RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01389	A. BUILDING: _____ B. WING _____	10/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WYNDEMERE WOODS	1044 MENDON ROAD WOONSOCKET, RI 02895

(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 A State licensure survey and a complaint survey were conducted at this facility on 10/29/2025 through 10/30/2025. Deficiencies were identified relative to the State licensure survey.	S 003		
S 220	Organization And Management 2.4.13.I.2 Administrative Management 2.4.13 (I) (2) Personnel Records 2. Said personnel records shall be reviewed and updated at intervals not to exceed twelve (12) months and shall include, but not be limited to, all of the following components: a. Completed job application and/or resume; b. Written statements of references or documentation of verbal reference check; c. Written functional job descriptions; (1) These descriptions shall be updated at intervals not to exceed twelve (12) months and shall include, but not be limited to, minimal qualifications for the position, major duties and responsibilities, and shall be signed and dated by the individual employee. d. Evidence of credentials, current professional licensure and/or certification; e. Documentation of education and/or continuing training, including continuing education units (CEUs) related to administrator certification, food management, etc., medication administration, and dementia care; f. Documentation of attendance at in-service	S 220	Wyndemere Woods has processes to ensure all proper documentation is in place prior to an employee beginning their first shift. There was a lapse in policy regarding documentation surrounding a promotion, demotion, or other change in job titles. An internal policy has been added to the 'employment policies' section of our policies and procedures manual that necessitates employee files undergo a comprehensive review from Administration, ensuring all necessary documents –including job description --are in place prior to scheduling in any new position. Date of Full Compliance: 11/3/2025 Received NOV 21 2025 Facilities Regulation	

12/01/25

Facilities Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Steve Langlois — TITLE: Administrator — (X6) DATE: 11/21/2025

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S 220	Continued From page 1 training and/or orientation; g. Documentation of at least one (1) performance evaluation at intervals not to exceed twelve (12) months; h. Signed copy of employee ' s awareness of resident ' s rights; i. Results of the criminal record (BCI) check. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined the residence failed to ensure personnel records contained all of the required components for 2 of 2 new hires with a change in job title, Staff A and B. Findings are as follows: The following personnel records failed to reveal evidence of a signed copy of the employee's job description when changed. 1) Record review of Staff A revealed a hire date of 6/23/2025. This employee was hired as a dietary employee and promoted to Nursing Assistant (NA) on 8/5/2025. 2) Record review of Staff B revealed a hire date of 7/8/2025. This employee was hired as a dietary employee and promoted to NA on 8/5/2025. During a surveyor interview on 10/29/2025 at 12:00 PM, the Executive Director acknowledged the above staff did not have all of the required documentation.	S 220		

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S 250	Continued From page 2	S 250	All annual and comprehensive assessments will document cognitive capacity to self-administer medications or lack thereof. Administrator and DON will be responsible for ensuring these designations are correct prior to endorsing each assessment. A flaw in self-administration documentation within our MAR was addressed directly with our pharmacy, which ensures all current and future self-administration orders are notated as such within the MAR. DON will provide redundancy to this system by manually reviewing all self-administration orders to ensure MAR is properly documented. DON will provide written request for self-administration of medications to providers who will return signed self-administration orders for placement in chart. Lastly, self-administration will be added as an item to our quarterly quality assurance to ensure all self-administration documentation is reviewed by Administration once per quarter. Date of Full Compliance: 11/18/2025	
S 250	Organization And Management 2.4.14.A Management Of Services 2.4.14 (A) Management of Services A. Each residence shall provide services with adequate professional and ancillary employees and in accordance with applicable state law. Further, the residence shall assure that all services are rendered in a safe and effective manner and consistent with the requirements herein. The residence shall provide all care and services to all residents in accordance with the prevailing communi ty standard of care. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined the residence failed to provide care and services in accordance with the prevailing community standard of care relative to following physician's orders for 2 of 3 residents reviewed for self-administration, Resident ID #s 1 and 2. Findings are as follows: Mosby's 4th Edition, Fundamentals of Nursing, page 314 states, "The physician is responsible for directing medical treatment. Nurses are obligated to follow physician's orders unless they believe the orders are in error or would harm the clients." 1) Record review revealed Resident ID #1 moved into the residence in October of 2023 with a diagnosis including, but not limited to, hypertension. Record review of the resident's comprehensive	S 250		

