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 10/01/2025

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, ACTS reference numbers 102160, 102079, and 101798, was conducted at this residence on 10/1/2025 to determine compliance with state regulations. A deficiency was identified as a result of this survey.	S 003	Received OCT 2 [illegible] Facilities R[illegible]	
S 415 SS=D	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 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:	S 415 D131	S415 Resident was treated for a [redacted] infection, which was resolved. Resident still takes daily creme. S415 DOW will report any alledged allegations of abuse, neglect, exploited, or mistreated upon receiving COC from hospital or any verbal accusations in 24 HRS to DOH	9/20/25 10-1-25

Facilities Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Melissa Sanford TITLE: Executive Director (X6) DATE: 10-23-2025

Received
OCT 24 2025
Facilities Regulation

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S 415	Continued From page 1 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 1 of 3 sample residents reviewed, Resident ID #1. Findings are as follows: Record review revealed a community reported allegation submitted to the Rhode Island Department of Health on 9/22/2025 which states in part, "...Has [genital] rash in [hospital] ER [emergency room]..." This form revealed that the resident reported being inappropriately touched. Record review revealed ID #1 moved into the residence in March of 2024 with a diagnosis of dementia. Record review of a progress note dated 9/20/2025 states in part, "...resident sent out due to question of a genital infection, staff reports area red and painful with swelling..." Additional, record review of the progress notes dated 9/23/2025 states in part, "...noted on hospital documentation resident reports being touched..." Record review failed to reveal evidence that the above incident was reported to the state agency within the required time frame by the residence. During a surveyor interview with the Director of Wellness on 10/1/2025 at approximately 11:40	S 415 545 10/31/25	E.D will continue to educate all staff Weekly & quarterly.	11-14-25

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S 415	Continued From page 2 AM, she acknowledged that the above-mentioned incident was not reported to the state agency, as required.	S 415		