PRINTED: 07/29/2025
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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 _____ | 07/23/2025 |

| 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 003 | Initial Comments<br><br>An unannounced biennial State Licensure survey and a complaint/incident investigation survey (PI.0311, 07/23/2025) were conducted at this residence. No deficiencies were identified relative to the State Licensure survey. | S 003 | Received<br>AUG 28 2025<br>Facilities Regulation | |
| S 075 | Licensure Requirements 2.4.5.A Safe Resident Handling<br><br>2.4.5 (A) Safe Resident Handling<br><br>A. Each licensed assisted living residence with an "Alzheimer ' s Dementia Special Care Unit or Program" license and/or offers to provide or provides coordination of hospice services for residents who are bed-bound or in need of assistance from more than one staff person for ambulation shall comply with the provisions of §§ 2.4.5(B) through (E) of this Part as a condition of licensure.<br><br>1. Notwithstanding the requirements of § 2.4.5(A) of this Part, assisted living residences licensed for an "Alzheimer ' s Dementia Special Care Unit or Program" prior to 1 June 2015 shall be in compliance with the requirements of §§ 2.4.5(B) through (E) of this Part not later than 1 July 2015.<br><br>2. A currently licensed assisted living residence who applies for a new level of licensure on or after 1 June 2015 will be required to meet the requirements of §§ 2.4.5(B) through (E) of this Part prior to a new license level being approved. | S 075 | S075 As of 5/1/25 E.D restarted Safe Resident Handling Meetings. Next meeting due 11/1/25 — Meeting will be done quarterly Every 90 days. 9/2/25 — E.D./DOW, Asst DOW will conduct Safe Resident Handing after our quarterly staff meetings. — Management will discuss in quarterly Q.A. Meetings. | 11/1/25 10/27/2025 10/15/25 |

Facilities Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Melissa Sanford — TITLE: Executive Dirctor — (X6) DATE: 8-27-2025

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| S 075 | Continued From page 1<br><br>This Requirement is not met as evidenced by:<br>Based on record review and staff interview, the residence with an "Alzheimer's Dementia Special Care Unit or Program" license failed to ensure there was a Safe Resident Handling program which complies with the provisions of §§ 2.4.5(B) through (E) as a condition of licensure.<br><br>Findings are as follows:<br><br>The residence failed to produce evidence there was an established Safe Resident Handling program which included the following components as referenced in the provisions of §§ 2.4.5(B) through (E):<br><br>- Maintain a safe resident handling committee, chaired by a professional nurse or other appropriate licensed health care professional with at least half of the members of the committee being hourly, non-managerial employees who provide direct resident care<br>- A written safe resident handling program, with input from the safe handling committee, to prevent musculoskeletal disorders among health care workers and injuries to residents.<br><br>As part of this program, each licensed assisted living shall:<br><br>1) Implement a safe resident handling policy for all shifts and units<br>2) Conduct a resident handling hazard assessment<br>3) Develop a process to identify the appropriate use of the safe resident handling policy based on the resident's physical and mental condition, the resident's choice, and the availability of lifting equipment or lift teams | S 075 | | |

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| S 075 | Continued From page 2<br>4) Designate and train a registered nurse or other appropriate licensed health care professional to serve as an expert resource, and train all direct care staff on safe resident handling policies, equipment, and devices before implementation, and at intervals not to exceed twelve (12) months, or as changes are made to the safe handling policies, equipment and/or devices being used<br>5) Conduct a performance evaluation of the safe resident handling policy at intervals not to exceed twelve (12) months, with the results of the evaluation reported to the safe resident handling committee or other appropriately designated committee<br><br>Record review of the Residence Safe Handling Committee program failed to reveal quarterly meetings from 8/16/2023 through 5/1/2025.<br><br>Further review of the program failed to reveal documentation of an annual performance evaluation for the years 2023 and 2024.<br><br>During a surveyor interview on 7/23/2025 at 11:15 AM with the Administrator, she acknowledged the program did not meet requirements. | S 075 | | |
| S 230 | Organization And Management 2.4.13.A Management Of Services<br><br>2.4.13 (A/B) Management of Services<br><br>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 | S 230 | | |

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| S 230 | Continued From page 3<br>services to all residents in accordance with the prevailing community standard of care.<br><br>This Requirement is not met as evidenced by:<br>Based on record review and staff interview, it has been determined the residence failed to provide care and services in accordance with the prevailing community standard of care relative to following physician's orders for the singular resident reviewed for self-administration, Resident ID #1.<br><br>Findings are as follows:<br><br>Mosby's 4th Edition, Fundamentals of Nursing, page 314 states, "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."<br><br>Record review revealed Resident ID #1 moved into the residence in August of 2024 with diagnoses including, but not limited to: dementia and Type 2 diabetes mellitus.<br><br>Record review of the resident's initial assessment, dated 8/29/2024, revealed the resident self-administers his/her insulin.<br><br>Record review of the resident's physician's orders failed to reveal an order to self-administer his/her insulin.<br><br>During a surveyor interview with the Director of Wellness on 7/23/2025 at approximately 10:30 AM, she was unable to provide evidence of a physician's order for the resident to self-administer his/her insulin. | S 230<br><br>S230<br><br>AD 9/2/25 | Dow (same day) received order from physician indicating resident is able to self Admit his insulin<br><br>- E.D will monitor all self admit residents to ensure they have active orders in their charts.<br><br>- Management will discuss in quarterly Q.A meetings. | 7/23/25<br><br>7/23/25<br><br>10/15/25 |

