

DARLINGTON MEMORY LANE

1081 MINERAL SPRING AVENUE
NORTH PROVIDENCE, RI 02904

(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	S 003		
S 150	<p>Organization And Management 2.4.12(A/B) Administrative Management</p> <p>2.4.12 (A/B) Administrative Management</p> <p>A. All licensees shall provide staffing which is sufficient to provide the necessary care and services to attain or maintain the highest practicable physical, mental and psychosocial well-being of the residents, according to the appropriate level of licensing. At least one (1) staff person who has completed employee training as outlined in § 2.4.12(G) of this Part shall be on the premises at all times.</p> <p>B. Each licensee shall have responsible adult(s) who are employee(s) or who have a contractual relationship with the residence to provide the services required by these regulations who is at least eighteen (18) years of age and</p> <ol style="list-style-type: none"> 1. Awake and on the premises at all times, 2. Designated in charge of the operation of the residence; and 3. Physically and mentally capable of communication with emergency personnel. <p>This Requirement is not met as evidenced by: Based on observation, record review and staff interview it has been determined the residence failed to ensure that the facility has responsible adults who are employees or who have a contractual relationship with the residence to provide the services required by these regulations who is at least eighteen years of age and is always awake on the premises.</p>	<p>S 150</p> <p>S 150</p> <p>S 150</p> <p>S 150</p>	<div data-bbox="990 283 1282 451" style="border: 1px solid black; padding: 5px; text-align: center;"> <p>RECEIVED</p> <p>OCT 4 2021</p> <p>FACILITIES REGULATION</p> </div> <p>Plan of correction: Employee B was terminated on 7-4-21</p> <p>Dow & Admin will be conducting unannounced visits to ensure compliance of all employees including weekends & holidays</p> <p>All files (employees) will now be accessible for Admin, Dow, & HR</p>	<p>7/4/2021</p> <p>8-5-21</p>

Facilities Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6869

1S3111

If continuation sheet 1 of 7

Melissa Sanford, E.H.

10-4-2021

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STREET ADDRESS, CITY, STATE, ZIP CODE

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S 150	<p>Continued From page 1</p> <p>Findings are as follows:</p> <p>Record review of Rhode Island Department of Health 5-day investigation form dated 7/6/2021 reveals that Staff B, Certified Nursing Assistant, "was found to be sleeping at the time of [Resident ID #2's] fall and has since been terminated."</p> <p>During a surveyor interview on 8/5/2021 at approximately 9:30 AM Staff A, Certified Medication Technician, revealed that Staff B was sleeping during her shift but that it was not on the same day as Resident ID #2's fall, it on the day of Resident ID #1's fall.</p> <p>During a surveyor interview on 8/5/2021 at approximately 11:30 AM, Staff A and the Director of Nursing revealed that Staff B was sleeping on the community area couch "around the time" that Resident ID #1 fell. They further revealed that Staff B was spoken to while sleeping and refused to wake up. Surveyor observed a photo of Staff B sleeping on the couch during this interview.</p> <p>Surveyor requested Staff B's personnel file and termination paperwork. The Director of Nursing revealed that the Human Resource manager is out sick and the Administrator refused to provide requested documents.</p>	S 150	<p>S150 HR & Admin will monitor cameras on daily basis to ensure compliance of all employees</p> <p>S150 - Management will review & discuss in Quarterly Assurance meeting, will educate employees on proper compliance regarding their Job Descriptions.</p> <p>S150 - staff re-educated on importance of "NO sleeping" during there shift & re-educated on Job description.</p>	<p>8/17/21</p> <p>10/14/21</p> <p>9/1/21</p>
S 230	<p>Organization And Management 2.4.13(A/B) Management Of Services</p> <p>2.4.13 (A/B) Management of Services</p> <p>A. Each residence shall provide services with adequate professional and ancillary employees and in accordance with applicable state law.</p>	S 230		

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S 230	<p>Continued From page 2</p> <p>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.</p> <p>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:</p> <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> a. Nature and extent of disabling condition(s) served; and b. Restrictions (if any). <p>(1) The statement of admission criteria shall include a statement that no otherwise qualified applicant shall be denied admission to the residence solely on the basis of race, creed, color, religion, sexual orientation, or national origin.</p> <p>This Requirement is not met as evidenced by: Based on record review and staff interview it has been determined that the residence failed to ensure that all services are rendered in a safe and effective manner and consistent with the requirements. Furthermore, the residence failed to provide all care and services to all residents in accordance with the prevailing community standards of care relevant to one out of three residents reviewed, Resident ID #1.</p>	S 230		

