DELAWARE HEALTH AND SOCIAL SERVICES
Division of Health Care Quality
Office of Long Term Care Residents Protection

DHSS - DHCQ
261 Chapman Road Suite 200
Newark, DE 19702

STATE SURVEY REPORT

NAME OF FACILITY: Willowbrooke Court Skilled Center At Manor House DATE SURVEY COMPLETED: June 3, 2024

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
3201	An unannounced Annual and Complaint Survey was conducted at this facility from May 29, 2024 through June 3, 2024. The deficiencies contained in this report are based on observations, interviews, review of clinical records and other facility documentation as indicated. The facility census on the first day of the survey was 37. The investigative sample totaled 12 residents.		
3201.1.0	**Regulations for Skilled and Intermediate Care Facilities**		
3201.1.2	**Scope**		
	Nursing facilities shall be subject to all applicable local, state and federal code requirements. The provisions of 42 CFR Ch. IV Part 483, Subpart B, requirements for Long Term Care Facilities, and any amendments or modifications thereto, are hereby adopted as the regulatory requirements for skilled and intermediate care nursing facilities in Delaware. Subpart B of Part 483 is hereby referred to, and made part of this Regulation, as if fully set out herein. All applicable code requirements of the State Fire Prevention Commission are hereby adopted and incorporated by reference.	Cross Reference POC for CMS 2567 survey completed 6/3/2024 F-Tag: F658 and F757.	
	This requirement is not met as evidenced by:		
	Cross Refer to the CMS 2567-L survey completed June 3, 2024: cross refer: F658 and F757.		

Provider's Signature _____ Title NHA Date 6/14/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085009	A. BUILDING _____ B. WING _____	C 06/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOWBROOKE COURT SKILLED CENTER AT MANOR HOUSE	1001 MIDDLEFORD ROAD SEAFORD, DE 19973

(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) COMPLETION DATE
E 000	Initial Comments An unannounced annual and complaint survey was conducted at this facility from May 29, 2024 through June 3, 2024. The facility census was 37 on the first day of the survey. In accordance with 42 CFR 483.73, an Emergency Preparedness survey was also conducted by The Division of Health Care Quality, the Office of Long-Term Care Residents Protection at this facility during the same time period. Based on observations, interviews, and document review, no Emergency Preparedness deficiencies were identified.	E 000		
F 000	INITIAL COMMENTS An unannounced Annual and Complaint Survey was conducted at this facility from May 29, 2024 through June 3, 2024. The deficiencies contained in this report are based on observations, interviews, review of clinical records and other facility documentation as indicated. The facility census on the first day of the survey was 37. The investigative sample totaled 12 residents. Abbreviations/definitions used in this report are as follows: ADON - Assistant Director of Nursing; CNA - Certified Nurse's Aide; DON - Director of Nursing; ED- Executive Director; EMR- electronic medical record; NHA- Nursing Home Administrator; Adverse effect- unwanted effect. Anticoagulant - medication that works to prevent the coagulation (clotting) of blood;	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 06/13/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 000	Continued From page 1 Atrial Fibrillation - irregular and often rapid heart rate that commonly causes poor blood flow to the body OR irregular heart rhythm.	F 000		
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on record review and interview, it was determined that for three (R1, R7, and R114) out of twelve residents reviewed for care plans, the facility failed to meet professional standards of the Delaware Board of Nursing Scope of Practice by having LPNs complete admission assessments and admission or progress notes. Findings include: Delaware State Board of Nursing - RN, LPN and NA/UAP Duties 2023 ... Admission Assessments * - RN ... *= Once a care plan is established, the LPN may do assessments ...". 1. Review of R1's clinical record revealed: 5/1/24 - R1 was admitted to the facility. 5/2/24 - A review of R1's admission assessments revealed that a bowel and bladder assessment, functional abilities assessment, wandering risk, and skilled evaluation assessment were completed by E4 (LPN). 6/3/24 12:10 PM - An interview with E4 confirmed	F 658	1. The admission assessments for R1, R7 and R114 were reviewed by the Director of Nursing on 6/7/2024. No changes were made. The 5-day MDS with ARD of 5/7/2024 for R1, 5/16/2024 for R7, 5/29/2024 for R114 were completed by the RN care coordinator. No noted negative effects when reviewed by director of nursing. 2. The director of nursing reviewed admissions assessments completed by licensed practical nurse in last 90 days. No corrective action was needed. 3. The director of nursing and/or staff educator will complete education with nursing staff related to scope of practice for registered nurse and licensed practical nurse related to admission assessments. For all new admissions, the DON/ADON will delegate the admission assessments and initial admission progress notes to RNs. If an LPN completes any of the tasks, a RN will review, verify the accuracy and cosign for completion. 4. The director of nursing or designee will	6/13/24

