



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Long Term Care
Residents Protection

DHSS - DLTCRP
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 577-6661

STATE SURVEY REPORT

Page 1 of 10

NAME OF FACILITY: Arden Courts Assisted Living

DATE SURVEY COMPLETED: May 11, 2012

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
<p>3225.0</p> <p>3225.8.0</p> <p>3225.8.1</p> <p>3225.8.1.1</p>	<p>An unannounced annual and complaint survey was conducted at this facility beginning May 7, 2012 and ending May 11, 2012. The facility census on the entrance day of the survey was 32. The survey sample was composed of 5 residents and included 4 selected residents and an additional subsample of one resident. The survey process included observations, interviews, review of resident clinical records, facility documents and facility policies and procedures.</p> <p>Assisted Living Facilities</p> <p>Medication Management</p> <p>An assisted living facility shall establish and adhere to written medication policies and procedures which shall address:</p> <p>Obtaining and refilling medication;</p> <p>This requirement is not met as evidenced by:</p> <p>Based on observations and staff interview it was determined that the facility failed to ensure that two prescribed medications were obtained for scheduled administration to one resident (Resident #SS1) out of five sampled. Findings include:</p> <p>During observations of medication administration on 5/10/2012 it was revealed that two out of three medications prescribed for Resident #SS1 were unobtainable for scheduled administration at 8:00 AM.</p>	<p>The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies therein. To remain in compliance with all Federal and State regulations, the center has taken or will take the actions set forth in the following plan of correction. The plan of correction constitutes the centers allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated.</p> <p>3225.0, 3225.8.0, 3225.8.1, 3225.8.1.1</p> <p>Effective 5/30/2012 a backup plan was put into place with having Marcus Hook Pharmacy as our back up pharmacy in the event that Heartland Pharmacy will not be able to deliver the medications needed by the required ordered time of administration to the resident.</p> <p>Every faxed medication order will have the confirmation sheet placed in a binder with a copy of the order. Upon receipt of the medication the nurse on duty will note date, time received and verify the accuracy of the order.</p> <p>The Resident Service Coordinator will review all new admissions and hospital returns to eliminate any potential problems of not having a medication on hand. The nurses have been in-serviced by the RSC, this was put into place 5/30/2012.</p>

Provider's Signature Stacy S. Roman

Title EXECUTIVE DIRECTOR

Date 6-26-12



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Long Term Care
Residents Protection

DHSS - DLTCRP
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 577-6661

STATE SURVEY REPORT

Page 2 of 10

NAME OF FACILITY: Arden Courts Assisted Living

DATE SURVEY COMPLETED: May 11, 2012

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
---------	--	--

<p>3225.9.0</p> <p>3225.9.5.2</p>	<p>Observations also revealed that the search of the medication cart conducted by E4 (licensed staff member) failed to recover the medications, "Risperdine 1mg, 1 tablet by mouth twice a day" and "Sertraline 50mg, 1 tablet by mouth daily", scheduled for administration at 8:00 AM. The facility failed to ensure that the above referenced medications were obtained for administration to Resident #SS1 as prescribed and scheduled at 8:00 AM on 5/10/2012.</p> <p>These findings were reviewed with E1 (executive director), E2 (RN/DON) and E3 (licensed staff member) on 5/11/2012.</p> <p>Infection Control</p> <p>Minimum requirements for pre-employment require all employees to have a base line two step tuberculin skin test (TST) or single Interferon Gamma Release Assay (IGRA or TB blood test) such as QuantiFeron. Any required testing according to risk category shall be in accordance with the recommendations of the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services. Should the category of risk change, which is determined by the Division of Public Health, the facility shall comply with the recommendations of the Center for Disease Control for the appropriate risk category.</p> <p>This requirement is not met as evidenced by:</p> <p>Based on review of facility documentation and staff interview on 5/9/2012, the facility failed to ensure that one (1) of 11 sampled staff had received the pre-employment</p>	<p>3225.9.0, 3225.9.5.2</p> <p>The Human Resources manager and the Resident Services Coordinator will review all new hire paperwork on the first day of employment to ensure all requirements have been completed. An corporate audit tool will be maintained by the Resident Service Coordinator to ensure all immunizations are up to date for all staff. This tool is in place and had just started being used at the May 2012 survey. The RSC/HR were in-serviced and this was put into place on 5/30/2012.</p>
---	---	--



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Long Term Care
Residents Protection

