

RI Department of Health

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| 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 C 10/08/2024 |
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| NAME OF PROVIDER OR SUPPLIER WINSLOW GARDENS | STREET ADDRESS, CITY, STATE, ZIP CODE 40 IRVING AVENUE EAST PROVIDENCE, RI 02914 |
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| (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 | <p>Initial Comments</p> <p>An unannounced complaint/incident investigation survey, ACTS reference numbers 97624, was conducted at this residence on 10/08/2024 to determine compliance with state regulations. No deficiencies were identified.</p> | S 003 | | |

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