PRINTED: 05/19/2023
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
	ALR01324	A. BUILDING: _____ B. WING _____	05/11/2023

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 biennial State Licensure survey and a complaint/incident investigation survey (HUDE11, 05/11/2023) were conducted at this residence. Deficiencies were identified relative to the State Licensure survey.	S 003	RECEIVED JUN 28 2023 FACILITIES REGULATION	
S 230	Organization And Management 2.4.13(A/B) 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. B. The residence shall have a policy and procedure manual that is reviewed and updated by the administrator at intervals not to exceed twelve (12) months, and shall include, but not be limited to, the following items: 1. A written description of all services available to residents that shall be designed to promote the resident's efforts to maintain independence; 2. A written statement of admission criteria that shall include, at a minimum, the following information regarding the resident population: a. Nature and extent of disabling condition(s) served; and b. Restrictions (if any). (1) The statement of admission criteria shall include a statement that no otherwise qualified applicant shall be denied admission to the	S 230 S230 aw 7/19/23 S230	To ensure all residents who can self medicate have a self medication administration assessment Form completed & physician order in place Admin will audit all charts whom residents are capable of self medicating & put a orange sticker that will identify self medication administration resident.	5/11/23 7/1/23

Facilities Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Melissa Sanford, Adm. TITLE: Administrator (X6) DATE: 6-12-23

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S 230	Continued From page 1 residence solely on the basis of race, creed, color, religion, sexual orientation, or national origin. 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 two of four sample residents reviewed for self-administration of medication, ID #s 1 and 2. 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)During the entrance conference with the Wellness Director (WD) ID #1 was identified as a resident who self-administers his/her medications. Record review revealed ID #1 was admitted to the residence in September of 2022 with diagnoses including, but not limited to: pain, asthma, and a history of strokes. Record review of ID #1's comprehensive assessment dated 09/22/2022 indicates the resident self-administers his/her medications with supervision. Record review of a Continuity of Care form dated 09/22/2022 indicates the resident is being discharged on a narcotic for pain management	S 230	S230 - Admiss/Dow added to Admission checklist form & Admin conducted meeting w Dow to ensure importance of proper documentation. 5/12/23 7/7/23 S230 - Management will monitor in Q.A. meetings. 6/20/23	

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S 230	Continued From page 2 and will be referred to skilled services. The resident's "Service Plan" dated 09/22/2022 states in part, "...able to self admin (administer) Oxy (oxycodone)..." Record review of a "Physician's Order" dated 09/27/2022 states, "Elder to self administer and manage oxycodone followed by [name redacted] health for narcotic." Record review of the entries in the "Residents Notes" revealed the resident was discharged from skilled nursing services on 10/06/2022 and is independently managing the oxycodone. Record review of the resident's medication administration record (MAR) revealed orders for: -Orajel to be utilized for mouth pain -Albuterol Inhaler to be used as needed for shortness of breath -Oxycodone 5 mg (milligrams) to be utilized every 6 hours for pain Surveyor observation of the medication cart at 12:55 PM failed to reveal these medications to be available. During an interview at approximately 1:00 PM while observing the medication cart, Staff A, Certified Nursing Assistant (CNA)/Certified Medication Technician (CMT) indicated the resident retains those three items in his/her room for self-administration. Record review of physician's orders failed to reveal an order for self-administration of the Orajel and Albuterol inhaler. Additionally, a new order for the narcotic was not obtained for	S 230		

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S 230	Continued From page 3 self-administration when the resident's skilled nursing supervision ended in October of 2022. Record review of the entries in the "Residents Notes" revealed the resident has continued to administer his/her own oxycodone medication. During an interview on 05/11/2023 at approximately 4:00 PM, the WD acknowledge ID #1 does not have active physician's order to self-administer the medications he/she currently retains. 2) During the entrance conference ID #2 was identified as a resident who self-administers his/her medications. Record review revealed ID #2 was admitted to the residence in April of 2021 with diagnoses including, but not limited to: chronic obstructive pulmonary disease (COPD) and anxiety. Record review of the resident's MAR revealed an order for an Albuterol inhaler to be used for shortness of breath and if this was not helpful, a nebulizer treatment of Albuterol was available. Record review of ID #2's comprehensive assessment indicates the resident self-administers his/her "inhaler" and nebulizer treatments. Record review of ID #2's physician's orders failed to reveal an order was obtained for the resident to self-administer his/her inhaler or nebulizer treatments. During an interview on 05/11/2023 at approximately 1:35 PM, the WD acknowledge ID #2 does not have a physician's order to	S 230		

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S 230	Continued From page 4 self-administer the above medications.	S 230		
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 the residence failed to review the resident assessment at intervals not to exceed (12) months and each time a resident's condition changes significantly for two of three sample residents, Resident ID #s 1 and 3. Findings are as follows: 1) Record review revealed ID #1 was admitted to the residence in September of 2022 with diagnoses including, but not limited to: pain, asthma, and a history of strokes. Record review of a Continuity of Care form dated 09/22/2022 indicates the resident is being discharged on a narcotic for pain management and will be referred to skilled services. Record review of "Residents Notes" and provider notes revealed the resident received skilled nursing from 09/22/2022-10/06/2022 for medication management, physical therapy (PT) services 09/26/2022-10/19/2022, and occupational therapy (OT) services	S 365	S365 Dow will ensure to document any resident receiving outside services on Care Plan, appendix C, & nurse note, & update in house outside service List. 7/7/23 (AM) S365 Dow/Admin will conduct audit on all residents receiving any outside services and ensure these charts are documented properly	5/11/23 8/1/23

