| AND PLAN OF CORRECTION | IDENTIFICATION NUMBER: | A. BUILDING: _____ | COMPLETED |
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| | ALR01461 | B. WING _____ | 09/06/2023 |

| 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 |
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| S 003 | Initial Comments<br><br>An unannounced biennial State Licensure survey and a complaint/incident investigation survey (49K211, 09/06/2023) were conducted at this residence. Deficiencies were identified relative to the State Licensure survey. | S 003 | | |
| S 285 | Residency Requirements 2.4.14.A Residency Requirements<br><br>2.4.14 (A) Residency Requirements<br><br>A. Each licensee, or his/her designee, through the assessment and evaluation procedures delineated in these regulations (see § 2.4.16(C) of this Part) shall be responsible to ensure that admission to and residency in an assisted living residence be limited to those individuals who meet the definition of "resident" in accordance with § 2.3(A)(32) of this Part.<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 admit a resident that meets the definition of a "resident" for one of six sample residents reviewed, ID #1.<br><br>Findings are as follows:<br><br>Per the Rules and Regulations for Licensing Assisted Living Residences the definition of a resident states in part "...persons who are bedbound or in need of the assistance of more than one (1) person for ambulation are not appropriate to reside in assisted living residence. However, an established resident may receive daily skilled nursing care or therapy from a licensed health care provider for a condition that results from a temporary illness or injury for up to forty-five (45) days subject to an extension of | S 285<br>S285<br><br>S285<br><br>S285<br><br>S285 | Admin/DOW upon admission will ensure resident is not on Hospice services<br><br>Admin will review referal thoroughly to make sure not receiving Hospice Services<br><br>DOW/Admin will discuss in QA. quarterly meetings.<br><br>management will discuss in Weekly Management meetings. | 9/7/23<br><br>9/9/23<br><br>9/13/23 |

Facilities Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Melissa Sanford, E.D. | Executive Director | 10-16-2023

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| S 285 | Continued From page 1<br>additional days as approved by the Department, or if the resident is under the care of a Rhode Island licensed hospice agency provided the assisted living residence assumes responsibility for ensuring that the required care is received..."<br><br>Record review revealed the resident moved into the residence while receiving hospice care in July of 2022 with a diagnosis of cancer.<br><br>Record review of an initial comprehensive assessment dated 7/12/2022 states in part, "Date hospice service began: 7/12/2022"<br><br>Further record review of a nursing progress note dated 7/12/2022 revealed the resident was receiving hospice care at home prior to admission.<br><br>Record review failed to reveal evidence that the resident was an established resident prior to being admitted to hospice care, as required, per the regulations.<br><br>During a surveyor interview on 9/7/2023 at approximately 8:45 AM with the Director of Wellness, she acknowledged the resident moved into the residence while receiving hospice services. Additionally, she indicated the resident was not an established resident when hospice services commenced, as required. | S 285 | | |
| S 450 | Licensure Requirements 2.4.18 Rights of Residents<br><br>2.4.18 Rights of Residents<br><br>A. Every assisted living residence for adults licensed pursuant to these regulations shall | S 450 | | |

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| S 285 | Continued From page 1<br>additional days as approved by the Department, or if the resident is under the care of a Rhode Island licensed hospice agency provided the assisted living residence assumes responsibility for ensuring that the required care is received..."<br><br>Record review revealed the resident moved into the residence while receiving hospice care in July of 2022 with a diagnosis of cancer.<br><br>Record review of an initial comprehensive assessment dated 7/12/2022 states in part, "Date hospice service began: 7/12/2022"<br><br>Further record review of a nursing progress note dated 7/12/2022 revealed the resident was receiving hospice care at home prior to admission.<br><br>Record review failed to reveal evidence that the resident was an established resident prior to being admitted to hospice care, as required, per the regulations.<br><br>During a surveyor interview on 9/7/2023 at approximately 8:45 AM with the Director of Wellness, she acknowledged the resident moved into the residence while receiving hospice services. Additionally, she indicated the resident was not an established resident when hospice services commenced, as required. | S 285 | | |
| S 450 | Licensure Requirements 2.4.18 Rights of Residents<br><br>2.4.18 Rights of Residents<br><br>A. Every assisted living residence for adults licensed pursuant to these regulations shall | S 450 | | |

