PRINTED: 03/07/2023
FORM APPROVED

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 03/02/2023

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		
S 365	Residency Requirements 2.4.16(D) Resident Assessment/Service Plans 2.4.16 (d) Resident Assessments and Service Plans D. The assessment shall be reviewed and at intervals not to exceed twelve (12) months and each time a resident's condition changes significantly. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined that the residence failed to ensure that the assessment was reviewed annually, or each time a resident's condition changes significantly for 1 of 2 sample residents reviewed, ID #1. Findings are as follows: According to the Rules and Regulations for Licensing Assisted Living Residence, which states in part, "...Significant change means an improvement or decline in the resident's health status, behavior, or cognitive and/or functional abilities that results in a change in the resident's independence or quality of life, including but not limited to: a. Resident's ability to perform activities of daily living. b. A change in the resident's behavior or mood resulting in behavioral symptoms that present a threat to the resident's self or others. c. The elimination of problematic behaviors on a	S 365 S 365 S 365 S 365	S365 – Resident charts will be in compliance by Dept. of Health Standards by May 15th Resident Chart Audit performed – 3/4-3/6 creating a line list with DOA – and due dates for Annuals + Quarterlies on Cloud for Random monitoring by ED 3/16 NON-Compliance Resulting in written warning of DOL LPN-Trained to audit Resident files 2/day 3/13/23 one each building — ED to do second audit on each	

Facilities Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Margaret Rubis TITLE: Administrator (X6) DATE: 04/14/2023

STATE FORM 8809 YGNN11 If continuation sheet 1 of 5

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S 365	Continued From page 1 sustained basis. d. Requirements for resident's level of service..." Record review revealed the resident moved into the residence in March of 2021. S/he has diagnoses including dementia and adult failure to thrive. Record review revealed the resident was admitted to hospice service on November 22, 2022. Record review of the resident's latest comprehensive assessment dated 7/11/2022 failed to reveal evidence that the assessment was updated to reflect the resident's significant change and hospice admission. During a surveyor interview on 3/2/2023 at approximately 10:13 AM with the Director of Wellness, in the presence of the Assistant Director of Wellness, she acknowledged the resident's assessment was not updated to reflect the significant change in the resident's condition.	S 365	4/1/23 an S 375 Audited Resident charts Quarterlies - to be signed by Ed S375 Physician orders to be signed by PCP Quarterly Complete 4/1/23	
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	S 375		

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S 375	Continued From page 2 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; (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 complete	S 375	S375- ADON/ADW - will continue to compare MAR-to-Medications to Signed physician orders — on going S375- Annuals and Quarterlies will be signed by the ED. S375- Charts (Resident) will be audited 2/day by ADON/ED	

Facilities Regulation
STATE FORM 6899 YGNN11 If continuation sheet 3 of 5

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S 375	Continued From page 3 nurse reviews every 90 days as required for 1 of 2 sample residents reviewed, ID #1. Findings are as follows: Record review revealed the resident moved into the residence in March of 2021. S/he has diagnoses including dementia and adult failure to thrive. Record review revealed the resident's last ninety-day nurse review was completed on 3/16/2022. Further record review failed to reveal evidence that a nurse review was completed every 90 days as required since 3/16/2022. During a surveyor interview on 3/2/2023 at approximately 10:13 AM with the Director of Wellness, in the presence of the Assistant Director of Wellness, she was unable to provide evidence that the nurse review was completed every 90 days as required.	S 375		
S 390	Residency Requirements 2.4.16(G)(3) Resident Assessment/Service Plan 2.4.16 (G)(3) Service Plans 3. The service plan shall be reviewed by both parties at intervals not to exceed twelve (12) months and each time a resident's condition changes significantly and all changes shall be acknowledged in writing by both parties. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined the residence failed to review the service plan each time a resident's condition changes significantly, and the plan failed to	S 390	S390 * Ensure proper documentation in Resident files for outside services. Ed - educated Dons/ADOW to timely doc. of outside services	

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S 390	Continued From page 4 accurately reflect the resident is receiving outside service for 1 of 2 sample residents reviewed, ID #1. Findings are as follows: Record review revealed the resident moved into the residence in March of 2021. S/he has diagnoses including dementia and adult failure to thrive. Record review revealed the resident is receiving outside service for hospice care with an admission date of November 22, 2022, to present. Record review of the resident's service plan dated 6/3/2022 failed to reveal evidence that the resident is receiving the above-mentioned outside service. During a surveyor interview on 3/2/2023 at 10:13 AM with the Director of Wellness, in the presence of the Assistant Director of Wellness, [redacted] acknowledged the resident is receiving hospice care from an outside agency. Additionally, [redacted] acknowledged the resident's service plan did not reflect the outside service.	S 390	S390 – Line list to be posted in Nurse office - on going S390 LPN – to keep updated line list and ensure proper documentation in resident files. S390 DOW – to audit linky for accuracy. S390. DOW to update residents on service to ED upon admission. S390 ED – to perform random audits	4/18/23