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 _____	03/10/2025

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 was conducted at this residence on 3/06/2025-3/10/2025. Deficiencies were identified relative to the State Licensure survey.	S 003		
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 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 states in part, "...(C) Non FOOD-CONTACT SURFACES of EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other debris..." 2. Section 3-501.17 of the Rhode Island Food Code states in part, "...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..."	S 490	Received APR 25 2025 Facilities Regulation	

Facilities Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Melissa Sanford, Administrator — TITLE: 3-26-2025 — (X6) DATE

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S 490	Continued From page 1 A. During a surveyor observation of the kitchen on 3/6/2025 at 8:00 AM, the following was revealed: -a build-up of brown matter underneath the stove. -in the refrigerator were eggs, with no visible date to be discarded. The top of the carton had been removed. -a clear plastic bag of chicken patties, with no date to be discarded. -cooked sliced turkey breast, with no date to be discarded. -a pan of stuffed shells with a serving utensil left inside, covered in foil, with no date to be discarded. -inside the microwave there was brown splatter on the sides and top. Immediately following the above observations, the Food Service Director (FSD), acknowledged that underneath the stove and the inside of the microwave were not kept clean. Furthermore, he could not provide evidence of a discard date for the above-mentioned foods. B. During a surveyor observation of the freezers in the basement on 3/6/2025 at approximately 10:00 AM, the following was revealed: -a clear bag of greenbeens, no date to be discarded. -2 bags of freezer burned cooked shrimp. -a bag of freezer burned baby carrots. -the bottom shelf of the door contained a splatter of red matter. Immediately following the above observation, the FSD acknowledged the bag of greenbeans had no discard date, the bags of shrimp and the bag	S 490	S490 Food open (disposed on site), Refridgerators were all cleaned last week, Anything that needed a date was done same day or disposed. microwave was cleaned, The food ■ said was freezer burnt I just got delivered but I discarded anyway. Admin/chef went thru all refrideraters and disposed all left-overs, same day. All Freezers & refrideraters cleaned & defrosted.	3/10/25 3/14/25 3/10/25 3/10/25 3/10/25 3/10/25 3/14/25 3/15/25

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S 490	Continued From page 2 of carrots had freezer burn, and the bottom shelf of the freezer was not kept clean. The basement refrigerator contained an opened bag of mixed vegetables, no date to be discarded. Immediately following the above observation, the FSD acknowledged that there was no discard date on the bag of mixed vegetables and further acknowledged that the bag was left opened. The basement freezer chest contained frost on the walls and contained the following items without dates to be discarded: -a clear plastic bag of freezer burned meatballs. -3 clear plastic bags of Salisbury steak. -3 clear plastic bags of chicken wings. -3 pkgs of ribs. -2 clear plastic bags of imitation crab cakes. -2 clear plastic bags of sausages. Immediately following the above observation, the FSD acknowledged the freezer burn on the meatballs. He further could not provide evidence of a discard date for the above items. Freezer #3 was overcrowded and contained the following: -the top of the freezer full of frost. -a box of lasagna sheets with brown and yellow matter. -4 clear plastic bags of hashbrowns, no date to be discarded. 1 of those bags was opened. -1 clear plastic bag of cookie dough, no date to be discarded. Immediately following the above observation, the	S 490	S490 Admin had meeting w all kitchen staff to ensure staff are labeling/dating. 3/11/25 - Admin made a weekly rotating cleaning schedule for Freezer & Refrigerator - along w under the stove cleaning. - Educating importance of upon delivery making sure labels are on everything & if not take off box to prove item & exp dat. 3/11/25 - Advising chef to have 2 deliveries per wk to avoid food being crowded (Chef would look into) 3/11/25	

