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

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

STATE SURVEY REPORT

NAME OF FACILITY: AL- Paramount Senior Living at Newark **DATE SURVEY COMPLETED:** October 9, 2024

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	An unannounced Annual and Complaint Survey was conducted at this facility from October 2, 2024, through October 9, 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 eighty-seven (87). The survey sample totaled thirty-one (31) residents. Abbreviations/definitions used in this State Report are as follows: ADR – Assistant Director or Rehabilitation; CO – Corporate Officer; ED – Executive Director; LPN – Licensed Practical Nurse; RN – Registered Nurse; RCM – Resident Care Manager; SA (Service Agreement) – allows both parties involved (the resident and the assisted living facility) to understand the types of care and services the assisted living pro-vides. These include lodging, board, housekeeping, personal care, and supervision services; 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 re-quired to use the UAI to evaluate each resident on both initial and ongoing basis in accordance with these regulations; **Assisted Living Facilities** **General Requirements**		
3225.0 **3225.5.0**			

Provider's Signature _____ Title _____ Date _____

NAME OF FACILITY: AL- Paramount Senior Living at Newark **DATE SURVEY COMPLETED:** October 9, 2024

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
3225.5.12 **S/S - E**	**An assisted living facility that provides direct healthcare services to persons diagnosed as having Alzheimer's disease or other forms of dementia shall provide dementia training each year to those healthcare providers who must participate in continuing education programs. The mandatory training must include communicating with persons diagnosed as having Alzheimer's disease or other forms of dementia; the psychological, social, and physical needs of those persons; and safety measures which need to be taken with those persons. This paragraph shall not apply to persons certified to practice medicine under the Medical Practice Act, Chapter 17 of Title 24 of the Delaware Code.** **This requirement was not met as evidenced by:** Based on review of facility records, it was determined that the facility failed to provide dementia specific training annually to E16 (AA). In addition, E12 (RCA), E14 (RCA) and E15 (RCA) had not been provided dementia specific training during their new hire orientation. Findings include: 4/7/04 – E16 was hired; facility records lacked evidence of annual dementia training. 11/28/23 – E15 was hired; facility records lacked evidence of dementia training. 2/19/24 – E14 was hired; facility records lacked evidence of dementia training. 5/30/24 - E12 was hired; facility records lacked evidence of dementia training. 10/7/24 9:54 AM – E4 (CO) confirmed, E12, E14, E15, and E16 did not have dementia training. E4 stated, "Moving forward, the	1. Dementia training for the 4 identified staff members that remain employed by Paramount has been completed as of 10/29/24 by RCM/ARCM. 2. Dementia training started for new hires during orientation as of 10/10/2024 by BOM. All current employees will have completed Annual Dementia training for the 2024 calendar year as of 11/14/24 by RCM/ARCM. 3. Dementia training has been added to the New Hire staff training document effective 10/15/24 and to the annual staff training document for Jan, Nov and Dec yearly which will start in 2025. On 10/29/24 the corporate nurse educated the ED, BOM, RCM and ARCM on the revised forms and dementia training power points/quizzes. 4. ED will audit all new hire employee files for completion of Dementia training on orientation x4 weeks then review in November QA and will review all annual staff training documentation for completion of annual dementia training in Jan, Nov and Dec 2025.	12/01/2024

NAME OF FACILITY: AL- Paramount Senior Living at Newark

DATE SURVEY COMPLETED: October 9, 2024

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	trainings will be done with new employee orientation and annually. We are doing training next week for the new hires." 12:45 PM – Findings were reviewed at the exit conference with E1 (ED), E4 (CO) and E13 (CEO). **Medication Management** **An assisted living facility shall establish and adhere to written medication policies and procedures which shall address:** **Provision for a quarterly pharmacy review conducted by a pharmacist which shall include:** **Assisting the facility with the development and implementation of medication-related policies and procedures;** **This requirement was not met as evidenced by:** Based on record review and interview, it was determined that for eight (R16, R20, R21, R22, R23, R24, R25, and R26) out of eight residents reviewed for self-administration of medications, the facility failed to ensure the pharmacist conducted quarterly pharmacy reviews. Additionally the facility failed to ensure that a pharmacist assisted with the development and implementation of a policy regarding quarterly pharmacy reviews. Findings include: 10/9/24 10:58 AM – E4 (CO) provided a list of eight residents in the facility that self-administer medications. When asked for the most recent quarterly medication regimen review for each of the residents, E4 stated the facility did not have the pharmacist complete MRR's for those residents because the facility	1. P&P developed for quarterly pharmacy review. 2. No "Assisted Living" resident were potentially impacted. 3. Moving forward the RCM will ensure that all residents admitted to the facility will have a quarterly pharmacy review completed by a pharmacist. On 10/20/24 the corporate nurse educated the ED and RCM regarding the new policy. 4. ED will audit the quarterly pharmacy review to ensure all residents had their medications reviewed in report given to the facility starting the 4th quarter of 2024 this will be reviewed in the first QA in 2025.	12/01/2024
3225.8.09 3225.8.1 3225.8.1.5 3225.8.1.5.1 S/S - E			

