STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01388	A. BUILDING: _____ B. WING _____	06/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DARLINGTON ASSISTED LIVING CENTER NO :	56 MAYNARD STREET 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 biennial State licensure survey was conducted at this residence on 6/16/2025. Deficiencies were identified relative to the State licensure survey.	S 003	Received JUL 09 2025 Facilities Regulation	
S 230	Organization And Management 2.4.13.A Management Of Services 2.4.13 (A/B) Management of Services A. Each residence shall provide services with adequate professional and ancillary employees and in accordance with applicable state law. Further, the residence shall assure that all services are rendered in a safe and effective manner and consistent with the requirements herein. The residence shall provide all care and services to all residents in accordance with the prevailing community standard of care. This Requirement is not met as evidenced by: Based on surveyor observation, record review, and staff interview, it has been determined that the residence failed to provide care and services in accordance with prevailing community standards of care relative to following physician's orders for 4 of 5 sample residents, Resident ID #s 1, 2, 3, and 4. Findings are as follows: Mosby's 4th Edition, Fundamentals of Nursing, page 314 states, "The physician is responsible for directing medical treatment. Nurses are obligated to follow physician's orders unless they believe the orders are in error or would harm the clients." 1. Record review revealed Resident ID #1 moved into the residence in October of 2020 with a	S 230	S230 Any Resident who has an order we Now have the medication in facility, or D/C by M.D. DOW implemented a pharmacy Log book to ensure management is aware when there is a med/pharmacy issue. Re-educated all staff Will monitor in Quarterly QA meetings	7/14/25 7/8/25 6/20/25 9-10-65

Facilities Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Melissa Sanford — TITLE: Administrator — (X6) DATE: 6-26-25

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S 230	Continued From page 1 diagnosis of chronic obstructive pulmonary disease. Record review revealed the following physician's orders: - Nicotine 14 mg (milligrams)/24-hour patch, apply 1 patch transdermally daily as needed for nicotine cravings. - Nicotine 2 mg lozenge, take 1 lozenge every 2 hours as needed for smoking cravings. - Xylimelt, as directed for dry mouth. Surveyor observation of the medication cart, in the presence of Certified Medication Technician (CMT), Staff A, on 6/16/2025 at approximately 12:00 PM, failed to reveal the above medications were available for the resident, as required. 2. Record review revealed Resident ID #2 moved into the residence in November of 2022 with a diagnosis including, but not limited to, seizure disorder. Record review revealed the following physician's orders: - Vitamin B6 100 mg tablet, take one tablet by mouth daily. - Acetaminophen 325 mg tablet, take 2 tablets by mouth every six hours as needed for pain/temperature. Record review of the medication administration record (MAR) for Resident ID #2 revealed the Vitamin B6 was not administered due to being unavailable on the following dates: 6/11/2025,	S 230		

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S 230	Continued From page 2 6/12/2025, 6/13/2025, 6/14/2025, 6/15/2025, and 6/16/2025. Immediately following the observation of the resident's medications, Staff A could not provide evidence the resident's Acetaminophen was available to be dispensed when needed, as required. Additionally, she could not produce evidence that the physician was made aware that the resident missed 6 doses of his/her Vitamin B6 on the above-mentioned dates. 3. Record review revealed Resident ID #3 moved into the residence in April of 2015 with a diagnosis including, but not limited to, epilepsy (seizures). Record review revealed the following physician's order: - Acetaminophen 325 mg tablet. Take 2 tablets by mouth every 6 hours as needed for pain. Immediately following the observation of the resident's medications, Staff A, she could not provide evidence the resident's Acetaminophen was available to be dispensed when needed, as required. 4. Record review revealed Resident ID #4 moved into the residence in May of 2024 with diagnoses including, but not limited to, depression and anxiety. Record review revealed the following physician's order: - Paroxetine 40 mg tablet. Take 1 tablet by mouth once a day.	S 230		