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S 490	Continued From page 3 FSD acknowledged the top of the freezer had frost, the box of lasagna sheets was not kept clean from food matter, the bags of hashbrowns and the cookie dough had no discard date on them. He further acknowledged one of the bags of hashbrowns was left opened. Freezer #4 contained the following: -2 clear plastic bags of waffles, no date to be discarded. -3 bags of sliced carrots with freezer burn. -2 clear bags of fries, no date to be discarded. Immediately following the above observation, the FSD acknowledged the bags of waffles and fries had no discard date and he further acknowledged the bags of carrots had freezer burn. The bread freezer had frost on the inside top ceiling and on the top shelf. The third shelf had a large accumulation of ice, and the fourth shelf had an accumulation of ice and frost. Immediately following the above observation, the FSD acknowledged the ice and frost accumulation in the bread freezer.	S 490		
S 705	Physical Plant 2.4.30.I Safety Requirements 2.4.30 (I) Safety Requirements I. Each residence shall develop and maintain a written plan and procedure for the evacuation of the premises in case of fire or other emergency, based on F1 / F2 licensure requirements, Fire Safety Code-General Provisions (R.I. Gen. Laws Chapter 23-28.1) requirements.	S 705		

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S 705	Continued From page 4 1. Emergency steps of action shall be clearly outlined and posted in conspicuous locations throughout the residence. 2. Drills simulating fire emergencies, testing the effectiveness of the fire evacuation plan shall be conducted at least six (6) times per year on a bimonthly basis with a minimum of two (2) drills conducted during the night when residents are sleeping with documentation of observed ability of residents to carry out evacuation procedures. At least fifty percent (50%) of these drills shall be obstructed drills, as defined in Fire Safety Code-General Provisions (R.I. Gen. Laws Chapter 23-28.1). 3. The drills shall be permitted to be announced in advance to the residents. The drills shall involve the actual evacuation of all residents to an assembly point as specified in the emergency plan and shall provide residents with experience in egressing through all exits and means of escape required by the Fire Safety Code-General Provisions (R.I. Gen. Laws Chapter 23-28.1). Exits and means of escape not used in any fire drill shall not be credited in meeting the requirements of the Fire Safety Code-General Provisions (R.I. Gen. Laws Chapter 23-28.1). a. Documentation of fire drills shall be maintained and shall include no less than the following information: (1) Name of the person conducting the drill; (2) Date and time of the drill; (3) Amount of time taken to evacuate the building or unit;	S 705		

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S 705	Continued From page 5 (4) Type of drill (i.e., obstructed or unobstructed); (5) Record of problems encountered and steps taken to rectify them; (6) Employee observation of each resident's ability to carry out evacuation procedures. 4. Residents shall be instructed in all alternative methods of escape since the primary exit may be unusable due to fire and/or smoke. Such instruction shall be documented in the record described in § 2.4.30(I)(3)(a) of this Part. 5. Each new resident shall be oriented to the fire drill procedure on admission, with documentation of the orientation placed in the resident's record. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined the residence failed to ensure drills simulating fire emergencies, testing the effectiveness of the fire evacuation plan, be conducted at least six (6) times per year on a bimonthly basis and at least fifty percent (50%) of these drills shall be obstructed drills, as defined in Fire Safety Code-General Provisions (R.I. Gen. Laws Chapter 23-28.1). Findings are as follows: Record review revealed fire drills were conducted on the following dates in 2024: 1/31, 3/19, 5/11, 7/7, 9/24, and 11/25. Record review revealed obstructed drills were documented on 1/31 and on 9/24, which is 33.3% of the drills conducted.	S 705	S705 Regulation states we have to do 6 drills, 3 obstructed. Darlington did all 6 drills but We did 2 obstructed, so moving forword I will make all obstructed so there will be no Confusion c staff. Admin created a yearly grid so staff/supervisor can follow. Grid identifies what month & shift to have drill.	3/12/25 3/12/25 3/11/25

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S 705	Continued From page 6 During a surveyor interview on 3/10/2025 at 11:42 AM with the Administrator, she could not provide evidence the fire drills were conducted as required.	S 705		