PRINTED: 02/20/2023
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
	ALR01461	A. BUILDING: _____ B. WING _____	C 02/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DARLINGTON MEMORY LANE	1081 MINERAL SPRING AVENUE NORTH PROVIDENCE, RI 02904

(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. Deficiencies were identified.	S 003	RECEIVED APR 17 2023 FACILITIES REGULATION	
S 230	Organization And Management 2.4.13(A/B) Management Of Services 2.4.13 (A/B) Management of Services A. Each residence shall provide services with adequate professional and ancillary employees and in accordance with applicable state law. Further, the residence shall assure that all services are rendered in a safe and effective manner and consistent with the requirements herein. The residence shall provide all care and services to all residents in accordance with the prevailing community standard of care. B. The residence shall have a policy and procedure manual that is reviewed and updated by the administrator at intervals not to exceed twelve (12) months, and shall include, but not be limited to, the following items: 1. A written description of all services available to residents that shall be designed to promote the resident's efforts to maintain independence; 2. A written statement of admission criteria that shall include, at a minimum, the following information regarding the resident population: a. Nature and extent of disabling condition(s) served; and b. Restrictions (if any). (1) The statement of admission criteria shall include a statement that no otherwise qualified applicant shall be denied admission to the residence solely on the basis of race, creed, color, religion, sexual orientation, or national	S 230	DOW/Asst. DOW will notify E.D/Admin when any resident has any beginning stages of a wound. 2/17/23 Admin/DOW will monitor any resident with a wound on a weekly basis to ensure wound assessment is not greater than a stage 2. 2/17/23 - DOW will physically monitor wound closely & document on a weekly basis, size, ETC. 2/17/23 - DOW will provide evidence from outside agency so we know the severity of wound, size, ETC. 2/17/23	

Facilities Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Melissa Sanford, CAP. TITLE: Executive Director (X6) DATE: 4/14/23

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S 230	Continued From page 1 origin. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined that the residence failed to provide all care and services in accordance with prevailing community standard of care relative to wound care for 1 of 4 sample residents reviewed, ID #1. Findings are as follows: According to the "Clinical practice Guidelines for the Treatment of Pressure Ulcers" developed by the U.S. Department of Health & Human Services, Public Health Service Agency for Health Care Policy and Research states on pages 23-25, "...that once a pressure ulcer is initially assessed, the ulcers should be reassessed at least weekly. The assessment includes the size, depth, shape, drainage, and odor of the pressure ulcer..." According to "The National Pressure Ulcer Advisory Panel," pressure ulcer definition states in part, "...Stage 2 Pressure-partial-thickness loss of skin...the wound bed is viable, pink or red, moist...fat is not visible and deeper tissue is not visible...slough [dead cells that accumulate in wound]and eschar [dead tissue that interferes with wound healing] are not present...Stage 3 Pressure-Full thickness tissue loss. Subcutaneous fate may be visible, but bone, tendon or muscle are not exposed. Slough may be present but does not obscure the depth of tissue. Slough -yellow, tan, gray, green or brown drainage and/or eschar in the wound bed...Stage 4 Pressure ulcer: Full thickness and tissue loss with exposed or directly palpable...tendon are visible..."	S 230	S230 - Upon weekly QA Meetings (management) DOW/Asst. DOW will identify any residents with any beginning signs of a wound. 2/19/23 S230 - E.D/Admin re-educated DOW wound regulations and importance of making sure each resident meets level of care. 2/17/23	