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S 230	<p>Continued From page 3</p> <p>Findings are as follows:</p> <p>Record review of Resident ID #1's medical chart reveals that s/he was admitted to the memory lane facility on 3/22/2021 with the diagnosis of dementia.</p> <p>Record Review of Resident ID #1's comprehensive assessment dated 3/22/2021 reveals the resident had a history of falls and requires monitoring. The assessment further reveals that the resident requires "supervision with ambulation for safety."</p> <p>Record review of the facility nursing notes reveals that the resident fell on 4/16/2021 resulting in "fracture involving posterior portion of 6th right ribs with minimal displacement."</p> <p>Record review of the facility nursing notes reveals that the resident fell on 4/26/2021 resulting in "multiple contusions."</p> <p>Record review of the resident's quarterly assessment and fall risk assessment dated 4/27/2021 reveals, "no changes since last assessment. Mobility/gait as stable," despite the two above falls resulting in injury.</p> <p>Record review of the Rhode Island Center for Health Facility Regulation Five Day Investigation Report dated 7/06/2021 reveals that on 7/04/2021 Resident ID #1 "was washing [his/her] hands at the kitchen sink and lost [his/her] balance causing [he/her] to fall on [his/her] left side." The resident was sent to the hospital via rescue.</p> <p>Record review of the hospital treatment note dated 7/5/2021 reveals that the resident "fell and sustained left sided pelvic ring fractures, including</p>	<p>S 230</p> <p>S230</p> <p>S230</p>	<p>Dow will update initial assessment quarterly & any change of condition.</p> <p>Dow will also update Service Plan yearly & any change of condition</p> <p>Dow will review fall risk assessments quarterly & any change of condition.</p> <p>Dow will report to Admin of any changes of condition on all fall risk residents. Admin/Dow will determine safe plan for resident at that time, including P.T, increased staff/monitoring additional services or find resident higher level of care if not appropriate for A.Li</p>	<p>8-5-21</p> <p>9/14/21</p>

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S 230	<p>Continued From page 4</p> <p>left superior and inferior pubic ramus fractures, and a left zone 1 sacral ala fracture." Review further reveals that the resident and family chose traction as a preferred method of healing.</p> <p>During a surveyor interview on 8/5/2021 at approximately 11:00 the Director of Nursing and Staff A, certified medication technician revealed that at the resident was washing her hands in the kitchen and fell. They were unable able to provide information regarding the details of the fall that lead to such substantial injuries. They revealed the fall was witnessed but the witness was unable to be interviewed due to no longer being employed by the facility.</p> <p>This surveyor requested facility camera footage of the incident. The Administrator revealed during the exit interview on 8/5/2021 at approximately 1:40 PM, that the footage "only lasts for 7 days."</p> <p>During a surveyor interview on 8/5/2021 at approximately 1:00 PM The Director of Nursing revealed that due to the resident's dementia symptoms the hospital was unsuccessful treating her fractures with traction and she was transferred to hospice on 7/8/2021.</p> <p>Resident ID #1 passed away on 7/15/2021.</p>	<p>S 230</p> <p>S 230</p> <p>S 230</p>	<p>Camera footage is now available for 2 week window</p> <p>Management will identify residents c increased risk of falling at Q.A. quarterly meetings to determine if resident will need additional services, or if resident needs higher level of care.</p>	<p>9/14/21</p> <p>10-14-21</p>
S 365	<p>Residency Requirements 2.4.16(D) Resident Assessment/Service Plans</p> <p>2.4.16 (d) Resident Assessments and Service Plans</p> <p>D. The assessment shall be reviewed and at intervals not to exceed twelve (12) months and</p>	S 365		

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S 365	<p>Continued From page 5</p> <p>each time a resident's condition changes significantly.</p> <p>This Requirement is not met as evidenced by: Based on record review and staff interview it has been determined that the residence failed to ensure the comprehensive assessment was completed annually and each time the resident's condition changed for two out of three residents reviewed. Resident ID #'s 1, and 3.</p> <p>Findings are as follows:</p> <p>1) Resident ID #1 was admitted to the residence in March of 2021, at this time an initial comprehensive assessment was completed.</p> <p>Review of Resident ID #1's clinical record revealed changes in condition including but not limited to:</p> <ul style="list-style-type: none"> -Addition of an assisted device, walker, for ambulation. -Falls resulting in injury on 4/16/2021, 4/26/2021. <p>Record review of the resident's comprehensive assessment failed to reveal documentation of the above changes in condition.</p> <p>2) Resident ID #3 was admitted to the residence in September of 2015, at this time an initial comprehensive assessment was completed.</p> <p>Review of Resident ID #3's clinical record failed to reveal updates on a periodic basis (annually). Last Comprehensive Assessment is dated 11/15/2019.</p>	<p>S 365</p> <p>5365</p> <p>5365</p> <p>5365</p>	<p>Dow will update initial assessment upon any change of condition & quarterly Dow will update Service Plan yearly, and any change of condition.</p> <p>Dow will report to Admin to significant changes of condition on residents, daily.</p> <p>Admin. will hire additional R.N. Part-time / Full-time depending on what's needed. Add is posted as of 9/1/2021 & currently interviewing daily</p>	<p>8-5-21</p> <p>8/5/21</p> <p>12-1-21</p>

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S 365	<p>Continued From page 6</p> <p>Record review further revealed changes in condition including but not limited to a fall on 6/19/2021 resulting in transfer to a skilled nursing facility. The resident was readmitted to the facility on 7/06/2021. Record review fails to reveal an assessment prior to the resident's readmission to the facility.</p> <p>During a surveyor interview on 8/5/2021 at approximately 1:30 PM the Director of Nursing revealed that the assessment for Resident ID #3 was completed but was unable to produce evidence the assessment was updated.</p>	S 365	<p><i>S 365</i> Management will review in quarterly Q.A. meetings. - Importance of proper documentation & ensuring residents safety.</p>	10-14-21