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| S 450 | Continued From page 2<br>observe the standards stated in R.I. Gen. Laws § 23-17.4-16, "Rights of Residents" and such other appropriate standards as may be prescribed in rules and regulations promulgated by the Department with respect to each resident of the residence.<br><br>B. For purposes of the following standards stated in §§ 2.4.18(B)(1) through (7) of this Part the term "resident" shall also mean the resident's agent as designated in writing or legal guardian.<br><br>1. Upon request have access to all records pertaining to the resident, including clinical records, within the next business day or immediately in emergency situations;<br><br>2. Upon admission and during the resident's stay be fully informed in a language the resident understands, of all resident rights and rules governing resident conduct and responsibilities;<br><br>a. Each resident shall receive a copy of their rights.<br><br>b. Each resident shall acknowledge receipt in writing; and<br><br>c. Each resident shall be informed promptly of any changes.<br><br>3. Be informed in writing, prior to, or at the time of admission or at the signing of a residential contract or agreement of:<br><br>a. The scope of the services available through the residence's service program, including health services, and of all related fees and charges, including charges not covered either under | S 450 | S450-Administrator posted survey results at entrance/Lobby of facility.<br><br>S450-Admin/DOW will ensure results are always the wall in lobby, upon daily walk-throughs<br><br>12/1/23<br><br>S450-Management will be aware & enforce survey results in proper location — lobby. | 10/13/23<br><br>10/13/23<br><br>10/13/23 |

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| S 450 | Continued From page 3<br>federal and/or state programs by other third party payers or by the residence's basic rate;<br><br>b. The residence's policies regarding overdue payment including notice provisions and a schedule for late fee charges;<br><br>c. The residence's policy regarding acceptance of state and federal government reimbursement for care in the residence both at time of admission and during the course of residency if the resident depletes his or her own private resources;<br><br>d. The residence's criteria for occupancy and termination of residency agreements;<br><br>e. The residence's capacity to serve residents with physical and cognitive impairments;<br><br>f. Support any health services that the residence includes in its service package or will make appropriate arrangements to provide these services;<br><br>4. Upon provision of at least thirty (30) days notice, if a resident chooses to leave a residence, the resident shall be refunded any advanced payment made provided that the resident is current in all payments;<br><br>5. The residence can discharge a resident only for the following reasons and within the following guidelines:<br><br>a. Except in life-threatening emergencies and for nonpayment of fees and costs, the residence gives thirty (30) days' advance written notice of termination of residency agreement with a | S 450 | | |

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| S 450 | Continued From page 4<br>statement containing the reason, the effective date of termination, the resident's right to an appeal under state law, and the name/address of the State Ombudsperson's office;<br><br>b. If resident does not meet the requirements for residency criteria stated in the residency agreement or requirements of state or local laws or regulations;<br><br>c. If resident is a danger to self or the welfare of others; and the residence has attempted to make a reasonable accommodation without success to address resident behavior in ways that would make termination of residency agreement or change unnecessary; which would be documented in the resident's records;<br><br>d. For failure to pay all fees and costs stated in the contract, resulting in bills more than thirty (30) days outstanding. A resident who has been given notice to vacate for nonpayment of rent has the right to retain possession of the premises, up to any time prior to eviction from the premises, by tendering to the provider the entire amount of fees for services, rent, interest, and costs then due. The provider may impose reasonable late fees for overdue payment; provided that the resident has received due notice of such charges in accordance with the residence's policies. Chronic and repeated failure to pay rent is a violation of the lease covenant. However the residence must make reasonable efforts to accommodate temporary financial hardship and provide information on government or private subsidies available that may be available to help with costs; and<br><br>e. The residence makes a good faith effort to | S 450 | | |

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| S 450 | Continued From page 5<br>counsel the resident if the resident shows indications of no longer meeting residence criteria or if service with a termination notice is anticipated;<br><br>6. To be able to share a room or unit with a spouse or other consenting resident of the residence in accordance with terms of the resident contract;<br><br>7. To live in a safe and clean environment.<br><br>C. In addition to the standards stated in R.I. Gen. Laws § 23-17.4-16, residents are entitled to the following:<br><br>1. Receive dental services from a dentist of his/her choice;<br><br>2. Each resident shall be given, in writing, the names, addresses, and telephone numbers of: the Department; the Medicaid Fraud and Patient Abuse Unit of the Department of Attorney General; the State Ombudsperson; and local police offices.<br><br>D. The residence must:<br><br>1. Implement written policies and procedures to ensure that all residence employees are aware of and protect the resident's rights contained in these regulations;<br><br>2. Have prominently displayed a posting of the most recent state licensing survey of the assisted living residence; and<br><br>3. Provide each resident or his or her representative upon admission, a copy of the | S 450 | | |

