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	ALR01324	A. BUILDING: _____ B. WING _____	C 06/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DARLINGTON ASSISTED LIVING CENTER NO	123 ARMISTICE BOULEVARD PAWTUCKET, RI 02860

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S 003	Initial Comments A complaint investigation, ACTS references numbers 103065, 103198, 103257, 103431, 103516, 103541, 103842, and 103984, was conducted at this residence on 06/29/2026 through 06/30/2026 to determine compliance with state laws and regulations. Deficiencies were identified.	S 003	Received JUL 23 2026 Facilities Regulation	
S 405	Residency Requirements 2.4.17.G.1. Resident Assessment/Service Plans 2.4.17 (G) (1) Service Plans 1. Within a reasonable time after move-in, not to exceed seven (7) days, the Administrator shall be responsible for the development of a written service plan based on the initial assessment. The service plan shall include at least: a. The services and interventions needed, including all services provided by outside healthcare agencies (e.g., home nursing care, hospice); b. Description, frequency, duration relating to the service or intervention, including personal assistance, medication, special diets, recreational activities, and other similar services rendered; c. Party responsible for arranging and/or providing the service; and d. The resident ' s requested and/or therapeutically needed recreational and social activities.	S 405	S405 – staff member who allegedly abused resident #3 is terminated S405 – Upon hiring & annually Admin will ensure Abuse training is completed & staff members understand Darlington has a no tolerance for any abuse across the board. S405 – Any alleged allegations staff will immediately be removed from schedule ~~upon~~ for further investigation. S405 – Admin installed new cameras and DVR to assist in any investigations. S405 – Management will continue to discuss in quarterly Q.A. meetings	5/1/26 7/1/26 7/1/26 7/1/26 9-20-26

ities Regulation

IRATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Melissa Sanford	Administrator	7/22/2026

RI Department of Health

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S 405	Continued From page 1 This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined that the residence failed to accurately reflect the services and interventions needed on the service plan for four of five residents reviewed, Resident ID #s 3,4, 5, and 6. Findings are as follows: 1.The Rhode Island Department of Health (RIDOH) received a reported incident on 4/3/2026 alleging that a resident was verbally abused by a staff member. Record review of Resident ID #3's 90-day Nurse review states in part, continue to monitor aggressive behaviors. Record review of the resident's service plan failed to reveal that the aggressive behaviors along with interventions were being addressed. Additionally, systems for monitoring the behaviors were not in place. 2. RIDOH received a reported incident on 5/1/2026 alleging that a resident walked up to another resident and was verbally abusive towards him/her. The alleged perpetrator followed the resident and hit the victim with a chair. a .Record review of Resident ID #4, the alleged perpetrator, revealed a document titled "the Assisted Living Resident Assessment" which was last updated on 4/5/2026 revealed in part the following: -Complaints about his/her bullying behaviors	S 405 S405 S405 S405 S405 S405	Resident # 4 is no longer c facility D/c on - Admin will be more selective upon admitting residents c behaviors. - moving forward DOW will document in a timely manner when any change of condition occurs, including adding intervention to ensure residents safety (S.P). - DOW to review S.P. at least quarterly to ensure no changes needed. - Management will discuss in Q.A.	6/29/26 7/1/26 7/22/26 7/22/26 9/20/26

Facilities Regulation
STATE FORM 6899 FPBZ11 If continuation sheet 2 of 9

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S 405	Continued From page 2 -Confrontational, verbally aggressive with staff and other residents -Threatening staff -Altercations with other residents Record review of the resident's service plan failed to reveal updated interventions for the occurrences of resident-to-resident or resident-to-staff altercations b. Record review of Resident ID #5, the alleged victim, moved into the residence in March of 2025 with a diagnosis that includes, but is not limited to, bipolar disorder. During a surveyor interview on 6/29/2026 at approximately 10:30 AM with the Administrator, she acknowledged that Resident ID #4 is confrontational towards Resident ID #5. Record review of the resident's service plan failed to address services and interventions to maintain a safe and happy environment for Resident ID #5. 3. Record review of Resident ID #6 revealed a document titled, "Assisted Living Resident Assessment," updated on 4/26/2026 revealed that s/he had falls on the following dates: -1/15/2026 -1/29/2026 -2/12/2026 -2/28/2026 -3/2/2026	S 405 S405 S405 S405 S405 S405 7/22/26	Resident #4 is no longer in facility D/C 6/29/26 Admin will be more selective upon admitting any resident w behaviors into facility. Moving forward DOW will document in a timely manner to when any change of condition occurs, including adding an intervention to ensure resident safety. DOW to review SP at least quarterly to ensure any changes, or interventions needed. Management will discuss in Q.A.	6/29/26 7/22/26 7/22/26 7/22/26 9/20/26

