



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: AL- Ingleside Assisted Living, LLC

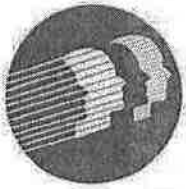
DATE SURVEY COMPLETED: November 19, 2024

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
<p>3225</p> <p>3225.10.0</p> <p>3225.10.10</p> <p>S/S - D</p>	<p>An unannounced Annual and Complaint Survey was conducted at this facility from November 18, 2024, though November 19, 2024. The deficiencies contained in this report are based on interview, record review and review of other facility documentation as indicated. The facility census on the first day of the survey was forty-nine (49). The survey sample totaled six (6) residents.</p> <p>Abbreviations/definitions used in this report are as follows:</p> <p>Contract – A legally binding written agreement between the facility and the resident which enumerates all charges for services, materials, and equipment, as well as non-financial obligations of both parties, as specified in the State regulations; DON - Director of Nursing; ED - Executive Director; UAI (Uniform Assessment Instrument) - a document setting forth standardized criteria developed by the Division to assess each resident's functional, cognitive, physical, medical, and psychosocial needs and status. The assisted living facility shall be required to use the UAI to evaluate each resident on both an initial and ongoing basis in accordance with these regulations.</p> <p>Assisted Living Facilities</p> <p>Contracts</p> <p>No contract shall be signed before a full assessment of the resident has been completed and a service agreement has been executed. If a deposit is required prior to move-in, the deposit shall be fully refunda-</p>		

Provider's Signature Denise Williams

Title Exec. Director

Date 12/9/24



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<p>3225.11.0</p> <p>3225.11.2</p> <p>S/S - D</p>	<p>ble if the parties cannot agree on the services and fees upon completion of the assessment.</p> <p>This requirement was not met as evidenced by:</p> <p>Based on review of facility documentation and interview, it was determined that for one (R5) out of six residents reviewed, the facility obtained a signed contract prior to a completed UAI or SA (service agreement) being executed. Findings include:</p> <p>11/12/24 – R5 was admitted to the facility. The UAI and SA were both completed on 11/12/24. The contract was signed on 11/11/24, prior to those assessments being completed.</p> <p>11/19/24 – Per interview with E2 (DON) at approximately 1:50 PM, E2 stated a prior UAI was completed and R5's admission was delayed beyond the 30-day requirement. E2 stated another UAI was completed at admission.</p> <p>11/19/24 – Findings were reviewed with E1 (ED), E2 and E3 (Regional Director of Dining) at the exit conference beginning at approximately 2:00 PM.</p> <p>Resident Assessment</p> <p>A resident seeking entrance shall have an initial UAI-based resident assessment completed by a registered nurse (RN) acting on behalf of the assisted living facility no more than 30 days prior to admission. In all cases, the assessment shall be completed prior to admission. Such assessment shall be reviewed by an RN within 30 days after admission and, if appropriate, revised. If the resident requires specialized medical, therapeutic, nursing services, or assistive technology,</p>	<p>3225.10.10</p> <p>Resident R5 contract has been reviewed by the Sales/Marketing Director. No negative outcomes were identified.</p> <p>The Sales/Marketing Director reviewed the checklist and will be revised to include the date of completion for the UAI or SA (service agreement).</p> <p>The Initial UAI or SA (service agreement) will be completed no more than 30 days prior to admission executed prior to signing of contract.</p> <p>The Sales/Marketing Director and Director of Nursing will audit every file potential prior to Admission. Audit will be ongoing for all admission until 100% compliance.</p>	<p>January 1, 2025</p>

Provider's Signature [Signature] Title Exec. Director Date 12/9/24



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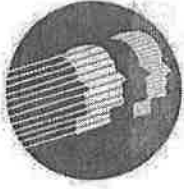
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<p>3225.12.0</p> <p>3225.12.1</p> <p>3225.12.1.3</p> <p>S/S - E</p>	<p>that component of the assessment must be performed by personnel qualified in that specialty area.</p> <p>This requirement was not met as evidenced by:</p> <p>Based on review of facility documentation and interview, it was determined that for one (R5) out of six residents reviewed, the facility failed to complete a UAI within 30-days prior to admission. Findings include:</p> <p>11/12/24 – R5 was admitted to the facility. The UAI was completed on 11/12/24, the day of admission.</p> <p>11/19/24 – Per interview with E2 (DON) at approximately 1:50 PM, E2 stated a prior UAI was completed and R5's admission was delayed beyond the 30-day requirement. E2 stated another UAI was completed at admission.</p> <p>11/19/24 – Findings were reviewed with E1 (ED), E2 and E3 (Regional Director of Dining) at the exit conference beginning at approximately 2:00 PM.</p> <p>Services</p> <p>The assisted living facility shall ensure that:</p> <p>Food service complies with the Delaware Food Code</p> <p>Based on observations and interview it was determined that the facility failed to comply with the Delaware Food Code. Findings include:</p> <p>3-501.17 Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking.</p> <p>(A) Except when PACKAGING FOOD using a REDUCED OXYGEN PACKAGING method as</p>	<p>3225.11.2</p> <p>Resident R5 has been reviewed by the Director of Nursing. No negative outcomes were identified.</p> <p>The Director of Nursing will review all Initial UAI or SA (Service Agreement) within 30 days prior to admission.</p> <p>UAI or SA (Service Agreement) not completed timely will delay the contract signage.</p> <p>The Director of Nursing will audit every file potential prior to Admission. Audit will be ongoing for all admission until 100% compliance.</p>	<p>January 1, 2025</p>

