



**DELAWARE HEALTH  
AND SOCIAL SERVICES**

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

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

**STATE SURVEY REPORT**

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NAME OF FACILITY: AL - Somerford House

DATE SURVEY COMPLETED: Janu 23, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
	<p>An unannounced Annual and Complaint Survey was conducted at this facility from January 22, 2025, through January 23, 2025. 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 thirty-eight (38). The survey sample totaled six (6) residents and a sub-sample survey of an additional nine (9) residents.</p> <p>Abbreviations/definitions used in this report are as follows:</p> <p>ADRC – Assistant Director of Resident Care; BOM – Business Office Manager; 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; CC – Certified Caregiver; CG – Caregiver; CSD – Clinical Specialist District; ED - Executive Director; Resident Assessment – evaluation of a resident's physical, medical, and psychosocial status as documented in a Uniform Assessment Instrument (UAI), by a Registered Nurse; FD – Facilities Director; FSD – Food Services Director; 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 provides. These include: lodging, board, housekeeping, personal care, and supervision services;</p>		

Provider's Signature [Signature]

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Date 2/25/25



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3225.	Assisted Living Facilities		
3225.10.0	Contracts		
3225.10.10	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 refundable if the parties cannot agree on the services and fees upon completion of the assessment.		
S/S - E	<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 R5) out of five residents sampled for contracts, the facility obtained a signed contract prior to the UAI or SA being completed and executed. Findings include:</p> <p>1. 7/24/24 - R1 was admitted to the facility. The SA was completed on 7/24/24. The contract was signed on 6/30/24, prior to the SA execution.</p>	<p><b>3225.10.0 Contracts</b></p> <p><b>1. There were no residents negatively impacted by this deficient practice. No contract is to be signed before the 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 will be fully refundable if all parties cannot agree on the services and fees upon completion of the assessment. R1, R2, R3 and R5 were all admitted to the community before the new contract process was put into place in August 2024.</b></p> <p><b>2. All new residents have the potential to be affected by this deficient practice.</b></p> <p><b>3. Upon admission, all resident will have a signed service agreement in their medical record before or on the day of contract signing. Each resident's medical record will be updated to reflect a signed contact post service agreement.</b></p> <p><b>4. BOM, RNs and Sales team were re-educated by the clinical specialist Crystal Harmon to ensure there is a signed and accepted service agreement before initiating contract signing. All service agreements and contracts will be signed on the same date, with a time stamp indicating that the service plan was signed prior to the contract auditing files weekly x4, biweekly x 4 and monthly x 1 to ensure 100% compliance with regulation 3225.10.10.</b></p> <p><b>Completed 2/14/25</b></p>	3/28/25

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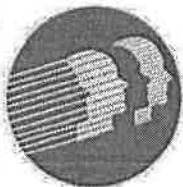
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	<p>2. 5/24/24 – R2 was admitted to the facility. The SA was completed on 5/24/24. The contract was signed on 5/21/24, prior to the SA execution.</p> <p>3. 7/5/24 – R3 was admitted to the facility. The UAI was completed on 7/5/24 and the SA was completed on 7/5/24. The contract was signed on 6/29/24, prior to the UAI completion and the SA execution.</p> <p>4. 2/2/24 – R5 was admitted to the facility. The UAI was completed on 2/2/24 and the SA was completed on 2/6/24. The contract was signed on 6/30/24, prior to the UAI completion and the SA execution.</p> <p>1/23/25 – Contract dates were confirmed by E3 (BOM) at approximately 9:30 AM.</p> <p>1/23/25 - Findings were reviewed with E1 (ED), E2 (CSD) and E3 at the exit conference, beginning at approximately 1:40 PM.</p>	<p><b>3225.11.2 Resident Assessment</b></p> <p><b>1. There were no residents negatively impacted by the deficient practice. A resident seeking entrance will have an initial UAI-based assessment completed by a registered nurse (RN) acting on behalf of the assisted living facility no more than 30 days prior to admission. Such assessment shall be reviewed by an RN 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 will be performed by personnel qualified in that specialty area. R3 moved out of the community on 1/5/2025.</b></p> <p><b>2. All residents have the potential to be affected by this deficient practice.</b></p> <p><b>3. All residents will have a UAI completed prior to admission to the community and within 30 days of admission to the community. In addition, the UAI will be signed with the service agreement time stamped prior to the signing of the contract. Education will be provided to the registered nurses (RN's) who complete the UAI-based assessment by 2/21/25.</b></p>	<p>3/28/25</p>
3225.11.0	Resident Assessment		
3225.11.2	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		
S/S- D			

