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 _____	C 02/06/2026

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, ACTS reference numbers 102616, 102999, 103006, 103045, 103038, and 103011 was conducted at this residence on 02/03/2026-02/06/2026 to determine compliance with State regulations. Deficiencies were identified as a result of the survey.	S 003	Received MAR 06 2026 Facilities Regulation	
S 330	Residency Requirements 2.4.15.D Residency Requirements 2.4.15 (D) D. The minimum prior notification time for changes in rates, fees, service charges, or any other payments required by the residence shall be thirty (30) days written notice to the resident. This Requirement is not met as evidenced by: Based on record review and staff interviews, it has been determined the residence failed to provide a 30 day written notice to a resident for an increase in monthly room and board rates relative to a complaint to the Rhode Island Department of Health (RIDOH), Resident ID #2. Findings are as follows: The RIDOH recieved a community complaint (ACTS 103038) on 2/4/2026 alleging, in part, that a resident was not getting his/her allocated $80.00 per month of spending money. In a prior complaint regarding that resident, there was an allegation of the resident needing additional assistance that he/she is not being provided and that his/her roommate, Resident ID #2, assists instead of the staff. Resident ID #2 was also reviewed as part of the expanded sample relative	S 330	S330 Facility will give minimum 30-Day notice to all residents upon raising there monthly rents. This includes medicaid waiver residents whose income increases yearly. Upon raising the residents rent billing office will provide monthly income increase in dollars & when the increase is due. 2-26-26 S330 Admin will have residents sign contract (updated) & a new form indicating 2-11-26	

Facilities Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Melissa Sanford — TITLE: Administrator — (X6) DATE: 3-6-2026

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S 330	Continued From page 1 to money and rental agreements. Record review revealed that Resident ID #2 signed a document on 7/10/2025 stating that the residence would be his/her representative payee to manage his/her Social Security benefit. Additionally, the representative payee would use the benefit for the resident's best interest, which includes fees for room and board. Record review of Resident ID #2 's Social Security benefit from 1/1/2025 through 12/31/2025 revealed s/he receives $1222.00 dollars monthly. Further record review of the resident's Social Security benefit effective 1/1/2026 revealed that s/he receives $1243.00 monthly. Record review of a document titled, "Customer Balance Detail" stated in part, the following: -11/3/2025 invoice a payment of $1222.00 was received -12/3/2025 invoice a payment fo $1222.00 was received -1/2/2026 invoice a payment of $1243.00 was received -2/3/2026 invoice a payment of $1243.00 was received Record review of a document dated 11/20/2025 that was sent to the resident stated in part, "...your social security benefits will be increased by 2.8% because of a rise in the cost of living..." The document does not indicate dollar amounts of income or newly calculated rates of rent based on the changes in cost of living. The document failed to reveal what the 2.8%	S 330	S330 any resident who is on medicaid Waiver must turn over there yearly increase. Darlington will provide 30- Day notice, & dollar amount of increase, Also specifying when increase is due. — private residents will remain the same — 30- Day notice must be given along & exact amount rent increasing too. 2/6/26 S330 Billing office was made aware of proper procedure to increase any residents rent(monthly). 2/6/26 — Admin will also remind billing office yearly.	

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S 330	Continued From page 2 increase would equate to in dollars relative to the room and board rate increase beginning on 1/1/2026. Record review of Resident ID #1 did not reveal issues with the resident being provided his/her $80.00 per month. During a surveyor interview on 2/5/2026 at approximately 3:20 PM with the Administrator, she revealed that the resident did not get a written notice related to a fee increase for room and board 30 days in advance of the increase.	S 330		
S 415	Residency Requirements 2.4.17.G.3 Resident Assessment/Service Plan 2.4.17 (G)(3) Service Plans 3. The service plan shall be reviewed by both 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 resident and staff interviews, it has been determined the residence failed to review the service plan each time a resident's condition changes significantly for 1 of 3 residents reviewed relative to complaints, Resident ID #1. Findings are as follows: The Rhode Island Department of Health received a community complaint (ACTS 103006) from a licensed social worker at a local acute care hospital alleging in part, that a resident had a	S 415	S415 Resident #1 was sent to a higher level of care. DOW/Admin not aware resident was asking resident #2 for help. 3/11/26 S415 - DOW will do more rounds to ensure all residents needs are met & residents meet requirements to reside→	

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S 415	Continued From page 3 decline in his/her Activities of Daily Living (ADLs-which include, but are not limited to, dressing, toileting, transfers, etc.) and that his/her roommate had been assisting him/her with toileting. Record review revealed Resident ID #1 moved into the residence in November of 2024 with a diagnosis that includes, but is not limited to, movement disorder. Record review of a service plan that was updated on 11/24/2025 revealed the following: - toileting - supervision - dressing - independent - transfer - independent During a surveyor interview on 2/3/2026 at 2:55 PM with the resident's roommate, Resident ID #2, s/he revealed that s/he provides assistance to his/her roomate for dressing, transferring out of bed, and toileting. During a surveyor interview on 2/3/2026 at 3:15 PM with the ~~Director~~ of Nursing Services, she revealed that she was unaware that the resident required assistance with his/her ADLs and that the service plan failed to reflect the resident's needs and services required.	S 415	S415 -cont- at Darlington (ALF). 2-6-26 S415 - Supervisor/ Admin & DOW will continue to monitor residents declins on a weekly basis. Any resident c a change of diagnosis, of change of condition their SP, & App C will be updated. nurse note too. 2/17/26 3/11/26 S415 - Management will continue to discuss in quarterly meetings 3-2-26	