



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: Westminster Village

DATE SURVEY COMPLETED: March 21, 2024

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES
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	<p>An unannounced Annual and Complaint Survey was conducted at this facility from March 18, 2024 through March 21, 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 fifty-seven (57). The survey sample totaled eleven (11) residents.</p> <p>Abbreviations/definitions used in this state report are as follows:</p> <p>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;</p> <p>DelVax - Delaware's state immunization registry that serves as a database to contain the immunization records of Delaware residents;</p> <p>DHIN (Delaware Healthcare Information Network) - Statewide health information exchange accessible by Medical Practitioners;</p> <p>ED - Executive Director;</p> <p>LPN - Licensed Practical Nurse;</p> <p>RSD - Resident Services Director;</p> <p>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 required to use the UAI to evaluate each resident on</p>	
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Provider's Signature Wendy M. Moad, NHA Title Executive Director Date 4/8/2024



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<p>3225</p> <p>3225.7.0</p> <p>3225.7.1</p> <p>3225.7.2</p> <p>3225.7.3</p> <p>3225.7.3.5</p>	<p>both an initial and ongoing basis in accordance with these regulations.</p> <p>Assisted Living Facility</p> <p>Specialized Care for Memory Impairment</p> <p>Any assisted living facility which offers to provide specialized care for residents with memory impairment shall be required to disclose its policies and procedures which describe the form of care or treatment provided, in addition to that care and treatment required by the rules and regulations herein.</p> <p>Said disclosure shall be made to the Department and to any person seeking specialized care for memory impairment in an assisted living facility.</p> <p>The information disclosed shall explain the additional care that is provided in each of the following areas:</p> <p>Staffing Plan & Training Policies: staffing plan, orientation, and regular in-service education for specialized care;</p> <p>This requirement was not met as evidenced by:</p> <p>Based on policy review, interview and review of other facility documentation, it was determined that the facility lacked a specific Memory Care policy and procedure pursuant to the staffing plan, orientation and regular staff in-service education for the Memory Impaired resident. Findings include:</p> <p>3/19/24 - Westminster Marketing Materials, Policy and Procedure for Memory Care and Resident Agreement packets were reviewed.</p>	<p>3255:</p> <p>The absence of the memory care information that did not include the staffing plan, orientation and regular staff in-service education cannot be retroactively corrected.</p> <p>Current and new residents and potential residents have the potential to be affected by this practice.</p> <p>A root cause analysis conducted revealed the need to further develop the information provided regarding memory care services to include the staffing plan, orientation and regular staff in-service education. Memory care information has been developed by the ED and RSD and now includes information regarding the staffing plan, orientation, and regular staff in-service education.</p> <p>Education will be provided by the ED to the RSD and Admission Director regarding the updated memory care information which includes the staffing plan, orientation, and regular staff in-service education.</p> <p>The Executive Director/designee will conduct an audit of all memory care informational brochures daily x 5; weekly x 3; monthly x 2 to ensure memory care information includes the staffing plan, orientation and regular staff in-service education.</p> <p>Results of the audits will be presented to the Quality Assurance Performance Improvement Committee for review and recommendations.</p> <p>Completion: April 22, 2024</p>

Provider's Signature Mwendy Mwand, NHA Title Executive Director Date 4/8/2024



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3225.9.0	<p>There was no evidence of specific Memory Care Information regarding the staffing plan, staff orientation and regular staff in-service training for the Memory Care unit disclosed in writing to any person seeking specialized care for memory impairment in an assisted living facility.</p> <p>3/21/24 - At approximately 2:00 PM, E1 (ED) confirmed the marketing materials and Resident Agreement did not contain the staffing plan, staff orientation or regular in-services of the staff for the Memory Care population.</p> <p>3/21/24 - Findings were reviewed with E1, E2 (RSD) and E3 (Regional Nurse), at the exit conference, beginning at approximately 2:06 PM.</p>	<p>3255.9.0</p> <p>R1 was offered and received a pneumococcal pneumonia vaccination which has been updated in the medical record.</p>
3225.9.7	<p>The assisted living facility shall have on file evidence of vaccination against pneumococcal pneumonia for all residents older than 65 years, or those who received the pneumococcal vaccine before they became 65 years and 5 years have elapsed, and as recommended by the Immunization Practice Advisory Committee of the Centers for Disease Control, unless medically contraindicated. All residents who refuse to be vaccinated against pneumococcal pneumonia must be fully informed by the facility of the health risks involved. The reason for the refusal shall be documented in the resident's medical record.</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>Current residents have the potential to be affected by this practice. The RSD conducted an audit of all current resident medical records with findings that no other resident is missing evidence of pneumococcal pneumonia vaccination.</p> <p>A root cause analysis revealed the need for licensed staff education regarding evidence of pneumococcal pneumonia vaccination on all residents. The RSD will conduct re-education with all licensed staff on the pneumococcal pneumonia vaccination and documentation in the medical record.</p> <p>The RSD/designee will conduct an audit of all current resident vaccination records daily x5; weekly x3; monthly x2 to ensure all residents have evidence of pneumococcal pneumonia vaccination.</p> <p>Results of the audits will be presented to the Quality Assurance Performance Improvement Committee for review and recommendations.</p> <p>Completion: April 22, 2024</p>