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3225.11.0 3225.11.3 S/S - D	<p>technology, 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 record review, interview, and review of other facility documentation, it was determined that for two (R3 and R5) out of six residents sampled, the facility failed to provide evidence of a pre-admission UAI. Findings include:</p> <p>1. 7/5/24 - R3 was admitted to the facility. The UAI was completed on 7/5/24, the day of admission.</p> <p>2. 2/2/24 - R5 was admitted to the facility. The UAI was completed on 2/2/24, the day of admission.</p> <p>1/23/25 - Per interview with E2 (CSD) at approximately 12:00 PM, E2 confirmed the UAIs were completed on the day of admission.</p> <p>1/23/25 - Findings were reviewed with E1 (ED), E2 and E3 (BOM) at the exit conference, beginning at approximately 1:40 PM.</p> <p><b>Resident Assessment</b></p> <p>Within 30 days prior to admission, a prospective resident shall have a medical evaluation completed by a physician.</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</p>	<p>4. The RN's were re-educated by the clinical specialist Crystal Harmon. The RN, ED or designee will ensure the preassessment UAI is completed prior to contract signing and the 30 day UAI is completed timely by auditing all new move in files weekly x4, biweekly x 4 and monthly x 1 to ensure 100% compliance with regulation 3225.11.2.</p> <p><b>3225.11.3 Resident Assessment</b></p> <p>1. There were no residents negatively affected by the deficient practice. Within 30 days prior to admission, a prospective resident shall have a medical evaluation completed by a physician.</p> <p>2. All residents have the potential to be affected by this deficient practice.</p> <p>3. Each prospective resident seeking admission to the community will submit to their physician the community's H&amp;P/Move in medical evaluation to be reviewed for completion by the RN/designee prior to admission to the community. No resident will be admitted to the community without this medical evaluation.</p>	3/28/25

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3225.11.0 3225.11.5 S/S - D	<p>determined that for one (R5) out of five residents sampled for pre-admission assessments, the facility failed to provide evidence of the Physician's medical evaluation prior to admission. Findings include:</p> <p>2/2/24 - R5 was admitted to the facility. The facility lacked evidence of a Physician's evaluation completed prior to admission.</p> <p>1/23/25 - Per interview with E2 (CSD) at approximately 12:00 PM, E2 confirmed the resident's record did not include the Physician's evaluation prior to the residents' admission.</p> <p>1/23/25 - Findings were reviewed with E1 (ED), E2 and E3 (BOM) at the exit conference, beginning at approximately 1:40 PM.</p> <p><b>Resident Assessment</b></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 one (R5) out of six residents sampled, the facility failed to provide evidence of the resident's 30-day UAI assessment within 30 days after admission. Findings include:</p>	<p>4. RN or designee will audit medical evaluations for all new move ins weekly x 4, bi-weekly x 4 and monthly x 4 to ensure 100% compliance with regulation 3225.11.3.</p> <p><b>3225.11.5 Resident Assessment</b></p> <p>1. There were no residents negatively affected by the deficient practice. The UAI, developed by the department will be used to update the resident assessment as indicated within the regulations: 30 days after admission, annually and when there is a significant change in the resident's condition. R5's 30 day assessment was not completed at the 30 day timeframe after admission.</p> <p>2. All residents have the potential to be affected by this deficient practice.</p> <p>3. Each resident will have a 30 day UAI based assessment as well as an annual UAI based assessment. Any resident with a significant change in their condition will have a Significant Change UAI based assessment.</p> <p>4. RN or designee will audit 3 residents' UAIs and schedules weekly x 4, biweekly x 4 and monthly x 1 to ensure 100% compliance with 3225.11.5.</p>	3/28/25

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3225.12.0	2/2/24 – R5 was admitted to the facility. The 30-day UAI was completed on 5/6/24, more than ninety days after admission.		
3225.12.1	1/23/25 - Per interview with E2 (CSD) at ap- proximately 12:00 PM, E2 confirmed the 30- day UAI was not timely completed.		
3225.12.1.3	1/23/25 - Findings were reviewed with E1 (ED), E2 and E3 (BOM) at the exit confer- ence, beginning at approximately 1:40 PM.		
S/S – E	<b>Services</b>  The assisted living facility shall ensure that:  Food service complies with the Delaware Food Code  3-501.17 Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking.  (B) Except as specified in (E) - (G) of this section, refrigerated, READY-TO-EAT TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and PACKAGED by a FOOD PROCESSING PLANT shall be clearly marked, at the time the original container is opened in a FOOD ESTABLISHMENT and if the FOOD is held for more than 24 hours, to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded, based on the tempera- ture and time combinations specified in (A) of this section and: (1) The day the original container is opened in the FOOD ESTAB- LISHMENT shall be counted as Day 1; and (2) The day or date marked by the FOOD ESTABLISHMENT may not exceed a manu- facturer's use-by date if the manufacturer	<b>3225.12.1.3 Services</b>  1. There were no residents negatively im- pacted by the deficient practice. The items found during the kitchen tour were immedi- ately removed by the Food Services Direc- tor.  2. All residents have the potential to be af- fected by this deficient practice.  3. The FSD (food service director) director re-educated all dietary staff on the proper storage, labeling to prevent food borne ill- ness to the residents.  4. The FSD/ED or designee will ensure all foods are labeled & dated by auditing the kitchen weekly x 4, biweekly x 4 and monthly x 1 to ensure 100% compliance with regulation 3225.12.1.3.	3/28/25

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	<p>determined the use-by date based on FOOD safety.</p> <p>Based on observation and interview, it was determined that the facility failed to ensure food was stored and served in a manner that prevents food borne illness to the residents. Findings include:</p> <p>1/22/25 2:37 PM - During the kitchen tour, the following was observed:</p> <p>-there was an undated half carton of whole milk in the refrigerator</p> <p>-some parsnips and a container of pudding in the walk-in refrigerator which were missing date labels. ----there was a bag of expired dinner rolls (exp date 1/13/2025) on a food rack near the food prep area.</p> <p>The aforementioned areas were removed immediately by E6 (FSD) upon notice. The findings were confirmed with E6 on site.</p> <p>1/22/25 - Findings were reviewed with E2 (CSD) at approximately 2:57 PM and E1 (ED) at approximately 12:01 PM on 1/23/2025 at the environmental survey exit.</p>		

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E1

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