



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Health Care Quality

Office of Long Term Care
Residents Protection

DHSS - DHCQ
263 Chapman Road, Ste 200, Cambridge Bldg.
Newark, Delaware 19702
(302) 421-7400

STATE SURVEY REPORT

NAME OF FACILITY: Oakbridge Terrace at Cokesbury Village

DATE SURVEY COMPLETED: May 15, 2024

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES
3225.5.0	<p>An unannounced Annual and Complaint Survey was conducted at this facility from May 13, 2024 through May 15, 2024. The deficiencies contained in this report are based on observations, interview, record review and review of other facility documentation as indicated. The facility census on the first day of the survey was forty-two (42). The survey sample totaled six (6) residents.</p> <p>Assisted Living Facilities</p> <p>Abbreviations/definitions used in this state report are as follows:</p> <p>DAL - Director of Assisted Living;</p> <p>NHA - Nursing Home Administrator;</p> <p>OMB – Ombudsman;</p> <p>Resident Assessment – evaluation of a resident’s physical, medical, and psychosocial status as documented in a Uniform Assessment Instrument (UAI), by a registered nurse;</p> <p>Service Agreement – allows both parties involved (the resident and the assisted living facility) to understand the types of care and services the assisted living provides. These include: lodging, board, housekeeping, personal care, and supervision services;</p> <p>UAI – an assessment and collection of information regarding an assisted living applicant/resident’s physical condition, mental status and psychosocial need.</p>	
3225.7.0	<p>Specialized Care for Memory Impairment</p>	
3225.7.1	<p>Any assisted living facility which offers to provide specialized care for residents with memory impairment shall be required to</p>	

Provider's Signature *Kristen Revorne* Title NHA Date 6/13/24



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	disclose its policies and procedures which describe the form of care or treatment provided, in addition to that care and treatment required by the rules and regulations herein.	
3225.7.2	Said disclosure shall be made to the Department and to any person seeking specialized care for memory impairment in an assisted living facility.	
3225.7.3	The information disclosed shall explain the additional care that is provided in each of the following areas:	
3225.7.3.3	Pre-Admission, Admission & Discharge: the process and criteria for placement, transfer or discharge from this specialized care;	
3225.7.3.4	Assessment, Care Planning & Implementation: the process used for assessment and establishing and updating the service agreement and its implementation,	
3225.7.3.5	Staffing Plan & Training Policies: staffing plan, orientation, and regular in-service education for specialized care;	
3225.7.3.6	Physical Environment: the physical environment and design features, including security systems, appropriate to support the functioning of adults with memory impairment;	
3225.7.3.7	Resident Activities: the frequency and types of resident activities;	
3225.7.3.8	Family Role in Care: the family involvement and family support programs:	

Provider's Signature K Perrone

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<p>3225.8.0</p> <p>3225.8.6</p>	<p>The information disclosed shall explain the additional care that is provided in each of the following areas:</p> <p>Family Role in Care: the family involvement and family support programs:</p> <p>This requirement was not met as evidenced by:</p> <p>Based on interview, memory care marketing material review and review of other facility documentation, it was determined that the facility lacked evidence of providing pre-admission process and criteria for placement, assessment, care planning & implementation process used for assessment, establishing and updating the service agreement and its implementation, the staffing plan, orientation, and regular in-service education for specialized care, the physical environment and design features, including security systems appropriate to support the functioning of adults with memory impairment, the frequency and types of resident activities or the family involvement and family support programs.</p> <p>5/15/24 - Per interview with E1 (NHA) and E2 (DAL) at approximately 12:28 PM, E1 and E2 confirmed the information provided to persons seeking specialized care for memory impairment was lacking in those areas.</p> <p>5/15/24 – Findings were reviewed with E1, E2, E18 (OMB) and E19 (OMB) at the exit conference beginning at 12:31 PM.</p> <p>Medication Management</p> <p>Within 30 days after a resident's admission and concurrent with all UAI-based assess-</p>	<ol style="list-style-type: none"> 1. Marketing material was updated with an additional form explaining the pre-admission process and criteria for placement, assessment, care planning & implementation process used for assessment, establishing and updating the service agreement and its implementation, the staffing plan, orientation, and regular in-service education for specialized care, the physical environment and design features, including security systems appropriate to support the functioning of adults with memory impairment, the frequency and types of resident activities or the family involvement and family support programs. See attachment A. 2. Printed marketing material will be completely revised to include this additional information by 7/12/24. 3. Audit will be performed by Director of Assisted Living or designee monthly to ensure completion of this process and report to the QAPI committee. This audit can be discontinued once 100% compliance has been achieved and the permanent printed marketing material is in place.