NAME OF FACILITY: AL- Paramount Senior Living at Newark **DATE SURVEY COMPLETED:** October 9, 2024

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	viewed them as "independent". The surveyor requested the facility's MRR policy at that time. 10/7/24 2:20 PM – During an interview E4 (CO) stated, "I can't find a policy and procedure for the medication regimen review, so we will get one done and it will be there moving forward." 10/9/24 12:45 PM – Findings were reviewed during the exit conference with E1 (ED), E4 (CO) and E13 (CEO.		
3225.8.3 **3225.8.3.1** **3225.8.3.2** **S/S - E**	**Medication stored by the assisted living facility shall be stored and controlled as follows:** **Medication shall be stored in a locked container, cabinet, or area that is only accessible to authorized personnel;** **Medication that is not in locked storage shall not be left unattended and shall not be accessible to unauthorized personnel;** **This requirement was not met as evidenced by:** Based on observation and interview it was determined that the facility failed to store medications in a locked area only accessible to authorized personnel. Findings include: The facility policy on pharmaceutical storage of medications last updated 6/20/17 indicated, "6. Compartments containing drugs and biologicals are locked when not in use, and trays, or carts used to transport such items are not left unattended. (Compartments include but are not limited to; drawers, cabinets, rooms, refrigerators, carts and boxes."	1. The lock was changed on the nurse's station door by the maintenance director on 10/10/24 and each licensed staff passing medications will have a key to the nurse's station door with the medication cart keys 2. No residents were potentially impacted. 3. Moving forward each licensed staff member will lock the door when leaving the nurses station if no other licensed staff member is present. Licensed staff has been educated by RCM to this new procedure. 4. RCM or designee will audit the nurse's station is locked when no licensed staff is present daily x4 weeks then will be reviewed in November QA.	12/01/2024

NAME OF FACILITY: AL- Paramount Senior Living at Newark **DATE SURVEY COMPLETED:** October 9, 2024

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	10/3/24 9:38 AM – The facility medication storage room where an unlocked refrigerator that contained insulin syringes, suppositories and Tuberculosis testing medicine was observed with the entry door opened and two unlicensed personnel, E7 (ADR), E8 (housekeeper) inside. There was no licensed personnel present. 10/3/24 9:40 AM – E2 (RCM) accompanied the surveyor back to the room and confirmed the finding. 10/9/24 12:45 PM – Findings were reviewed during the exit conference with E1 (ED), E4, (CO) and E13 (CEO).		
3225.8.6	**Within 30 days after a resident's admission and concurrent with all UAI-based assessments, 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.** **This requirement was not met as evidenced by:** Based on record review and interview, it was determined that for eight (R16, R20, R21, R22, R23, R24, R25, and R26) out of eight residents reviewed for self-administration of medications, the facility failed to ensure that an RN completed a review of the resident's medication regimen to assesses safety to self-administer medications. Findings include: 3/29/24 – R16 was admitted to the facility.	1. All 8 residents identified will have a self-administration medication review completed by an RN (RCM) by 10/31/24. 2. No other residents were potentially impacted, since the 8 residents identified were previously deemed independent by the facility not assisted living. 3. Moving forward all residents admitted to the facility that wish to self-administer medication will have a self-administration review completed by the RCM within 30 days of admission. 4. ED will audit each new admission for self-administration of medications and for those who wish to self-administer medication the ED will ensure a 30-day review is completed x4 weeks then this will be reviewed in November QA.	12/01/2024