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S 365	Continued From page 5 09/29/2022-10/19/2022. Record review of ID #1's comprehensive assessment dated 09/22/2022 failed to be updated to include the outside services provided to the resident. 2) Record review revealed ID #3 was admitted to the residence in April of 2023 with diagnoses including, but not limited to: mild cognitive impairment, adjustment disorder, and hypertension. Record review of a Continuity of Care form dated 04/27/2023 indicates the resident is being discharged and will be referred to skilled services. Record review of "Residents Notes" and provider notes revealed the resident received skilled nursing from 04/28/2023-05/11/2023 and PT services beginning on 05/01/2023 and ongoing. Record review of ID #3's comprehensive assessment dated 04/27/2023 failed to be updated to include the outside services being provided to the resident. During an interview on 05/11/2023 at approximately 4:25 PM, the Wellness Director acknowledged that outside services were not documented on the comprehensive assessments for Resident ID #s 1 and 3.	S 365	S365 - Admin/DOW created updated list of all residents receiving outside services 11/7/23 @ 5/13/23 S365 Management will monitor in O.A. meetings - 6/20/23	
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	S 390		

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S 390	Continued From page 6 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 document a description of the services and interventions needed, including all services provided by outside healthcare agencies on the service plan for three of three sample residents, Resident ID #s 1,3, and 4. Findings are as follows: 1) Record review revealed ID #1 was admitted to the residence in September of 2022 with diagnoses including, but not limited to: pain, asthma, and a history of strokes. Record review of a Continuity of Care form dated 09/22/2022 indicates the resident is being discharged on a narcotic for pain management and will be referred to skilled services. Record review of "Residents Notes" and provider notes revealed the resident received skilled nursing from 09/22/2022-10/06/2022 for medication management, physical therapy (PT) services 09/26/2022-10/19/2022, and occupational therapy (OT) services 09/29/2022-10/19/2022. Record review of ID #1's service plan dated 09/22/2022 failed to be updated to include the outside services provided to the resident. 2) Record review revealed ID #3 was admitted to the residence in April of 2023 with diagnoses	S 390	S390 DOW will ensure to update and properly document outside services on Service Plan, App C, & nurse note. 7/1/23 S390 DOW/Admin will conduct an audit on any resident receiving outside services & ensure the charts are properly documented	5/11/23 8/1/23

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S 390	Continued From page 7 including, but not limited to: mild cognitive impairment, adjustment disorder, and hypertension. Record review of a Continuity of Care form dated 04/27/2023 indicates the resident is being discharged and will be referred to skilled services. Record review of "Residents Notes" and provider notes revealed the resident received skilled nursing from 04/28/2023-05/11/2023 and PT services beginning on 05/01/2023 and ongoing. Record review of ID #3's service plan dated 04/27/2023 failed to be updated to include the outside services being provided to the resident. 3) Record review revealed ID #4 was admitted to the residence in January of 2021 with diagnoses including, but not limited to: arthritis, schizophrenia, and neuropathy. Record review of a physician visit form dated 04/24/2023 indicates the resident is being referred to skilled nursing services for wound care with a corresponding order for the agency. Record review of "Residents Notes" and provider notes revealed the resident received skilled nursing beginning on 04/27/2023 and ongoing. Record review of ID #3's service plan updated 04/27/2023 failed to include outside skilled nursing services being provided to the resident. During an interview on 05/11/2023 at approximately 4:30 PM, the Wellness Director acknowledged that outside services were not documented on the service plan for Resident ID #s 1,3, and 4.	S 390 S 390 (AM) 7/1/23 S 390	Admin created updated list of all residents receiving outside services & will continue to update. Management will monita in Q.A. meetings	5/13/23 6/20/23

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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 observations, 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. Findings are as follows: 1) 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". During surveyor observation of the food storage area in the basement on 05/11/2023 at approximately 9:55 AM in the presence of the Administrator, the second refrigerator from the left was found to have an accumulation of spilled tacky matter on the bottom shelf. 2) Section 6-501.112 of the Rhode Island Food Code requires that "Dead or trapped birds, insects, rodents, and other pests shall be removed from control devices and the PREMISES at a frequency that prevents their	S 490 S490 AM 7/7/23 S490	Admin conducted meeting with all Chefs re-educating them on importance of being sanitary. Re-Educated on job duties as well Chef must conduct daily walk throughs to ensure all refrideratorsl Freezers are clean, Ensure Food items are in storage containers clean & proper lids shut- to prevent rodents From entering.	5/12/23 5/12/23