Provider's Signature *[Signature]* Title NHA Date 6/13/24



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	<p>ments, the assisted living facility shall arrange for an on-site review by an RN of the resident's medication regime if he or she self-administers medication. The purpose of the on-site review is to assess the resident's cognitive and physical ability to self-administer medication or the need for assistance with or staff administration of medication.</p> <p>This requirement was not met as evidenced by:</p> <p>Based on record review, interview and review of other facility documentation, it was determined that for two (R1 and R6) out of three residents sampled for resident assessments for self-administration of medications, the facility lacked evidence that the assessments for self-administration of miscellaneous medicated creams were completed. Findings include:</p> <ol style="list-style-type: none"> 12/22/22 – R1 was admitted to the facility with the physician's order for staff to assist with medication administration. On 2/21/24 the physician ordered that R1 could self-administer a fungal medication to the left great toe and other medications when out of the building with family. The facility failed to provide evidence that the self-administration assessment was completed ensuring that R1 was capable of the correct medication administration. 3/13/23 – R6 was admitted to the facility with the physician's order for staff to assist with medication administration. On 3/18/23 the physician ordered that R6 could self-administer a medicated vaginal cream and a medicated cream for affected areas over scalp and body. The facility failed to provide 	<ol style="list-style-type: none"> The assessments for self-administration of medications were completed for resident R1 and R5 5/17/24 by a RN. The assessment determined that R1 and R5 understand the reason for the treatment and can properly apply creams ordered for them, which were verified by observations. An audit of all residents who have orders to self-administer medications in Oakbridge Terrace was completed on 6/10/24. The purpose is to make sure that the assessments of self-administra-
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Provider's Signature [Signature]

Title NTHA

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<p>3225.11.0</p> <p>3225.11.4</p>	<p>evidence that the self-administration assessment was completed ensuring that R6 was capable of the correct medication administration.</p> <p>5/15/24 – Per interview with E2 (DAL) at approximately 10:45 AM, E2 stated the staff usually talk the resident through the cream applications but do not observe, affording the resident’s privacy. E2 confirmed the documentation of these assessments was not in evidence.</p> <p>5/15/24 – Findings were reviewed with E1 (NHA), E2, E18 (OMB) and E19 (OMB) at the exit conference beginning at 12:31 PM.</p> <p>Resident Assessment</p> <p>The resident assessment shall be completed in conjunction with the resident.</p> <p>This requirement was not met as evidenced by:</p> <p>Based on record review, interview and review of other facility documentation, it was determined that for four (R1, R2, R3 and R6) out of six residents sampled for resident assessments, the facility lacked evidence that the UAI assessments were completed in conjunction with the resident. Findings include:</p> <p>1. 12/22/22 – R1 was admitted to the facility. The initial UAI was completed on 12/19/22. The facility lacked evidence that the UAI assessment was completed in conjunction with R1.</p> <p>2. 10/12/21 – R2 was admitted to the facility. The annual UAI was completed on 1/12/24. The facility lacked evidence that</p>	<p>tion of medications are completed as indicated and up to date. An observation of those residents who self-administer medications was completed on 6/10/24. Any identified concerns will be addressed timely and appropriately.</p> <p>3. All new residents admitted to Oakbridge Terrace will be assessed for self-administration of medications upon physician orders. An observation of resident who self-administer medication will be completed the first three days after admission to identify safety concerns. Any issues observed will be communicated to the physician/NP to follow up, including an order change as appropriate. This assessment will be completed again at least every six months, or when there is a change in resident’s condition. This process was communicated to all nurses on 5/15/24 and 5/16/24, to make sure that it is always followed concerning current residents and new admissions.</p> <p>4. The Director of Assisted Living will conduct an audit monthly, to assure completion of the assessment. The audit result will be submitted to QAPI for review and follow up for six months or until 100% compliance is achieved.</p>
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Provider's Signature *K Perrone*