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S 250	Continued From page 3 assessment, dated 10/16/2025, revealed the resident does not have the cognitive ability to self-administer. Record review of the resident's physician's orders failed to reveal an order to self-administer his/her Fluticasone-Salmeterol inhaler and Albuterol inhaler. During a surveyor interview with the Director of Wellness (DOW) on 10/30/2025 at approximately 11:45 AM, she was unable to provide evidence of a physician's order for the resident to self-administer the above medications. 2) Record review revealed Resident ID #2 moved into the residence in January of 2022 with a diagnosis including, but not limited to, chronic obstructive pulmonary disease. During a surveyor observation of the resident's room on 10/30/2025 at 12:30 PM a Fluticasone inhaler, an Albuterol inhaler, and a Fluticasone nasal spray were observed. Record review of the resident's physician's orders failed to reveal an order to self-administer his/her Fluticasone nasal spray and inhaler and his/her Albuterol inhaler. During a surveyor interview with the DOW following the observation, she was unable to provide evidence of a physician's order for the resident to self-administer the above medications.	S 250		
S 390	Residency Requirements 2.4.17.D Resident Assessment/Service Plans 2.4.17 (D) Resident Assessments and Service	S 390		

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S 390	Continued From page 4 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 surveyor observation, record review, and staff interview, it has been determined that the residence failed to update the comprehensive assessment each time a resident's condition changed significantly for a singular resident reviewed for outside services, Resident ID #1 and for 2 of 3 residents reviewed for self-administration, Resident ID #s 1 and 3. Findings are as follows: 1) a. Record review revealed Resident ID #1 moved into the residence in October of 2023 with a diagnosis including, but not limited to, hypertension. Review of the completed entrance conference resident sample form revealed that Resident ID #1 is receiving physical therapy for strengthening. Record review of the resident's physical therapy notes reveal that the resident started therapy on 10/10/2025. Record review of the comprehensive assessment, dated 10/16/2025, failed to reveal the resident is receiving physical therapy. b. Further review of the assessment reveals the resident needs medication administration, the resident does not have the cognitive ability to self-administer his/her medications.	S 390	All annual and comprehensive assessments will document cognitive capacity to self-administer medications or lack thereof. Administrator and DON will be responsible for ensuring these designations are correct prior to endorsing each assessment. Administrator and DON will be responsible for ensuring these designations are correct prior to endorsing each assessment. A flaw in self-administration documentation within our MAR was addressed directly with our pharmacy, which ensures all current and future self-administration orders are notated as such within the MAR. DON will provide redundancy to this system by manually reviewing all self-administration orders to ensure MAR is properly documented. DON will provide written request for self-administration of medications to providers who will return signed self-administration orders for placement in chart. (continued on next page)	

