RI Department of Health

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 _____	09/15/2023

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 biennial State Licensure survey was conducted at this residence. Deficiencies were identified.	S 003		
S 055	Licensure Requirements 2.4.3 Quality Assurance 2.4.3 Quality Assurance A. In accordance with R.I. Gen. Laws § 23-17.4-10.1, each assisted living residence shall develop, implement and maintain a documented, ongoing quality assurance program. 1. The purpose of this program shall be to attain and maintain a high quality assisted living residence through an on-going process of quality improvement that monitors quality, identifies areas to improve, methods to improve them, and evaluates the progress achieved. 2. Each licensed residence shall establish a quality improvement committee which shall include at least the following: assisted living administrator, registered nurse and a representative of dietary services. 3. The quality improvement committee shall meet at least quarterly; shall maintain records of all quality improvement activities; and shall keep records of committee meetings that shall be available to the Department during any onsite visit. 4. The quality improvement committee shall review and approve the quality improvement plan for the residence at intervals not to exceed twelve (12) months. Said plan shall be available to the public upon request.	S 055	S 055 Wingate will implement, monitor and maintain ongoing documentation including all required topics along with a QA plan for the quality assurance program. See attached QA plan and amended QA policy. Completed on: 10/2/23 RECEIVED OCT 05 2023 FACILITIES REGULATION	10/2/23

Facilities Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Ex. Dir. — (X6) DATE: 10/4/23

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S 055	Continued From page 1 5. Each assisted living residence shall establish a written quality improvement plan that includes: a. Program objectives; b. Oversight responsibility (e.g., reports to the governing body, QI records); c. Includes methods to identify, evaluate, and correct identified problems; d. Provides criteria to monitor personal assistance and resident services, including, but not limited to: (1) Resident/family satisfaction; (2) Medication administration/errors; (3) Reportable incidents as specified in § 2.4.17 of this Part; (4) Resident falls; (5) Plans of correction developed in response to the Department ' s inspection reports. B. In addition to the requirements of§§ 2.4.3(A) (1) through (5) of this Part, all assisted living residences with a "dementia care" license and/or a "limited health services license" shall also address the following areas in their quality improvement plan: a. Prevention and treatment of decubitus ulcers;	S055		

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S 055	Continued From page 2 b. Dehydration, and nutritional status and weight loss or gain; and c. Changes in mental or psychological status. 1. Quality improvement documentation shall be kept on file for a minimum of five (5) years. This Requirement is not met as evidenced by: Based on record review and staff interview it has been determined that the residence failed to review the quality improvement plan at least annually, not to exceed twelve months. Additionally, the residence failed to establish a written quality improvement plan that included all required components for the Alzheimer's Dementia Special Care Unit and Limited Health Services licenses. Findings are as follows: Record review of the quality assurance policy revealed the last update to the policy was in 2017. Additionally, record review of the last quality assurance written plan failed to reveal evidence that the residence included the required components (prevention and treatment of decubitus ulcers, dehydration, nutritional status, weight loss/gain, and changes in mental status) related to the Alzheimer's Dementia Special Care Unit and Limited Health Service licenses. During a surveyor interview on 9/15/2023 at approximately 12:50 PM with the Executive Director, he acknowledged the quality improvement plan did not have the required components. Additionally, he could not provide evidence the plan was reviewed at least annually,	S055		

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S 055	Continued From page 3 as required.	S 055		
S 375	Residency Requirements 2.4.16.F Resident AssessmenUService Plans 2.4.16 (F) Nurse Review 1. Nurse review is necessary for all levels of licensure. a. A registered nurse shall visit the residence at least once every thirty (30) days except as provided in § 2.4.16(F)(1)(b) of this Part and shall complete a review to include the following: (1) Monitor the medication regimen for all residents; (2) Review any new physician orders and evaluate the health status of all residents by identifying symptoms of illness and/or changes in mental/physical health status; (3) Evaluate the appropriateness of placement for each resident; (4) Make any necessary recommendations to the administrator; (5) Follow up on previous recommendations; (6) Provide a signed, written report in the residence documenting:	S 375		