NAME OF FACILITY: AL- Paramount Senior Living at Newark

DATE SURVEY COMPLETED: October 9, 2024

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	10/3/24 10:08 AM – During an interview, R16 reported self-administering all medications and showed the surveyor the locked compartment and key for safe storage of the medications. 10/9/24 10:45 AM – The Surveyor requested documentation that an RN completed an on-site review of R16's medication regimen and ability to self-administer medications safely. 10/9/24 10:48 AM – E4 (CO) confirmed that the facility did not complete an RN assessment related to R16's medication regimen and self-administration ability. E4 stated, "[R16's] independent we don't do anything for him. We have several residents who we deem as independent." The surveyor requested a list of the residents who self-administer medications. 10/9/24 – 10:58 AM – E4 (CO) provided a list of seven additional residents who self-administer medications and confirmed that they had not received an onsite review by an RN of their medication regimen and ability to safely self-administer. The seven additional residents were as follows: 12/18/19 – R20 was admitted to the facility. 2/1/22 – R21 was admitted to the facility. 12/3/22 – R23 was admitted to the facility. 10/9/23 – R25 was admitted to the facility. 2/27/24 – R24 was admitted to the facility. 5/6/24 – R22 – was admitted to the facility. 7/27/24 – R26 was admitted to the facility.		

NAME OF FACILITY: AL- Paramount Senior Living at Newark **DATE SURVEY COMPLETED:** October 9, 2024

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	10/9/24 12:45 PM – Findings were reviewed during the exit conference with E1 (ED), E4, (CO) and E13 (CEO).		
3225.9.0	**Infection Control**	1. Aprons/gowns were purchased and are present in all 3 laundry areas. 2. No residents were potentially impacted. 3. Moving forward the laundry/housekeeping manager will ensure PPE is present in all 3 laundry areas for use. 4. ED will audit all 3 laundry areas for the presence of PPE 5x/week x 4 weeks then review in November QA.	12/01/2024
3225.9.9	**Infection Prevention and Control Program**		
3225.9.9.1	**The assisted living facility shall establish an infection prevention and control program with shall be based upon Centers for Disease Control and Prevention and other nationally recognized infection prevention and control guidelines.**		
3225.9.9.1.1 **S/S -E**	**The infection prevention and control program must cover all services and all areas of the assisted living facilities, including provision of the appropriate personal protective equipment for all residents, staff and visitors.**		
	This requirement was not met as evidenced by:		
	Based on observations and interview, it was determined that three out of three laundry rooms did not have all the appropriate personal protective equipment available for staff. Findings include:		
	10/3/24 – During the survey of the facility at approximately 11:30AM, 3 out of 3 laundry areas were observed without an apron or gowns available for staff use against infectious disease.		
	10/3/24 – During interview with E6 Regional Director of Dietary and Housekeeping at approximately 12:45PM, findings were confirmed.		
3225.11.0	**Resident Assessment**		
3225.11.1	**Each assisted living facility shall use a Uniform Assessment Instrument (UAI)**		

NAME OF FACILITY: AL- Paramount Senior Living at Newark

DATE SURVEY COMPLETED: October 9, 2024

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
3225.11.2 S/S - E	**developed by the Division. The UAI shall be used in conducting all resident assessments.** **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, that component of the assessment must be performed by personnel qualified in that specialty area.** **This requirement was not met as evidenced by:** Based on record review and interview it was determined that for six (R10, R15, R16, R17, R22, and R25) out of twenty-six residents reviewed the facility failed to ensure completion of the UAI assessment in accordance with regulatory requirements. Findings include: 1. 10/9/23 – R25 was admitted to the facility. R25's clinical record lacked evidence that an initial UAI assessment was completed. 2. 11/9/23 – R10 was admitted to the facility. R10's clinical record lacked evidence that an initial UAI assessment was completed. 3. 3/28/24 – An initial UAI assessment was completed for R17. The UAI lacked evidence that a 30-day review of the UAI was completed.	1. UAIs completed for R25, R10, R17 and R22. Review completed for R16 and R15. 2. All current initial resident UAIs and 30-day reviews are present on resident charts signed and dated. 3. Moving forward the RCM will ensure the initial UAI is completed within 30 days of admission and the 30-day review is completed, that the UAIs are signed and dated by the RN, resident and/or responsible party then filed on the resident's chart. 4. ED will audit all new admission UAIs for completion within 30 days of admission as indicated on new admission checklist and that 30-day reviews are completed x4 weeks then will be reviewed in November QA.	12/01/2024