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S 490	Continued From page 9 accumulation, decomposition, or the attraction of pests". Section 3-305.11 of the Rhode Island Food Code requires that "...FOOD shall be protected from contamination by storing the FOOD: (1) In a clean, dry location; (2) Where it is not exposed to splash, dust, or other contamination". During surveyor observation of the food storage area in the basement on 05/11/2023 at approximately 9:40 AM it was observed that there was an accumulation of bugs in a trap on the floor approximately 50-60 feet from the food storage area. In that area there were observed to be 5 uncovered plastic bins containing pasta and dry goods. It was also observed that there was a strong musty odor in the basement. In the food storage area where the refrigerators are located there was one open box of potatoes on a shelf. 3) Section 4-501.114 of the Rhode Island Food Code states in part, " ...Manual and Mechanical Warewashing Equipment, Chemical Sanitization Temperature, pH, Concentration, and Hardness. A chemical SANITIZER used in a SANITIZING solution for a manual or mechanical operation at contact times specified under 4-703.11(C) shall meet the criteria specified under §7-204.11 Sanitizers, Criteria, shall be used in accordance with the EPA registered label use instructions, and shall be used as follows: ... (C) A quaternary ammonium compound solution shall: (1) Have a minimum temperature of 24 °C (75 °F), P (2)	S 490	S490 – Re-educating chef on testing levels of sanitizer daily & documenting on Sanitizer sheet. 5/12/23 @ am 11/7/23 S490 Management will continue to monitor in O.A. meetings. 6/20/23	

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S 490	Continued From page 10 Have a concentration as specified under § 7-204.11 and as indicated by the manufacturer's use directions included in the labeling, P and (3) Be used only in water with 500 MG/L hardness or less or in water having a hardness no greater than specified by the EPA-registered label use instructions ..." During a surveyor observation on 05/11/2023 at approximately 5:00 PM of the mechanical dishwasher in the presence of Staff B, cook, there was no change in the color of both strips utilized to test the solution in the dishwasher indicating that the sanitizer solution registered under the ppm (parts per million) on the scale provided by the manufacturer. On further observation it was revealed the mechanism to draw the sanitizer into the machine was not functioning. During a surveyor interview with Staff B at this time, he indicated that the residence did not have a system to regularly test the dishwasher to his knowledge. During an interview at approximately 5:20 PM, the Administrator acknowledged the food should have been covered to prevent contamination, kitchen surfaces and food storage areas should be kept clean, and the dishwasher required repair.	S 490		
S 545	Resident Care Services 2.4.24(A)(1) Medication Services 2.4.24 (A) Medication Services 1. For M1 and M2 licensure levels, each resident shall have the right to:	S 545		

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S 545	Continued From page 11 a. Retain the services of his/her own personal physician and dentist; b. Select the pharmacy or pharmacist of his/her choice provided that the pharmacy or pharmacist supplies medications suitably packaged for the residence's program; c. Refuse any or all medications; d. Retain possession and control of his/her medications, provided that such possession and control is deemed safe by the resident, the resident's guardian, if appropriate, and the administrator or his/her designee in consultation with the resident's physician(s). This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined the residence failed to assess a resident to ensure a resident with control of his/her medications was deemed safe by the resident, the resident's guardian, if appropriate, and the administrator or his/her designee in consultation with the resident's physician for one of two sample residents reviewed for self-administration of medication assessments, Resident ID #1. Findings are as follows: During the entrance conference with the Wellness Director (WD) ID #1 was identified as a resident who self-administers his/her medications. Record review revealed ID #1 was admitted to the residence in September of 2022 with diagnoses including, but not limited to: pain,	S 545	S545 To ensure all residents who are able to self medicate & self store medications are evaluated quarterly. audit charts & make a list of all residents who self administer/medicate. to be kept separately & updated as needed. Added orange sticker to chart for easy I.D.	5/13/23 8/11/23

Facilities Regulation
STATE FORM 6899 HTDL11 If continuation sheet 12 of 14

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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 545	Continued From page 12 asthma, and a history of strokes. Record review of ID #1's comprehensive assessment dated 09/22/2022 indicates the resident self-administers his/her medications with supervision. The resident's "Service Plan" dated 09/22/2022 states in part, "...able to self admin (administer) Oxy (oxycodone)..." Record review of the resident's medication administration record (MAR) revealed orders for: -Orajel to be utilized for mouth pain -Albuterol Inhaler to be used as needed for shortness of breath -Oxycodone 5 mg (milligrams) to be utilized every 6 hours for pain Surveyor observation of the medication cart at failed to reveal these medications to be available. During an interview at approximately 1:00 PM while observing the medication cart, Staff A, Certified Nursing Assistant (CNA)/Certified Medication Technician (CMT) indicated the resident retains those three items in his/her room for self-administration. Record review of the entries in the "Residents Notes" revealed the resident has continued to administer his/her own oxycodone medication. The record failed to reveal self-administration of medication assessments for this resident. During an interview on 05/11/2023 at approximately 1:40 PM, the WD was unable to provide evidence the resident had been assessed for self-administration of medications:	S 545	S545 added checklist to ensure proper documentation @M 17/23 S545 monitor closely in Q.A. meetings Quarterly	5/13/23 6/20/23

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FORM APPROVED

RI Department of Health

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