DHSS - DLTCRP
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 577-6661

STATE SURVEY REPORT

Page 3 of 10

NAME OF FACILITY: Arden Courts Assisted Living

DATE SURVEY COMPLETED: May 11, 2012

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
<p>3225.12.0</p> <p>3225.12.1</p> <p>3225.12.1.3</p>	<p>base line two step tuberculin skin test. Findings include:</p> <p>E50 was hired 4/3/2012. Review of facility documentation revealed that step one was administered on 4/3/2012 and not read. E1 (Executive Director) confirmed the finding.</p> <p>Services</p> <p>The assisted living facility shall ensure that:</p> <p>Food service complies with the Delaware Food Code</p> <p>This requirement is not met as evidenced by:</p> <p>Based on observations and interviews during the tour of the kitchen, it was determined that the facility failed to comply with sections 3-501.16 (A) (2), 3-602.11 (B) (1), 3-501.17 (A), 4-101.11 (E), 4-903.11 (B) (1), and 6-301.12 (A) of the State of Delaware Food Code</p> <p>3-5 Limitation of Growth of Organisms of Public Health Concern</p> <p>3-305 Temperature and Time Control</p> <p>3-305.16 Potentially Hazardous Food (Time/Temperature Control for Safety Food), Hot and Cold Holding.</p> <p>(A) Except during preparation, cooking, or cooling, or when time is used as the public health control as specified under §3-501.19, and except as specified under ¶ (B) and in ¶ (C) of this section, Potentially Hazardous Food (Time/Temperature Control For Safety</p>	<p>3225.12.0, 3225.12.1, 3225.12.1.3 Please see next page.</p>



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Long Term Care
Residents Protection

DHSS - DLTCRP
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 577-6661

STATE SURVEY REPORT

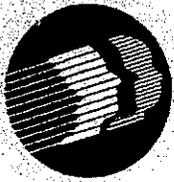
Page 4 of 10

NAME OF FACILITY: Arden Courts Assisted Living

DATE SURVEY COMPLETED: May 11, 2012

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
---------	--	--

	<p>Food) shall be maintained:</p> <p>(2) At 5°C (41°F) or less.</p> <p>This requirement is not met as evidenced by:</p> <p>Observations during a tour of the kitchen on 5/10/2012 at 9:45 AM revealed that a whole turkey was stored in the prep sink. This finding was confirmed by E51 (Food Service Coordinator)</p> <p>The following findings were observed on 5/7/2012:</p> <p>3-6 Food Identity, Presentation, and On-Premised Labeling</p> <p>3-602.11 Food Labels</p> <p>(B) Label information shall include:</p> <p>(1) The common name of the food, or absent a common name, an adequately descriptive identity statement.</p> <p>This requirement is not met as evidenced by:</p> <p>Observations at 12:05 PM in the walk-in refrigerator revealed that a bowl of food was unlabeled. Additionally, the product was not dated. E52 confirmed that the bowl contained a cranberry product.</p> <p>3-5 Limitation of Growth Of Organisms Of Public Health Concerns</p> <p>3-501 Temperature and Time Control</p> <p>3-501.17 Ready-to-Eat, Potentially Hazardous Food (Time/Temperature Control for Safety Food), Date Marking.</p>	<p>3225.12.0, 3225.12.1, 3225.12.1.3</p> <p>No food will be stored in the prep sink, this will monitored by the Food Service Coordinator and the Executive Director. The FSC and dietary aid were in serviced and this was completed and put into place on 5/30/2012.</p> <p>All foods shall be covered, dated and labeled. This will be monitored by the dietary staff on a daily basis when temperatures are checked in the walk in. The FSC and dietary aid have been in-serviced and this has been put into place as of 5-30-2012.</p>
--	---	---



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Long Term Care
Residents Protection

DHSS - DLTCRP
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 577-6661

STATE SURVEY REPORT

Page 5 of 10

NAME OF FACILITY: Arden Courts Assisted Living

DATE SURVEY COMPLETED: May 11, 2012

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
---------	--	--

(A) Except when packaging food using a reduced oxygen packaging method as specified under § 3-502.12, and except as specified in §§ (D) and (E) of this section, refrigerated, ready-to-eat, potentially hazardous food (Time/Temperature Control For Safety Food) prepared and held in a food establishment of more than 24 hours shall be clearly marked to indicate the date of day by which the food shall be consumed on the premises, sold, or discarded when held at a temperature of 5°C (41°F) or less for a maximum of 7 days.

This requirement is not met as evidenced by:

Observations at 12:05 PM in the walk-in refrigerator revealed that a bowl of cranberry product was not dated. E52 (Cook) confirmed the finding.

4-1 Materials for Construction and Repair

4-101.11 Characteristics.

Materials that are used in the construction of utensils and food-contact surfaces of equipment may not allow the migration of deleterious substances or impart colors, odors, or tastes to food and under normal use conditions shall be:

(E) Resistant to pitting, chipping, crazing, scratching, scoring, distortion, and decomposition.

