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 08/09/2024

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 on 8/9/2024. A deficiency was identified related to this complaint survey.	S 003	RECEIVED AUG 23 2024 FACILITIES REGULATION	
S 375	Residency Requirements 2.4.16.F Resident Assessment/Service Plans 2.4.16 (F) Nurse Review 1. Nurse review is necessary for all levels of licensure. a. A registered nurse shall visit the residence at least once every thirty (30) days except as provided in § 2.4.16(F)(1)(b) of this Part and shall complete a review to include the following: (1) Monitor the medication regimen for all residents; (2) Review any new physician orders and evaluate the health status of all residents by identifying symptoms of illness and/or changes in mental/physical health status; (3) Evaluate the appropriateness of placement for each resident; (4) Make any necessary recommendations to the administrator; (5) Follow up on previous recommendations; (6) Provide a signed, written report in the residence documenting: (AA) Date and time of assessment;	S 375	S375 Asst. DoW updated Resident ID #2 nurse Review S375 DoW & Asst. DoW will have to send E.D. Quarterly spread sheet ensuring nurse reviews being done. S375 E.D. & Administrator will monitor to spreadsheet to ensure reviews are completed	8/13/24 9/2/24 9/2/24

Facilities Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Melissa Sanford, E.D. | TITLE: Director | (X6) DATE: 8/20/2024

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S 375	Continued From page 1 (BB) Recommendations for follow-up; (CC) Progress on previous recommendations; (DD) Verification that the medication listed by the pharmacist on the mediset, blister pack or medication container is current with physician orders (M-1 level only); (EE) Physical assessment identifying symptoms of illness and/or changes in mental or physical health status and appropriateness of placement; (FF) Such reports shall be on file at the residence. (7) Complete the quarterly evaluation of the residence's registered medication aide(s) administration of medication. (Approved Department form is available for downloading online). b. In those residences that have one or more licensed registered nurses (i.e., at least one full-time equivalent equal to thirty-five (35) hours) on- site, the nurse review shall be completed at least once every ninety (90) days. This Requirement is not met as evidenced by: Based on record review and staff interview it has been determined the residence failed to ensure nurse reviews were completed at least once every ninety (90) days for one of three sample residents reviewed, Resident ID #2.	S 375	S375 Management will discuss in Q.A. meetings. QP 9/13/24	

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S 375	Continued From page 2 Findings are as follows: Record review revealed the resident was admitted to the residence in February of 2015 with a diagnosis including, but not limited to, dementia. Record review failed to reveal evidence of a nurse review completed every ninety days before or after the comprehensive assessment dated 10/6/2023. During a surveyor interview on 8/9/2024 at approximately 11:15 AM with the Executive Director, she was unable to provide evidence that Resident ID #2's nurse reviews were completed at least once every ninety days, as required.	S 375		