



**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:** Millcroft Living Assisted Living

**DATE SURVEY COMPLETED:** October 14, 2022

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
	<p>An unannounced Annual and Complaint Survey was conducted at this facility from October 12, 2022 through October 14, 2022. 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 twenty-four (24). The survey sample totaled seven (7) residents.</p> <p>Abbreviations/definitions used in this state report are as follows:</p> <p>ED - Executive Director;</p> <p>ADON - Assistant Director of Nursing;</p> <p>Dir AL - Director of Assisted Living;</p> <p>DON - Director of Nursing;</p> <p>LPN – Licensed Practical Nurse;</p> <p>Cardiac Disease - Conditions of the heart including structural and functional abnormalities;</p> <p>Dementia with behavioral disturbance - The loss of cognitive functioning (thinking, remembering, and reasoning) to such an extent that it interferes with a person's daily life and activities. Behavioral disturbances are frequently the most challenging manifestations of dementia and are exhibited in almost all people with dementia. Common behavioral disturbances can be grouped into four categories: mood disorders (e.g., depression, apathy, euphoria); sleep disorders (insomnia, hypersomnia);</p> <p>Depression – A common mental disorder affecting more than 264 million people worldwide. It is characterized by persistent sadness</p>	<p>Millcroft Living will be in compliance as of November 15, 2022.</p>

Provider's Signature Folarin Osundina Title Temporary Administrator Date 10/31/2022



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<p>3225.11.0</p> <p>3225. 11.2</p>	<p>and a lack of interest or pleasure in previously rewarding or enjoyable activities;</p> <p>Heart Failure - A progressive heart disease that affects pumping action of the heart muscles. This causes fatigue, shortness of breath;</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 both an initial and ongoing basis in accordance with these regulations.</p> <p><b>Resident Assessment</b></p> <p><b>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 technology, that component of the assessment must be performed by personnel qualified in that specialty area.</b></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 four (R1, R2, R3 and R7) out of seven sampled residents the facility failed to</p>	<p><b>3225.11.0</b></p> <p><b>3225. 11.2</b></p> <p>Corrective Action: Corrective actions have been ensured by the Director of Resident Services. It is the policy of Millcroft Living to ensure that within 30 days prior to Admission a prospective resident shall have the Uniform Assessment Instrument (UAI) completed. The Primary Physician for R1 has been notified that the required Uniform Assessment Instrument (UAI) prior to admission was not completed until the day of Admission, and an up-to-date Uniform Assessment Instrument (UAI) has been completed for R1 and reviewed with the Physician in order to ensure a current and accurate assessment of resident condition and needs. The Primary Physician for R2 has been notified that the required Uniform Assessment Instrument (UAI) prior to admission was not completed until the day of Admission, and an up-to-date Uniform Assessment Instrument (UAI) has been completed for R2 and reviewed with the Physician in order to ensure a current and accurate assessment of resident condition and needs. The Primary Physician for R3</p>

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	<p>complete the initial UAI assessments prior to admission.</p> <p>1. 9/16/20 – R1 was admitted to the AL unit with diagnosis of heart failure. The initial UAI assessment was completed on the day of admission 9/16/20.</p> <p>2. 6/18/18 – R2 was admitted to the AL unit with a diagnosis of cardiac disease. The initial UAI assessment was completed on the day of admission 6/18/18.</p> <p>3. 5/4/20 – R3 was admitted to the AL unit with a diagnosis of depression. The initial UAI assessment was completed on the day of admission 5/4/20.</p> <p>4. 8/23/22 – R7 was admitted to the AL unit with a diagnosis of dementia with behavioral disturbance. The initial UAI assessment was completed on the day of admission 8/23/22.</p> <p>10/13/22 1:20 PM - During an interview, E3 (DON) and E5 (LPN) confirmed that R1, R2, R3 and R7's above listed UAI assessments were not completed prior to admission.</p> <p>10/14/22 - Findings were reviewed with E3, E4 (ADON), E5 and E10 (Clinical Specialist) at the exit conference, beginning at 11:05 AM.</p>	<p>has been notified that the required Uniform Assessment Instrument (UAI) prior to admission was not completed until the day of Admission, and an up-to-date Uniform Assessment Instrument (UAI) has been completed for R3 and reviewed with the Physician in order to ensure a current and accurate assessment of resident condition and needs. The Primary Physician for R7 has been notified that the required Uniform Assessment Instrument (UAI) prior to admission was not completed until the day of Admission, and an up-to-date Uniform Assessment Instrument (UAI) has been completed for R7 and reviewed with the Physician in order to ensure a current and accurate assessment of resident condition and needs.</p> <p>Identification of Other Residents: All Residents have the potential to be affected. Residents will be identified as at risk by performing an audit of the admission UAI assessment for each resident in order to ensure compliance with the requirement that within 30 days prior to Admission a prospective resident shall have the Uniform Assessment Instrument (UAI) completed. A 100% audit of all Residents to ensure a completed UAI prior to admission has been completed. No new concerns regarding UAI assessment completion were identified as a result of this audit.</p> <p>System Changes: The Root Cause of the concern was a failure to ensure a pre-admission Uniform Assessment Instrument (UAI) was completed for R1, R2, R3, and R7. The facility system for pre-admission screening has been updated; there will be an Interdisciplinary Team (IDT) meeting involving the Administrator, Director of Resident Services, and Director of Marketing prior to any Assisted Living admission to ensure that all required documents have been obtained, including a pre-admission Uniform Assessment Instrument (UAI). The facility policy for "Quality Life Assessment" (rev. 1.2015) regarding pre-admission</p>

