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: Brandywine Assisted Living Fenwick Island **DATE SURVEY COMPLETED:** June 1, 2011

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
	An unannounced annual and complaint survey was conducted at this facility beginning May 31, 2011 and ending on June 1, 2011. The facility census on the entrance day of the survey was sixty-five (65). The survey sample was composed of 9 residents.	
3225	**Assisted Living Facilities**	
3225.8.0	**Medication Management**	
3225.8.1.5	**Provision for a quarterly pharmacy review which shall include:**	
	This requirement was not met as evidenced by:	See attached PAGE ONE
	Based on record review and staff interviews it was determined that the facility failed to have a quarterly pharmacy review. The last pharmacy review was completed on 2/25/11. During interview with the Wellness Director (E1) on 6/1/11 she stated they would not have a pharmacy review until June 2011.	
3225.8.1.5.3	**Review of each resident's medication regimen with written reports noting any identified irregularities or areas of concern.**	See attached PAGE TWO
	This requirement was not met as evidenced by:	
	Based on record review and staff interviews it was determined that for forty-one (41) of fifty-seven (57) residents reviewed, the facility failed to	

BRANDYWINE ASSISTED LIVING AT FENWICK ISLAND

Date Survey Completed: June 1, 2011

3225.8.1.5 Provision for a quarterly pharmacy review

1. **No residents were found to be affected by this practice;**
2. **All residents had the potential to be affected by this practice;**
3. **Regulatory compliance meeting will be conducted with pharmacy consultant. Pharmacy reviews will be scheduled on a quarterly basis one year in advance. RN Wellness Director will confirm Pharmacy Consultant visit within 7 days prior to scheduled consultation date. RN Wellness Director will report completion of Pharmacy review to Administrator on a quarterly basis.**
4. **Administrator will monitor completion of reviews and report quarterly to the Quality Improvement Committee.**

ANTICIPATED COMPLETION DATE: July 31, 2011

NAME OF FACILITY: Brandywine Assisted Living Fenwick Island **DATE SURVEY COMPLETED:** June 1, 2011

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
	act upon written reports by the pharmacy consultant identifying irregularities or areas of concern. Findings include: On 2/15/11, 2/17/11 and 2/25/11 the consultant pharmacist reviewed fifty-seven (57) residents' medication regimens for any identified irregularities or concerns. Out of the 57 residents reviewed forty five (45) had recommendations and twelve (12) had no irregularities noted. Out of the forty-five (45) with recommendations, four (4) were acted upon and corrections were made by the facility staff; forty one (41) were not acted upon. Recommendations ranged from drugs not having an indication for use, to potential drug to drug interactions that required immediate action; according to the Memorandum dated 5/17/11 from the pharmacy addressed to the nursing director (Wellness Director). During interview with E1 on 6/1/11 she stated that nothing had been done with the recommendations because this report was a new format, very technical and they were waiting for a response from pharmacy. E1 further stated that if they followed the pharmacy recommendations they would be giving medications around the clock, and they did not have the staff to meet that need.	
3225.8.8	**Concurrently with all UAI-based assessments, the assisted living facility shall arrange for an on-site**	

BRANDYWINE ASSISTED LIVING AT FENWICK ISLAND

Date Survey Completed: June 1, 2011

3225.8.1.5.3 Review of each resident's medication regimen with written reports noting any identified irregularities or areas of concern

1. **The consultant pharmacist recommendations identified in the quarterly review conducted on 2/15/11, 2/17/11 and 2/25/11 were acted upon and corrections were made;**
2. **All residents had the potential to be affected by this practice.**
3. **Pharmacy consultant reports will be addressed within 7 days of receipt of report. Any non-comprehendable reports will be reviewed with the pharmacy consultant for clarification within 72 hours of receipt. RN Wellness Director will audit completion of pharmacy consultant recommendations and report to the Administrator quarterly;**
4. **Administrator will monitor pharmacy review confirmation audits and report quarterly to the Quality Improvement Committee.**