NAME OF FACILITY: AL- Paramount Senior Living at Newark

DATE SURVEY COMPLETED: October 9, 2024

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	4. 3/21/24 - An initial UAI assessment was completed for R16. The UAI lacked evidence that a 30-day review of the UAI was completed. 5. 5/6/24 – R22 was admitted to the facility. R22's clinical record lacked evidence that an initial UAI assessment was completed. 6. 9/5/24 – An initial UAI assessment was completed for R15. The UAI lacked evidence that a 30-day review of the UAI was completed. 10/9/24 12:31 PM - E4 (CO) confirmed that the findings. 10/9/24 12:45 PM – Findings were reviewed during the exit conference with E1 (ED), E4, (CO) and E13 (CEO).		
3225.11.3 **S/S - E**	**Within 30 days prior to admission, a prospective resident shall have a medical evaluation completed by a physician.** **This requirement was not met as evidenced by:** Based on record review and interview it was determined that for five (R16, R22, R24, R25, and R26) out of eight residents reviewed for self-medication administration the facility failed to ensure that a medical evaluation was completed by a physician within 30 days prior to admission. Findings include: 1. 10/9/23 – R25 was admitted to the facility. The clinical record lacked evidence that a medical evaluation was completed. 2. 2/27/24 – R24 was admitted to the facility. The clinical record lacked evidence that a medical evaluation was completed.	1. PPOCs completed for R25, R24, R16, R22 and R26. 2. All current residents have PPOCs on charts. 3. Moving forward the RCM will ensure all new admits have a PPOC completed within 30 days prior to admission and it is on the resident's chart. 4. ED will audit all new admission PPOCs for completion within 30 days of admission as indicated on new admission checklist x4 weeks then review in November QA.	12/01/2024

NAME OF FACILITY: AL- Paramount Senior Living at Newark **DATE SURVEY COMPLETED:** October 9, 2024

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	3. 3/29/24 – R16 was admitted to the facility. The clinical record lacked evidence that a medical evaluation was completed. 4. 5/6/24 – R22 – was admitted to the facility. The clinical record lacked evidence that a medical evaluation was completed. 5. 7/27/24 – R26 was admitted to the facility. The clinical record lacked evidence that a medical evaluation was completed. 10/9/24 – 10:58 AM – E4 (CO) confirmed that the facility failed to ensure that a medical evaluation was completed for the above residents within 30 days prior to admission. 10/9/24 12:45 PM – Findings were reviewed during the exit conference with E1 (ED), E4, (CO) and E13 (CEO).		
3225.12.1.3 **S/S - E**	**Food service complies with the Delaware Food Code** **Delaware Food Code** **3-501.16 Time/Temperature Control for Safety Food, Hot and Cold Holding. (A) Except during preparation, cooking, or cooling, or when time is used as the public health control as specified under §3-501.19, and except as specified under ¶ (B) and in ¶ (C) of this section, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD shall be maintained: (1) At 57oC (135oF) or above, except that roasts cooked to a temperature and for a time specified in ¶ 3-401.11(B) or reheated as specified in ¶ 3-403.11(E) may be held at a temperature of 54oC (130oF) or above; P or (2) At 5ºC (41ºF) or less. P (B) EGGS that have not been treated to destroy all viable Salmonellae shall be stored in refrigerated**	1. Dietary manager and staff educated on the need to document food temps daily with each meal by ED. 2. No residents have been impacted since staff education. 3. Moving forward the Dietary manger will ensure food temps are taken and documented on the log with each meal. 4. ED will audit food temp logs 5x/week to ensure the logs are being completed by dietary staff x4 weeks then will review November QA.	12/01/2024

NAME OF FACILITY: AL- Paramount Senior Living at Newark

DATE SURVEY COMPLETED: October 9, 2024

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	EQUIPMENT that maintains an ambient air temperature of 7°C (45°F) or less. **This requirement was not met as evidenced by:** Based on interview and review of other facility documentation it was determined that the facility failed to comply with the Delaware Food Code. Findings include: 10/3/24 – During the survey of the facility at approximately 1:00 PM, 46% of food temperature logs were incomplete for the month of July and August. 10/3/24 – During an interview with E(5) Director of Dietary Services at approximately 1:45 PM, findings were confirmed.		
3225.13.0 **3225.13.1** **S/S - E**	**Service Agreements** **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.** **This requirement was not met as evidenced by:** Based on record review and interview it was determined that for six (R24, R17, R16, R22, R25 and R26) out of 26 residents reviewed the facility failed to ensure the service agreements were completed as required. Findings include:	1. Service agreements completed for R25, R24, R16, R22 and R26. 2. All current residents have service agreements on charts 3. Moving forward the RCM will ensure all new admissions have service agreements completed on the day of admission, signed/dated by RN, resident and/or responsible party then filed on the resident's chart. 4. ED will audit all new admission service agreements to make sure they are completed on the day of admission x4 weeks then will review in November QA.	12/01/2024

