RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01513	A. BUILDING: _____ B. WING _____	C 05/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINGATE RESIDENCES ON THE EAST SIDE	ONE BUTLER AVENUE 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 A complaint investigation, ACTS references number 103669, was conducted at this residence on 05/26/2026 to determine compliance with state laws and regulations. Deficiencies were identified.	S 003	*Neither the preparation nor the execution of this plan constitutes admission or agreement by the provider of truth or the facts alleged of conclusion set forth in the statement of deficiencies. The plan of correction is to comply with the provisions of Rhode Island Licensing statues and regulations.*	
S 170	Organization And Management 2.4.13.A Administrative Management 2.4.13 (A) Administrative Management A. All licensees shall provide staffing which is sufficient to provide the necessary care and services to attain or maintain the highest practicable physical, mental and psychosocial well-being of the residents, according to the appropriate level of licensing. At least one (1) staff person who has completed employee training as outlined in § 2.4.12(G) of this Part shall be on the premises at all times. This Requirement is not met as evidenced by: Based on record review and staff interview, the residence failed to provide care in accordance with community standards of care for residents that self-administer their own medications, Resident ID #s 1 and 2. Findings are as follows: Record review of 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."	S 170	*S 170 - Resident # 1 & 2 physician's orders failed to reveal the residents' Liter flow of oxygen or that resident can self administer all medications identified during survey process on 5/26/2026.* *A complete audit of all Residents residing in Assisted Living will be conducted to ensure compliance that residents Physician's orders reflect that "Resident can self-manage medications" and when applicable liter flow parameters, and /or other pertinent information.* Received JUN 2 4 2026 Facilities Regulation	7/15/2026

Facilities Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: EXECUTIVE DIRECTOR — (X6) DATE: 6/12/2026

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S 170	Continued From page 1 Record review of Resident ID #s 1 and 2's physicians' orders failed to reveal evidence of physicians' orders to administer their own medications were obtained for all medications to be taken by the resident. 1. Record review of Resident ID #1's comprehensive assessment, dated 5/18/2026, revealed that she/he administers her/his own oxygen therapy. Record review of Resident ID #1's physician's orders failed to reveal oxygen, a liter flow of oxygen that the resident was to receive, and did not indicate that the resident was able to self-administer oxygen. 2. Record review of Resident ID #2's "RI Nurse Review Results and Service Plan," dated 3/17/2026, indicated the resident "manages medications independently." Record review of Resident ID #2's physician's orders failed to reveal evidence that the resident is able to self administer all medications. During a surveyor interview on 5/26/2026 at approximately 2:45 PM with the Administrator, he was unable to provide evidence that the above-mentioned residents had physician's orders to self-administer their own medications. Additionally, he was unable to provide evidence that Resident ID #1 had a physician's order that included the liter flow of oxygen that was to be administered.	S 170	*All residents will have a medication list on file and will be reviewed every 90 days as part of our Nursing Review for changes.* *A new Policy & procedure will be devised to better meet the regulations.* *An audit tool for compliance will be implemented and staff educated.* *The reports will be reviewed Monthly by the Executive Director and Wellness Director, ongoing for 3 months if compliance is maintained.* *The findings and recommendations will be reviewed as part of Quality Assurance.*	
S 335	Residency Requirements 2.4.16.A Resident Records	S 335		

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WINGATE RESIDENCES ON THE EAST SIDE	ONE BUTLER AVENUE PROVIDENCE, RI 02908

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S 335	Continued From page 2 2.4.16 (A) Resident Records A. Each residence shall, at a minimum, maintain the following information for each resident: 1. The resident's name; 2. The resident's last address; 3. The name of the person or agency referring the resident to the home; 4. The name, specialty (if any), telephone number, and emergency telephone number of each physician who is currently treating the resident; 5. The date the resident began residing in the home; 6. A list of medications taken by the resident, including dosage, and specific records of medication administration as required by the Department; a. In residences licensed at the M2 level, if a resident refuses to provide the information cited in § 2.4.15(A)(6) of this Part, this fact shall be documented in the resident ' s service agreement. 7. Written acknowledgments that the resident has signed and received copies of the rights as provided in R.I. Gen. Laws § 23-17.4-16; 8. Information about any specific health problems of the resident, which may be useful in a medical emergency, including diagnostic and/or	S 335	*S 335 Resident # 1, 2, and 3. Requirement not met as Evidence by not having a current medication listing for an ~~independent~~ resident and failed to include Therapy orders for outside skilled nursing services listed in residents' records.* *A complete audit of all Residents residing in Assisted Living will be conducted to ensure compliance to include Medication management and current Physician orders in addition to outside skilled services with proper documentation by the skilled nursing provider.* *Wellness will implement a systematic change to Create a binder for all outside services to be left In the wellness office with a client list for each visit and accurate notes for nursing staff to review. Re-education will be done in conjunction with the POC for all nursing staff.*	7/15/2026

