

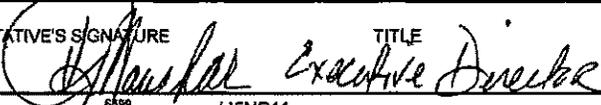
RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ALR01510</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/12/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WINGATE RESIDENCES ON BLACKSTONE BO</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>353 BLACKSTONE BOULEVARD PROVIDENCE, RI 02906</b>
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S 003	Initial Comments  An unannounced biennial State Licensure survey and a complaint/incident investigation survey (X48NP11, 9/12/2025) were conducted at this residence. Deficiencies were identified relative to the State Licensure survey.	S 003	<p>Received</p> <p>SEP 26 2025</p> <p>Facilities Regulation</p>	
S 055	<p>Licensure Requirements 2.4.3 Quality Assurance</p> <p>2.4.3 Quality Assurance</p> <p>A. In accordance with R.I. Gen. Laws § 23-17.4-10.1, each assisted living residence shall develop, implement and maintain a documented, ongoing quality assurance program.</p> <p>1. The purpose of this program shall be to attain and maintain a high quality assisted living residence through an on-going process of quality improvement that monitors quality, identifies areas to improve, methods to improve them, and evaluates the progress achieved.</p> <p>2. Each licensed residence shall establish a quality improvement committee which shall include at least the following: assisted living administrator, registered nurse and a representative of dietary services.</p> <p>3. The quality improvement committee shall meet at least quarterly; shall maintain records of all quality improvement activities; and shall keep records of committee meetings that shall be available to the Department during any onsite visit.</p> <p>4. The quality improvement committee shall review and approve the quality improvement plan for the residence at intervals not to exceed twelve (12) months. Said plan shall be available to the</p>	S 055		

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9/30/25

Facilities Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	 TITLE Executive Director	(X6) DATE
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S 055	Continued From page 1 public upon request.  5. Each assisted living residence shall establish a written quality improvement plan that includes:  a. Program objectives;  b. Oversight responsibility (e.g., reports to the governing body, QI records);  c. Includes methods to identify, evaluate, and correct identified problems;  d. Provides criteria to monitor personal assistance and resident services, including, but not limited to:  (1) Resident/family satisfaction;  (2) Medication administration/errors;  (3) Reportable incidents as specified in § 2.4.17 of this Part;  (4) Resident falls;  (5) Plans of correction developed in response to the Department ' s inspection reports.  B. In addition to the requirements of §§ 2.4.3(A) (1) through (5) of this Part, all assisted living residences with a "dementia care" license and/or a "limited health services license" shall also address the following areas in their quality improvement plan:  a. Prevention and treatment of decubitus	S 055		

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S 055	<p>Continued From page 2</p> <p>ulcers;</p> <p>b. Dehydration, and nutritional status and weight loss or gain; and</p> <p>c. Changes in mental or psychological status.</p> <p>1. Quality improvement documentation shall be kept on file for a minimum of five (5) years.</p> <p>This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined that the residence failed to establish a written quality improvement plan with program objectives and methods to identify, evaluate, and correct identified problems.</p> <p>Findings are as follows:</p> <p>Record review of the April 2025 quarterly quality assurance (QA) program minutes failed to reveal evidence that the residence was identifying, evaluating, and correcting areas of needed improvement in the written plan of performance relative to the resident and family satisfaction survey.</p> <p>Record review of the QA minutes of April 2025 revealed a resident/family satisfaction survey was done in Decemeber of 2024 and the following was revealed:</p> <ul style="list-style-type: none"> <li>-Food temperatures not acceptable</li> <li>-Lack of variety on the menu</li> <li>-Food quality lacking</li> </ul>	S 055	<p>Food Service Director will take food temperatures to ensure appropriate temperature is achieved.</p> <p>All managers, to include the Food Service Director and Life Enrichment Director, will continue to attend Town Hall to address any and all concerns regarding variety of food choices, lack of food quality, repetitive activities, and unresolved issues.</p> <p>Executive Director and QA committee will ensure that the annual resident survey and any new concerns are evaluated during our quarterly QA meeting to identify areas of improvement and to maintain quality services.</p> <p>Our next QA meeting will be in October 2025</p> <p>Our next Resident Survey will be conducted in December 2025.</p>	On-going