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S 405	Continued From page 3 -3/10/2026 -4/15/2026 -4/20/2026 Record review of the service plan revised on 4/15/2026 failed to reveal interventions were updated and revised to assist in the prevention of further falls. During a surveyor interview on 6/29/2026 at approximately 2:45 PM with the Administrator and the Director of Nursing Services, they were unable to provide evidence that the service plans were updated and revised for the above-mentioned residents.	S 405 S 405 S405 S 405	Resident #6 is no longer at facility, resident required a higher level of care, due to falling Residents will be assessed after any falls in attempt to determine the cause. Any found cause will be addressed if medical or physical, S.P will be updated if necessary along w intervention plan to ensure safety of residents. - Management will discuss in Q.A. meetings (Quarterly) to ensure appropriate for A.L.F.	5/13/26 7/22/26 9/20/26
S 540	Residential Care Services 2.4.22.C(1-5) Illness And Emergencies 2.4.22 (C) (1-5) Reporting of Communicable Diseases C. Reporting of Communicable Diseases 1. Each residence shall report promptly to the Center for Acute Infectious Diseases Epidemiology (IDE), cases of communicable diseases designated as "reportable diseases" when such cases are diagnosed in the residence in accordance with Part 30-05-1 of this Title, Reporting and Testing of Infectious, Environmental and Occupational Diseases. 2. When infectious diseases present a potential hazard to residents or personnel, these shall be reported to the Center for Acute Infectious	S 540	7/22/26	

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S 540	Continued From page 4 Diseases Epidemiology (IDE) even if not designated as "reportable diseases." 3. When outbreaks of food-borne illness are suspected, such occurrences shall be reported immediately to the Center for Acute Infectious Diseases Epidemiology (IDE) or to the Center for Food Protection. 4. Residences must comply with the provisions of R.I. Gen. Laws § 23-28.36-3, which requires notification of fire fighters, police officers and emergency medical technicians after exposure to infectious diseases. 5. Infection Control Infection control provisions shall be established for the mutual protection of residents, employees, and the public. The residence shall be responsible for no less than the following: a. Establishing and maintaining a residence-specific infection prevention program; b. Establishing policies governing the admission and isolation of residents with known or suspected infectious diseases; c. Developing, evaluating and revising on a continuing basis infection control policies, procedures and techniques for all appropriate areas of the residence; d. Developing and implementing protocols for: (1) Discharge planning to home that include full instructions to the family or caregivers	S 540	S540 - Resident #1 & roomate were treated for scabies & facility followed CDC guidelines. Staff refused to get treated stated "bad for their liver" Admin offered to pay. DOW/ Admin monitored scabies to ensure it didn't spread. 7/29/26 S540 - Admin will write up a Scabies policy per CDC guidelines. 8/15/26 S540 - DOW/Admin will create a policy/protocol for housekeepers to follow in the event we have a Scabies outbreak. Admin will ensure to have all cleaning agents per the DOH/CDC guidelines. 8/15/26 S540 - Upon any outbreak DOW will put a sign on front door indicating "Scabies outbreak" 7/22/26	2/26/26