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S 230	Continued From page 2 A complaint related to quality of care was reported to the Rhode Island Department of Health on 1/19/2023 which revealed that a resident was sent to the hospital with a wound that was deep, requiring hospitalization. Record review revealed the resident moved into the residence in October of 2020. S/he has diagnoses including dementia, cellulitis (A common and potentially serious bacterial skin infection) of the right lower limb, and peripheral vascular disease (a condition in which narrowed blood vessels reduce blood flow to the limbs). Record review revealed the resident was admitted to an outside agency for skilled nursing wound care on 11/5/2022. Record review revealed the following progress notes from the outside agency: - 10/4/2022 states in part, "Sent to [acute care hospital] for wound on right ankle-Dx [diagnosed] cellulitis..." - 11/5/2022: outside agency wound assessment: "Right foot heel/decubitus/pressure ulcer: wound bed-dry, bed color; pink, brown...wound drainage...serous [a thin, watery fluid that is produced in response to local inflammation]." - 11/5/2022: "...right leg ankle...wound bed slough...dry brown tendon...is brown in color and necrotic [dead cells] the peri [surrounding] wound is slough...recommend that patient be seen at the wound clinic..." - 11/7/2022: "right foot heel/decubitus/pressure ulcer: peri wound skin erythema [reddening of the skin as a result of injury or irritation]...right leg	S 230		

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S 230	Continued From page 3 ankle Achilles [a thick tendon located in the back of the leg]wound bed eschar...red, black...drainage..." - 11/17/2022: "...wound bed slough, red...Pt [patient] complaint of tenderness when touch..." - 11/22/2022: "wound care visit [at wound care clinic] wound was debrided [the process of removing dead tissue from a wound]...wound measurement: 6.2 x 3.0 x 0.2 cm [width by length by depth centimeter]...loose eschar debrided around edges..." - 11/27/2022: "...wound bed pink/white with tendon [a connective tissue that attaches muscle to bone] exposed..." - 12/4/2022: "...wound bed slough, red..." - 2/3/2023: "...condition upon discharge: Stage III [3] ankle wound..." Further record review revealed the resident was admitted to an acute care hospital from 10/4/2022 through 10/20/2022 related to a wound on his/her right ankle. Additionally, s/he was admitted to a skilled nursing facility (SNF) from 10/20/2022 through 11/4/2022 and returned to the residence on 11/4/2022. Record failed to reveal evidence of weekly wound assessments includes the size, depth, shape, drainage, and odor of the pressure ulcer to the resident's right heel. Additional record review failed to reveal evidence that the resident wound care that was being provided by the outside agency was being monitor by the residence and that the residence was aware of the condition of the wounds.	S 230		

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S 230	Continued From page 4 During a surveyor interview on 2/15/2023 at 2:51 PM with the Director of Wellness in the presence of the Executive Director, she acknowledged that she did not perform weekly skin assessment of the resident since the wounds were identified. Additionally, she acknowledged that she had not reviewed the resident's wound assessment or records until it was brought to her attention by the surveyor on 2/15/2023.	S 230		
S 285	Residency Requirements 2.4.14(A) Residency Requirements 2.4.14 (A) Residency Requirements A. Each licensee, or his/her designee, through the assessment and evaluation procedures delineated in these regulations (see § 2.4.16(C) of this Part) shall be responsible to ensure that admission to and residency in an assisted living residence be limited to those individuals who meet the definition of "resident" in accordance with § 2.3(A)(32) of this Part. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined that the residence retained a resident that does not meet the definition of a resident for 1 of 4 residents reviewed, ID #1. Findings are as follows: Per the regulations as defined in section 2.6.2 states in part, "...B. Assisted living residences licensed to provide limited health services may provide any or all of the following services: 1. Stage I and stage II pressure ulcer treatment and prevention..."	S 285	S285 — DOW will notify ED/Admin when any resident has beginning stage of a wound. 2/17/23 S285 — DOW/Admin will monitor any resident who requires outside services to ensure proper documentation is being provided — record of wound assessment (weekly). 2/17/23 S285 — E.D/Admin will continue to educate/discuss in Quality Assurance meetings 2/19/23	

