident [ID #2) was found in another resident's [ID #1] room, (s/he] was naked in bed with that resident's arm around [him/her)..." Record review failed to reveal evidence that the above incident was thoroughly investigated or reported to the state agency, as required. During a surveyor interview with the Director of Wellness on 8/3/2023 at 2:45 PM, she could not provide evidence that the above-mentioned incident was investigated or reported, as required.	S415		