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 11/28/2023

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 DEC 15 2023 FACILITIES REGULATION	
S 155	Organization And Management 2.4.12.C(1-3) Administrative Management 2.4.12 Administrative Management (C)(1-3) C. Pursuant to R.I. Gen. Laws § 23-17.4-15.1.1, each assisted living residence shall have an administrator who is certified by the Department in accordance with regulations established pursuant to R.I. Gen. Laws § 23-17.4-21.1, in charge of the maintenance and operation of the residence and the services to the residents. The name and contact information for the current administrator shall be displayed in a conspicuous public area of the residence. The administrator is responsible for the safe and proper operation of the residence at all times by competent and appropriate employee(s) and shall be responsible for no less than the following: 1. The management and operation of the residence and services to the residents; 2. Compliance with federal, state, and local laws and rules and regulations pertaining to, but not limited to: the management and operation of assisted living residences, fire, safety, zoning, building codes, sanitation, food service, communicable and reportable diseases, Americans with Disabilities Act, employee health and safety, other relevant health and safety requirements, and these regulations. 3. Staffing the residence with adequate and	S 155	S155 Upon conducting an audit on employee files Admin discovered a hand ful of employees who did not have active licenses. Admin advised H.R. to have these individuals enroll in a CNA program by the end of the month or they would be terminated. Employee A was hired 8/18/20 and had temp license that exp [redacted] was terminated prior to survey. Employer B was off schedule prior to inspection/survey. - Employee C hired 3/25/23 with active license & Exp 5/19/23 CAP 1/4/24	11/2/23 11/17/23 11/9/23

Facilities Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Melissa Sanford, Executive Director — TITLE — (X6) DATE: 12/14/23

RECEIVED JAN 2 2024 complete copy FACILITIES REGULATION

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S 155	Continued From page 1 qualified personnel to attend to the food preparation, general housekeeping, assistance with personal care, medication administration, if applicable, and other such services; This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined the administration failed to staff the residence with qualified personnel assisting the residents with personal care for 4 staff reviewed, Staff A, B, C, and D. Findings are as follows: Record review of an allegation reported to the Rhode Island of Health on 11/27/2023 alleges that there are staff working out of their scope of practice at the residence. Record review of the residence current list of employees revealed the following staff are active employees at the residence providing personal care to the residents: 1. Record review revealed Staff A was hired on 8/23/2023 as a Nursing Assistant (NA) and provides direct care to the residents. Record review revealed the staff had a NA license that expired on 11/26/2021. 2. Record review revealed Staff B was hired on 9/16/2022 as a NA and provides direct care to the residents. Record review revealed the staff had a NA license that expired on 4/13/2021. 3. Record review revealed Staff C was hired on 3/25/2023 as a NA and provides direct care to the residents. Record review revealed the staff had a NA license that expired on 5/19/2023.	S 155	S 155 Employee C was terminated due to not enrolling & no license (CNA) 11/29/23 S155 – Employee D, H.R hired to a Mass Certificate [redacted] was removed off schedule – needs to tk skills class & transfer her License – Terminated until proof of CNA License in R.I & Active 11/29/23 S 155 – Admin hired new H.R. manager 10/25/23 S155 – NEW HR Manager was re-educated unless active R.I. CNA. they can't work. Admin educated him on importance of this. 11/29/23	

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S 155	Continued From page 2 4. Record review revealed Staff D was hired on 6/5/2023 as a NA and provides direct care to the residents. Record review failed to reveal the staff held a Rhode Island NA license at any time. Record review failed to reveal evidence that the above-mentioned staff, that are providing personal care to the residents, meet the required qualifications to perform such tasks. During a surveyor interview on 11/28/2023 at approximately 2:00 PM with the Director of Wellness, she indicated that the above-mentioned staff are active employees of the residence. Additionally, she acknowledged the above staff provide direct care, including personal care, and would expect the staff to have an active Rhode Island NA license to perform such care.	S 155 S155 S155 S 155	Admin/CEO will go back to reviewing new hire binder prior to any employee working @ Darlington to ensure all employees have proper qualifications for Job description. H.R will continue to audit employee files quarterly & yearly Management will discuss in Q.A. meeting as well.	11/29/23 2/29/23 1/7/23
S 230	Organization And Management 2.4.13.A 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. This Requirement is not met as evidenced by:	S 230		

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	ALR01481	A. BUILDING: _____ B. WING _____	C 11/28/2023