Provider's Signature Mandy [Signature], NHA Title Executive Director Date 4/8/2024



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<p>3225.10.0</p> <p>3225.10.4</p>	<p>determined that for one (R1) out of nine residents sampled, the facility failed to provide evidence of a pneumonia vaccination or declination of such. Findings include:</p> <p>4/17/23 – R1 was admitted to the facility. There was no evidence of a pneumonia vaccination record or of a declination of such.</p> <p>3/21/24 – Per interview with E2 (RSD) at approximately 10:00 AM, E2 confirmed there was no record of the pneumonia record on this resident. E2 stated she has access to both the DHIN and DelVAX sites.</p> <p>3/21/24 - Findings were reviewed with E1 (ED), E2 and E3 (Regional Nurse), at the exit conference, beginning at approximately 2:06 PM.</p> <p>Contracts</p> <p>The resident shall sign a contract within 3 business days after admission that:</p> <p>This requirement was not met as evidenced by:</p> <p>Based on record review and review of other facility documentation, it was determined that for one (R8) out of nine residents sampled, the facility failed to obtain a signed contract within three days after admission. Findings include:</p> <p>10/13/23 – R8 was admitted to the facility. The contract was signed on 10/31/23, approximately eighteen days after admission.</p> <p>3/21/24 - Findings were reviewed with E1, E2 (RSD) and E3 (Regional Nurse), at the exit conference, beginning at approximately 2:06 PM.</p>	<p>3225.10.0</p> <p>R8's contract signature date cannot be retroactively corrected.</p> <p>New residents have the potential to be affected by not having contracts signed within 3 days of admission. An audit of all current resident contracts was conducted by the Executive Director to determine other resident contracts affected. Findings will be noted, but dates cannot be retroactively corrected.</p> <p>A root cause analysis revealed that education with the Sales Director is required regarding the requirement to obtain contractual signatures within 3 days of admission. The ED will conduct re-education with the Sales Director on the requirement of contract signing within 3 days of admission.</p> <p>The ED/designee will conduct an audit of all newly admitted residents daily x5; weekly x3; monthly x2; to ensure contracts are properly signed within 3 days of admission date. Results of the audits will be presented to the Quality Assurance Performance Improvement Committee for review and recommendations.</p> <p>Completion: April 22, 2024</p>

Provider's Signature Mwendu/Quad, NHA Title Executive Director Date 4/8/2024



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3225.11.0	Resident Assessment	
3225.11.5	<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 (R8) out of nine residents sampled, the facility failed to perform a UAI 30 days after admission. Findings include:</p> <p>10/13/23 – R8 was admitted to the facility. The 30-day UAI was not in evidence as being completed.</p> <p>3/19/24 – Per interview with E2 (RSD) at approximately 1:30 PM, E2 confirmed this 30-day assessment was missed.</p> <p>3/21/24 - Findings were reviewed with E1 (ED), E2 and E3 (Regional Nurse), at the exit conference, beginning at approximately 2:06 PM.</p>	<p>3225.11.0</p> <p>R8's UAI update, 30 days after admission, was missed and cannot be retroactively corrected.</p> <p>Current residents have the potential to be affected by UAI updates/completions that are not within the minimum update requirement of 30 days after admission. An audit of all current resident UAIs was conducted by the Resident Services Director to determine if other UAIs may be outside of the minimum completion/update requirement of 30 days after admission with findings that no other residents' UAI updates were missed or late.</p> <p>A root cause analysis revealed the need for re-education regarding resident UAI completion within 30 days after admission.</p> <p>The ED will conduct re-education with the RSD regarding resident UAI completions 30 days after admission.</p> <p>The RSD/designee will conduct an audit of all UAI updates to ensure completion occurs within 30 days after admission daily x5; weekly x3; monthly x2.</p> <p>Results of the audits will be presented to the Quality Assurance Performance Improvement Committee for review and recommendations.</p> <p>Completion: April 22, 2024</p>
3225.12.0	Services	
3225.12.1	The assisted living facility shall ensure that:	
3225.12.1.3	<p>Food service complies with the Delaware Food Code</p> <p>Delaware Food Code</p> <p>Based on observations, interview, and review of other facility documentation it was determined that the facility failed to comply</p>	

