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 complaint/incident investigation survey, ACTS reference number 101823, was conducted at this residence on 01/08/2026 to determine compliance with state regulations. A deficiency was identified as a result of the survey.	S 003		
S 250	Organization And Management 2.4.14.A Management Of Services 2.4.14 (A) 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 record review and staff interviews, the residence failed to provide services in accordance with the prevailing community standard of care for five of eighteen residents reviewed for physician ordered diets, Resident ID #s 1, 2, 3, 4, and 5. Findings are as follows: Record review of Mosby's 4th Edition, Fundamentals of Nursing, page 314 states, "The physician is responsible for directing medical treatment. Nurses are obligated to follow	S 250	Received JAN 30 2026 Facilities Regulation AM 2/9/26	

Facilities Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Melissa Sanford — TITLE: Administrator — (X6) DATE: 1/30/26

STATE FORM 6899 67D811 If continuation sheet 1 of 3

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 _____	C 01/08/2026

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S 250	Continued From page 1 physician's orders unless they believe the orders are in error or would harm the clients." 1. Resident ID #1 was admitted to the residence in May of 2024 with a diagnosis that includes, but is not limited to, diabetes. Record review of the physician's orders revealed a diabetic (controlled portions, limiting processed foods and added sugars), NAS (No Added Salt) diet. 2. Resident ID #2 was admitted to the residence in June of 2018 with a diagnosis that includes, but is not limited to, "renal failure under dialysis." Record review of the physician's orders revealed a diet order for a renal (resticted protein, potassium, and phosphorous), low sodium diet; limit salt to no more than 2000 mg (milligrams) a day. 3. Resident ID #3 was admitted to the residence in January of 2024 with a diagnosis that includes, but is not limited to, diabetes. Record review of the physician's orders revealed a diet order for CCHO (controlled carbohydrate diet) and a 2-liter per day fluid restriction. 4 .Resident ID #4 was admitted to the residence in April of 2022 with a diagnosis that includes, but is not limited to, diabetes. Record review of the physician's orders revealed a diet order for a diabetic diet. 5. Resident ID #5 was admitted to the residence in September of 2025 with a diagnosis that includes, but is not limited to, diabetes.	S 250	S250 – Dtw contacted providers to discuss residents diets & limitations of the facility. 3 out of the 5 residents, have new orders received for house diet. The remaining 2 residents I'm waiting for call back from Specialist (Renal). 2/9/26 S250 – Any new admit or change of the kitchen will be aware of any restrictions via a new diet Form. S250 – Admin had a Dietician revamp menu to ensure alternatives for all specific diets	2-14-26 change of condition 1/31/26 1/22/26

RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S 250	Continued From page 2 Record review of the physician's orders revealed a diet order for a CCHO diet. During a surveyor interview on 1/8/2026 at approximately 1:30 PM with the Director of Food Service, he revealed he was unaware of the fluid restriction for Resident ID #3 and that he did not have any information on foods to prepare and serve for residents requiring a CCHO, renal, diabetic, and low sodium/NAS diets.	S 250	S250 management will disuss diets in quarterly meetings am 2/9/26	3/31/26