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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>assessment was reviewed and found to meet professional standards. The Director of Resident Services or Designee will complete education for all Assisted Living nursing staff regarding the Pre-Admission Criteria and the required Uniform Assessment Instrument (UAI) prior to admission. The Director of Resident Services or Designee will provide oversight to ensure ongoing compliance.</p> <p>Success Evaluation: A random sample of 10% of residents will be completed by the Director of Resident Services or designee to ensure a Uniform Assessment Instrument (UAI) has been completed as required prior to admission, at 30-days post-admission, annually, and with any significant change; Audits will have a goal of 100% compliance for assessment completion as required; Audits will be completed daily until 100% compliance is achieved for 3 consecutive evaluations, then 3 times a week until 100% compliance is achieved for 3 consecutive evaluations, then weekly until 100% compliance is achieved for 3 consecutive evaluations, and then monthly until 100% compliance is achieved for 3 consecutive evaluations. Additional audits will be completed as needed based upon the level of compliance. The results of the audits will be reviewed by the Quality Assurance Team at the monthly Quality Assurance meeting.</p> <p>3225.11.5</p> <p>Corrective Action: Corrective actions have been ensured by the Director of Resident Services. It is the policy of Millcroft Living to ensure that the Uniform Assessment Instrument (UAI) is completed prior to admission, at 30 days after admission, annually, and with any significant change. The Primary Physician for R5 has been notified that the required 30-day Uniform Assessment Instrument (UAI) prior to admission was not completed, and an up-to-date Uniform Assessment Instrument (UAI) has been</p>

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	<p>Based on record review, interview and review of other facility documentation, it was determined that for two (R5 and R7) out of seven sampled residents the facility failed to complete the initial, the 30-day, or a significant change in condition assessments.</p> <p>1. 7/30/22 – R5 was admitted to the AL unit with a diagnosis of depression. There is no evidence of a 30 day UAI assessment being completed when due on 8/30/22.</p> <p>2. 8/23/22 – R7 was admitted to the AL unit with a diagnosis of dementia with behavioral disturbance. There is no evidence of a 30 day UAI assessment being completed when due on 9/23/22.</p> <p>10/14/22 10:55 AM - During an interview, E3 (DON) and E4 (ADON) confirmed that R5 and R7's above listed 30 day UAI assessments were not completed.</p> <p>10/14/22 - Findings were reviewed with E3, E4, E5 (LPN) and E10 (Clinical Specialist) at the exit conference, beginning at 11:05 AM.</p>	<p>completed for R5 and reviewed with the Physician in order to ensure a current and accurate assessment of resident condition and needs. The Primary Physician for R7 has been notified that the required 30-day Uniform Assessment Instrument (UAI) prior to admission was not completed, and an up-to-date Uniform Assessment Instrument (UAI) has been completed for R7 and reviewed with the Physician in order to ensure a current and accurate assessment of resident condition and needs.</p> <p>Identification of Other Residents: All Residents have the potential to be affected. Residents will be identified as at risk by performing an audit of the most recent UAI assessment for each resident in order to ensure compliance with the required completion of the Uniform Assessment Instrument (UAI) prior to admission, at 30 days after admission, annually, and with any significant change. A 100% audit of all Residents to ensure a completed UAI on admission, at 30 days, annually, and with significant change has been completed. No new concerns regarding UAI assessment completion were identified as a result of this audit.</p> <p>System Changes: The Root Cause of the concern was a failure to ensure that the Uniform Assessment Instrument (UAI) is completed at 30 days after admission for R5 and R7. The facility system for tracking and completion of the UAI for each resident has been updated; a tracking tool for UAI completion will be utilized moving forward. The facility policy for "Quality Life Assessment" (rev. 1.2015) was reviewed and found to meet professional standards. The Director of Resident Services or Designee will complete education for all Assisted Living nursing staff regarding the requirements for completion of the Uniform Assessment Instrument (UAI). The Director of Resident Services or Designee will provide oversight to ensure ongoing compliance.</p> <p>Success Evaluation:</p>