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S 375	Continued From page 4 (CC) Progress on previous recommendations; (DD) Verification that the medication listed by the pharmacist on the mediset, blister pack or medication container is current with physician orders (M-1 level only); (EE) Physical assessment identifying symptoms of illness and/or changes in mental or physical health status and appropriateness of placement; (FF) Such reports shall be on file at the residence. (7) Complete the quarterly evaluation of the residence's registered medication aide(s) administration of medication. (Approved Department form is available for downloading online). b. In those residences that have one or more licensed registered nurses (i.e., at least one full-time equivalent equal to thirty-five (35) hours) on- site, the nurse review shall be completed at least once every ninety (90) days. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined the residence failed to complete nurse reviews every 90 days as required for 3 of 6 sample residents, Resident ID #s 3, 4, and 5. Findings are as follows: 1. Record review revealed Resident ID #3 moved	S375	S 375 90 day nurse reviews were audited on 9/25/23 and 2 out of 3 missing reviews were completed on 9/26/23 and 9/27/23. Remaining missing review, resident no longer resides at the Wingate community. DOW audited move in checklist on 9/27/23 to ensure that 90 day reviews are scheduled upon move in and added to tickler system.	9/27/23

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S 375	Continued From page 5 into the residence in December of 2021 with a diagnosis of Alzheimer's disease. Record review revealed the resident's last 90-day nurse review was completed on 6/14/2022. 2. Record review revealed Resident ID #4 moved into the residence in March of 2023 with a diagnosis of hypertension. Record review revealed the resident has not had a 90-day nurse review since his/her move-in date. 3. Record review revealed Resident ID #5 moved into the residence in November of 2022 with a diagnosis of dementia Record review revealed the resident has not had a 90-day nurse review since his/her move-in date. During a surveyor interview on 9/14/2023 at approximately 1:55 PM with the Director of Wellness, she was unable to provide evidence that 90-day nurse reviews had been completed for the above mentioned residents, as required.	S 375		
S 450	Licensure Requirements 2.4.18 Rights of Residents 2.4.18 Rights of Residents A Every assisted living residence for adults licensed pursuant to these regulations shall observe the standards stated in RI. Gen. Laws§ 23-17.4-16, "Rights of Residents" and such other appropriate standards as may be prescribed in rules and regulations promulgated by the Department with respect to each resident of the residence.	S450		

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S 450	Continued From page 6 B. For purposes of the following standards stated in§§ 2.4 18(6)(1) through (7} of this Part the term "resident" shall also mean the resident's agent as designated in writing or legal guardian. 1. Upon request have access to all records pertaining to the resident, including clinical records, within the next business day or immediately in emergency situations; 2. Upon admission and during the resident's stay be fully informed in a language the resident understands, of all resident rights and rules governing resident conduct and responsibilities; a. Each resident shall receive a copy of their rights. b. Each resident shall acknowledge receipt in writing; and c. Each resident shall be informed promptly of any changes. 3. Be informed in writing, prior to, or at the time of admission or at the signing of a residential contract or agreement of: a. The scope of the services available through the residence's service program, including health services, and of all related fees and charges, including charges not covered either under federal and/or state programs by other third party payers or by the residence's basic rate; b. The residence's policies regarding overdue payment including notice provisions and a schedule for late fee charges;	S450	S 450 Survey binder in common area was audited by ED on 9/14/23. Resident's identifying information was removed from the survey binder and any identifying documentation. 9/14/23	

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s 450	Continued From page 7 c. The residence's policy regarding acceptance of state and federal government reimbursement for care in the residence both at time of admission and during the course of residency if the resident depletes his or her own private resources; d. The residence's criteria for occupancy and termination of residency agreements; e. The residence's capacity to serve residents with physical and cognitive impairments; f. Support any health services that the residence includes in its service package or **will** make appropriate arrangements to provide these services; 4. Upon provision of at least thirty (30) days notice, if a resident chooses to leave a residence, the resident shall be refunded any advanced payment made provided that the resident is current in all payments; 5. The residence can discharge a resident only for the following reasons and within the following guidelines: a. Except in life-threatening emergencies and for nonpayment of fees and costs, the residence gives thirty (30) days' advance written notice of termination of residency agreement with a statement containing the reason, the effective date of termination, the resident's right to an appeal under state law, and the name/address of the State Ombudsperson's office; b. If resident does not meet the requirements	S450		