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F 658	Continued From page 2 that the nurse assigned to a new admission resident is responsible to complete the admission assessments and progress note. E4 confirmed there are fourteen admission assessments to be completed. E4 confirmed she completed admission assessments for R1 on 5/2/24. 2. Review of R7's clinical record revealed: 5/10/24 - R7 was admitted to the facility. 5/10/24 - A review of R7's admission assessments revealed that the long term care evaluation, functional abilities assessment, side rail assessment, and Covid-19 admission screening were completed by E4 (LPN). 6/3/24 12:10 PM - An interview with E4 confirmed she completed admission assessments for R7 on 5/10/24. 3. Review of R114's clinical record revealed: 5/23/24 - R114 was admitted to the facility. 5/24/24 - A review of R114's admission assessment revealed that the admission progress note, wandering risk assessment, long term care evaluation, and the functional abilities assessment were completed by E4 (LPN). 6/3/24 12:10 PM - An interview with E4 confirmed she completed admission assessments for R114 on 5/10/24. 6/3/24 2:00 PM - Findings were reviewed with E1 (NHA), E2 (ED), and E3 (Corporate) during the exit conference.	F 658	complete a weekly audit of admission assessments x 3 months or until 100% compliance is obtained, or no longer deemed appropriate by the interdisciplinary team. The findings from the audits will be documented, reviewed, and submitted to the QAPI committee for further review and any additional action if identified.	

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F 757	Continued From page 3	F 757		
F 757 SS=D	Drug Regimen is Free from Unnecessary Drugs CFR(s): 483.45(d)(1)-(6) §483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used- §483.45(d)(1) In excessive dose (including duplicate drug therapy); or §483.45(d)(2) For excessive duration; or §483.45(d)(3) Without adequate monitoring; or §483.45(d)(4) Without adequate indications for its use; or §483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or §483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. This REQUIREMENT is not met as evidenced by: Based on record review and interview it was determined that for three (R1, R4, and R7) out of five residents reviewed for medication review, the facility failed to ensure adequate monitoring of adverse effects. Findings include: 1. Review of R1's clinical record revealed: 5/1/24 - R1 was admitted to the facility. 5/1/24 - A physician's order was written for apixaban oral tablet 2.5 mg (anticoagulant) give	F 757	1. Residents identified were immediately assessed and no adverse side effects were noted. 2. Residents (R7 was discharged home at time of correction) had orders added to medication administration record to monitor for adverse side effects for anticoagulants. The director of nursing completed facility wide audit of residents receiving anticoagulants for proper orders to monitor for adverse side effects and documentation.	6/13/24

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F 757	Continued From page 4 one tablet by mouth two times a day for atrial fibrillation. 5/2/24 - A care plan revealed that R1 was on anticoagulant therapy related to atrial fibrillation (heart condition) and interventions included but not limited to "administer my anticoagulant medications as ordered by my physician. Monitor me (R1) for side effects and effectiveness every shift." 5/31/24 - A review of R1's medical record revealed no evidence of monitoring for side effects related to anti-coagulant use. 6/3/24 10:55 AM - An interview with E1 (NHA) confirmed that facility did not have monitoring in place related to R1's use of anticoagulants. 2. Review of R4's clinical record revealed: 5/18/23 - R4 was admitted to the facility. 5/19/23 - A care plan revealed that R4 was on an anticoagulant for atrial fibrillation (heart condition) and interventions included but not limited to "monitor me (R4) and document/report any adverse reactions of my anticoagulant therapy..... " 7/14/23 - A physician's order was written for Eliquis (anticoagulant) oral tablet 5mg give one tablet two times a day for paroxysmal atrial fibrillation (heart condition). 5/30/24 - A review of R4's medical record revealed no evidence of monitoring for side effects related to anti-coagulant use.	F 757	3. The director of nursing and/or staff educator will complete education with clinical nursing staff related to obtaining an order to monitor for side effects, and education as to monitoring for those side effects. An order templet will be created by resident health services IT team, to clarify specific side effects to monitor with anticoagulant orders. The side effect monitoring will be documented on MAR along with the medication orders. 4. The director of nursing or designee will complete a weekly audit of residents receiving anticoagulants x 3 months or until 100% compliance is obtained, or no longer deemed appropriate by the interdisciplinary team. The findings from the audits will be documented, reviewed, and submitted to the monthly QAPI committee for further review and any additional action if identified.	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 757	Continued From page 5 6/03/24 10:55 AM - An interview with E1 (NHA) confirmed that facility did not have monitoring in place related to R1's use of anticoagulants. 3. Review of R7's clinical record revealed: 5/10/24 - R7 was admitted to the facility. 5/12/24 - A care plan revealed that R7 was on anticoagulant therapy related to clot prevention and interventions included but not limited to "monitor me (R7) and document/report any adverse reactions of my anticoagulant therapy..... " 5/12/24 10:45 AM - A physician's order was written Lovenox injection (anticoagulant) prefilled syringe solution 3mg/ 0.3mL: inject one dose subcutaneously every evening shift for prevention of blood clotting. 5/31/24 - A review of R7's medical record revealed no evidence of monitoring for side effects related to anti-coagulant use. 6/3/24 10:55 AM - An interview with E1 (NHA) confirmed that facility did not have monitoring in place related to R7's use of anticoagulants. 6/3/24 2:00 PM - Findings were reviewed with E1 (NHA), E2 (ED), and E3 (Corporate) during the exit conference.	F 757		