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 04/07/2023

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 complaint/incident investigation survey was conducted at this residence. A deficiency was identified.	S 003	**S 415 Residency Requirements 2.4.17 (D) Reporting Requirements.** Neither the preparation nor the execution of this plan of correction constitutes admission or agreement by the provider of the truth or the facts alleged of conclusions set forth in the statement of deficiencies. The plan of corrections is prepared to comply with the provisions of the State of Rhode Island licensing statutes and regulations.	
S 415	Residency Requirements 2.4.17(D) Reporting Requirements 2.4.17 (D) Licensure Requirements D. Any employee of an assisted living residence who has reasonable cause to believe that a resident has been abused, exploited, neglected, or mistreated shall within twenty-four (24) hours of the receipt of said information, transfer such to the Director and to the Office of the Long- Term Care Ombudsman. Any person required to make a report pursuant to this section shall be deemed to have complied with these requirements if a report is made to a high managerial agent. Once notified, said agent shall be required to meet the above reporting requirements. The residence shall establish a written policy or procedure for reporting abused, exploited or neglected residents that complies with the provisions of this section. The report may be submitted by telephone but shall be followed up in writing. 1. Upon receipt of such information or allegation, the Director shall forthwith conduct such investigation as may be necessary and submit a report of findings of the investigation(s) to the Attorney General of the State of Rhode Island. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined the residence failed to report an alleged incident of resident abuse to the appropriate state agency for 1 of 3 sample	S 415	In accordance to S 415 Residency Requirements 2.4.17 (D) Reporting Requirements any employee of an assisted living residence who has reasonable cause to believe that a resident has been abused, exploited, neglected or mistreated shall (after ensuring the safety of the resident) immediately report alleged incident to their supervisor, Wellness Director and/ or Executive Director. Under the direction of the Executive Director and/ or the Assistant Wellness Director the community will immediately initiate a thorough investigation of any alleged violation involving mistreatment, abuse, neglect, exploitation. All staff will be re-educated by the DOW/ ED in the definition and reporting of abuse, mistreatment, and exploitation on an annual basis and after each allegation of abuse. Re-education to be completed by 05/31/2023. Day Nursing Supervisor will perform a daily review of the previous 24 hours resident progress notes to ensure any incidents including allegations involving mistreatment, abuse, neglect, exploitation have been reported to Wellness Director and /or Executive Director in accordance with S 415 Residency Requirements 2.4.17 (D) Reporting Requirements, to be completed by 05/31/2023.	

5/12/23

Facilities Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE E.D. (X6) DATE 04/28/2023

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WINGATE RESIDENCES ON BLACKSTONE BO	353 BLACKSTONE BOULEVARD PROVIDENCE, RI 02906

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S 415	Continued From page 1 resident reviewed, ID #1. Findings are as follows: According to 2.4.17 (D) of The Rules and Regulations for Licensing Assisted Living which states in part, "...Any employee of an assisted living residence who has reasonable cause to believe that a resident has been abused, exploited, neglected, or mistreated, shall within twenty-four (24) hours of the receipt of said information, transfer such to the Director and to the Office of the Long-Term Care Ombudsman...1. Upon receipt of such information or allegation, the Director shall forthwith conduct such investigation as may be necessary and submit a report of findings to the investigation(s) to the Attorney General of the State of Rhode Island..." Record review reveal this resident moved into the residence in January of 2023 with diagnosis including Alzheimer's disease. Record review of a progress note dated 2/14/2023 states in part, "On 2/12/2023 staff found this resident in a male resident's room sitting on the bed with [his/her] breast exposed with male resident fondling them. This was discovered on the overnight shift..." Record review failed to reveal evidence that the above incident was investigated or reported to the state agency as required. During a surveyor interview with the Director of Wellness on 4/7/2023 at 2:50 PM, she could not provide evidence that the above-mentioned incident was investigated or reported as required.	S 415		