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S 390	Continued From page 5 Record review of the Mini-Mental State Examination form, dated 10/16/2025, revealed a score of 27 out of 30, indicating intact cognition. During a surveyor interview with Certified Medication Technician (CMT), Staff C, on 10/30/2025 at approximately 10:00 AM, he revealed the resident self-administers his/her Fluticasone-Salmeterol inhaler and his/her Albuterol inhaler. During a surveyor interview with the Director of Wellness (DOW) on 10/30/2025 at approximately 11:45 AM, she could not provide evidence the comprehensive assessment form accurately reflected the resident's receipt of outside services. Additionally, she revealed the comprehensive assessment was inaccurate as the resident has the cognitive ability to self-administer the above-mentioned inhalers. 2) Record review revealed Resident ID #3 moved into the residence in October of 2024 with a diagnosis including, but not limited to, chronic obstructive pulmonary disease. During a surveyor interview with Certified Medication Technician (CMT), Staff C, on 10/30/2025 at approximately 10:00 AM, he revealed the resident self-administers his/her Ventolin inhaler. Record review of comprehensive assessment, dated 10/16/2025, revealed that the resident does not have the cognitive ability to self-administer his/her medications. During a surveyor interview with the DOW on 10/30/2025 at approximately 11:45 AM, she could	S 390	Lastly, self-administration will be added as an item to our quarterly quality assurance to ensure all self-administration documentation is reviewed by Administration once per quarter. All Service Plans, 90-Day Assessments, and Initial & Comprehensive Annual Assessments will document outside services with admission and discharge dates. Furthermore, these same documents will be updated with any significant change in condition. Date of Full Compliance: 11/18/2025	

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S 390	Continued From page 6 not provide evidence that the comprehensive assessment accurately reflected the resident's ability to self-administer his/her medications.	S 390	All annual and comprehensive assessments will document cognitive capacity to self-administer medications or lack thereof. Administrator and DON will be responsible for ensuring these designations are correct prior to endorsing each assessment. (Duplicate from 5250). Administrator and DON will be responsible for ensuring these designations are correct prior to endorsing each assessment. A flaw in self-administration documentation within our MAR was addressed directly with our pharmacy, which ensures all current and future self-administration orders are notated as such within the MAR. DON will provide redundancy to this system by manually reviewing all self-administration orders to ensure MAR is properly documented. DON will provide written request for self-administration of medications to providers who will return signed self-administration orders for placement in chart. (continued on next page)	
S 415	Residency Requirements 2.4.17.G.3 Resident Assessment/Service Plan 2.4.17 (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 that the residence failed to update the service plan each time a resident's condition changed significantly for a singular resident reviewed for outside services, Resident ID #1 and for 2 of 3 residents reviewed for self-administration, Resident ID #s 1 and 3. Findings are as follows: 1) a. Record review revealed Resident ID #1 moved into the residence in October of 2023 with a diagnosis including, but not limited to, hypertension. Review of the completed entrance conference resident sample form revealed that Resident ID #1 is receiving physical therapy for strengthening. Record review of the resident's physical therapy notes reveal that the resident started therapy on 10/10/2025.	S 415		

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S 415	Continued From page 7 Record review of the service plan, dated 11/4/2024, failed to reveal the resident is receiving physical therapy. b. During a surveyor interview with Certified Medication Technician (CMT), Staff C, on 10/30/2025 at approximately 10:00 AM, he revealed the resident self-administers his/her Fluticasone-Salmeterol inhaler and his/her Albuterol inhaler. Record review of the service plan failed to reveal the resident self-administers his/her Fluticasone-Salmeterol inhaler and his/her Albuterol inhaler. During a surveyor interview with the Director of Wellness (DOW) on 10/30/2025 at approximately 11:45 AM, she could not provide evidence the service plan accurately reflected the resident's receipt of outside services. 2) Record review revealed Resident ID #3 moved into the residence in October of 2024 with a diagnosis including, but not limited to, chronic obstructive pulmonary isease. During a surveyor interview with Certified Medication Technician (CMT), Staff C, on 10/30/2025 at approximately 10:00 AM, he revealed the resident self-administers his/her Ventolin inhaler. Record review of the service plan, dated 10/16/2025, failed to reveal the resident self-administers his/her Ventolin inhaler. During a surveyor interview with the DOW on 10/30/2025 at approximately 11:45 AM, she could not provide evidence that the service plan	S 415	Lastly, self-administration will be added as an item to our quarterly quality assurance to ensure all self-administration documentation is reviewed by Administration once per quarter. All Service Plans, 90-Day Assessments, and Initial & Comprehensive Annual Assessments will document outside services with admission and discharge dates. Furthermore, these same documents will be updated with any significant change in condition. Date of Full Compliance: 11/18/2025	