Provider's Signature _____ Title _____ Date _____

NAME OF FACILITY: AL- Paramount Senior Living at Newark

DATE SURVEY COMPLETED: October 9, 2024

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	1. 10/9/23 – R25 was admitted to the facility. The clinical record lacked evidence that a service agreement was completed. 2. 2/27/24 – R24 was admitted to the facility. The clinical record lacked evidence that a service agreement was completed. 3. 3/28/24 – An initial UAI assessment was completed for R17. 4/1/24 – R17 was admitted to the facility. 4/26/24 – A service agreement was completed and signed by R17, beyond the day of admission. 4. 3/29/24 – R16 was admitted to the facility. The clinical record lacked evidence that a service agreement was completed. 5. 5/6/24 – R22 – was admitted to the facility. The clinical record lacked evidence that a service agreement was completed. 6. 7/27/24 – R26 was admitted to the facility. The clinical record lacked evidence that a service agreement was completed. 10/7/24 2:03 PM – During an interview E2 (RCM) confirmed the findings. 10/9/24 – 10:58 AM – E4 (CO) confirmed that the facility failed to complete service agreements for R25, R24, R16, R22 and R6. Additionally E4 confirmed that R17's service agreement was completed late., after the day of admission. 10/9/24 12:45 PM – Findings were reviewed during the exit conference with E1 (ED), E4, (CO) and E13 (CEO).		
3225.14.0	**Resident Rights**		

NAME OF FACILITY: AL- Paramount Senior Living at Newark **DATE SURVEY COMPLETED:** October 9, 2024

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
3225.14.1 **S/S - E**	**Assisted living facilities are required by 16 Del.C. Ch. 11, Subchapter II, to comply with the provisions of the Rights of Patients covered therein.** **§ 1121. Resident's rights. (b) It is the public policy of this State that the interests of the resident must be protected by a declaration of a resident's rights, and by requiring that all facilities treat their residents in accordance with such rights, which must include the following: (1) Each resident shall have the right to receive considerate, respectful, and appropriate care, treatment and services, in compliance with relevant federal and state law and regulations, recognizing each person's basic personal and property rights which include dignity and individuality.** **This requirement was not met as evidenced by:** Based on observation and interview, it was determined that food service employees utilized gloves while in the dining room violating resident's dignity in their home environment. Findings include: 10/3/24 – During the survey of the facility at approximately 12:00 PM, two food service employees were observed wearing gloves in the dining room while delivering plated food to the tables. 10/3/24 – During an interview with E(5) Director of Dietary Services and E(6) Regional Director of Dietary and Housekeeping at approximately 12:15 PM, findings were confirmed.	1. Dietary manager and staff educated regarding not wearing gloves in the dining room when serving resident meals. 2. No residents have been impacted since staff education. 3. Moving forward the dietary manager will ensure no dietary staff is wearing gloves in the dining room. 4. ED will audit will audit dietary staff 5x/week to ensure they are not wearing gloves when serving resident meals x4 week then will review in November QA.	12/01/2024
3225.19.0	**Records and Reports**		

Provider's Signature _____ Title _____ Date _____

NAME OF FACILITY: AL- Paramount Senior Living at Newark **DATE SURVEY COMPLETED:** October 9, 2024