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S 450	Continued From page 8 for residency criteria stated in the residency agreement or requirements of state or local laws or regulations; c. If resident is a danger to self or the welfare of others; and the residence has attempted to make a reasonable accommodation without success to address resident behavior in ways that would make termination of residency agreement or change unnecessary; which would be documented in the resident's records; d. For failure to pay all fees and costs stated in the contract, resulting in bills more than thirty (30) days outstanding. A resident who has been given notice to vacate for nonpayment of rent has the right to retain possession of the premises, up to any time prior to eviction from the premises, by tendering to the provider the entire amount of fees for services, rent, interest, and costs then due. The provider may impose reasonable late fees for overdue payment; provided that the resident has received due notice of such charges in accordance with the residence's policies. Chronic and repeated failure to pay rent is a violation of the lease covenant. However the residence must make reasonable efforts to accommodate temporary financial hardship and provide information on government or private subsidies available that may be available to help with costs; and e. The residence makes a good faith effort to counsel the resident if the resident shows indications of no longer meeting residence criteria or if service with a termination notice is anticipated; 6. To be able to share a room or unit with a	S450		

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S 450	Continued From page 9 spouse or other consenting resident of the residence in accordance with terms of the resident contract; 7. To live in a safe and clean environment. C. In addition to the standards stated in R.I. Gen. Laws§ 23-17.4-16, residents are entitled to the following: 1. Receive dental services from a dentist of his/her choice; 2. Each resident shall be given, in writing, the names, addresses, and telephone numbers of: the Department; the Medicaid Fraud and Patient Abuse Unit of the Department of Attorney General; the State Ombudsperson; and local police offices. D. The residence must: 1. Implement written policies and procedures to ensure that all residence employees are aware of and protect the resident's rights contained in these regulations; 2. Have prominently displayed a posting of the most recent state licensing survey of the assisted living residence; and 3. Provide each resident or his or her representative upon admission, a copy of the provisions of§ 2.4.18 of this Part and shall display in a conspicuous place on the premises a copy of the "Rights of Residents." This Requirement is not met as evidenced by:	S450		

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S 450	Continued From page 10 Based on surveyor observation and staff interview, it has been determined the residence failed to implement written policies and procedures to ensure that all of the residence's employees protect the residents' rights contained in these regulations and to observe the standards stated in R.I. Gen. Laws§ 23-17.4-16 (a)(2)(ix) relative to identifying information for the 18 residents listed in the facility's survey results documents located in the main lobby area, Resident ID #s 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, and 24. Findings are as follows: Copies of state licensing survey results, including identifying information of residents, were observed on 9/14/2023 at approximately 11:25 AM in the residence's main entrance/lobby area: 1. "Resident/Staff Roster" form dated 8/25/2023 with two residents identified, ID #7 and 24. 2. "Resident/Staff Roster" form dated 8/3/2023 with two residents identified, ID #7 and 8. 3. "Resident/Staff Roster" form dated 4/20/2023 with two residents identified, ID #7 and 9. 4. "Resident/Staff Roster" form dated 9/29/2021 with eleven residents identified, ID #s 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, and 23. 5. "Resident/Staff Roster" form dated 5/27/2021 with three residents identified, ID #s 10, 11, and 12. During a surveyor interview on 9/14/2023 at 12:15 PM with the Executive Director, in the presence of the Director of Wellness, they acknowledged	S450		