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S 540	Continued From page 5 regarding necessary infection control measures; and (2) Hospital and/or nursing facility transfer of residents with infectious diseases which may present the risk of continuing transmission. Examples of such diseases include, but are not limited to, tuberculosis (TB), Methicillin resistant staphylococcus aureus (MRSA), vancomycin resistant enterococci (VRE), and clostridium difficile; This Requirement is not met as evidenced by: Based on surveyor observation, record review, and staff interviews, it has been determined the facility failed to establish infection control provisions for the mutual protection of residents, employees, and the public relative a singular resident with a confirmed case of scabies, Resident ID #1. Findings are as follows: According to the Centers for Disease Control and Prevention (CDC) guidance titled, "Parasites-Scabies Prevention & Control" dated 10/31/2018 and updated on 9/1/2020 states in part, " ...Scabies is prevented by avoiding direct skin-to-skin contact with an infected person or with items such as clothing or bedding used by an infected person. Scabies treatment usually recommended for members of the same household...All household members and other potentially exposed persons should be treated at the same time as the infested person to prevent possible re-exposure and reinfestation...items	S 540		

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S 540	Continued From page 6 that cannot be dry-cleaned or laundered can be disinfected by storing in a closed plastic bag for several days to a week..." The Rhode Island Department of Health received an anonymous complaint on 3/3/2026 alleging that there was an outbreak of scabies and Covid at the residence. The complaint further alleged that a resident specifically said, "They aren't telling us anything." The resident left no identifying information. Record review revealed that Resident ID #1 moved into the residence in August of 2023 with a diagnosis that includes, but is not limited to, a cerebral aneurysm (a weak, bulging area in an artery wall that can fill with blood). Record review revealed a note dated 2/26/2026 stating the resident returned from a dermatology appointment on 2/25/2026 and tested positive for scabies. Further record review revealed s/he was prescribed Permethrin cream (used for the treatment of scabies) and was placed in quarantine. Record review revealed Resident ID #2 was Resident ID #1's roommate and s/he was treated prophylactically for scabies. During a surveyor interview on 6/30/2026 at approximately 9:05 AM with a housekeeping employee, Staff A, she revealed that the staff wears gowns and a shield to clean the resident's rooms that have been exposed to scabies and that vinegar and alcohol are used to disinfect the surface contact areas. Further interview with Staff A, she did not acknowledge the protocol for	S 540		

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S 540	Continued From page 7 personal items that were not able to be laundered. During a surveyor interview on 6/29/2026 at approximately 2:00 PM with the Administrator, she was unable to provide a protocol that the residence follows for scabies. Additionally, she revealed that the roommate of Resident ID #1 was treated and that the other residents and staff members were not treated prophylactically. Additionally, she revealed that the residence uses apple cider vinegar as the disinfectant, per CDC guidelines for surface areas that have been exposed to scabies. Record review of the CDC guidelines failed to reveal that apple cider vinegar is recommended for surface contact areas that have been exposed to scabies.	S 540		
S 560	Residential Care Services 2.4.23.C Dietetic Services 2.4.23 (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, Part 50-10-1 of this Title, Rhode Island Food Code, and such other applicable statutory or regulatory provisions. This Requirement is not met as evidenced by: Based on surveyor observation,and staff interview, it has been determined that the facility failed to comply with all appropriate standards of the Rhode Island Food Code relative to the main kitchen.	S 560		

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S 560	Continued From page 8 Findings are as follows: The Rhode Island Department of Health received a community reported complaint on 2/26/2026 alleging in part that the residence did not have any ice on hand at the residence. Record review of the 2022 Food Code published by the U.S. Food and Drug Administration Section 4-601.11A states in part,"...Equipment food contact surfaces...shall be clean to sight and touch..." During a surveyor observation on 6/29/2026 at approximately 3:00 PM, a table top ice machine was observed in the main dining room that was operational. Further observation revealed that the internal refrigeration system had a caramel-colored substance along the inner corners. During a surveyor interview with the Administrator, following the above observation, she acknowledged that the unit was not clean and was unable to provide evidence that the unit is being cleaned on a regular basis.	S 560	S560 - Admin & CNA cleaned the ice machine upon surveyor mentioning machine dirty. S560 - Admin advised CNA's / chef to clean ice machine on a weekly basis. Chef will have a Log book to ensure machine is clean. S560 - Management will discuss in quarterly meetings	6/30/26 8/15/26 9/20/26