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
3225.19.1 **3225.19.2** **3225.19.3** **S/S - B**	**The assisted living facility shall be responsible for maintaining appropriate records for each resident. These records shall document the implementation of the service agreement for each resident.** **Records shall be available, along with the equipment to read them if electronically maintained, at all times to legally authorized persons; otherwise such records shall be held confidential.** **The assisted living facility resident clinical records shall be retained for a minimum of 5 years following discharge before being destroyed.** **This requirement was not met as evidenced by:** Based on record review and interview, it was determined that for two (R8 and R14) out of thirty-one residents reviewed the facility failed to maintain records in accordance with regulation. Findings include: 1. Review of R8's clinical record revealed: 2/7/24 – R8 was admitted to the facility. 2/17/24 – R8 expired at the facility. 10/8/24 - 1:55 PM – The Surveyor requested via email copies of R8's UAI assessments, and service agreements. 10/9/24 11:48 AM – E1 (ED) confirmed the facility could not locate a UAI assessment, and service agreement for R8 because the resident was a "closed record". 2. Review of R14's clinical record revealed: 7/31/24 – An annual UAI assessment was completed for R14. The ADL section was	1. Corporate nurse educated ED, RCM and ARCM regarding closing/ filing charts of discharged/deceased residents within 30 days and completing/maintaining ADL sheets for each resident. 2. All discharged/deceased resident All resident ADL sheets will be monitored daily by the RCM or designee for completion. 3. Moving forward the RCM will ensure discharged/deceased resident charts will be closed/ filed within 30 days and 11-7 licensed staff will fie ADL sheets on the resident charts by the 5th of each month for the previous month. 4. ED will audit closing and filing of discharged/deceased resident charts within 30 days and the presence of ADL sheets on the resident charts by the 5th of the month x4 weeks then review in November QA.	12/01/2024

Provider's Signature _____ Title _____ Date _____

NAME OF FACILITY: AL- Paramount Senior Living at Newark

DATE SURVEY COMPLETED: October 9, 2024

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	scored R14 as requiring complete physical assistance. 7/31/24 – A Service agreement was completed for R14. The agreement documented that R14 would receive total physical care with personal care needs. 10/3/24 10:00 AM - Review of ADL sheets that document completion of ADL care for R14 lacked evidence of daily documentation. Additionally, ADL sheets for January 2024, April 2024, May 2024, and September 2024 were unable to be located. 10/3/24 2:36 PM – During an interview R2 (RCM) confirmed the findings. 10/9/24 12:45 PM – Findings were reviewed during the exit conference with E1 (ED), E4, (CO) and E13 (CEO).		
3225.16.0 **3225.16.2** **S/S - E**	**Staffing** **A staff of persons sufficient in number and adequately trained, certified, or licensed to meet the requirements of the residents shall be employed and shall comply with applicable state laws and regulations.** **Per the State of Delaware Board of Nursing's Scope of Practice document entitled "RN, LPN, and NA/UAP Duties 2024", last revised 4/10/24, only a Registered Nurse (RN) can perform post fall assessment and documentation.** **This requirement was not met as evidenced by:** Based on interview and review of clinical records, it was determined that for one (R3) out of seven residents reviewed for falls, the facility failed to ensure that a RN performed	1. Corporate nurse educated the ED, RCM and ARCM that an RN is required to complete the initial assessment and documentation for resident falls. RCM/ARCM will education floor staff of this new process 10/31/24. 2. No residents have been impacted since staff education. 3. Moving forward an RN will complete the initial fall assessment and documentation for all resident falls. 4. ED will audit all falls to make sure the initial assessment and documentation is completed by an RN x4 weeks then review in November QA.	12/01/2024

Provider's Signature _____ Title _____ Date _____

NAME OF FACILITY: AL- Paramount Senior Living at Newark **DATE SURVEY COMPLETED:** October 9, 2024

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	the post fall assessment and documentation after each resident's fall. Findings include: Review of R3's clinical record revealed; 7/19/22 – R3 was admitted to the facility. 8/9/24 5:17 AM - A fall incident report that detailed R3's post fall assessment was completed by E18 (LPN). 8/24/24 6:48 AM - A fall incident report that detailed R3's post fall assessment was completed by E18 (LPN). 8/26/24 10:15 AM - A fall incident report that detailed R3's post fall assessment was completed by E19 (LPN). 8/27/24 2:08 AM - A fall incident report that detailed R3's post fall assessment was completed by E18 (LPN). 8/27/24 6:49 AM - A fall incident report that detailed R3's post fall assessment was completed by E18 (LPN). 10/8/24 12:36 PM - During an interview, E2 (RCM) confirmed that initial post fall assessments were completed by the LPN's at the facility. The facility failed to ensure that all nursing staff worked within the Delaware Board of Nursing Scope of Practice with respect to RN's performing post fall assessment and documentation. 10/9/24 12:45 PM – Findings were reviewed during the exit conference with E1 (ED), E4, (CO) and E13 (CEO).		

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- Paramount Senior Living at Newark

DATE SURVEY COMPLETED: October 9, 2024

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE

Provider's Signature Rhea Lee Title Executive Director Date 11/1/24