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S 285	Continued From page 5 According to the "Clinical practice Guidelines for the Treatment of Pressure Ulcers" developed by the U.S. Department of Health & Human Services, Public Health Service Agency for Health Care Policy and Research states on pages 23-25, "...that once a pressure ulcer is initially assessed, the ulcers should be reassessed at least weekly. The assessment includes the size, depth, shape, drainage, and odor of the pressure ulcer..." The following are defined in part by The National Pressure Ulcer Advisory Panel: "...Stage 2 Pressure-partial-thickness loss of skin...the wound bed is viable, pink or red, moist ...fat is not visible and deeper tissue is not visible...slough [dead cells that accumulate in wound]and eschar [dead tissue that interferes with wound healing] are not present...Stage 3 Pressure-Full thickness tissue loss. Subcutaneous fate may be visible, but bone, tendon or muscle are not exposed. Slough may be present but does not obscure the depth of tissue. Slough -yellow, tan, gray, green or brown drainage and/or eschar in the wound bed...Stage 4 Pressure ulcer: Full thickness and tissue loss with exposed or directly palpable...tendon..." Record review revealed the resident moved into the residence in October of 2020. S/he has diagnoses including dementia, cellulitis (A common and potentially serious bacterial skin infection) of the right lower limb, and peripheral vascular disease (a condition in which narrowed blood vessels reduce blood flow to the limbs). Record review revealed the following progress notes from the outside agency: - 10/4/2022 states in part, "...Sent to [acute care	S 285		

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S 285	Continued From page 6 hospital] for wound on right ankle-Dx [diagnosed] cellulitis..." - 11/5/2022: outside agency wound assessment: "Right foot heel/decubitus/pressure ulcer: wound bed-dry, bed color; pink, brown...wound drainage...serous [a thin, watery fluid that is produced in response to local inflammation]." - 11/5/2022: "...right leg ankle...wound bed slough...dry brown tendon...is brown in color and necrotic [dead cells] the peri [surrounding] wound is slough...recommend that patient be seen at the wound clinic..." - 11/7/2022: "right foot heel/decubitus/pressure ulcer: peri wound skin erythema [reddening of the skin as a result of injury or irritation]...right leg ankle Achilles [a thick tendon located in the back of the leg]] wound bed eschar...red, black...drainage..." - 11/17/2022: "...wound bed slough, red...Pt [patient] complaint of tenderness when touch..." - 11/27/2022: "...wound bed pink/white with tendon [a connective tissue that attaches muscle to bone] exposed ..." - 12/4/2022: "...wound bed slough, red..." - 2/3/2023: "...condition upon discharge: Stage III [3] ankle wound..." Record review reveals this residence does not have a license to provide limited health services, which is required to provide wound care to a resident and can not provide care to a wound greater than a stage 2. Additionally, the record failed to reveal evidence of wound assessments	S 285		

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S 285	Continued From page 7 which includes the size, depth, shape, drainage, and odor of the pressure ulcer to the resident's right heel. During a surveyor interview on 2/15/2023 at 2:51 PM with the Director of Wellness in the presence of the Executive Director, both staff acknowledged that the residence does not have a limited health services license. The Director of Wellness could not provide evidence as to why the resident's wounds were not assessed as required to ensure accurate placement of the resident.	S 285	Admin/Dow will monitor any resident with a wound on a weekly basis to ensure wound assessment is not greater than stage 2. 285 – Dow will physically monitor wound closely & document on a weekly basis, size, ETC. DOW will then update E.O.	2/17/23 2/17/23
S 310	Residency Requirements 2.4.15(A) Resident Records 2.4.15 (A) Resident Records A. Each residence shall, at a minimum, maintain the following information for each resident: 1. The resident's name; 2. The resident's last address; 3. The name of the person or agency referring the resident to the home; 4. The name, specialty (if any), telephone number, and emergency telephone number of each physician who is currently treating the resident; 5. The date the resident began residing in the home; 6. A list of medications taken by the resident, including dosage, and specific records of	S 310 S285 S285	DOW will provide evidence from outside agency so we know severity of wound, size, ETC. – Upon weekly Q.A. meetings (management) will discuss any residents with beginning signs of a wound.	2/17/23 2/19/23