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3225.11.5	<p>the UAI assessment was completed in conjunction with R2.</p> <p>3. 5/1/24 - R3 was admitted to the facility. The initial UAI was completed on 4/26/24. The facility lacked evidence that the UAI assessment was completed in conjunction with R3.</p> <p>4. 3/13/23 – R6 was admitted to the facility. The initial UAI was completed on 3/10/23. The facility lacked evidence that the UAI assessment was completed in conjunction with R6.</p> <p>5/14/24 – Per interview with E2 (DAL) at approximately 9:45 AM, E2 stated she does not get the resident/family to sign the UAI. E2 stated she is scheduled to learn how to collect an electronic signature on these assessments.</p> <p>5/15/24 – Findings were reviewed with E1 (NHA), E2, E18 (OMB) and E19 (OMB) at the exit conference beginning at 12:31 PM.</p> <p>The UAI, developed by the Department, shall be used to update the resident assessment. At a minimum, regular updates must occur 30 days after admission, annually and when there is a significant change in the resident's condition.</p> <p>This requirement was not met as evidenced by:</p> <p>Based on record review, interview and review of other facility documentation, it was determined that for five (R1, R2, R4, R5 and R6) out of six residents sampled for resident assessments, the facility lacked evidence of completing the required UAI assessments. Findings include:</p>	<ol style="list-style-type: none"> 1. The Director of Assisted Living reviewed and updated UAIs with resident R1, R2, R3 and R6 on 6/13/24. Their questions were answered, and signatures obtained. 2. The Director of Assisted Living audited and updated all residents' UAIs on 6/13/24 in conjunction with resident/family participation. 3. All RNs working in Oakbridge Terrace were educated on the importance to involve resident/responsible party to complete their UAIs. 4. The Director of Assisted Living will conduct an audit monthly, to make sure that all UAIs are completed with conjunction with residents/responsible party. Once completed, their signatures will be obtained. The audit result will be submitted to QAPI for review and follow up for six months or until 100% compliance is achieved.
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Provider's Signature *K Ferrone*

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<p>3225.12.0</p> <p>3225.12.1</p>	<p>1. 12/22/22 – R1 was admitted to the facility. The annual UAI due in January 2024 was not in evidence.</p> <p>2. 10/12/21 – R2 was admitted to the facility. The annual UAIs due in 2022 and 2023 were not in evidence.</p> <p>3. 7/15/22 – R4 was admitted to the facility. The annual UAI due in 2023 was not in evidence.</p> <p>4. 4/19/17 – R5 was admitted to the facility. On 10/13/21 R5 was transferred into the memory care unit. The facility lacked evidence that a significant change in condition UAI was completed at this transfer. The annual UAIs due in 2023 and the April 2024 were not in evidence.</p> <p>5. 3/13/23 – R6 was admitted to the facility. The annual UAI due in April 2024 was not in evidence.</p> <p>5/14/24 – Per interview with E2 (DAL) at approximately 11:45 AM, E2 stated the former NHA requested all residents UAIs to be updated and completed in 2022. E2 stated the former HNA asked for all assessments to be turned over to her. E2 stated she is unable to locate those UAIs done in 2022 and 2023 that were turned over to the former NHA. E2 stated she does not complete a significant change in condition when a resident is relocated to the memory care unit.</p> <p>5/15/24 – Findings were reviewed with E1 (NHA), E2, E18 (OMB) and E19 (OMB) at the exit conference beginning at 12:31 PM.</p> <p>Services</p> <p>The assisted living facility shall ensure that:</p>	<ol style="list-style-type: none"> 1. The missing annual UAIs for resident R1, R2, R5 and R6 were completed with residents/family participation on 6/13/24. Resident R4's UAI was unable to be completed as he was discharged from the ALF on 4/18/24. 2. The Director of Assisted Living will conduct an audit of all residents in Oakbridge Terrace including those in memory care neighborhood. Missing UAIs will be completed by 7/13/24. The audit will also include residents who were transferred to memory care neighborhood or to and back from hospital within the past year, to make sure that significant change UAIs are completed. 3. The Director of Assisted Living reviewed the requirements of updating residents' UAIs with the RN. A tracking tool has been developed to verify initial UAI completion, 30 day after admission, significant change and annually.