ANTICIPATED COMPLETION DATE: July 31, 2011

NAME OF FACILITY: Brandywine Assisted Living Fenwick Island DATE SURVEY COMPLETED: June 1, 2011

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	medication review by a registered nurse, for residents who need assistance with self-administration or staff administration of medication, to ensure that:	
3225.8.8.1	**Medications are properly labeled stored and maintained;**	
3225.8.8.2	**Each resident receives the medications that have been specifically prescribed in the manner that has been ordered;**	
3225.8.8.3	**The desired effect of each medication has been achieved, and if not, that the appropriate authorized prescriber is so informed;**	
3225.8.8.4	**Any undesired side effects, adverse drug reactions, and medication errors are identified and reported to the appropriate authorized prescriber; and,**	
3225.8.8.5	**Any unresolved discrepancy of controlled substances shall be reported to the Delaware Office of Narcotics and Dangerous Drugs.**	
	This requirement was not met as evidenced by:	See attached PAGE THREE
	Based on record review and staff interviews, it was determined that for four (4) R6, R5, R8, R9) out of seventeen (17) residents reviewed that	

Provider's Signature [signature] Title Executive Director Date July 13, 2011

BRANDYWINE ASSISTED LIVING AT FENWICK ISLAND

Date Survey Completed: June 1, 2011

3225.8.8 Concurrently with all UAI-based assessments, the assisted living facility shall arrange for an on-site medication review by a registered nurse, for residents who need assistance with self-administration or staff administration of medication

1. **Medication administration assessments for residents R4, R5, R6, R8, R9, R10 and R11 were completed by a Registered Nurse;**
2. **All current resident self-medication assessments will be audited to assure completion by a Registered Nurse;**
3. **All residents that move in to this facility will have a self medication assessment conducted by a Registered Nurse. In-Service training will be conducted with the Registered Nurse Wellness Director to ensure that medication administration assessments are conducted by Registered Nurse staff only. Registered Nurse Wellness Director will conduct monthly audits to assure all self-medication assessments were completed by an Registered Nurse and forward to Administrator for review;**
4. **Administrator will monitor audits monthly and report quarterly to the Quality Improvement Committee.**

ANTICIPATED COMPLETION DATE: August 26, 2011

NAME OF FACILITY: Brandywine Assisted Living Fenwick Island DATE SURVEY COMPLETED: June 1, 2011

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
	self-administered medication, the facility failed to have an on-site review by a registered nurse. Findings include: Residents R5, R6, R8 and R9 had their "Self-Medication Reviews" performed by licensed practical nurses (LPN's) not registered nurses (RN's). 1. R6's review was completed by E3 (LPN) on 5/23/11. During interview with E3 (LPN) she stated she had done the review but had not completed the signature line. 2. R5's review was completed by E4 (LPN) on 3/5/11. 3. R8's review was completed by E5 (LPN) on 5/11/10. 4. R9's review was completed by E6 (LPN) on 7/31/10. It was also noted that three (3) (R4, R10, R11) out of the nineteen (19) residents reviewed had their "Self-Medication Reviews" completed by an LPN and co-signed by an RN. E1 stated that she would review the "Self-Medication Reviews" completed by an LPN and co-sign them.	
3225.17.0	**Environment and Physical Plant**	
3225.17.2.3	**Have a hazard-free environment; and** **This requirement was not met as evidenced by:**	See attached PAGE FOUR

BRANDYWINE ASSISTED LIVING AT FENWICK ISLAND

Date Survey Completed: June 1, 2011

3225.17.3 Have a hazard-free environment

1. **The barrier/guard rail was installed in the courtyard on June 14, 2011;**
2. **All residents had the potential to be affected by this practice. The courtyard was closed to prevent recurrence;**
3. **Environmental Services Director will conduct monthly safety audits of the courtyard to assure a safe and hazard free environment;**
4. **Administrator will monitor audits and report quarterly to the Safety and Quality Improvement Committee.**

