PRINTED: 11/15/2024
FORM APPROVED

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 11/12/2024

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, ACTS reference numbers 98014 and 98262, was conducted at this residence on 11/12/2024 to determine compliance with state regulations. A deficiency was identified.	S 003	Residents found affected by similar events will be investigated by the ED and will be documented.	On Going
S 445	Residency Requirements 2.4.17.J Reporting Requirements 2.4.17 (J) Reporting Requirements J. The administrator shall be responsible for the investigation and documentation of incidents that involve residence operations, resident services, or related event(s) that directly or indirectly jeopardize the health and safety of residents, or that results in a resident injury that requires assessment by a licensed practitioner or where the injury was not witnessed or explained by the resident. 1. Documentation of incidents shall include: a. Date and time of incident; b. Reporter's name; c. Name of resident(s) involved or affected; d. Any injury(ies) to resident(s); and e. Action taken by the residence in response to the incident. 2. Such documentation shall be made available for review during a survey inspection by the licensing agency Department or as required by any health oversight agency.	S 445	The community has monthly Town Hall meeting and a monthly staff meeting. At our Resident Town Hall meeting on November 21, 2024, we discussed reporting events related to abuse, neglect, coercion, exploitation or any other concerns to the Executive Director or other manager on duty. (See attached Town Hall minutes). At our staff meeting held on November 26, 2024, we discussed reporting abuse, neglect, coercion, exploitation or any other concerns to the Executive Director or other manager on duty. (See attached in-service). RECEIVED NOV 26 2024 FACILITIES REGULATION	11/21/24 12/6/24

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

Executive Director 11/26/24

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S 445	Continued From page 1 3. Such documentation shall be retained by the licensee for no less than five (5) years after the event or incident. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined that the residence failed to maintain evidence that the designated corrective action mitigated risk to residents relative to an incident of misappropriation of a resident's property. Findings are as follows: The RI Department of Health received a residence reported incident on 10/14/2024 of an employee of a contracted company providing housekeeping services at the residence who asked a resident for money to help feed his family. Record review revealed the resident was admitted to the residence on 12/31/2021 with a diagnosis that includes, but is not limited to, cerebral infarction (a stroke). Record review of Resident ID #1's service plan dated 10/10/2024 reveals the resident does not have any cognitive impairments that affect his/her daily living. During a surveyor interview with the resident on 11/12/2024 at 12:10 PM, s/he revealed the housekeeper showed him/her a message on his phone which read, "can you please give me $500 or $1000 dollars to feed my family?" The	S 445 12/4/24	A community investigation form will be completed the Executive Director or designee. Any concerns of abuse, neglect, coercion or exploitation will be investigated. Education will be provided where necessary and take steps to ensure resident safety and security. (See attached form). Quarterly Quality assurance meetings are held. All accidents and incident are reviewed. All reportable events are review. The review will include making sure all incidents of this nature are investigated, documented and residents are free from harm. The next QA is scheduled for December 11, 2024.	11/18/24 12/11/24 & On going

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S 445	Continued From page 2 housekeeper requested that s/he not tell anyone he had asked him/her. Record review of the residence's internal 5-day investigation revealed the alleged perpetrator worked for a contracted housekeeping service and the Executive Director referred the allegation to the vendor to investigate and resolve. Additionally, the internal investigation revealed the employee was suspended once the incident was reported to his employer. The employer of the alleged employee did a company investigation and terminated the individual. Record review revealed the residence did not do an investigation into the incident. Additionally, the residence did not provide evidence there was an investigation to determine if there were any other potential victims of misappropriation, failing to ensure that all residents residing at the residence were free from any form of exploitation. During a surveyor interview on 11/15/2024 at 3:00 PM with the Executive Director, she revealed an internal investigation was not done at the time of the reported incident with the alleged perpetrator and she referred the incident to his employer for investigation and education.	S 445		