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S 415	Continued From page 8 accurately reflected the resident's ability to self-administer his/her Ventolin inhaler.	S 415		
S 560	Residential Care Services 2.4.23.C Dietetic Services 2.4.23 (C) Dietetic Services C. The food service in each residence shall comply with the appropriate requirements of R.I. Gen. Laws Chapters 21-27 and 21-31, Part 50-10-1 of this Title, Rhode Island Food Code, and such other applicable statutory or regulatory provisions. This Requirement is not met as evidenced by: Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to comply with all appropriate standards of the Rhode Island Food Code relative to the main kitchen. Findings are as follows: 1) Record review of the 2022 Food Code published by the U.S. Food and Drug Administration Section 4-601.11 states in part, "...nonfood contact surfaces of equipment shall be kept free of an accumulation of dirt...and other debris..." During a surveyor observation on 10/29/2025 at 8:05 AM of the main kitchen, in the presence of the Food Service Director (FSD), the following was revealed: - hood slats with a heavy accumulation of debris.	S 560	A comprehensive professional kitchen hood cleaning was previously scheduled twice per year. This schedule will be increased to three times per year. Additionally, kitchen staff will be responsible for adherence to a monthly internal cleaning schedule for both the ice machine and the kitchen hood which will ensure there is never a significant accumulation of debris and/or substances. Both pieces of equipment will be accompanied by a cleaning log to be completed by kitchen staff during each regularly scheduled cleaning. These items will be added as a point of conversation to all future quality assurance agendas so that kitchen equipment cleaning schedules are revisited by management at least once per quarter. Date of Full Compliance: 10/31/2025	

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S 560	Continued From page 9 - ice machine with an accumulation of black substance along the inner, upper right side. During a surveyor interview following the above observation with the FSD, he was unable to provide evidence of a system for cleaning the hood slats and ice machine. Additionally, he acknowledged the hood slats and ice machine needed cleaning. 2) Record review of the 2022 Food Code published by the U.S. Food and Drug Administration Section 5.501.113 states in part, "receptables and waste handling units for refuse...shall be kept covered..." Additional surveyor observation following the above, revealed a trash container that was uncovered when not in use. The FSD acknowledged the lid was off and revealed it should be covered.	S 560		
S 640	Residential Care Services 2.4.26.B.1 Medication Services 2.4.26 (B) (1) Administration of Medications 1. Residences licensed at the M1 level may administer medications to residents including, but not limited to, removing medication containers from storage, assisting with the removal of a medication from a container for residents with disability which prevents independence in this act, and/or administering the medication directly to the resident. a. The resident or guardian must provide written authorization for the residence to provide administration of medications.	S 640		

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S 640	Continued From page 10 b. Medications shall be administered in accordance with written orders of a physician. The residence must provide in writing, a description of services provided by the residence to each physician, including limitations on service. c. All medications must be checked against a physician's orders by a licensed nurse, or pharmacist. d. The resident must be identified prior to administration of any medication. e. The medication must be in the original pharmacy-dispensed container with proper label and directions attached and be administered in accordance with such label. f. Injectable medications, including but not limited to insulin, which cannot be self-administered by the resident, must be administered by a licensed nurse. g. There shall be written a policy/procedure for the disposal of hypodermic needles, syringes and other such instruments that is in compliance with Part 20-15-6 of this Title, Hypodermic Needles, Syringes, and Other Such Instruments. (1) The legal destruction of hypodermic needles, syringes or other such instruments is the responsibility of the last entitled or authorized possessor. (AA) All personnel or residents legally authorized to use disposal syringes and needles, shall destroy them after one (1) use.	S 640	12/1/25 Wyndemere Woods' internal policies and procedures have been overhauled to improve medication administration within our community. Improved policy and procedures now necessitate a monthly audit of the primary med cart. Additionally, any expired medications will be transferred to the overstock medication cart for disposal. RN will adhere to monthly expired medication destruction schedule and endorse physical log. Signage has been placed on medication refrigerator designating that the unit is designated for medication storage only. Date of Full Compliance: 10/31/2025	