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| S 565 | Continued From page 4 | S 565 | | |
| S 565 | Residential Care Services 2.4.24.B.1 Medication Services<br><br>2.4.24 (B) (1) Administration of Medications<br><br>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.<br><br>a. The resident or guardian must provide written authorization for the residence to provide administration of medications.<br><br>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 to each physician, including limitations on service.<br><br>c. All medications must be checked against a physician's orders by a licensed nurse, or pharmacist.<br><br>d. The resident must be identified prior to administration of any medication.<br><br>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.<br><br>f. Injectable medications, including but not limited to insulin, which cannot be self-administered by the resident, must be | S 565 | | |

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| S 565 | Continued From page 5<br>administered by a licensed nurse.<br><br>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 & Other Such Instruments (Part 20-15-6 of this Title).<br><br>(1) The legal destruction of hypodermic needles, syringes or other such instruments is the responsibility of the last entitled or authorized possessor.<br><br>(AA) All personnel or residents legally authorized to use disposal syringes and needles, shall destroy them after one (1) use.<br><br>(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 placed directly into the collection containers.<br><br>(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.<br><br>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.<br><br>i. Any medication administered by the | S 565 | | |

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| S 565 | Continued From page 6<br>residence and refused by a resident shall be documented and reported, as appropriate.<br><br>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.<br><br>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.<br><br>l. All centrally stored medications shall be maintained in accordance with manufacturer's labeling and administered by authorized personnel.<br><br>This Requirement is not met as evidenced by:<br>Based on surveyor observation, record review, and staff interview, it has been determined that 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 three of three medication carts reviewed.<br><br>Findings are as follows:<br><br>1) During a surveyor observation of the medication cart on the first floor of building 1073, on 7/21/2025 at approximately 9:30 AM, in the presence of the Certified Medication Technician, Staff A, the following was revealed: | S 565 | S565 DOW removed all expired Meds and D/C all meds to no order.<br>DOW will contact VA quarterly while doing reviews to ensure PRN's are on the VA Pro File as well as ours. Will D/C any orders as needed, and order PRN's as needed.<br>Management will discuss in Quarterly QA. | 7/23/25<br>11/30/25<br>10-25-25 |

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| S 565 | Continued From page 5<br>administered by a licensed nurse.<br><br>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 & Other Such Instruments (Part 20-15-6 of this Title).<br><br>(1) The legal destruction of hypodermic needles, syringes or other such instruments is the responsibility of the last entitled or authorized possessor.<br><br>(AA) All personnel or residents legally authorized to use disposal syringes and needles, shall destroy them after one (1) use.<br><br>(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 placed directly into the collection containers.<br><br>(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.<br><br>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.<br><br>i. Any medication administered by the | S 565 | | |

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| S 565 | Continued From page 8<br>building, indicates the resident is prescribed the following medications:<br><br>-Benztropine 1 mg. Take 1 tablet by mouth every 1 hour as needed for extraoyramidial (affects involuntary movements, posture, and muscle tone, causing symptoms like tremors, and rigidity) symptoms.<br><br>-Calcium 500 mg. Chew 2 tablets 3 times a day as needed for indigestion.<br><br>-Diclofenac Sodium 1% gel. Apply 2 gm topically four times a day as needed for pain.<br><br>During a surveyor observation of the memory care cart on 7/22/2025 at 10:23 AM in the presence of CMT, Staff C, on 7/22/2025 at 10:23 AM building 1073 second floor, Resident ID #3's above medications were not available.<br><br>During a surveyor interview with Staff C during the observation, she could not provide evidence of the resident's above-mentioned medications being available. | S 565 | | |
| S 830 | Special Care License Requirements 2.5.2.J Specific Requirements<br><br>2.5.2 (J) Specific Requirements<br><br>J. Menus for the Alzheimer Dementia Special Care Unit/Program shall be developed under the direction of a nutritionist or registered dietician licensed by the Department.<br><br>This Requirement is not met as evidenced by: | S 830 | | |

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| S 830 | Continued From page 9<br>Based on record review and staff interview, it has been determined the residence failed to have menus for the Alzheimer Dementia Special Care Unit/Program developed under the direction of a nutritionist or registered dietitian licensed by the Department.<br><br>Findings are as follows:<br><br>Record review of the residence's menus failed to reveal evidence that a registered dietitian developed and reviewed the menu, as required.<br><br>During a surveyor interview with the Administrator on 7/23/3035 at approximately 1:15 PM, she acknowledged that it's been a few years since the residence's menus were developed or reviewed by a registered dietitian. | S 830<br>S 830<br>9/2/25 | E.D trying to find a dietitian, waiting on a few call backs.<br><br>E.D will ensure Darlington has a part-time Dietitian | 10/28/25<br><br>10/28/25 |