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NAME OF FACILITY: Brandywine Assisted Living Fenwick Island DATE SURVEY COMPLETED: June 1, 2011

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	Based on observation of the courtyard, review of facility incident reports, Division of Long Term Care Residents Protection (DLTCRP) data base of reported incidents, staff interviews, and facility plans of correction in response to a serious injury and a complaint, it was determined that the facility failed to have a hazard free environment. Findings include: During observation of the courtyard on 5/31/11 and 6/1/11 it was determined that the facility failed to take corrective action in response to a serious injury to R1 on 4/20/11 and that a hazardous walkway still existed. The facility held a safety meeting on 4/20/11 identifying the walkway in the courtyard was raised higher than the garden bed causing a risk of fall or "roll off' by a wheelchair or walker. The resolution was to create barrier/guard rail by installing pavers. On 4/28/11 E7 forwarded the plan of correction for this hazard along with a copy of a check validating purchase of the pavers to the DLTCRP in response to an investigation regarding the incident and injury involving R1. During interview with E2 on 6/1/11 he stated they had not gotten around to installing the pavers.	
3225.19.0 3225.19.7.7.2	**Records and Reports** **Injury from a fall which results in transfer to an acute care facility for treatment or evaluation or which**	

BRANDYWINE ASSISTED LIVING AT FENWICK ISLAND

Date Survey Completed: June 1, 2011

3225.19.7.7 Injury from a fall which results in transfer to an acute care facility for treatment or evaluation or which requires periodic assessment of the resident's clinical status by facility professional staff for up to 48 hours

1. **A reportable event notification form was sent to the Division of Long Term Care Residents Protection on July 7, 2011;**
2. **An audit of all incident reports documented within the past 90 days will be conducted to assure required reports were submitted to the Division of Long Term Care Residents Protection;**
3. **Refresher training will be conducted with all licensed nursing staff regarding requirements for notification reports to be submitted to the Division of Long Term Care Residents Protection. Registerd Nurse Wellness Director will audit incident reports monthly to confirm Division notification. Registered Nurse Wellness Director will submit monthly reports to the Administrator;**
4. **Administrator will monitor monthly reports and provide updates quarterly to the Quality Improvement Committee.**

ANTICIPATED COMPLETION DATE: August 26, 2011

NAME OF FACILITY: Brandywine Assisted Living Fenwick Island DATE SURVEY COMPLETED: June 1, 2011

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
	requires periodic reassessment of the resident's clinical status by facility professional staff for up to 48 hours. **This requirement was not met as evidenced by:** Based on review of facility incident reports, DLTCRP data base of reported incidents and staff interviews, it was determined that an injury from a fall which resulted in the need evaluation and required periodic assessment of the residents clinical status was not reported to the DLTCRP as defined in 16 Del.C§1131. Findings include: A review of the DLTCRP data base revealed no facility report had been sent regarding R1's fall with injury. On 5/9/11 at 8:10 am R1was found on the floor and was noted to have no injury. On 5/9/11 at 8:00 pm R1was noted to have bruising of her right arm, shoulder to elbow, tender to touch. At 6:00 pm on 5/10/11, R1 was noted to have moderate dark purple bruising from right shoulder to elbow and reddish bruising outer forearm, hurts when bruises are touched. Right arm was elevated on a pillow, and cool compresses were applied. R1 complained of pain when compresses were applied. Nursing staff continued to monitor arm and on 5/12/11 at 2:30 pm a Doppler study was done to determine if there was a thrombosis (blood clot); there was not. X-rays of the shoulder and humerus were also	See attached PAGE FIVE

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	done and found to be negative. On 5/12/11 R1's arm remained bruised, swollen and required observation and treatment through 5/14/11. Interview with E1, during the survey confirmed that the fall/injury to R1 was not reported to DLTCRP.	