

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR01324	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/20/2023
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DARLINGTON ASSISTED LIVING CENTER NO	123 ARMISTICE BOULEVARD PAWTUCKET, RI 02860

(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. A deficiency was identified.	S 003		
S 155	Organization And Management 2.4.12.C(1-3) Administrative Management 2.4.12 Administrative Management (C)(1-3) C. Pursuant to R.I. Gen. Laws § 23-17.4-15.1.1, each assisted living residence shall have an administrator who is certified by the Department in accordance with regulations established pursuant to R.I. Gen. Laws § 23-17.4-21.1, in charge of the maintenance and operation of the residence and the services to the residents. The name and contact information for the current administrator shall be displayed in a conspicuous public area of the residence. The administrator is responsible for the safe and proper operation of the residence at all times by competent and appropriate employee(s) and shall be responsible for no less than the following: 1. The management and operation of the residence and services to the residents; 2. Compliance with federal, state, and local laws and rules and regulations pertaining to, but not limited to: the management and operation of assisted living residences, fire, safety, zoning, building codes, sanitation, food service, communicable and reportable diseases, Americans with Disabilities Act, employee health and safety, other relevant health and safety requirements, and these regulations. 3. Staffing the residence with adequate and	S 155	RECEIVED JAN 05 2024 FACILITIES REGULATION S155 P.C.A's will <u>not</u> give direct care or take vitals, our CNA's, DOW, or supervisor will only be allowed. S155 There will always be a CNA on all shifts to perform direct care, including vitals, showering, & incontinent care	1/22/24

Facilities Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

639

CY0911

If continuation sheet 1 of 4

If continuation sheet 2 of 4

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S 155	Continued From page 2 CMTs/CNAs and 1 PCA for each shift. Review of the Rhode Island Department of Health license verification site revealed all 11 direct care employees with licenses retain active licenses and there is no evidence of any person working with an expired license, as was reported. During surveyor observations on 12/20/2023 between 11 AM- 2 PM, of resident care areas revealed there were no concerns identified related to housekeeping staff. Housekeeping staff were observed cleaning and not performing care to the residents. During a surveyor interview with several of the residents they denied having concerns related to housekeeping staff providing care to the residents. Review of the schedule dated 12/20/2023, revealed 1 CMT/CNA and 1 PCA are scheduled for the 7-3 shift. During a surveyor interview on 12/20/2023 at 11:46 AM, with PCA, Staff A while in the presence of CMT/CNA, Staff B, she revealed that she has worked at the residence for almost 1 year. When asked about her care tasks and what care she provides to the residents, she revealed that she gives resident showers, toilets them, changes briefs/pull ups, and takes vital signs. During a surveyor interview on 12/20/2023 at approximately 11:58 AM with CMT/CNA, Staff B, she revealed that she has been employed at the residence for almost 4 years. She acknowledged that the PCAs take vital signs, provide showers and toilet residents.	S 155 S 155 4/10/24	Admin will send PCAs to school for C.N.A license IF PCAs are willing. Staff have been c Admin for many years so positive feedback so far. Management will discuss in weekly meetings & quarterly	2/28/ 12/26/	

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S 155	Continued From page 3 During a surveyor interview on 12/20/2023 at 12:51 PM, with the Director of Wellness, she revealed that she has been employed at the residence for 2 years. She acknowledged that PCAs are providing personal, direct care to the residents and revealed that her expectations are for the PCAs to provide residents with direct care, including personal care specifically giving showers, taking vital signs, and assist residents with toileting needs including changing briefs. Review of the nursing professional standards of practice, regulations, and licensure requirements revealed you must obtain this license to be qualified to take vital signs, provide residents with showers, or change briefs. During a surveyor interview on 12/20/2023 at approximately 2:00 PM with the Director of Wellness and the Administrator they were unable to provide evidence the PCAs providing personal care were licensed to do so.	S 155		