



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Health Care Quality
Office of Long Term Care Residents Protection

DHS - DHCC
263 Chapman Road, Suite 200, Cambridge Bldg,
Newark, Delaware 19702
(302) 421-7400

STATE SURVEY REPORT

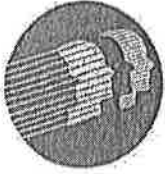
NAME OF FACILITY: AL- State Street Assisted Living

DATE SURVEY COMPLETED: December 9, 2024

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
<p>3225.0</p> <p>3225.8.8</p> <p>3225.8.0</p> <p>3225.8.1.1</p> <p>3225.8.8.2</p> <p>S/S-D</p>	<p>An unannounced Annual and Complaint Survey was conducted at this facility from December 5, 2024, through December 9, 2024. The deficiencies contained in this report are based on observations, interview, review of residents' clinical records and review of other facility documents, as indicated. The facility census on the first day of the survey was fifty-nine (59). The survey sample totaled seventeen (17) residents.</p> <p>Abbreviations/definitions used in this state report are as follows:</p> <p>BOD – Business Office Director;</p> <p>CA – Care Associate;</p> <p>ED – Executive Director;</p> <p>OS – Operation Specialist;</p> <p>Tuberculosis (TB) – a serious infectious disease that affects the lungs;</p> <p>TST – Tuberculin Skin Test.</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>Each resident receives the medications that have been specifically prescribed in the manner that has been ordered;</p> <p>This requirement is not met as evidenced by:</p>	<p>3225.8.8.2</p> <p>1) Resident 4 is unable to be corrected as This resident no longer resides in the community.</p> <p>2) Residents residing in the community have the potential to be affected by this practice. The community will audit the MAR for missed medication administration and notify the physician for orders if appropriate.</p> <p>3) A Root Cause Analysis (RCA) indicated a knowledge deficit regarding education on pharmacy processes for follow-up when medications do not arrive as ordered. Director of Health and Wellness (DHW) will in-service licensed professionals and medication technicians on the following topics: Medication/Treatment Guidelines, Process when a medication is unavailable.</p> <p>4) Director of Nursing (RN) or licensed nurse designee will audit 5 random residents MARs to identify any missed medications or treatments (goal: 0 missed medications or 100% followed up if missing) weekly x 4 weeks then monthly x 2 months. Audits will continue until substantial compliance is achieved. Findings will be reviewed by the QAPI Committee</p> <p>5) Date of Compliance: 01/31/2025</p>	<p>01/31/2025</p>

Provider's Signature [Signature]

Title Interim NHA (Exec. Dir) Date 12/20/24



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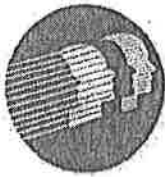
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	<p>Based on record review and interview, it was determined that for one (R4) out of one resident reviewed, the facility failed to obtain and administer R4's Lorazepam tablet (a medication used to treat anxiety disorders), as ordered by the physician, causing a significant medication error. Findings include:</p> <p>R4's July 2024 MAR lacked evidence that the following eight doses of Lorazepam were administered:</p> <ul style="list-style-type: none"> -Lorazepam 1 mg tablet on 7/2/24 at 6:00 am (morning) -Lorazepam 1 mg tablet on 7/3/24 at 6:00 am (morning) -Lorazepam 1 mg tablet on 7/4/24 at 6:00 am (morning) -Lorazepam 1 mg tablet on 7/5/24 at 6:00 am (morning) -Lorazepam 1 mg tablet on 7/6/24 at 6:00 am (morning) -Lorazepam 1 mg tablet on 7/7/24 at 6:00 am (morning) -Lorazepam 1 mg tablet on 7/8/24 at 6:00 am (morning) -Lorazepam 1 mg tablet on 7/9/24 at 6:00 am (morning) <p>12/6/24 2:34 PM – During an interview E1 (ED) confirmed there had been issues with the pharmacy and the Lorazepam was not delivered until July 9, 2024. R4 resumed her medication on July 9, 2024, PM dose.</p>		

Provider's Signature *John Hoo* Title Interim N/A Executive Director Date 12/20/24



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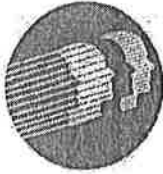
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<p>3225.9.0 3225.9.1 3225.9.5.2 S/S - E</p>	<p>12/9/24 2:30 PM – Findings were reviewed with E1 and E2 (OS) at the exit conference.</p> <p>Infection Control</p> <p>The assisted living facility shall establish written procedures to be followed in the event that a resident with a communicable disease is admitted or an episode of communicable disease occurs. It is the responsibility of the assisted living facility to see that:</p> <p>Minimum requirements for pre-employment require all employees to have a baseline two step tuberculin skin test (TST) or single Interferon Gamma Release Assay ((GRA or TB blood test) such as Quanti-Feron. Any required subsequent 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>Review of a State Agency form entitled Personnel Audit Sheet completed by E3 (BOD), revealed seven (7) employees of ten (10) reviewed did not have their first step of the two-step TST conducted timely (first day in facility / date of TST):</p>	<p>3225.9.5.2</p> <p>1) E5, E6, E7, E8, E10, E11, and E12 were given their first step of the two-step tuberculin skin test (TST).</p> <p>2) All Employees have the potential to be affected by this deficient practice. The community will audit all Employee files to ensure all employees have their first step of the two-step tuberculin skin test (TST).</p> <p>3) A Root Cause Analysis (RCA) Indicated a system breakdown/failure to execute the process for new employee hires. Executive Director or designee will in-service Nursing NDHR on new hire process and requirements.</p> <p>4) Executive Director or designee will audit 5 random (new employee) files for completed two-step tuberculin skin test (TST) weekly x4 weeks with a goal of 100% then monthly x2 months. Audits will continue until substantial compliance is achieved. Findings will be reviewed by the QAPI committee.</p> <p>5) Date of Compliance: 01/31/2025</p>	

Provider's Signature 

Title Interim NITA
Executive Director

Date 12/28/24



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	<p>1. E5 (CA) – 9/26/24, no evidence of a TB test.</p> <p>2. E6 (Server) – 8/9/24, no evidence of a TB test.</p> <p>3. E7 (CA) – 3/1/24, 3/12/24.</p> <p>4. E8 (Housekeeper) – 3/7/24, 3/12/24.</p> <p>5. E10 (Driver) – 2/8/24, no evidence of a TB test.</p> <p>6. E11 (Concierge) – 4/3/24, no evidence of a TB test.</p> <p>7. E12 (CA) – 9/30/24, no evidence of a TB test.</p> <p>12/9/24 1:51 PM – In an interview, E2 (OS) confirmed that the facility was out of compliance with TB testing and that it either did not occur prior to employees' start dates or that the employees neglected to provide documentation that the testing occurred. E3 will be conducting an audit of all current employees to determine the status of TB testing.</p> <p>12/9/24 2:30 PM – Findings were reviewed with E1 (ED) and E2 at the exit conference.</p>		

Provider's Signature

Title

Interim NHA
Executive Director

Date

12/20/24



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Provider's Signature *[Handwritten Signature]*

Title Interim NTA
Executive Director

Date 12/28/24