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S 055	Continued From page 3  -Activity programming repetitive  -Communication and lack of follow through by the residence on concerns that are discussed  Record review revealed that the above-mentioned concerns were not addressed in the QA minutes with a plan for corrective action.  During a surveyor interview on 9/12/2025 at 1:00 PM with the Executive Director, she could not provide evidence that the QA plan for April of 2025 included areas of concern resulting from the resident and family satisfaction surveys.	S 055		
S 490	Residential Care Services 2.4.21.C Dietetic Services  2.4.21 (C) Dietetic Services  C. The food service in each residence shall comply with the appropriate requirements of R.I. Gen. Laws Chapters 21-27 and 21-31, Rhode Island Food Code (Part 50-10-1 of this Title), and such other applicable statutory or regulatory provisions.  This Requirement is not met as evidenced by: Based on surveyor observation the residence failed to comply with the appropriate requirements of the Rhode Island Food Code related to the main kitchen.  Findings are as follows:	S 490		

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S 490	Continued From page 4  1. Record review of the 2022 Food Code published by the U.S Food and Drug Administration Section 2-402.11 reads in part, "...food employees shall wear hair restraints such as...hair coverings...beard restraints..."  During a surveyor observation on 9/11/2025 at approximately 12:00 PM, Dietary, Staff A was observed at the cook-out serving the lunch meal without a beard restraint.  2. Record review of the 2022 Food Code published by the U.S Food and Drug Administration Section, 2-301.14 states in part, "...when to wash...food employees shall clean their hands...after handling soiled equipment or utensils..."  During a surveyor observation on 9/11/2025 at approximately 9:30 AM, Dietary, Staff B, failed to change the gloves he was wearing and wash his hands after handling soiled dishes and proceeded to touch clean dishes and glasses.  3. Record review of the 2022 Food Code published by the U.S. Food and Drug Administration Section, 3-302.12 Food Storage containers, identified with common name of food, states in part, "...except for containers holding food that can be readily and unmistakably recognized, working containers of food holding food that are removed from their original packages shall be identified with a common name of the food..."  During a surveyor observation of the main kitchen, a container of a product that had a white-yellow color was stored without a label.  4. Record review of the 2022 Food Code	S 490  <i>DP</i> <i>9/13/25</i>	1. Food Service Director will manage and monitor dietary staff members to ensure proper hair restraints are being worn, to include beard restraints. An in-service was started on 9/17/2025 re-educating culinary team on hair restraints practices.  2. Food Service Director will manage and monitor dietary staff to ensure proper hand washing and changing of gloves are enforced. System to include different gloves - colored gloves for loading dishwashers, clear gloves to unload dishes with hand-washing in between. In-service conducted on 9/17/2025 on gloves and hand-washing procedure. Food Service Director will monitor process on an ongoing bases.  3. Food Service Director re-educated kitchen staff on proper labeling and dating of food stored. In-service conducted on 9/17/2025. FSD will monitor process on an ongoing bases.	9/23/25  9/23/25  9/23/25

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NAME OF PROVIDER OR SUPPLIER  
**WINGATE RESIDENCES ON BLACKSTONE BO**

STREET ADDRESS, CITY, STATE, ZIP CODE  
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PROVIDENCE, RI 02906**

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S 490	<p>Continued From page 5</p> <p>published by the U.S Food and Drug Administration Section 3-507.17 states in part, "...food prepared and held in a food establishment for more than 24 hours shall be clearly marked to indicate the date the product shall be consumed...discarded...for a maximum of 7 days..."</p> <p>During a surveyor observation on 9/11/2025 at 9:30 AM of the main kitchen, a pan of red Jell-o was stored without a date.</p> <p>5. Record review of the 2022 Food Code published by the U.S Food and Drug Administration Section 4-601.11 (C) reads in part, "...non-contact surfaces of equipment shall be free of an accumulation of...other debris..."</p> <p>During a surveyor observation on 9/11/2025 at 9:45 AM of the main kitchen the following was revealed:</p> <ul style="list-style-type: none"> <li>-gaskets on walk-in refrigerator door had an accumulation of a black substance</li> <li>-gaskets on the walk-in freezer door had an accumulation of a black substance</li> <li>-ice cream chest with a high accumulation of frost</li> </ul> <p>6. Record review of the 2022 Food Code published by the U.S Food and Drug Administration Section 6.201 states in part, "...wall coverings shall be designed so they are easily cleanable..."</p> <p>During a surveyor observation on 9/11/2025 at 9:45 AM of the main kitchen, the walls behind the dish machine and the hand sink had an accumulation of a black substance.</p> <p>During a surveyor interview on 9/12/2025 at</p>	S 490	<p>4. Food Service Director re-educated all kitchen staff on proper labeling and dating of food stored. In-services conducted on 9/17/2025. FSD will monitor process on an ongoing bases.</p> <p>5. Food Service Director cleaned black substance on gasket. Damage was identified and a replacement gasket has been ordered. Refrigeration/freezer temperature and cleaning log implemented. See attached.</p> <p>Ice cream freezer is to be defrosted and cleaned weekly. See attached document on cleaning schedule. FSD to monitor on an ongoing bases. Ice cream weekly cleaning check list implemented. See attached.</p> <p>6. Wall behind dish machine and hand sink were cleaned. Kitchen staff were re-educated and a cleaning schedule was created. FSD to monitor on an ongoing bases. Dish room cleaning check list implemented. See attached.</p>	<p>9/23/25</p> <p>9/23/25</p> <p>9/23/25</p>