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S 230	Continued From page 3 Surveyor observation of the medication cart revealed a blister pack of Paroxetine 40 mg tablets for Resident ID #4. Additionally, there was a blister pack of Paroxetine 10 mg tablets; the Paroxetine 10 mg was discontinued on 7/24/2024. During a surveyor interview with Staff A, immediately following the observation, she could not provide evidence only currently prescribed medications were available in the cart to be dispensed. During a surveyor interview with the Director of Wellness on 6/16/2025 at approximately 2:00 PM, she could not produce evidence that the residence had the above-mentioned actively ordered medications for Resident #s 1, 2, and 3, and could not provide evidence that only actively prescribed medications were available to be dispensed to Resident ID #4. Additionally, she acknowledged Resident ID #2's physician was not made aware that his/her medication doses of Vitamin B6 had been missed.	S 230		
S 380	Residency Requirements 2.4.16.G.1 Resident Assessment/Service Plan 2.4.16 (G) (1) Service Plans 1. Within a reasonable time after move-in, not to exceed seven (7) days, the Administrator shall be responsible for the development of a written service plan based on the initial assessment. The service plan shall include at least: a. The services and interventions needed, including all services provided by outside healthcare agencies (e.g., home nursing care,	S 380		

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S 380	Continued From page 4 hospice); b. Description, frequency, duration relating to the service or intervention, including personal assistance, medication, special diets, recreational activities, and other similar services rendered; c. Party responsible for arranging and/or providing the service; and d. The resident's requested and/or therapeutically needed recreational and social activities. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined that the residence failed to document a description of the services and interventions needed on the service plan for 3 of 3 sample residents reviewed for smoking, Resident ID #s 1, 2, and 5. Findings are as follows: During an entrance conference with the Administrator on 6/16/2025 at approximately 10:00 AM, the surveyor was given a list of residents who actively smoke, Resident ID #s 1, 2, and 5. 1) Record review revealed Resident ID #1 moved into the residence in October of 2020 with a diagnosis of chronic obstructive pulmonary disease. Review of the service plan dated 2/7/2025 failed to reveal the resident is a smoker with interventions in place to reduce the risks	S 380	S380 All Smokers now have updated Care-Plan & App C — 7-3-25 — E.D will monitor DOW to ensure all smokers have an updated Care Plan & App C — 7-8-25 7/11/25 — DOW/E.D implemented Education/guidance on smoking and the risks of smoking — 7-8-25 — Management will monitor in Q.A. quarterly meetings — 9-10-25	

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S 380	Continued From page 5 associated with smoking. 2) Record review revealed Resident ID #2 moved into the residence in November of 2022 with a diagnosis including, but not limited to, seizure disorder. Review of the service plan dated 11/1/2024 failed to reveal the resident is a smoker with interventions in place to reduce the risks associated with smoking. 3) Record review revealed Resident ID #5 moved into the residence in June of 2018 with a diagnosis including, but not limited to, kidney failure with dialysis. Review of the service plan dated 4/23/2025 failed to reveal the resident is a smoker with interventions in place to reduce the risks associated with smoking. During a surveyor interview with the Administrator at approximately 4:00 PM, she could not provide evidence smoking was listed on the above-mentioned service plans, as required.	S 380		
S 450	Licensure Requirements 2.4.18 Rights of Residents 2.4.18 Rights of Residents A. Every assisted living residence for adults licensed pursuant to these regulations shall 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	S 450		

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S 450	Continued From page 6 residence. 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. 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; 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; a. Each resident shall receive a copy of their rights. b. Each resident shall acknowledge receipt in writing; and c. Each resident shall be informed promptly of any changes. 3. Be informed in writing, prior to, or at the time of admission or at the signing of a residential contract or agreement of: 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 federal and/or state programs by other third party payers or by the residence's basic rate; b. The residence's policies regarding overdue payment including notice provisions and a	S 450 S490 7/11/25	ALL Food is now labeled and dated. Strawberries, Cole Slaw, sandwiches, & beef discarded. 6-16-25 — Re-educated all staff on labeling 9-10-25 — chef/ED created a Defrost & cleaning Log book to ensure freezers are properly defrosted & clean. 7-3-25 — Management will monitor in quarterly Q.A. meetings. 9-10-25	