Provider's Signature *S. Perrone*

Title 6/13/24 NHA Date 6/13/24



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3225.12.1.3	<p>Food service complies with the Delaware Food Code</p> <p>Delaware Food Code</p> <p>Based on observations, interview, and review of other facility documentation it was determined that the facility failed to comply with the Delaware Food Code. Findings include:</p> <p>Delaware Food Code 3-305.11 Food Storage (A): Except as specified in (B) and (C) of this section, food shall be protected from contamination by storing the food: (1): In a clean, dry, location.</p> <p>5/14/2024 – 12:30PM – During the survey of the facility, the surveyor observed debris and a liquid substance on the floor of the walk-in refrigerator.</p> <p>Delaware Food Code 3-305.11 Food Storage (A): Except as specified in (B) and (C) of this section, food shall be protected from contamination by storing the food: (3): At least 15 cm (6 inches) above the floor.</p> <p>5/14/24 – 12:40 PM – During the survey of the facility, the surveyor observed a 50 LB bag of flour being stored on the floor.</p> <p>Delaware Food Code 4-601.11 Equipment, Food- Contact Surfaces, Nonfood Contact Surfaces and Utensils. (C) NonFood- contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris.</p> <p>5/14/24 – 1:00 PM - During the survey of the facility, the surveyor observed a buildup of ice crystals on the food packaging and</p>	<p>4. The Director of Assisted Living will conduct an audit monthly, to make sure that all UAI's are completed and updated as indicated. The audit result will be submitted to QAPI for review and follow up for six months or until 100% compliance is achieved.</p> <p>1. The walk-in refrigerator floor was cleaned and scrubbed immediately on 5/14. The bag of flour was removed and placed in a container on the shelf the same day. The buildup ice crystals on food packaging and on the shelves were cleaned the same day.</p> <p>2. The culinary management team conducted walking rounds on 5/14 to inspect the walk-in refrigerator, the walk-</p>
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<p>3225.13.0</p> <p>3225.13.1</p>	<p>shelves, on the right side of the top and middle shelves in the walk-in freezer.</p> <p>5/14/24 – Findings were reviewed with E20 (Director of Culinary Services) at 2:30 PM.</p> <p>5/15/24 – Findings were reviewed with E1 (NHA), E2 (DAL), E18 (OMB) and E19 (OMB) at the exit conference beginning at 12:31 PM.</p> <p>Service Agreements</p> <p>A service agreement based on the needs identified in the UAI shall be completed prior to or no later than the day of admission. The resident shall participate in the development of the agreement. The resident and the facility shall sign the agreement and each shall receive a copy of the signed agreement. All persons who sign the agreement must be able to comprehend and perform their obligations under the agreement.</p> <p>Based on record review and interview, it was determined that for six (R1, R2, R3, R4, R5 and R6) out of six residents sampled, the facility failed to provide evidence of the service agreement, or of the resident's signature or of the facility providing a copy of the signed agreement. Findings include:</p> <p>1. 12/22/22 – R1 was admitted to the facility. The service agreements completed on 12/22/22, 3/27/23, 6/5/23, 8/28/23 and 3/4/24 failed to have R1's signature confirming participation in the development of the service agreement.</p> <p>2. 10/12/21 – R2 was admitted to the facility. The facility failed to provide evidence the service agreements due at admission,</p>	<p>in freezer and food storage area, to make sure that the Delaware Food Code is being followed.</p> <p>3. Sous chefs educated staff to clean spills when they happen. Daily mopping/scrubbing floors is added to the new checklist. Sous Chefs will also check out utility workers at the end of the day to assure compliance. Daily inspection by all management staff has been established to make sure that no food items are stored on the floor. Opening and closing managers will continue to monitor by walk throughs and audits. Any issues identified will be corrected timely and will be communicated through daily line-up meetings for follow up.</p> <p>4. Department wide training was completed on 6/14. The training reinforced the importance on proper closing freezer door during deliveries, as leaving the door open will cause ice crystals to build up. Sous Chefs will monitor the freezer temperature throughout the day, with temperature log filled out twice daily. This is added to daily checklist.</p> <p>5. The Director of Culinary Services or managers will con-</p>