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S 490	Continued From page 6 approximately 3:30 PM with the Director of Food Service, he acknowledged the following:  -Dietary staff member not wearing a beard covering -Dietary staff not washing their hands and changing gloves between tasks -The walls behind the dish machine and the hand sink were in need of cleaning -The gaskets on the walk-in refrigerator and freezer were in need of cleaning -The container of the white-yellow substance did not have a product label -The container of Jell-o was without a date of when it was prepared and when it was to be discarded.	S 490		
S 565	Residential Care Services 2.4.24.B.1 Medication Services  2.4.24 (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	S 565		

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S 565	<p>Continued From page 7</p> <p>to each physician, including limitations on service.</p> <p>c. All medications must be checked against a physician's orders by a licensed nurse, or pharmacist.</p> <p>d. The resident must be identified prior to administration of any medication.</p> <p>e. The medication must be in the original pharmacy-dispensed container with proper label and directions attached and be administered in accordance with such label.</p> <p>f. Injectable medications, including but not limited to insulin, which cannot be self-administered by the resident, must be administered by a licensed nurse.</p> <p>g. There shall be written a policy/procedure for the disposal of hypodermic needles, syringes and other such instruments that is in compliance with rules and regulations governing Hypodermic Needles, Syringes &amp; Other Such Instruments (Part 20-15-6 of this Title).</p> <p>(1) The legal destruction of hypodermic needles, syringes or other such instruments is the responsibility of the last entitled or authorized possessor.</p> <p>(AA) All personnel or residents legally authorized to use disposal syringes and needles, shall destroy them after one (1) use.</p> <p>(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</p>	S 565		

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S 565	<p>Continued From page 8</p> <p>placed directly into the collection containers.</p> <p>(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.</p> <p>h. Individual medication records must be retained for each resident to whom medications are being administered and each dose administered to the resident must be properly recorded.</p> <p>i. Any medication administered by the residence and refused by a resident shall be documented and reported, as appropriate.</p> <p>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.</p> <p>k. All medication in the residence, regardless of whether controlled by employees or by the resident, shall be stored securely as stated in § 2.4.24(A)(3)(a)(8) of this Part.</p> <p>l. All centrally stored medications shall be maintained in accordance with manufacturer's labeling and administered by authorized personnel.</p>	S 565		

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S 565	<p>Continued From page 9</p> <p>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 one of three sample residents reviewed for medication storage, Resident ID #2.</p> <p>Findings are as follows:</p> <p>The resident was readmitted to the residence in August of 2025 after a short term stay at a skilled nursing facility following an unwitnessed fall.</p> <p>Record review of a progress note dated 8/17/2025 revealed in part, "...return from rehab...medications reconciled..."</p> <p>Record review of 8/17/2025 physician's orders revealed the following:</p> <ul style="list-style-type: none"> <li>-Melatonin 3 mg (milligrams) take 1 tablet by mouth as needed for insomnia.</li> <li>-Trazadone 50mg take 1 tablet as needed for anxiety.</li> </ul> <p>Record review of the medication administration record dated 8/17/2025 through 9/13/2025 revealed the above-mentioned medications were not administered.</p> <p>A surveyor observation of the medication cart on the Neighborhood unit on 9/12/2025 at approximately 11:45 AM, revealed that the</p>	S 565	<p>A request for a d/c order was sent out to PCP for PRN medications not available. An in-service is scheduled for 9/22/2025 with all the nurses to review medication reconciliation process.</p> <p>An in-service is scheduled for 9/22/2025 with all the certified medication technicians to review the procedure for ordering PRN medications when they are not available on hand.</p> <p>Over the next 90 days, PRN medications will be reviewed to see if they are available and/or necessary.</p>	<p>9/25/25</p> <p>9/25/25</p>

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S 565	Continued From page 10  following medications that were physician prescribed were not available:  -Melatonin 3mg -Trazadone 50 mg  During a surveyor interview on 9/12/2025 at 12:00 PM with the resident, s/he was unable to recollect if s/he needed the prescribed medications or if they were available because of his/her cognitive decline.  During a surveyor interview on 9/12/2025 at approximately 12:15 PM with the Director of Wellness, she was unable to provide evidence the medication was available to the resident.	S 565		