

RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR01372	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/28/2023
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

WINSLOW GARDENS

**40 IRVING AVENUE
EAST PROVIDENCE, RI 02914**

(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. A deficiency was identified relative to the State Licensure survey.	S 003	RECEIVED AUG 24 2023 FACILITIES REGULATION	
S 565	Residential Care Services 2.4.24.B.1 Medication Services 2.4.24 (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. 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	S 565		

Facilities Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

1N8W11

If continuation sheet 1 of 4

RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR01372	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/28/2023
NAME OF PROVIDER OR SUPPLIER WINSLOW GARDENS		STREET ADDRESS, CITY, STATE, ZIP CODE 40 IRVING AVENUE EAST PROVIDENCE, RI 02914		
(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 565	Continued From page 1 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 rules and regulations governing Hypodermic Needles, Syringes & Other Such Instruments (Part 20-15-6 of this Title). (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. (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	S 565		

RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR01372	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/28/2023
NAME OF PROVIDER OR SUPPLIER WINSLOW GARDENS		STREET ADDRESS, CITY, STATE, ZIP CODE 40 IRVING AVENUE EAST PROVIDENCE, RI 02914		
(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 565	Continued From page 2 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 § 2.4.24(A)(3)(a)(8) of this Part. l. All centrally stored medications shall be maintained in accordance with manufacturer's 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 all medication were administered in accordance with written physician orders for two of three residents reviewed, ID #s 1 and 2. Findings are as follows: 1) Surveyor observation and concurrent medication administration record review on 7/28/2023 at approximately 3:30 PM of the facility	S 565		

RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR01372	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/28/2023
NAME OF PROVIDER OR SUPPLIER WINSLOW GARDENS		STREET ADDRESS, CITY, STATE, ZIP CODE 40 IRVING AVENUE EAST PROVIDENCE, RI 02914		
(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 565	Continued From page 3 third floor medication storage revealed the following: - Resident ID #1 had active physician's orders for antidiarrheal 2 mg (milligram) tablet by mouth daily, as needed and Patinol 0.1% eye drops twice daily, as needed, for allergy symptoms. Both medications were not available. - Resident ID #2 had active physician's orders for Bisacodyl EC 5 mg tablet by mouth daily, as needed, for constipation and Senna Laxative tablet daily, as needed, for constipation. Both medications were not available. During a surveyor interview on 7/27/2023 at approximately 4:00 PM, the Director of Wellness acknowledged that the above ordered medications were not available. 2) Surveyor observation on 7/28/2023 at approximately 3:30 PM of Resident ID #1's medication pack which stated, "Furosemide 40 mg tablet, one tablet by mouth twice daily." Record review of the resident's medication administration record revealed "Furosemide 40 mg tablet 1 tablet by mouth daily." Record review of the physician's order dated 3/23/2023 revealed the Furosemide should be taken twice daily for one week, then once daily. During a surveyor interview on 7/27/2023 at approximately 4:00 PM, the Director of Wellness acknowledged that the medication package did not reflect the accurate medication order.	S 565	S 565 2.4.24.B.1 Medication Services Resident ID #1 and # 2 #1 All residents with PRN orders will be monitored by usage at 3 months and if not d/cd and destroyed. Pharmacist consultant will review at 2 months to determine usage and and make recommendation to DC to PCP. #2 QA monthly to any changes in medication orders will be examined by Wellness Director. Education with all staff (CMT's) to identify that original pharmacy dispensed container must match with proper label and directions to be administered accordingly. All staff will be educated by 8-22-23.	