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| S 450 | Continued From page 6<br>provisions of § 2.4.18 of this Part and shall display in a conspicuous place on the premises a copy of the "Rights of Residents." | S 450 | | |
| | This Requirement is not met as evidenced by:<br>Based on surveyor observation and staff interview, it has been determined the residence failed to prominently display a posting of the most recent state licensing survey of the assisted living residence as required. | S490 | Hood in Kitchen was cleaned on 9/8/2023, and will be cleaned quarterly or if dirty. 12/14/23 CM | 9/8/23 |
| | Findings are as follows:<br>During surveyor observations on 9/6/2023 at 8:20 AM and on 9/7/2023 at 11:40 AM of the residence's lobby area and other prominent areas, failed to reveal posting of the most recent state licensing survey results. | S490 | Food expired in fridge was thrown out. | |
| | During a surveyor interview on 9/7/2023 at approximately 11:48 AM with the Administrator, she could not provide evidence the most recent survey results were posted, as required. | S490 | All kitchen personell wears hair net or hat. | 9/7/23 |
| S 490 | Residential Care Services 2.4.21.C Dietetic Services<br>2.4.21 (C) Dietetic Services<br>C. The food service in each residence shall comply with the appropriate requirements of R.I. Gen. Laws Chapters 21-27 and 21-31, Rhode Island Food Code (Part 50-10-1 of this Title), and such other applicable statutory or regulatory provisions. | S 490 | Upon hire H.R. will educate kitchen staff on importance of headwear. | |
| | | S490 | Chef will enforce his staff has headwear, including himself. | 9/7/23 |
| | | S490 | Management will discuss in quarterly Q.A. meetings. | 9/7/23 |

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| S 490 | Continued From page 7<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 comply with the appropriate requirements of the Rhode Island Food Code.<br><br>Findings are as follows:<br><br>1. According to section 4-601.11 of the Rhode Island Food Code requires that "... (C) Non-FOOD-CONTACT SURFACES of EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other debris."<br><br>During surveyor observations of the main kitchen on 9/6/2023 at approximately 8:55 AM and 9/7/2023 at approximately 10:25 AM, the hood compartments above the stove were observed with an accumulation of a black substance.<br><br>2. According to Section 3-501.17 of Rhode Island Food Code states in part" (A) Except when PACKAGING FOOD using a REDUCED OXYGEN PACKAGING method as specified under § 3-502.12, and except as specified in (E) and (F) of this section, refrigerated, READY-TO-EAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and held in a FOOD ESTABLISHMENT for more than 24 hours shall be clearly marked to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded when held at a temperature of 5°C (41°F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1."<br><br>During a surveyor observation of the refrigerator | S 490 | | |

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| S 565 | Continued From page 9<br>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 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 | S 565 | S565 DOW removed all expired or not properly labeled meds, and disposed. 9/7/23<br><br>DM 12/11/23<br><br>S565 Supervisior conducts weekly med cart audits on both floors of Facility. Supervisior will ensure no meds expired, and all properly labeled. DOW will oversee 9/14/23<br><br>S565 Management will discuss in Q.I.A. any issues or concern on med cart audits. 9/7/23 | |

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| S 565 | Continued From page 10<br>(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 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 | S 565 | | |

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| S 565 | Continued From page 11<br>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, or inappropriate access for 2 of 3 medication carts observed.<br><br>Findings are as follows:<br><br>1. During a surveyor observation of the second-floor medication cart on 9/6/2023 at approximately 9:45 AM in the presence of a Certified Medication Technician (CMT), Staff B, the following was revealed:<br><br>- Trelegy Ellipta 100/62.5 mcg (microgram) inhaler, opened and not dated. Manufacturer instructions indicate to discard inhaler 6 weeks after opening.<br><br>- Aspirin 325 mg (milligram) with an expiration date of 8/23 and without a resident identifier and directions for use. | S 565 | | |