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S 230	Continued From page 3 Based on record review and staff interview, it has been determined that the resident failed to provide all care and services in accordance with prevailing community standard of care relative to medication administration for a singular resident, ID #1. Findings are as follows: According to Mosby's 4th Edition, Fundamentals of Nursing, page 314 states in part, "...The physician is responsible for directing medical treatment. Nurses are obligated to follow physician's orders unless they believe the orders are in error or would harm the clients..." A complaint related to quality of care was reported to the Rhode Island Department of Health on 11/27/2023 which revealed that a resident was sent to the hospital for not receiving his/her seizure medication resulting in hospitalization. Record review revealed the resident moved into the residence on November 21, 2023 with a diagnosis of seizures. Record review of the resident's comprehensive assessment dated 11/21/2023 revealed the resident moved into the residence for medication management and staff is to store and administer all medications to the resident. Record review of a transfer and discharge current medication order from a skilled nursing facility to the residence dated 11/21/2023 revealed a physician order for Levetiracetam (Keppra) 750 MG (milligram) tablet, give two tablets by mouth two times a day for seizures.	S 230	S230 Resident is back in facility as of 12/01/23 & doing great, [redacted] did follow up w/ PCP as well. All orders & medications in facility. 12/1/23 S230 — prior to any new admission Admin/DOW will ensure residents Doctor fax over all physician orders to our pharmacy prior to residents admission. 11/28/23 S230 DOW/Admin will also make sure pharmacy has medication in stock & resident has insurance, or privat funds to pay. 11/28/23	

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S 230	Continued From page 4 Record review of the residence's November 2023 Electronic Medication Administrator Record (EMAR) failed to revealed evidence the above-mentioned medication was administered to the resident from 11/21/2023 through 11/25/2023. Record review of a nursing progress notes dated 11/27/2023 states in part, "...sent out 911 secondary to seizure...[acute care hospital ICU, intensive care unit]...[his/her] seizure med [medication] did not transfer to MAR [Medication Administration Record]...the new Keppra was not on the MAR so [he/she] did not receive it for 5 days...[he/she] may have liver damage..." During a surveyor interview on 11/28/2023 at approximately 1:08 PM with the Director of Wellness, she acknowledged the resident moved into the residence with a physician's order for Keppra for seizures. Additionally, she acknowledged the resident did not receive this medication for 5 days resulting in a hospitalization secondary to seizure.	S 230	S230 In the event DOW is out sick DOW Asst. must ensure all new & existing residents have proper physician orders & medications in a timely manner. 11/29/23 S230 – E/O week management will conduct QA meeting on med issues, 12/6/23	
S 415	Residency Requirements 2.4.17.D Reporting Requirements 2.4.17 (D) Licensure Requirements D. Any employee of an assisted living residence who has reasonable cause to believe that a resident has been abused, exploited, neglected, or mistreated shall within twenty-four (24) hours of the receipt of said information, transfer such to the Director and to the Office of the Long- Term Care Ombudsman. Any person required to make a report pursuant to this section shall be deemed to have complied with these requirements if a report is made to a high managerial agent. Once	S 415	S415 Admin did report incident on 11/17/23 @ approx 4:34 pm, please see screen shot of email for proof. (Attached) Admin cc DOW on email as well. 11/17/23	

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S 415	Continued From page 5 notified, said agent shall be required to meet the above reporting requirements. The residence shall establish a written policy or procedure for reporting abused, exploited or neglected residents that complies with the provisions of this section. The report may be submitted by telephone but shall be followed up in writing. 1. Upon receipt of such information or allegation, the Director shall forthwith conduct such investigation as may be necessary and submit a report of findings of the investigation(s) to the Attorney General of the State of Rhode Island. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined the residence failed to ensure employees of an assisted living residence who have reasonable cause to believe that a resident has been abused, exploited, neglected, or mistreated shall within twenty-four (24) hours of the receipt of said information make a report to a high managerial agent and to the appropriate state agency for 2 of 3 sample residents reviewed, Resident ID #s 2 and 3. Findings are as follows: According to 2.4.17 (D) of The Rules and Regulations for Licensing Assisted Living which states in part, "...Any employee of an assisted living residence who has reasonable cause to believe that a resident has been abused, exploited, neglected, or mistreated, shall within twenty-four (24) hours of the receipt of said information, transfer such to the Director and to the Office of the Long-Term Care Ombudsman...1. Upon receipt of such	S 415		

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S 415	Continued From page 6 information or allegation, the Director shall forthwith conduct such investigation as may be necessary and submit a report of findings to the investigation(s) to the Attorney General of the State of Rhode Island..." Record review revealed an "Assisted Living Residence Required Incident Reporting" form sent to the Rhode Island Department of Health (RIDOH) on 11/20/2023 which states in part, "...Date of Incident: 11/16/2023 Time: 9:43 PM...At approximately 9:32 [female resident] went in [male resident] room and [female resident] was found with pants down..." 1. Record review revealed Resident ID #2 moved into the residence in September of 2022 with a diagnosis of dementia. Record review of a progress note dated 11/16/2023 revealed Resident ID #3 was found in Resident ID #2's room with his/her pants down. 2. Record review revealed Resident ID #3 moved into the residence in April of 2018 with a diagnosis of dementia. Record review failed to reveal evidence that the above incident was reported to the state agency within the required time frame. This alleged incident occured on 11/16/2023 and was not reported to the state agency until 11/20/2023. During a surveyor interview with the Director of Wellness on 11/28/2023 at approximately 1:10 PM, she acknowledged the above-mentioned incident happened on 11/16/2023. She could not provide evidence the incident was reported in the time frame, as required.	S 415		