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	<p>for the years 2022 and 2023 were completed.</p> <p>3. 5/1/24 – R3 was admitted to the facility. The service agreement completed on 5/1/24 failed to have R3’s signature confirming participation in the development of the service agreement.</p> <p>4. 7/15/22 – R4 was admitted to the facility. The service agreements completed on 9/12/22, 9/19/23 and 11/28/23 failed to have R4’s signature confirming participation in the development of the service agreement.</p> <p>5. 4/19/17 – R5 was admitted to the facility. The service agreements completed on 9/2/22, 2/6/23, 6/5/23, 8/28/23, 11/28/23 and 3/4/24 failed to have R5’s signature confirming participation in the development of the service agreement.</p> <p>6. 3/13/23 – R6 was admitted to the facility. The service agreements completed on 6/5/23, 8/28/23, and 11/28/23 failed to have R6’s signature confirming participation in the development of the service agreement.</p> <p>5/14/24 – Per interview with E2 (DAL) at approximately 11:45 AM, stated she does not get the resident/family to sign the service agreement. E2 stated she is scheduled to learn how to collect an electronic signature on these assessments. E2 confirmed the service agreements on R2 were not in evidence. E2 stated the resident/family receive a copy of the assessments if requested.</p>	<p>duct audits of the walk-in refrigerator, the walk-in freezer and food storage areas for three months or until 100% compliance is achieved. The audit result will be submitted to QAPI.</p> <ol style="list-style-type: none"> 1. The service agreements will be reviewed and signed by residents R1, R2, R3, R5 and R6 by 6/14/24. R4s service agreement was unable to be reviewed and signed due to his being discharged from the ALF on 4/18/24. 2. The Director of Assisted Living will review service agreements of all residents. Missing resident signatures will be obtained by 7/14/24. 3. The Director of Assisted Living or the RN is responsible to complete the service agreement prior to or upon admission in conjunction with the resident/family participation. Once completed, the resident/family signatures will be obtained, and a copy will be provided. This will be verified by conducting 24-hour post admission audit. 4. The Director of Assisted Living will conduct monthly audit, to make sure that the service agreements are completed timely with participation of residents/families and with signatures on the
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3225.13.3	<p>5/15/24 – Findings were reviewed with E1 (NHA), E2, E18 (OMB) and E19 (OMB) at the exit conference beginning at 12:31 PM.</p> <p>The resident’s personal attending physician(s) shall be identified in the service agreement by name, address, and telephone number.</p> <p>Based on record review and interview, it was determined that for five (R1, R3, R4, R5 and R6) out six residents’ service agreements sampled, the personal attending physician address and phone number were not evidence. Findings include:</p> <ol style="list-style-type: none"> 1. 12/22/22 – R1 was admitted to the facility. The service agreements completed on 12/22/22, 3/27/23, 6/5/23, 8/28/23 and 3/4/24 failed to include R1’s personal attending physician’s address and phone number. 2. 5/1/24 – R3 was admitted to the facility. The service agreement completed on 5/1/24 failed to include R3’s personal attending physician’s address and phone number. 3. 7/15/22 – R4 was admitted to the facility. The service agreements completed on 9/12/22, 9/19/23 and 11/28/23 failed to include R4’s personal attending physician’s address and phone number. 4. 4/19/17 – R5 was admitted to the facility. The service agreements completed on 9/2/22, 2/6/23, 6/5/23, 8/28/23, 11/28/23 and 3/4/24 failed to include R5’s personal attending physician’s address and phone number. 5. 3/13/23 – R6 was admitted to the facility. The service agreements completed on 	<p>agreements. The audit result will be submitted to QAPI for review and follow up action for six months or until 100% compliance is achieved.</p> <ol style="list-style-type: none"> 1. The attending physician’s name, address and telephone number were added to the service agreement of resident R1, R3, R5 and R6 on 6/11/24. R4s service agreement was not updated with this information as he was discharged from ALF on 4/18/24. 2. The Director of Assisted Living or designee completed adding that information to the service agreements of the rest of the residents on 6/11/24. 3. Since most residents choose our inhouse physician service as their primary care physician, a templet has been created to add to the service agreements for new admission. If the newly admitted resident decides to choose other providers, the specific information will be added to the service agreement. The completion of this information will be verified through 24-hour post admission audit.
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Provider's Signature *K Perrone*