This requirement is not met as evidenced by:

All foods shall be covered, dated and labeled. This will be monitored by the dietary staff on a daily basis when temperatures are checked in the walk in. The FSC and dietary aid have been in-serviced and this has been put into place as of 5-30-2012.

4-101.11

The 8 inch OD sauce pan was discarded immediately following the surveyor bringing it to our attention. We have replaced any pots & pans that have shown signs of pitting or chipping. The FSC has been in-serviced on observing the wear of pots/pans. This was put into effect on 5/30/2012.



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Long Term Care
Residents Protection

DHSS - DLTCRP
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 577-6661

STATE SURVEY REPORT

Page 6 of 10

NAME OF FACILITY: Arden Courts Assisted Living

DATE SURVEY COMPLETED: May 11, 2012

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
---------	--	--

Observations of the pot rack at 12:00 PM revealed that an 8 inch OD sauce pan was pitted. The finding was confirmed by E52 (Cook).

4-9 Protection of Clean Items

4-901 Drying

4-903.11 Equipment, Utensils, Linens, and Single-Service and Single-Use Articles.

(B) Clean equipment and utensils shall be stored as specified under ¶ (A) of this section and shall be stored:

(1) In a self-draining position that allows air drying.

This requirement is not met as evidenced by:

Observations at 12:15 PM of the wall-mounted shelf revealed that two stacked 12.5 inch by 7 inch by 4 inch rectangular pans were dripping wet. E52 (Cook) confirmed the finding.

6-3 Numbers and Capacities

6-301 Handwashing Sinks

6-301.12 Hand Drying Provision.

Each handwashing sink or group of adjacent handwashing sinks shall be provided with:

(A) Individual, disposable towels.

This requirement is not met as evidenced by:

4-9, 4-901, 4-903.11,

All pots & pans will be checked to ensure they are dry prior to being put away. The Food Service Coordinator will conduct random audits and discuss his findings in morning meeting with the department manager team. The FSC and dietary aid have been in-serviced and this was put into place on 5/30/2012.

6-3, 6-301, 6-301.12

All paper towel dispensers will be checked and filled by housekeeping on a daily basis. In the event the housekeeping staff is off, the Building Service Coordinator will check all dispensers. Additional paper towels will be left in the supply room of each house so staff on evening and nights will be able to fill dispensers if needed. The BSC has done an in-service with all staff on how to fill a paper towel dispenser, this was completed on 6/26/2012.



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Long Term Care
Residents Protection

DHSS - DLTCRP
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 577-6661

STATE SURVEY REPORT

Page 7 of 10

NAME OF FACILITY: Arden Courts Assisted Living

DATE SURVEY COMPLETED: May 11, 2012

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
<p>3225.13</p> <p>3225.13.5</p>	<p>Observations of the handwashing station at 12:12 PM revealed that the paper towel dispenser was empty.</p> <p>Service Agreement</p> <p>The service agreement shall be developed and followed for each resident consistent with that person's unique physical and psychosocial needs with recognition of his/her capabilities and preferences.</p> <p>This requirement is not met as evidenced by:</p> <p>Based on clinical record review, facility documents and staff interview it was determined that the facility developed a service agreement that failed to address weight loss sustained by one resident (Resident #3) out of five sampled. Findings include:</p> <p>Clinical record review revealed that Resident #3 was admitted to the assisted living facility on 7/25/2011 with diagnoses that included dementia, hypertension, myocardial infarction, atrial fibrillation, and congestive heart failure. According to the initial UAI assessment dated 7/25/2011 Resident #3 was oriented to person only, experienced short-term and long-term memory problems and required "supervision, set up, cueing, coaching and reminders of meal times" for eating.</p> <p>Review of Resident #3's weights recorded between March 2012 and April 2012 revealed a significant weight loss of approximately 7.5% or 8.8 lbs. from March 2012 through April 2012. The facility form</p>	<p>3225.13, 3225.13.5</p> <p>A list will be maintained by house, room number & resident name on each med cart that will remind the nurse to assess vital signs as ordered prior to giving medication. The nurses were in-serviced and this was put into place on 5/30/2012.</p> <p>The Resident Service Coordinator will do a weekly MAR Audit and document findings and discuss at morning meeting with Nurses and department coordinators. This was put into place on 5/30/2012.</p> <p>All new medications requiring vital sign assessments will be added to the weekly list on the day of the order by the Resident Services Coordinator or designee. This will be reviewed weekly to ensure Compliance and discussed with nursing staff. The nurses were in-serviced and this was put into place on 5/30/2012.</p>



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Long Term Care
Residents Protection

