



**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**

NAME OF FACILITY: AL – The Summit

DATE SURVEY COMPLETED: December 31, 2024

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
s/s D	<p>An unannounced Follow-up and Complaint Survey to the Annual, Complaint, and Emergency Preparedness Surveys that ended August 16, 2024, and September 20, 2024, were conducted by the State of Delaware Division of Health Care Quality, office of Long-Term Care Residents protection on December 30, 2024, thru December 31, 2024. The facility census on the first day of the survey was ninety-six (96). The sample size was seven (7) residents.</p> <p>The facility was found not to be in substantial compliance as of December 31, 2024.</p> <p>Abbreviations/definitions used in this State Report are as follows:</p> <p>DHW – Director of Health and Wellness; ED – Executive Director; LPN – Licensed Practical Nurse; RN – Registered Nurse;</p>		
3225.0	Assisted Living Facilities	3225.0 Assisted Living Facilities	02/24/2025
3225.16.0	Staffing	A. (Individual Impacted)	
3225.16.2	<p>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.</p> <p>This requirement was not met as evidenced by:</p> <p>Based on record review and interview it was determined that for one (R6) out of four residents sampled for accidents, the facility failed to ensure that the initial post fall assessment was completed by the Registered Nurse. Findings include:</p> <p>The facility policy on Assessments last updated November 12, 2024, indicated that a</p>	<p>(R6) was impacted by this deficiency: however, the facility is unable to correct this action.</p> <p>B. (Identification of other Residents)</p> <p>All residents have the potential to be affected.</p> <p>C. (Systemic Changes)</p> <p>A Registered Nurse (RN) will conduct initial post-fall assessments via, in-person or telehealth, for residents who fall and do not require hospitalization. In the event a Registered Nurse is not available, the resident will be sent out to the hospital for evaluation at a higher level of care.</p>	

Provider's Signature

*Virginia L. Gray*

Title

EXECUTIVE DIRECTOR Date January 30, 2025



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	<p>post fall assessment be completed after any witnessed, reported or suspected fall.</p> <p>10/14/24 – The facility completed an in-service on the State of Delaware Board of Nursing's Scope of Practice documentation related to Registered Nurse and Licensed Practical Nurse duties.</p> <p>12/15/24 1:46 AM – E3 (LPN) documented in R6's clinical record, "Care manager reported to this nurse that she found resident sitting on the floor. Writer observed resident in a sitting position in front of her wheelchair...Resident noted with positive range of motion, no injuries noted."</p> <p>12/15/24 1:56 AM – E3 (LPN) completed an incident report related to R6's fall at 1:46 AM. E3 documented that E2 (RWD) was notified about the fall at 5:20 AM through text message.</p> <p>12/31/24 10:32 AM – In an interview E2 (RWD) confirmed that E3 (LPN) completed the initial post fall assessment when R6 fell on 12/15/24. E2 stated she was not aware that the initial post fall assessment must be completed by a RN if there was no injury.</p> <p>12/31/24 2:40 PM – Findings were reviewed with E1 (ED) and E2 (DHW).</p>	<p>The Director of Health &amp; Wellness (DHW)/designee will educate all licensed professionals on the updated, post-fall protocol.</p> <p><b>D. (Success Evaluation)</b></p> <p>The DHW/designee or Executive Director will complete a review of all resident falls to verify the RN's initial assessment, weekly, for four (4) weeks, then monthly, for three (3) months, until the community consistently achieves 100% success.</p> <p>All findings will be reviewed during the community's Quarterly Quality Assurance meetings.</p>	

Provider's Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_