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S 640	Continued From page 11 (BB) Excess and undesired needles, syringes and other such instruments shall be stored in impervious, rigid, puncture-resistant container for disposal. Intact needles shall be placed directly into the collection containers. (CC) Personnel handling disposal waste materials such as needles, syringes, and other such instruments may treat and destroy such waste by a DEM-approved alternative treatment/destruction technology or prepare the regulated medical waste for off-site transport by a DEM-permitted medical waste transporter. h. Individual medication records must be retained for each resident to whom medications are being administered and each dose administered to the resident must be properly recorded. i. Any medication administered by the residence and refused by a resident shall be documented and reported, as appropriate. j. Medications shall be stored securely and in such a manner to prevent spoilage, dosage errors, administration errors, and/or inappropriate access. Provisions for safe storage may include lockable containers, secure spaces, or lockable units, as appropriate to the residence and the resident population. k. All medication in the residence, regardless of whether controlled by employees or by the resident, shall be stored securely as stated in § 2.4.25(A)(3)(a)(8) of this Part. l. All centrally stored medications shall be maintained in accordance with manufacturer ' s	S 640		

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S 640	Continued From page 12 labeling and administered by authorized personnel. This Requirement is not met as evidenced by: Based on surveyor observation, record review, and staff interview, it has been determined that the residence failed to ensure that medications shall be stored securely and in such a manner to prevent spoilage, dosage errors, administration errors, and/or inappropriate access for two medication carts observed and the medication refrigerator. Findings are as follows: 1) Resident ID #1's Medication Administration Record indicates the resident is prescribed the following medication, Miralax (used to treat constipation). Take 17 grams by mouth daily as needed. During a surveyor observation of the medication cart on 10/30/2025 at 10:00 AM, in the presence of the Certified Medication Technician (CMT), Staff C, revealed the Miralax for this resident was unavailable. Further observation of the medication cart revealed polyethylene glycol with an expiration date of 8/23/2025 and Miralax with an expiration date of 07/2024. Staff C acknowledged these two medications had expired. 2) During a surveyor observation of the overflow medication cart on 10/30/2025 at approximately 10:20 AM, in the presence of Staff C, the following was revealed:	S 640		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01389	A. BUILDING: _____ B. WING _____	10/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WYNDEMERE WOODS	1044 MENDON ROAD WOONSOCKET, RI 02895

(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 640	Continued From page 13 - 2 boxes of Budesonide inhalation suspension with discard dates of 4/2025 and 5/2025 respectively. - Debrox ear wax with an expiration date of 3/20/2025. - Zyrtec allergy bottle with an expiration date of 1/2025. - Equate motion sickness with an expiration date of 6/2025. - Itch relief cream to discard after 4/21/2025. - Trazodone 50 mg tablets to discard after 7/30/2025. - Citracal Plus D3 with an expiration date of 6/2025. - B Complex bottle with an expiration date of 1/2025. - Senna Plus with an expiration date of 7/2024. - Furosemide to discard after 5/27/2020. During a surveyor interview with Staff C following the observations, he acknowledged the above medications had expired and should have been discarded. 3) During a surveyor observation of the medication refrigerator on 10/30/2025, in the presence of Staff C, revealed grapes. Following the observation, Staff C, acknowledged food should not be stored in the medication refrigerator.	S 640		

RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01389	A. BUILDING: _____ B. WING _____	C 10/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WYNDEMERE WOODS	1044 MENDON ROAD WOONSOCKET, RI 02895

(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 A complaint investigation survey, ACTS reference number 101689, and a State licensure survey were conducted at this facility on 10/29/2025 though 10/30/2025. No deficiencies were identified relative to the complaint survey.	S 003		

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