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 _____	C 07/30/2024

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 on 7/29/2024 through 7/30/2024 at this residence. A deficiency was identified as a result of this survey.	S 003	RECEIVED AUG 13 2024 FACILITIES REGULATION It is the policy of the community that service plans are reviewed by the community and the resident/responsible party at least every 12 months or in the event that a resident has a significant change in condition. Wellness associates will receive in-service training on reporting changes in a resident's condition. Wellness Licensed staff will be in-serviced on identification of changes in condition and service plan documentation. For residents with behaviors, the licensed staff will identify the behaviors present, any precipitating causes, factors if present, and implement individualized interventions for the resident. The Wellness Director/ Licensed associates will review the service plans for residents identified with behaviors. A review of the service plans will be conducted to ensure they include any precipitating factors, if identified, and include individualized interventions to redirect resident.	
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 the singular resident reviewed for elopement, Resident ID #4. Findings are as follows: A residence reportable incident form submitted to the Rhode Island Department of Health on 7/19/2024 alleges that the resident was pacing throughout the night in the hallways and eventually exited through the stairwell. Record review revealed the resident moved into the residence in August of 2022 with a diagnosis of dementia and resides on the secure special care unit. Review of a progress note dated 10/4/2023 revealed that the resident was "very angry for first	S 390	8/14/24	

Facilities Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Executive Director — (X6) DATE: 8/12/24

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 07/30/2024

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 1 part of shift. Pacing the hallways, setting off door alarms, wanting to go downstairs because [s/he] said someone waiting for [him/her]. Not easily redirected." Review of another progress note dated 1/10/2024 revealed that the resident was "anxious this afternoon, hovering around elevators, telling everyone [s/he] needs to go home. Looking for the stairs to get out too. Had [his/her] coat on, wanting to leave." Record review of the resident's service plan dated 3/20/2024 revealed that the resident has "...no wandering issues. Resident does not have current or history of wandering..." The service plan failed to accurately reflect the resident's exit-seeking behaviors and interventions for these behaviors. During a surveyor interview on 7/29/2024 at 12:15 PM with the Executive Director, in the presence of the Director of Wellness, she revealed the resident goes through a cycle of behaviors every month and is exit-seeking. During a surveyor interview on 7/29/2024 at approximately 3:30 PM with the Director of Wellness, in the presence of the Executive Director, she was unable to provide evidence that individualized interventions for this resident, with a history of wandering behaviors, were put in place on the resident's service plan.	S 390	In-servicing of the Wellness Associates will be completed by August 30, 2024. Review of service plans for residents identified with a change in condition and or behaviors will be completed by August 30, 2024. Residents with a change in condition to include physical health and/or mental health changes will be identified through shift to shift reporting and or daily stand up meetings. Residents identified will have service plans reviewed by licensed staff and individual interventions on service plans will be put in place. Resident #1 has had [redacted] service plan updated to include individualized interventions for exit seeking behaviors.	