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| S 565 | Continued From page 12<br><br>- Vitamin B-complex, Rhopressa 0.02% eye drop, Vitamin D3 1000 IU (international unit), and Aleve 220 mg, without a resident identifier and directions for use<br><br>- Miralax 3350 mg with an expiration date of 4/8/2023<br><br>- Miralax 3350 mg with an expiration date of 5/31/2023<br><br>During a surveyor interview immediately follow this observation with Staff B, she acknowledged the above observations.<br><br>2. During a surveyor observation of the first-floor medication cart on 9/6/2023 at approximately 10:00 AM in the presence of CMT, Staff B, the following was revealed :<br><br>- Incruse Ellipta 62.5 mg inhaler, opened and not dated. Manufacturer instructions indicate to discard inhaler 6 weeks after opening.<br><br>- Wixela inhaler, opened and not dated. Manufacturer instructions indicated to discard one month after opening.<br><br>- Nystatin topical powder without a resident identifier and directions for use<br><br>- Dietary supplement with an expiration date of 7/9/2023 and without a resident identifier and directions for use<br><br>- Melatonin 10 mg without a resident identifier and directions for use<br><br>During a surveyor interview immediately follow | S 565 | | |

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| S 565 | Continued From page 13<br>this observation with Staff B, she acknowledged the above observations.<br><br>During a surveyor interview on 9/7/2023 at approximately 11:50 AM with the Director of Wellness, she indicated that expired medications should have been discarded. Additionally, she could not provide evidence the above medications had a resident identifier, directions for use, and the inhalers were dated when opened. | S 565 | | |
| S 700 | Physical Plant 2.4.30.H Safety Requirements<br><br>2.4.30 (H) Safety Requirements<br><br>H. A telephone shall be easily accessible to residents in the event of emergencies. (Pay phones shall not be acceptable substitutes). The telephone number of the local fire department and law enforcement agencies serving the residence shall be posted by each telephone.<br><br>This Requirement is not met as evidenced by:<br>Based on surveyor observation and staff interview, it has been determined the residence failed to display a posting of the local fire department and law enforcement agencies' telephone numbers by each telephone as required.<br><br>Findings are as follows:<br><br>During surveyor observations of the first and second floors telephones on 9/6/2023 at approximately 8:25 AM and 9/7/2023 at 11:40 AM, failed to reveal evidence of the local fire department and law enforcement telephone | S 700<br><br>S700<br><br>12/11/23<br><br>S700 | Admin immediately revised/updated fire, and law enforcement agencies<br><br>Admin posted fire and law enforcement agencies numbers at every telephone in facility. | 9/7/23<br><br>9/7/23 |

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| S 700 | Continued From page 14<br>numbers.<br><br>During a surveyor interview on 9/7/2023 at approximately 11:45 AM with the Administrator, she could not provide evidence the telephone numbers of the local fire department and law enforcement agencies' were posted by each telephone. | S 700 | S700 Asst. DOW conducts daily walk-throughs to ensure fire and law enforcement agency numbers posted.<br><br>S700 Weekly, or bi-weekly Management meetings will discuss importance of having fire and law enforcement agencies telephone numbers. | 9/9/23<br><br>9/13/23 |

| AND PLAN OF CORRECTION | IDENTIFICATION NUMBER: | A. BUILDING: _____ | COMPLETED |
|---|---|---|---|
| | ALR01461 | B. WING _____ | C 09/06/2023 |

| 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 complaint/incident investigation survey and a biennial State licensure survey (YO9011, 09/06/2023) were conducted at this residence. | S 003 | | |

Facilities Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Melissa Sanford TITLE: Executive Director (X6) DATE: 10/16/2023

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| S 490 | Continued From page 8<br>in the main kitchen in the presence of the Food Service Director (FSD), on 9/6/2023 at approximately 9:05 AM the following food items were revealed as having passed the discard date:<br><br>- A container of sliced apple dated 8/23<br>- A container of sweet and sour sauce dated 8/10<br>- A container of tartar sauce with a used by date of 8/4<br><br>3. According to the Rhode Island Food Code 2018 Edition 2-402.11 Hair Restraints states in part, "...Food Employees shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed Food; clean EQUIPMENT, UTENSILS, and LINENS; and unwrapped SINGLE-SERVICE and SINGLE-USE ARTICLES..."<br><br>During a surveyor observation of the main kitchen on 9/6/2023 at approximately 11:20 AM a dietary aide, Staff A, was observed pouring salad dressing into containers without wearing a hair restraint.<br><br>During a surveyor interview on 9/6/2023 at approximately 9:40 AM and on 9/7/2023 at approximately 11:25 AM with the FSD, he acknowledged the above observations. | S 490 | | |
| 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 | S 565 | | |