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S 310	Continued From page 8 medication administration as required by the Department; a. In residences licensed at the M2 level, if a resident refuses to provide the information cited in § 2.4.15(A)(6) of this Part, this fact shall be documented in the resident's service agreement. 7. Written acknowledgments that the resident has signed and received copies of the rights as provided in R.I. Gen. Laws § 23-17.4-16; 8. Information about any specific health problems of the resident, which may be useful in a medical emergency, including diagnostic and/or therapeutic orders; 9. A record of personal property and funds which the resident has entrusted to the residence; 10. The name, address, and telephone number of a person identified by the resident who should be contacted in the event of an emergency or death of the resident and the name, address, and telephone number of the legal guardian; 11. Any other health-related emergency, or pertinent information which the resident requests the residence to keep on record; 12. A copy of the initial and periodic assessments described in § 2.4.16 of this Part; 13. A copy of the service plan and nurse review as described in § 2.4.16 of this Part; 14. A copy of the residency agreement as described in § 2.4.14(C) of this Part.	S 310		

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S 310	Continued From page 9 This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined the residence failed to maintain, at minimum, information about any specific health problems of the resident, which may be useful in a medical emergency, including therapeutic orders for 1 of 4 sample residents reviewed, ID #1. Findings are as follows: Per regulations as defined states in part, " ...§ 2.4.15(A)(B)(1) Entries in the resident's record relating to treatment, medication and diagnostic tests shall be made by the responsible persons at the time of administration and/or service...1. Detailed descriptions of all pressure ulcers, or other skin lesions, shall be recorded in the resident's record...." Record review revealed the resident moved into the residence in October of 2020. S/he has diagnosis including dementia. Record review revealed the resident was receiving outside services for skilled nursing service for wound care with a start date of 11/5/2022. Record review of an outside service for skilled nursing wound care assessment dated 11/5/2022 states in part, "...Right Foot Heel/Decubitus/Pressure Ulcer [injuries to skin and underlying tissue resulting from prolonged pressure]..." Record review of the resident's record failed to reveal evidence of a physician's order for a	S 310		

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S 310	Continued From page 10 therapeutic order for wound care to the right heel as indicated in the above-mentioned assessment. Additionally, the resident's record failed to reveal evidence of a detailed description of all pressure ulcers by the responsible persons at the time of service as required. Additional record review of the resident's record failed to reveal evidence of communication in the resident's record between the residence and the skilled nursing service regarding the wound care and assessments until it was brought to the residence attention by the surveyor on 2/15/2023. During a surveyor interview on 2/15/2023 at 2:51 PM with the Director of Wellness in the presence of the Executive Director, she acknowledged that the resident's record did not maintain information about specific health problem of the resident including a pressure ulcer to his/her right heel. Additionally, she acknowledged that the residence did not have the assessments of the resident's wound in his/her medical record until it was brought to her attention by the surveyor.	S 310 S310 S310 S310	DOW was re-educated on proper documentation – any change of condition must be documented in proper nursing areas. DOW will ensure to receive physician order from outside agency upon admission to services IF resident is on wound care from outside agency DOW will call agency on weekly basis for documentation & as of 2/17/23 we now have a Concord book which is to be documented on every visit.	2/17/23 2/17/23 2/17/23
S 815	Special Care License Requirements 2.5.2(G) Specific Requirements 2.5.2 (G) Specific Requirements G. The Alzheimer Dementia Special Care Unit/Program shall operate and provide services to all residents of the unit/program in accordance with the prevailing community standard of care for residents with the particular needs and behaviors with dementia This Requirement is not met as evidenced by: Based on record review and staff interview, it has	~~S 815~~		