DHSS - DLTCRP
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 577-6661

STATE SURVEY REPORT

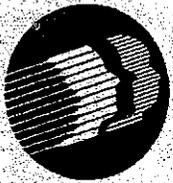
Page 8 of 10

NAME OF FACILITY: Arden Courts Assisted Living

DATE SURVEY COMPLETED: May 11, 2012

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
---------	--	--

<p>3225.19.0</p> <p>3225.19.7</p> <p>3225.19.7.2</p>	<p>"Vital Signs Statistics Sheet" revealed documentation of monthly weights beginning February 2012 that read: February 2012: 116.4lbs; March 2012: 118.4lbs; April 2012: 109.6lbs; and May 2012: pending. Further review of Resident #3's weight recorded between March 2012 and April 2012 revealed a weight loss of approximately 8.8 lbs. or 7.4%.</p> <p>However review of the initial service agreement dated 7/25/2011 revealed the absence of goals and specific interventions that addressed weight loss sustained by Resident #3. This finding was reviewed with E1 (facility administrator), E2 (RN, DON) and E3 (licensed staff member).</p> <p>Records and Reports</p> <p>Reportable incidents include:</p> <p>Neglect as defined in 16 Del.C 1131.</p> <p>16 Del., C., Chapter 11, Subchapter III</p> <p>Subchapter III. Abuse, Neglect, Mistreatment or Financial Exploitation of Residents or Patients</p> <p>Section 1131. Definitions.</p> <p>When used in this subchapter the following words shall have the meaning herein defined. To the extent the terms are not defined herein, the words are to have their commonly-accepted meaning.</p> <p>(9) "Neglect" shall mean:</p> <p>c. Failure to carry out a prescribed treatment plan for a patient or resident.</p>	<p>3225.19.0, 3225.19.7, 3225.19.7.2</p> <p>Any resident who is plus or minus (4) Pounds in a month will automatically require a re-weigh will be done.</p> <p>The physician will be notified and They will be placed on weekly weights pending change in status.</p> <p>The dietician will also be notified. The nurses have been in-serviced and this was put into place on 5/30/2012.</p>
--	--	--



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Long Term Care
Residents Protection

DHSS - DLTCRP
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 577-6661

STATE SURVEY REPORT

NAME OF FACILITY: Arden Courts Assisted Living

DATE SURVEY COMPLETED: May 11, 2012

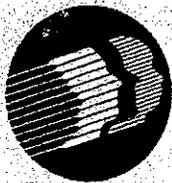
SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
---------	--	--

This requirement is not met as evidenced by:

Based on clinical record review and staff interview it was determined that the facility failed to ensure that a treatment plan was carried out according to the physician order for one resident (Resident #1) out of five sampled. Findings include:

Review of the clinical record revealed that Resident #1 had diagnoses that included dementia, congestive heart failure, hypertension, noninsulin dependent diabetes mellitus, hypothyroidism, hyperlipidemia, colostomy and osteoarthritis. According to the UAI completed and dated 10/11/1011 Resident #1 was oriented to person only and exhibited short-term memory and long-term memory problems. Additionally the above referenced UAI revealed that Resident #1 experienced occasional difficulty making herself understood and had problems understanding others "at times". Further review of the same UAI dated 10/11/11 revealed that Resident #1 was administered medications by a licensed staff member.

Review of Resident #1's clinical record also revealed a report dated January 25, 2012 from the consultant pharmacist to the physician that stated "... Nurses are not always recording blood pressure before (Diovan - antihypertensive) dose is given...". Review of the clinical record also revealed that the monthly physician order forms dated February 2012 and March 2012 included the order "Diovan 160mg tablet, 1 tablet by mouth once daily-hold for SBP<110 (systolic blood pressure less than 110)"



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Long Term Care
Residents Protection

DHSS - DLTCRP
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 577-6661

STATE SURVEY REPORT

Page 10 of 10

NAME OF FACILITY: Arden Courts Assisted Living

DATE SURVEY COMPLETED: May 11, 2012

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
	<p>Further review of the MAR dated February 2012 revealed the absence of a recorded blood pressure for nine out of 29 (31%) days during the month of February 2012 despite the documentation of the administration of Diovan on the same 9 days without a recorded blood pressure. Review of the MAR dated March 2012 revealed the absence of any recorded blood pressures and the documentation of the administration of Diovan every day during the month of March 2012. Although the MARs (Medication Administration Records) completed for the above referenced months included transcribed physician orders, the facility failed to ensure that Resident #1's blood pressure was consistently monitored and documented prior to the administration of every dosage of the medication, Diovan. The facility failed to ensure that the medication treatment plan prescribed by her physician was received by Resident #1.</p> <p>These findings were reviewed with E1 (executive director), E2 (RN/DON) and E3 (licensed staff member) on 5/11/2012.</p>	