Provider's Signature Wendy Quad, NHA Title Executive Director Date 4/8/2024



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	<p>with the Delaware Food Code. Findings include:</p> <p>Delaware Food Code 4-202.16 Nonfood-Contact Surfaces: NonFOOD-CONTACT SURFACES shall be free of unnecessary ledges, projections, and crevices, and designed and constructed to allow easy cleaning and to facilitate maintenance.</p> <p>3/20/24 – During the survey of the facility at approximately 11:00 AM, the Surveyor observed a white colored substance that appears to be calcium built up on the right side of the ice maker.</p> <p>3/20/24 - Findings with reviewed with E13 (Director of Dietary) at 1:34 PM and E1(ED) and E2 (RSD) at 3:00 PM.</p> <p>Delaware Food Code 5-104.11 System: Water shall be received from the source through the use of: (A) An APPROVED public water main; or (B) One or more of the following that shall be constructed, maintained, and operated according to LAW: (1) Nonpublic water main, water pumps, pipes, hoses, connections, and other appurtenances, (2) Water transport vehicles, or (3) Water containers.</p> <p>3/20/24 – During the survey of the facility at approximately 11:00 AM, the Surveyor observed water leaking from the blue Atlas water filter near the side entrance of the kitchen.</p> <p>3/20/24 - Findings with reviewed with E13 (Director of Dietary) at 1:34 PM and E1(ED) and E2 (RSD) at 3:00 PM.</p> <p>Delaware Food Code 6-201.12 Floors, Walls, and Cellings, Utility Lines: (A) Utility service</p>	<p>3225.12.0</p> <p>The calcium build-up on the side of the ice maker was immediately cleaned and corrected and is free of any substance on the outside surface. The Atlas water filter leak was repaired and is free from any leaks. The wall behind dishwasher was repaired and is a solid surface that is free from any defects. The ceiling vents in the kitchen were immediately cleaned and/or replaced and are free from any substance.</p> <p>Current residents have the potential to be affected by the calcium build-up on the ice maker, water filter leak, dishwasher wall, and ceiling vents. A kitchen audit was conducted by the Director of Dining Services and no other surfaces were identified to have calcium build up, no other water leaks, no other wall defects, and no other ceiling vents were identified as needing correction.</p> <p>A root cause analysis revealed the need for dining staff (assigned to Assisted Living) education regarding calcium build-up on any surface, reporting any water leak for repair, reporting any wall defect for repair, and proper cleaning of ceiling vents.</p> <p>The Director of Dining Services will conduct education with the dining staff (assigned to Assisted Living) regarding calcium build-up on any surface, reporting all water leaks for repair, reporting all wall defects, and cleaning of the ceiling vents.</p> <p>The Director of Dining Services/designee will conduct an audit for calcium build-up on surfaces, any water leaks, any wall defects, and proper ceiling vent cleaning daily x5; weekly x3; monthly x2.</p> <p>Results of the audit will be presented to the Quality Assurance Performance Improvement Committee for review and recommendations.</p> <p>Completion Date: April 22,2024</p>

Provider's Signature Wendy Howard, NHA Title Executive Director Date 4/8/2024



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	<p>lines and pipes may not be unnecessarily exposed. (B) Exposed utility service lines and pipes shall be installed so they do not obstruct or prevent cleaning of the floors, walls, or ceilings. (C) Exposed horizontal utility service lines and pipes may not be installed on the floor.</p> <p>3/20/24 – During the survey of the facility at approximately 11:30 AM, the Surveyor observed a portion of the wall directly behind the dishwasher has appeared to have disintegrated, no wall behind dishwasher.</p> <p>3/20/24 - Findings with reviewed with E13 (Director of Dietary) at 1:34 PM and E1(ED) and E2 (RSD) at 3:00 PM.</p> <p>Delaware Food Code 6-501.14: Cleaning Ventilation Systems, Nuisance and Discharge Prohibition. (A) Intake and exhaust air ducts shall be cleaned and filters changed so they are not a source of contamination by dust, dirt, and other materials. (B) If vented to the outside, ventilation systems may not create a public health HAZARD or nuisance or unLAWful discharge.</p> <p>3/20/24 – During the survey of the facility at approximately 1:30 PM, the Surveyor observed a black substance on all the ceiling vents in the kitchen.</p> <p>3/20/24 - Findings with reviewed with E13 (Director of Dietary) at 1:34 PM and E1(ED) and E2 (RSD) at 3:00 PM.</p>	
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Provider's Signature Wendy M. Wood, NHA Title Executive Director Date 4/8/2024