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	<p>6/5/23, 8/28/23, and 11/28/23 failed to include R6's personal attending physician's address and phone number.</p> <p>5/14/24 – Per interview with E1 (NHA) and E2 (DAL) at approximately 12:28 PM, E1 and E2 confirmed the current form version of the facility's service agreement does not contain the resident's personal attending physician information other than the physician's name.</p> <p>5/15/24 – Findings were reviewed with E1, E2, E18 (OMB) and E19 (OMB) at the exit conference beginning at 12:31 PM.</p>	<p>4. The Director of Assisted Living will conduct monthly audit, to make sure that residents' primary care physician information is listed on the service agreement. The audit result will be submitted to QAPI for review and follow up for six months or until 100% compliance is achieved.</p>
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Provider's Signature *X Perrone*

Title NHA

Date 6/13/24



COKESBURY VILLAGE Oak Bridge Terrace Memory Care Information

- During our pre-admission process, each resident receives a comprehensive assessment prior to admission by one of our Registered Nurses. Through this process, we determine if the potential resident meets the criteria for placement to Oakbridge Terrace or the Oakbridge Terrace secured dementia unit.
- Criteria for placement to our memory care unit include, but are not limited to: Ability to transfer and be independently mobile, need for a secure environment for safety, have a diagnosis of cognitive impairment, ability to participate in cognitive stimulating programs, and the ability to feed self.
- Prior to admission, a comprehensive resident assessment will be performed by one of our Registered Nurses. A base line plan of care is then developed and implemented based on this assessment. The plan of care is updated and customized ongoing as we get to know the resident and their individualized wants and needs.
- Family members are invited and encouraged to participate in the development, implementation, and ongoing updates of the service agreement through our interdisciplinary planning and evaluation process. Our team works collaboratively with the resident and their loved ones to achieve the highest positive outcomes.
- Our staffing is based on resident acuity and individualized needs. Our nursing staffing complement consists of CNAs, LPNs and RNs. In addition to our nursing staff, we also have a full time Life Enrichment Coordinator, a Certified Dining Manager, Registered Dietician, onsite Rehab team consisting of Physical Therapists, Occupational Therapists, and Speech Therapist, an Environmental Services Team, and access to an onsite Nurse Practitioner, who is employed by Acts. All team members who work in our memory support area have a customized orientation, focusing on providing therapeutic social and clinical interactions with our residents. Our team members are required to participate in multiple specialized learning modules annually for interacting with and caring for people with dementia.

- Our memory support unit offers a secure environment with coded locked door access, secured outdoor deck and gazebo area, large corridors for ambulating, country kitchen and living room gathering areas, along with a unit based dining room.
- Our activity programming is enriching and engaging, specifically designed for people with dementia. A calendar of events is developed monthly to ensure that social engagement is met. A sensory based program model is utilized for optimal engagement. Please refer to our activity calendar provided to you in this brochure, for a sampling of daily activities that occur. We offer Caregiver Support Groups for families that meet monthly, resident outings to local venues, fitness classes which include strengthening and yoga programs, the Best Friends approach to engagement and dementia care, Music & Memory program, engaged worship services, Creative Minds experiences, pet therapy and aroma therapy.