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

3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 421-7400

STATE SURVEY REPORT

NAME OF FACILITY: Milford Place Assisted Living **DATE SURVEY COMPLETED: September 3, 2020**

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	An unannounced complaint survey was conducted by the State of Delaware Division of Health Care Quality, Office of Long-Term Care Residents Protection from August 27, 2020 through September 3, 2020. The facility was found to be out of compliance with the Title 16 Health and Safety Delaware Administrative Code, 3225 Assisted Living Facilities regulations, and the State Centers for Disease Control and Prevention (CDC) recommended practices for COVID-19. The facility census on the first day of the facility was sixty-nine (69). The sample size was thirteen (13) residents.	Substantial Compliance on or before 10/15/2020 Once advised of the alleged deficient practice on 8/27/20, staff members distributed facemasks to residents 5, 6, 7, 8, 9, 10, 11, 12 and 13. Staff members reminded residents of the need to don their facemasks when not in the privacy of their apartment or when visitors enter their apartment, including employees. On 08/27/2020 a review of all residents who could be affected by this issue was conducted by staff members. Facemasks were distributed to current residents if they did not possess one, along with guidance to wear them whenever in common spaces or when visitors (including employees) entered their apartment. They were also advised to keep a social distance of 6' between each other. Root cause analysis: Facility did not use the current CDC Guidance "Interim Infection Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic" when providing directions to residents regarding the use of face masks. A memo will be drafted by the Executive Director (Attachment 1) and provided to all residents of the facility (or their responsible parties) advising residents to wear facemasks and maintain social distance in accordance with the current CDC guidance. Additionally, a Resident Town Hall Meeting occurred on September 29, 2020 where the CDC's guidance on facemasks and social distancing was reviewed with residents. The minutes of that meeting are attached (Attachment 2). An email was drafted and distributed to all responsible parties informing them of the need for residents to wear	
3225.0	**Regulations for Assisted Living Facilities**		
3225.9.0	**Infection Control**		
3225.9.1	**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:**		
3225.9.1.1	**The necessary precautions stated in the written procedures are followed; and**		
3225.9.1.2	**All rules of the Delaware Division of Public Health are followed so there is minimal danger of transmission to staff and residents.** **4/15/2020 – The Governor's Eleventh Modification of the Declaration of a State of Emergency for the State of Delaware due to a Public Health Threat stated, "... A. PUBLIC HEALTH ...** **4. Nursing facilities, assisted living facilities, ... licensed under Title 16, Chapter 11 shall immediately ensure that they are in full**		

Provider's Signature _____ Title Executive Director Date 11/2/2020

NAME OF FACILITY: Milford Place Assisted Living **DATE SURVEY COMPLETED: September 3, 2020**

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	compliance with Public Health Authority guidance related to COVID-19. Such facilities shall check Division of Public Health guidance daily to ensure that the facilities are complying with the most current guidance and shall adjust their policies, procedures, and protocols accordingly." **This requirement was not met as evidenced by:** Based on observations, interviews and review of facility documentation it was determined that the facility failed to ensure that residents wore facemasks/cloth face coverings appropriately according to State and Federal requirements. Findings include: 7/15/2020 (updated) – The CDC guidance "Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic" included: **"Implement Universal Source Control Measures.** Source control refers to use of cloth face coverings or facemasks to cover a person's mouth and nose to prevent spread of respiratory secretions when they are talking, sneezing, or coughing...Because of the potential for asymptomatic and pre-symptomatic transmission, source control measures are recommended for everyone in a healthcare facility, even if they do not have symptoms of COVID-19. Patients and visitors should, ideally, wear their own cloth face covering (if tolerated) upon arrival to and throughout their stay in the facility...Patients may remove their cloth face covering when in their rooms but should put it back on when around others (e.g., when visitors enter their room) or leaving their room. Facemasks and cloth face coverings should not be placed on young children under age 2, anyone who has trouble breath-	facemasks and maintain social distance (Attachment 3). Finally, an in-service (Attachment 4) will completed by the Care Services Manager or designee for all staff members on the need to encourage residents to wear facemasks in accordance with current CDC guidelines by the date of substantial compliance. A Walk through will be conducted by the Executive Director or designee to ensure residents have facemasks in place and residents maintain social distance. This walk through will be conducted daily by the Executive Director or designee until advised by the Division of Public Health that resident facemasks are no longer required. The results of these walk-throughs will be reviewed at the facility Quality Assurance/Performance Improvement committee until they are no longer required.	

Provider's Signature _____ Title _____ Date _____

NAME OF FACILITY: Milford Place Assisted Living **DATE SURVEY COMPLETED: September 3, 2020**

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	ing, or anyone who is unconscious, incapacitated or otherwise unable to remove the mask without assistance." https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html 8/27/2020 3:15 PM - During an observation in the Wellness Center, R5 and R6 were not wearing any face covering while seated and waiting for medications. E4 (Medication Assistant) was wearing a face mask but was within six feet of R5 and R6. 8/27/2020 3:35 – 3:45 PM – During an observation on the first floor Assisted Living's Oliver Wing, four residents (R7, R8, R9 and R10) were observed sitting at a small round table within six feet of each other talking and laughing without wearing any face coverings. E5 (LEA) was wearing a face mask but was within six feet of these four residents talking, laughing and touching them. 8/27/2020 3:50 PM - During an observation on the first floor Assisted Living's Oliver Wing, R11 was walking next (within six feet) to E5 (LEA). R11 was not wearing any face covering. 8/27/2020 4:00 PM - During an observation in the hall outside the Wellness Center, R12 and R13 were not wearing any face coverings. 8/27/2020 4:05 PM – During an interview with E1 (ED) and E2 (CSM), when asked about the observations, both E1 and E2 said they thought that residents did not have to		

Provider's Signature _____ Title _____ Date _____

NAME OF FACILITY: Milford Place Assisted Living **DATE SURVEY COMPLETED: September 3, 2020**

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	wear face coverings when out of their rooms. E1 stated they will start having their residents wear face coverings per CDC guidance. 9/3/2020 10:30 AM - Findings were reviewed and confirmed with E1 (ED), E2 (CSM) and E3 (ACSM) during the exit teleconference.		

Provider's Signature _____ Title _____ Date _____