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S 450	Continued From page 7 schedule for late fee charges; 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; d. The residence's criteria for occupancy and termination of residency agreements; e. The residence's capacity to serve residents with physical and cognitive impairments; f. Support any health services that the residence includes in its service package or will make appropriate arrangements to provide these services; 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; 5. The residence can discharge a resident only for the following reasons and within the following guidelines: 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 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;	S 450	S450 On Sik E.D. removed last Page of Resident/ Staff Roster — E.D. will ensure to remove last Page of Resident/ staff roster upon receiving citation — E.D will put citation in survey book to ensure last page is removed. — E.D will advise Management in quarterly Q.A. meetings - Confidentiality	6/16/25 6/16/25 6/16/25 9-10-25

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S 450	Continued From page 8 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; 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; 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 e. The residence makes a good faith effort to counsel the resident if the resident shows indications of no longer meeting residence criteria or if service with a termination notice is anticipated;	S 450		

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S 450	Continued From page 9 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; 7. To live in a safe and clean environment. C. In addition to the standards stated in R.I. Gen. Laws § 23-17.4-16, residents are entitled to the following: 1. Receive dental services from a dentist of his/her choice; 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. D. The residence must: 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; 2. Have prominently displayed a posting of the most recent state licensing survey of the assisted living residence; and 3. Provide each resident or his or her representative upon admission, a copy of the 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." This Requirement is not met as evidenced by: Based on surveyor observation and staff	S 450		

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S 450	Continued From page 10 interview, it has been determined the residence failed to implement procedures to ensure that all the residence's employees protect the resident's rights contained in these regulations and to observe the standards stated in R.I. Gen. Laws § 23-17.4-16 (a)(2)(ix) relative to identifying information for the residents listed in the facility's survey binder. Findings are as follows: During a surveyor observation on 6/16/2025 at 11:10 AM of the residence's survey results binder, a copy of the "Resident/Staff Roster", dated 6/26/2023, from the survey was revealed. During a surveyor interview with the Administrator following the above observation, she could not provide evidence the residents' privacy was protected.	S 450		
S 490	Residential Care Services 2.4.21.C Dietetic Services 2.4.21 (C) Dietetic Services 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. This Requirement is not met as evidenced by: Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to comply with all appropriate	S 490	See page 7	

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S 490	Continued From page 11 standards of the Rhode Island Food Code relative to the main kitchen. Findings are as follows: Record review of the Rhode Island Food Code 2022 edition, Section 3-501.17 states in part"...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..." Record review of the Rhode Island Food Code 2022 edition, Section 3-602.11 states in part, "Food Labels states in part...(B) Label information shall include: (1) The common name of the food..." During a tour of the main kitchen on 6/16/2025 at 8:10 AM in the presence of the Chef, Staff B, the following was revealed: A. In the refrigerator there were two cartons of coleslaw, with a use by date of 6/12/2025, and three sandwiches, not labeled or dated. B. The black refrigerator contained a cup of strawberries with a white growth on several of them, not covered or dated. C. In the deep freezer was a build up of frost surrounding the inner walls. Additionally, a package of ground beef in a plastic bag, not labeled or dated with freezer burn.	S 490		

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S 490	Continued From page 12 During a surveyor interview following the above observations with Staff B, he acknowledged the coleslaw was beyond the use by date; the sandwiches and strawberries were not covered, labeled, and dated; the deep freezer needed to be defrosted; and the ground beef was freezer burned, not labeled or dated.	S 490		