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 04/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DARLINGTON MEMORY LANE	1091 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 A complaint investigation, ACTS reference numbers 103381 and 103137, was conducted at this residence on 04/16/2026 to determine compliance with state laws and regulations. A deficiency was identified.	S 003	Received MAY 05 2026 Facilities Regulation	
S 460	Residency Requirements 2.4.18.H Reporting Requirements 2.4.18 (H) Reporting Requirements H. The residence shall maintain evidence that all reportable incidents have been thoroughly investigated and that actions have been taken to prevent further incidents while the investigation is in progress. Appropriate corrective action shall be taken, as necessary. The results of said investigation shall be reported to the Department, within five (5) business days, on forms supplied by the Department. This Requirement is not met as evidenced by: Based on record review and staff interview, the residence failed to thoroughly investigate and take action to prevent further incidents of abuse, Staff A and Resident ID #1. Findings are as follows: The Rhode Island Department of Health received a reported incident alleging that on 4/9/2026, a resident reported to the Assistant Director of Wellness that his/her roommate, Resident ID #1, was forcefully grabbed by the arm by a staff member, Staff A, while s/he was walking in the hallway. The incident occurred in Building A of the residence. The report indicies visual bruising on	S 460	S460 Staff A was suspended 4/14/26 – 4-17-26 – Staff A is put on a Behavioral Contract. – staff A was re-educated on Abuse, Neglect, & mistreatment. (Course was taken) 5/8/26 (as) – Staff A was moved to another building	4/14/26 4/17/26 4/17/26 4/10/26

Facilities Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Melissa Seaford — TITLE: Executive Director — (X6) DATE: 5-5-26

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR91461	A. BUILDING: _____ B. WING _____	C 04/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DARLINGTON MEMORY LANE	1661 MINERAL SPRING AVENUE NORTH PROVIDENCE, RI 02904

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S 460	Continued From page 1 the residence's five day investigation report filed 4/14/2026. Record review of staff statements failed to reveal evidence that the allegation had not occured. Record review revealed on 4/9/2026 at approximately 5:30 PM, the Executive Director was made aware of the alleged allegation and made the decision to have the alleged perpetrator, Staff A, transferred to Building B of the residence to continue her job duties. Record review of Staff A's timecard revealed that she worked on the following dates: - 4/9/2026 - 4/10/2026 - 4/11/2026 - 4/13/2026 During a surveyor interview on 4/16/2026 at approximately 2:30 PM with the Executive Director, she acknowledged that she had Staff A work on the above-mentioned dates. Additionally, she failed to provide evidence that the investigation of the alleged abuse was thoroughly investigated with actions to prevent further incidents of abuse from reoccurring, as evidenced by having the alleged staff member on the work schedule while the investigation was ongoing.	S 460 S460 5/8/26	IF any abuse allegation would arise, ED will remove staff off the schedule immediately including all buildings. ED will have another CMT/CNA, or DOW if needed until investigation is complete. Management will monitor in our Q.A. meetings, quarterly.	4/16/26 7/15/26