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 Brandywine Assisted Living Fenwick **DATE SURVEY COMPLETED:** April 29, 2024

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	
	An unannounced Complaint Survey was conducted at this facility from April 24, 2024, through April 29, 2024. The deficiencies contained in this report are based on interview and record review. The facility census on the first day was eighty- four (84). The survey sample totaled seven (7) residents. Abbreviations/definitions used in this state report are as follows: CM – Care Manager; ED – Executive Director; LPN – Licensed practical Nurse;		
3225.5.0	**General Requirements**		
3225.5.2	**All records maintained by the assisted living facility shall at all times be open to inspection and copying by the authorized representatives of the Department, as well as other agencies as required by state and federal laws and regulations. Such records shall be made available in accordance with 16 Del.C. Ch. 11, Subchapter I., Licensing by the State.**		
Del.11. §1131. 1.c.	**Emotional abuse – "Emotional abuse" means the use of oral, written, or gestured language that includes disparaging derogatory terms to patients, residents, their families, or within their hearing distance, regardless of their age, ability to comprehend, or disability. "Emotional abuse" includes the violation of resident rights and privacy through the posting of inappropriate materials on social media. "Emotional abuse" includes all of the following: ridiculing, demeaning, humiliating, or cursing at a patient or resident; punishment or deprivation; or threatening a patient with physical harm. Due to the facility's corrective measures following the incident on 7/16/22 this is being**		

Provider's Signature [signature] Title Executive Director Date 7/10/2024

NAME OF FACILITY: AL Brandywine Assisted Living Fenwick **DATE SURVEY COMPLETED:** April 29, 2024

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	
	cited as past non-compliance. This requirement was not met as evidenced by: Based on record review, interview and review of other facility documentation, it was determined that the facility failed to ensure that one (R3) out of three sampled residents for abuse was free from emotional abuse. Due to the facility's corrective measures following the incident on 7/16/22 this is being cited as past non-compliance. Findings include: A facility policy titled "Abuse Prohibition", revision date April 2015, included, "This program is a zero tolerance for abuse and is reflective of Brandywine's commitment to provide an environment of care that protects our residents from any form of abuse." A facility incident report dated 7/16/22 included statements from the following witnesses: E13 (CM) documented that she had witnessed E12 (LPN Agency) close the door on R3 who lost his balance and fell. E14 (CM) documented that R3 was walking into the med room and she heard E12 saying "no, no, no, go away" and then slammed the door causing R3 to fall. E12's statement documented that the resident was trying to back up from the med room door, tripped over his feet and fell on his buttocks, no injuries, and no complaints of pain. 1/29/24 approximately 3:30 PM – During an interview, E14 stated that on 7/16/22 she had witnessed R3 walking into the med room on the Reflections (memory care unit) and E12 (LPN, Agency) stated, "no, no go away" and slammed the door causing R3 to lose his balance and fall. 1/30/24 approximately 11:00 AM – During an	Past Non-Compliance – corrected 8/17/22.	

NAME OF FACILITY: AL Brandywine Assisted Living Fenwick **DATE SURVEY COMPLETED:** April 29, 2024

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	
	interview, E1 (ED) stated that E12 was an agency nurse and following this incident the agency was called to inform them that E12 would not be allowed to work at Brandywine. E1 stated then she called the Adult Abuse Registry and State agency, DHCQ to report E12. 1/30/24 11:10 AM – During an interview via telephone E13 stated that she saw R3 approach E12 who was in the med room and E12 made a derogatory comment then slammed the door causing R3 to fall on his back. Review of the Adult Abuse Registry online documented E12 was placed on the registry on the 10/18/22, for this allegation of abuse. The state agency reviewed and confirmed that emotional abuse occurred on 7/16/22 and the facility's corrective measures were put in place and substantial compliance regained on 8/17/22. Immediate action taken by the facility included: immediate removal of E12, family and a State reportable incident submitted. Abuse and resident respect training and re-education provided to all staff members; audits were conducted daily on each unit to monitor staff interactions with residents until 100% compliance was achieved. All documentation provided by the facility was verified and complete. 4/29/24 9:40 AM - Findings were reviewed with E1 and E3 (Wellness Director) at the exit conference.		

Provider's Signature [signature] Title Executive Director Date 7/10/2024