Provider's Signature Donald Williams Title Exec Director Date 12/9/24



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	<p>specified under § 3-502.12, and except as specified in ¶¶ (E) and (F) of this section, refrigerated, READY-TO- EAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and held in a FOOD ESTABLISHMENT for more than 24 hours shall be clearly marked to indicate the date or 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. The day of preparation shall be counted as Day 1. (D) A date marking system that meets the criteria stated in ¶¶ (A) and (B) of this section may include: (2) Marking the date or day of preparation, with a procedure to discard the FOOD on or before the last date or day by which the FOOD must be consumed on the premises, sold, or discarded as specified under ¶ (A) of this section;</p> <p>11/19/24 – Observation of the kitchen at approximately 11:45 AM revealed bread in dry storage with a use by date of November 14, 2024, and muffins that were dated November 5, 2024. Observation of the refrigerator revealed apples dated October 28, 2024. The items had not been discarded when time became a factor for unsafe storage.</p> <p>11/19/24 – Per interview with E3 (Regional Director of Dining) at approximately 11:45 AM, the outdated items were confirmed. E3 immediately discarded the items.</p> <p>11/19/24 – Findings were reviewed with E1 (ED), E2 (DON) and E3 at the exit conference beginning at approximately 2:00 PM.</p>	<p>3225.12.1.3</p> <p>The Regional Director of Dining reviewed the marking system. No negative outcomes were identified.</p> <p>The Regional Director of Dining/Designee to re-educate the staff on the marking system to meet the criteria.</p> <p>The marking system are to include preparation and discarding food in the refrigerator and dry food storage.</p> <p>Reginal Director of Dining/Designee will audit refrigerators and dry storage weekly x 4 weeks, then 2 times per month x 2 months. Audit will be ongoing until 100% compliance then periodically at the facility discretion.</p>	<p>February 1, 2025</p>
3225.14.0	Resident Rights		
3225.14.1	Assisted living facilities are required by 16 Del.C. Ch. 11, Subchapter II, to comply with		

Provider's Signature *Denise Williams* Title Exec Director Date 12/9/24



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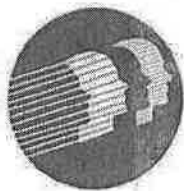
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<p>Del.C. Ch 11, Subchapter II - § 1121. Resident's rights. § 1123. Notice to patient.</p> <p>S/S - E</p>	<p>the provisions of the Rights of Patients covered therein.</p> <p>(b) Copies of § 1121 of this title shall be furnished to the resident upon admittance to the facility; all residents currently residing in the facility; and the authorized representative under § 1122 of this title. The long-term care facility shall retain in its files a statement signed by each person listed in this subsection that the person has received a copy of § 1122 of this title.</p> <p>This requirement was not met as evidenced by:</p> <p>Based on record review and interview it was determined for six (R1, R2, R3, R5 and R6) out of six residents reviewed for updated resident rights notification, the facility failed to ensure that the resident or resident representative was notified and signed off on the updated resident rights form. Findings include:</p> <p>The Resident Rights form (updated September 2023) required each resident or resident representative to sign and date acknowledging the receipt of a copy of the Resident Rights.</p> <p>1. 1/18/23 – R1 was admitted to the facility. The facility was unable to provide any documentation of R1 or R1's resident representative being notified and signing off on the updated Resident Rights form.</p> <p>2. 6/26/23 – R2 was admitted to the facility. The facility was unable to provide any documentation of R2 or R2's resident representative being notified and signing off on the updated Resident Rights form.</p>	<p>3225.14.1</p> <p>Residents (R1, R2, R3, R5, and R6) files have been reviewed by the Executive Director/Designee. No negative outcomes were identified.</p> <p>The Executive Director/Designee have updated the Resident Agreement (Contract) to include the updated version of the Resident Rights updated on September 2023.</p> <p>All residents and resident representative will be notified and signing off on the updated Resident Rights Form.</p> <p>The Executive Director/Designee will audit upon every admission until 100% compliance is met, then at the facility discretion.</p>	<p>February 1, 2025</p>

Provider's Signature Dennis Williams Title Exec Director Date 12/9/24



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	<p>3. 1/19/21 – R3 was admitted to the facility. The facility was unable to provide any documentation of R3 or R3's resident representative being notified and signing off on the updated Resident Rights form.</p> <p>4. 3/29/21 – R4 was admitted to the facility. The facility was unable to provide any documentation of R4 or R4's resident representative being notified and signing off on the updated Resident Rights form.</p> <p>5. 11/12/24 – R5 was admitted to the facility. The facility was unable to provide any documentation of R5 or R5's resident representative being notified and signing off on the updated Resident Rights form.</p> <p>6. 9/28/21 – R6 was admitted to the facility. The facility was unable to provide any documentation of R6 or R6's resident representative being notified and signing off on the updated Resident Rights form.</p> <p>11/19/24 – Per interview with E1 (ED) at approximately 11:00 AM, E1 stated the resident rights were added to the resident agreement packet. On review of the packet, the Surveyor found the outdated version of the resident's rights. E1 confirmed the revised resident rights were not in evidence. E1 stated the new version of resident rights would be provided to all existing and new residents as soon as possible.</p> <p>11/19/24 – Findings were reviewed with E1, E2 (DON) and E3 (Regional Director of Dining) at the exit conference beginning at approximately 2:00 PM.</p>		

Provider's Signature Wendy Williams Title Exec. Director Date 12/9/24



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Provider's Signature Dennis Williams Title Exec. Director Date 12/19/21

