RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01372	A. BUILDING: _____ B. WING _____	C 01/02/2026

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 complaint/incident investigation survey, ACTS reference numbers 102283, 102302, 102352, 102508, and 102724, was conducted at this residence on 01/02/2026 to determine compliance with state regulations. A deficiency was identified.	S 003		
S 640	Residential Care Services 2.4.26.B.1 Medication Services 2.4.26 (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	S 640	Received JAN 22 2026 Facilities Regulation	

Facilities Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Sandra Cullen — TITLE: Administrator — (X6) DATE: 1-21-2026

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S 640	Continued From page 1	S 640		

pharmacy-dispensed container with proper label and directions attached and be administered in 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 Part 20-15-6 of this Title, Hypodermic Needles, Syringes, and Other Such Instruments.

(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

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S 640	Continued From page 2 retained for each resident to whom medications 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 § 2.4.25(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 the residence failed to ensure that medications shall be stored securely and in such a manner to prevent spoilage, dosage errors, administration errors, and/or inappropriate access for the singular resident reviewed, Resident ID #1. Findings are as follows:	S 640	The residence shall ensure that medication will be stored securely and in such a manner to prevent spoilage, dosage errors, administration errors, and/or inappropriate access for the singular resident reviewed. A. The wellness director will interview seven (7) apartments bi-monthly to ensure medication administration policies are met. (attach bi-monthly medication audit) attachment #1 B. The wellness director will perform seven (7) interviews bi-monthly to determine if medications are being left unattended in the apartments as well as MAR for proper documentation. C. Any deficient practices found will be documented and corrective action will be implemented including a written reprimand and review/education of medication administration policy and will be maintained in personnel file, see attached, #16 Medication of Administration Policy. (attach administration of medication policy) attachment #2, page 2 D. Approved plan of correction will be added to Quality Assurance and will be reviewed quarterly.	

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S 640	Continued From page 3 A community reported complaint was sent to the Rhode Island Department of Health on 12/23/2025 regarding this resident getting the wrong medication. According to Fundamentals of Nursing, 5th edition, August 26, 2002, states in part "... the nurses should remain with the patient and see that the medication is taken, never leave the medication at the bedside for the patient to take at a later time..." Review of the residence policy, dated April 2025, titled, "Administration of Medication" states in part, "...15...each dose administered to resident must be properly recorded. 16...When a resident refuses to allow staff to administer medication proper documentation will be completed..." Record review revealed Resident ID #1 was admitted to the residence in October of 2021 with a diagnosis including, but not limited to, hypertension. Record review of the comprehensive assessment, dated 12/26/2025, reveals the resident needs medication administration to be completed by the facility's staff. During a surveyor observation of the resident's room on 1/2/2026 at 12:10 PM, a medication cup containing numerous pills was observed on the kitchen counter. During a surveyor interview with the resident following the above observation, s/he revealed s/he wasn't feeling well this morning; therefore, did not take her/his medication. Her/his medication was next to her/him in a medicine	S 640		

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S 640	Continued From page 4 cup. S/he further revealed it was given to her/him at approximately 5:30 AM. During a surveyor observation of the resident's unlocked apartment, in the presence of Certified Medication Technician (CMT), Staff A, at approximately 12:40 PM, she acknowledged the resident's pills in the medication cup. Following the above observation, this surveyor and Staff A went to the medication room and compared the resident's medications in the medication cup to the resident's Medication Administration Record (MAR). The medications in the cup matched the resident's MAR for medications given at 6:00 AM on 1/2/2026. The following medications were in the medication cup: - Methocarbamol (to treat back pain). - Tylenol (to treat pain) - Apixaban (to treat deep vein thrombosis) - Amlodipine Besylate (to treat hypertension) - Duloxetine HCL (to treat depression) - Furosemide (to treat edema) - Labetalol Hydrochloride (to treat hypertension) - Losartan Potassium (to treat hypertension) - Quetiapine (to treat major depressive disorder) - Spironolactone (to treat hypertension)	S 640		

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S 640	Continued From page 5 During a surveyor interview via a phone call with CMT, Staff B, at 3:10 PM, she acknowledged she left the resident's medications in a medication cup with the resident and did not wait for the resident to take her/his medications before leaving the apartment. She stated, "I'm at fault." She revealed she should have waited for the resident to take her/his medications before leaving the apartment or document refusal if the resident did not take her/his medications at the time they were given. During a surveyor interview with the Administrator at approximately 3:20 PM, she could not provide evidence the facility ensured the resident's medications were stored securely and administered in a way to prevent administration errors.	S 640		