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<p>3225.12.0 3225.12.1 3225.12.1.3</p>	<p>Services</p> <p>The assisted living facility shall ensure that:</p> <p>Food service complies with the Delaware Food Code; and</p> <p>2-301.15 Where to Wash.</p> <p>FOOD EMPLOYEES shall clean their hands in a HANDWASHING SINK or APPROVED automatic handwashing facility and may not clean their hands in a sink used for FOOD preparation or WAREWASHING, or in a service sink or a curbed cleaning facility used for the disposal of mop water and similar liquid waste.</p> <p>5-205.11 Using a Handwashing Sink.</p> <p>(A) A HANDWASHING SINK shall be maintained so that it is accessible at all times for EMPLOYEE use.</p>	<p>A random sample of 10% of residents will be completed by the Director of Resident Services or designee to ensure a Uniform Assessment Instrument (UAI) has been completed as required prior to admission, at 30-days post-admission, annually, and with any significant change; Audits will have a goal of 100% compliance for assessment completion as required; Audits will be completed daily until 100% compliance is achieved for 3 consecutive evaluations, then 3 times a week until 100% compliance is achieved for 3 consecutive evaluations, then weekly until 100% compliance is achieved for 3 consecutive evaluations, and then monthly until 100% compliance is achieved for 3 consecutive evaluations. Additional audits will be completed as needed based upon the level of compliance. The results of the audits will be reviewed by the Quality Assurance Team at the monthly Quality Assurance meeting.</p> <p>3225.12.0 3225.12.1 3225.12.1.3</p> <p>Corrective Action: Corrective actions have been ensured by the Administrator. It is the policy of Millcroft Living to ensure that food employees clean their hands in a handwashing sink or approved automatic handwashing station and that a handwashing sink is maintained so that it is accessible at all times for employee use. The handwashing sink has been repaired and is now in working order with proper drainage.</p> <p>Identification of Other Residents: All Residents have the potential to be affected. Residents will be protected by ensuring that the kitchen handwashing sink is in working order and good repair with proper drainage.</p> <p>System Changes:</p>

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	<p><b>(B) A HANDWASHING SINK may not be used for purposes other than handwashing.</b></p> <p><b>(C) An automatic handwashing facility shall be used in accordance with manufacturer's instructions.</b></p> <p>Based on observation and interview it was determined that during kitchen inspection, the facility failed to ensure handwashing sink was in working order. Findings include:</p> <p>10/13/22 - During the kitchen tour at approximately 9:30 AM, the hand sink by the walk-in refrigerator was in disrepair and without proper drainage. This finding was reviewed and confirmed by E11 (Food Service Director) on 10/13/22 at approximately 10:55 AM.</p>	<p>The Root Cause of the concern was a failure to ensure that the kitchen handwashing sink was in working order and good repair with proper drainage. The facility system for kitchen sanitation rounds has been updated to include weekly rounds with the dietician and food service director to ensure that the handwashing sink is in good repair and working order with proper drainage and adherence to the "Preventing Foodborne Illness – Employee Hygiene and Sanitary Practices" policy (rev. 10.2017). The facility policy for "Preventing Foodborne Illness – Employee Hygiene and Sanitary Practices" (rev. 10.2017) and "Handwashing/Hand Hygiene" (rev. 8.2019) were reviewed and found to meet professional standards. The Administrator or Designee will complete education for all dietary staff regarding appropriate standards for kitchen sanitation and hand hygiene, including ensuring that the kitchen handwashing sink was in working order and good repair with proper drainage. The Administrator or Designee will provide oversight to ensure ongoing compliance.</p> <p>Success Evaluation: A food service sanitation audit to ensure compliance regarding with kitchen sanitation and employee hygiene standards, including the ensuring that the kitchen handwashing sink is in working order and good repair with proper drainage will be completed by the Administrator or designee; Audits will have a goal of 100% compliance for a handwashing sink being maintained and accessible for employee use at all times; Audits will be completed daily until 100% compliance is achieved for 3 consecutive evaluations, then 3 times a week until 100% compliance is achieved for 3 consecutive evaluations, then weekly until 100% compliance is achieved for 3 consecutive evaluations, and then monthly until 100% compliance is achieved for 3 consecutive evaluations. Additional audits will be completed as needed based upon the level of compliance. The results of the audits will be reviewed by the Quality Assurance Team at the monthly Quality Assurance meeting.</p>

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