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S 450	Continued From page 11 the above observations.	S450		
S 490	Residential Care Services 2.4.21 C Dietetic Services 2.4.21 (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, Rhode Island Food Code (Part 50-10-1 of this Title), and such other applicable statutory or regulatory provisions. This Requirement is not met as evidenced by: Based on surveyor observation and staff interview, it has been determined that the residence failed to comply with the appropriate requirements of the Rhode Island Food Code. Findings are as follows: According to Section 3-501.17 of Rhode Island Food Code states in part" (A) Except when **PACKAGING** FOOD using a REDUCED OXYGEN PACKAGING method as specified under§ 3-502.12, and except as specified in (E) and (F) of this section, refrigerated, READY-TO-EAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and held in a FOOD ESTABLISHMENT for more than 24 hours shall be clearly marked to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded when held at a temperature of 5°C (41°F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1."	S490		

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S490	Continued From page 12 1. During a surveyor observation of the food storage room in the main kitchen on 9/14/2023 at approximately 9:40 AM in the presence of the Food Service Director (FSD), the following food items were revealed as having passed the discard date: - Two 54.6-ounce (oz) containers of "Allens" vegetarian refried beans with manufacturer use by date of January 23, 2023. - Three 54.6-oz containers of "Roland" artichokes heart without manufacturer expiration dates. 2. During a surveyor observation of the refrigerator in the main kitchen on 9/14/2023 at approximately 9:50 AM in the presence of the FSD, the following food items were revealed as having passed the discard date: - A container of cooked pasta with a use by date of "9/11/23" - A container of tuna salad with a use by date of "9/8" - A container of pancake batter not dated During a surveyor interview immediately following these observations with the FSD, he acknowledged the above.	S490	S 490 Food Service director discarded all expired food items on 9/14/23 and audited all remaining expiration dates on 9/15/23. Food service director will monitor all expirations dates at time of arrival as well as auditing stock daily. Stock will include dry items, items in the walk in refrigerator and freezer.	9/15/23
S 850	Limited Health Services License Require 2.6.2(NB) Specific Requirements 2.6.2 (NB) Specific Requirements A All limited health services provided by a	S860		

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S 860	Continued From page 13 licensed assisted living residence shall be ordered by the resident's physician, and provided by qualified licensed assisted living staff members. B. Assisted living residences licensed to provide limited health services may provide any or all of the following services: 1. Stage I and stage II pressure ulcer treatment and prevention; 2. Simple wound care including postoperative suture care/removal and stasis ulcer care; 3. Ostomy care including appliance changes for residents with established stomas; 4. Urinary catheter care. This Requirement is not met as evidenced by: Based on record review and staff interview it has been determined that the residence failed to obtain a physician's order prior to delivering limited health services for 2 of 2 sample residents reviewed, Resident ID #s 2 and 6. Findings are as follows: Record review of the list of residents receiving specialized services provided by the Director of Wellness on 9/14/2023, revealed Resident ID #s 2 and 6 are receiving limited health services provided by the residence. 1. Record review revealed Resident ID #2 moved into the residence in July of 2021.Record review of the resident's initial	S 860		

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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)	(XS) COMPLETE DATE
S 860	Continued From page 14 comprehensive assessment revealed s/he moved into the residence with a colostomy (a surgical operation in which a piece of the large intestine is diverted to an opening in the abdominal wall). 2. Record review revealed Resident ID #6 moved into the residence in April of 2021. Record review of the resident's initial comprehensive assessment revealed s/he moved into the residence with an "SP tube" (suprapubic catheter is a tube that enters the urinary bladder through the wall of the abdomen). Review of Resident ID #s 2 and 6's physician's orders failed to reveal evidence of orders having been obtained prior to delivering limited health services to the residents, as required. During a surveyor interview on 9/15/2023 at approximately 11:55 AM with the Executive Director and the Director of Wellness (DOW), both staff acknowledged Resident ID #2 and 6 are receiving limited health services. Additionally, the DOW acknowledged a physician's order was not obtained prior to delivering limited health services to the residents, as required.	S860	S 860 Resident's PCP was contacted to obtain MD order related to residency under the limited health service license. Residency is still awaiting signed orders. Nursing scheduled to follow up on 10/4/23.	10/4/23