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S 335	Continued From page 3 therapeutic orders; 9. A record of personal property and funds which the resident has entrusted to the residence; 10. The name, address, and telephone number of a person identified by the resident who should be contacted in the event of an emergency or death of the resident and the name, address, and telephone number of the legal guardian; 11. Any other health-related emergency, or pertinent information which the resident requests the residence to keep on record; 12. A copy of the initial and periodic assessments described in § 2.4.16 of this Part; 13. A copy of the service plan and nurse review as described in § 2.4.16 of this Part; 14. A copy of the residency agreement as described in § 2.4.14(C) of this Part. This Requirement is not met as evidenced by: Based on record review and staff interviews, the residence failed to have a current listing of medications in the residents' records for 2 of 3 residents reviewed for medication lists, Resident ID #s 1 and 2. Additional record review failed to have information about specific health problems, including diagnostic and/or therapeutic orders for 2 of 3 residents reviewed for skilled services, Resident ID #s 1 and 3. Findings are as follows:	S 335	*The Wellness Director will report [redacted] findings to the Executive Director and QA Committee, any recommendations to be implemented, ongoing for 90 days or until otherwise recommended. The Wellness Director will be responsible for ensuring compliance.*	

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S 335	Continued From page 5 the Director of Wellness, they acknowledged that the resident records failed to have a listing of the current medications and that the provider notes were not incorporated into the residents' records.	S 335		7/15/2026
S 385	Residency Requirements 2.4.17.C Resident Assessment/Service Plans 2.4.17 (C) Resident Assessment and Service Plans C. The Department-approved assessment form, or such other assessment form as approved by the Department, shall be utilized in completing the assessment on each resident who is admitted to the residence. (Approved Department form is available for downloading online at http://health.ri.gov/forms/assessment/AssistedLivingResident.pdf). 1. Assisted living residences not intending to use the Department ' s assessment form shall submit their proposed assessment forms with a cover letter of intent to the Center for Health Facilities Regulation as specified in §2.4.6(A) of this Part. 2. All assessment forms shall report information appropriate to determine compatibility and compliance with the residency criteria, and shall indicate that the resident ' s needs can be met by the assisted living residence within its licensure level, and shall gather information appropriate for the development of an individualized service plan. a. The assessment form shall be designed to demonstrate compliance with the assisted living residence ' s criteria for residency.	S 385	*S 385 Resident # 1 & 2. The requirement was not met evidence by the comprehensive assessment failed to reveal evidence that a self-administration of medication assessment was completed as Part of the updated assessment.* *An internal audit and a new audit tool have been created, along with our EMR to ensure that all residents 90-day evaluations and comprehensive assessments are in compliance.* *Re-education will be done in conjunction with the POC for all nursing staff.* *This will be monitored as part of our Quality Assurance by the Wellness Director for compliance and recommendations for 90 days or otherwise recommended by the Executive Director.*	

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S 335	Continued From page 4 1a) Record review of Resident ID #1's medication list revealed it was dated 5/12/2025. Record review failed to reveal evidence of a current list of medications taken by the resident, including dosage, in the record for review during assessments. b) Record review of Resident ID #1's "RI Nurse Review Results," dated 5/21/2026, revealed she/he was receiving skilled nursing services for wound care to his/her right lower leg. The surveyor observed a bandage on the resident during an interview on 5/21/2026 at approximately 1:00 PM. Record review failed to reveal visit notes from the skilled nursing care provider in the record. These records had to be obtained from the provider, as they were not available onsite for review by the clinical staff. 2. Record review of Resident ID #2's record failed to reveal evidence of a current list of medications taken by the resident, including dosage, in the record for review during assessments. 3. Record review of Resident ID #3's "Nurse Review," dated 4/15/2026 revealed she/he was receiving physical and occupational therapy. Record review failed to reveal visit notes from the therapy providers in the record. These records had to be obtained from the provider, as they were not available onsite for review by the clinical staff. During a surveyor interview on 5/26/2026 at approximately 3:00 PM with the Administrator and	S 336		

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S 385	Continued From page 6 b. The assessment form shall also be designed to demonstrate that the assisted living residence can meet the resident's needs and preferences. 3. The assessment form shall also be designed to provide information appropriate for the development of an individualized service plan in accordance with § 2.4.16(G)(1) of this Part. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined that the residence failed to ensure that the comprehensive assessments were completed in their entirety for 2 of 3 residents reviewed, Resident ID #s 1 and 2. Findings are as follows: Record review of Resident ID #1's comprehensive assessment dated 5/18/2026, failed to reveal evidence that a self-administration of medication assessment was completed as part of the assessment; therefore, the assessment was incomplete. Record review of Resident ID #2's comprehensive assessment dated 1/8/2025, failed to reveal evidence that a self-administration of medication assessment was completed as part of the assessment; therefore, the assessment was incomplete. During a surveyor interview on 5/26/2026 at approximately 3:00 PM with the Administrator and	S 385		

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S 385	Continued From page 7 the Director of Wellness, they revealed that self-administration of medication assessments are done only upon admission per the facility's policy, which is inconsistent with the requirement to do a self-administration of medication assessmentt with every comprehesive assessment.	S 385		