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S 815	Continued From page 11 been determined the residence failed to operate and provide services to all residents of the Special Care Unit (SCU) in accordance with the prevailing community standard of care for residents with the needs and behaviors due to dementia related to safety rounds conducted for 23 of 23 residents on the SCU. Findings are as follows: According to the Alzheimer's Association, "Alzheimer's disease is a generative brain disease and the most common cause of dementia. Dementia is a syndrome, a group of symptoms that has several causes. The characteristic symptoms include difficulties with memory, language, problem solving, and other cognitive skills that affect a person's ability to perform everyday activities." Record review of the residence policy titled, "Resident Safety" states in part, "...[residence name] is a twenty-four (24) hour assisted living facility; therefore, the facility is staffed twenty-four (24) hours a day seven (7) days a week...Throughout the day and night, staff members endure the safety of our residents by accounting for their whereabouts and wellbeing...Staff account for residents at...5:00 P.M. dinner, 7:00 P.M. snack, 8:00 P.M. medication pass, and 10:00 P.M. 2nd shift rounds. The 3rd shift Med Tech performs rounds every two (2) hours to monitor residents..." Record review revealed the residence conducts hourly check on all residents on the SCU on each shift. Further record review of a staff education material dated 2/2/2023 states in part, "Rounding is mandatory all shifts. You must do the appropriate safety and incontinence rounds. All	~~S 815~> S310 4/10/23 S310 S310	created new skin assessment sheet 2/17/23 which will provide CNAs to updat POW in a timely manor. Skin assessment binder will be reviewed @ Q.A. meeting. Any resident on Wound services will go on line list in POW office so E.D. can monitor which residents need outside services. ~~E.D.~~, Management will continue to educate safety & compliance @ Q.A meetings	2/17/23 2/17/23 2/19/23

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S 815	Continued From page 12 residents are to be seen with your eyes every hour. Documentation is to be followed every hour..." Record review of an allegation reported to the Rhode Island Department of Health dated 2/13/2023 and 2/15/2023 revealed that staff on the overnight shifts are sleeping on duty and are not performing their required rounds on the residents on the special care unit. Record review of the residence rounds documentation failed to reveal evidence of rounds being performed every 2 hours as per the residence' policy on the following dates and times: - On 2/3/2023 from 3:00 PM-11:00 PM - On 2/4/2023 from 5:00 AM-6:00 AM and from 4:00 PM-11:00 PM - On 2/5/2023 from 12:00 AM-6:00 AM and from 3:00 PM-10:00 PM - On 2/6/2023 from 12:00 AM-6:00 AM - On 2/7/2023 from 12:00 AM-6:00 AM - On 2/9/2023 from 12:00 AM-6:00 AM - On 2/10/2023 from 12:00 AM-6:00 AM and from 3:00 PM-10:00 PM - On 2/11/2023 from 3:00 PM-10:00 PM - On 2/12/2023 from 12:00 AM- 6:00 AM and from 3:00 PM to 10:00 PM - On 2/13/2023 from 12:00 AM-6:00 AM - On 2/14/2023 from 12:00 AM-6:00 AM During a surveyor interview on 2/16/2023 at 9:30 AM with the Director of Human Resources, she indicated that she was made aware by the staff that the overnight shift staff were sleeping on duty. During a surveyor interview on 2/15/2023 at 9:22	S 815 S815 S815 S815	E.D conducted staff meeting educating all staff on importance of Hourly Rounds and staying active on shift. 2/16/23 1 Employee Terminated 2/16/23 after surveor informed sleeping. 2/16/23 - DOW - Trained Employee to be Resident and Safety assoc. - Constantly rounding to ensure no one sleeping and staff is rounding of Residents.	

RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01461	A. BUILDING: _____ B. WING _____	C 02/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DARLINGTON MEMORY LANE	1081 MINERAL SPRING AVENUE NORTH PROVIDENCE, RI 02904

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S 815	Continued From page 13 AM and on 2/16/2023 at 10:01 AM with the Executive Director and the Director of Wellness, both staff acknowledged that staff had made them aware of the overnight staff sleeping on duty and not performing their hourly safety rounds on the residents. The Director of Wellness failed to provide evidence as to why the safety rounds were not being conducted as required.	S 815	- Resident + Safety Assoc. will be responsible to call ED/DOW/ADOW for real-time corrections of anyone sleeping. - Staff educated on Zero tolerance policy of sleeping on jobs. 3/6/23 - New Director of Human Resources hired. To enforce DML - policy's and procedures - Education - training - hiring.	