



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: The Lorelton Assisted Living

DATE SURVEY COMPLETED: August 25, 2023

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	<p>An unannounced Annual and Complaint Survey was conducted at this facility from August 23, 2023 through August 25, 2023. The deficiencies contained in this report are based on interview, record review and review of other facility and partnering services documentation as indicated. The facility census on the first day of the survey was sixty-five (65). The survey sample totaled thirteen (13) residents.</p> <p>Abbreviations/definitions used in this state report are as follows:</p> <p>DON – Director of Nursing;</p> <p>ED - Executive Director;</p> <p>Resident Assessment – evaluation of a resident’s physical, medical, and psychosocial status as documented in a Uniform Assessment Instrument (UAI), by a Registered Nurse;</p> <p>SA – (Service Agreement) - allows both parties involved (the resident and the assisted living facility) to understand the types of care and services the assisted living provides. These include: lodging, board, housekeeping, personal care, and supervision services;</p> <p>SAM – Self Administration of Medications;</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>		

Provider's Signature [Signature]

Title Executive Director

Date 09/13/2023



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: The Lorelton Assisted Living

DATE SURVEY COMPLETED: August 25, 2023

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
3225.0	Assisted Living Facilities		
3225.8.0	Medication Management		
3225.8.4	<p>Residents who self-administer medication shall be provided with a lockable container or cabinet. This requirement does not apply to medications which are kept in the immediate control of the individual resident, such as in a pocket or in a purse. Facility policies must require that medications be secured in a locked container or in a locked room.</p> <p>This requirement was not met as evidenced by the following:</p> <p>Based on interview, record review and review of other facility documentation, it was determined that for three (R10, R11 and R12) out of three sampled residents, the facility failed to provide a lock box, locked cabinet, or to ensure the resident locked their door when out of the room. Findings include:</p> <p>1. 5/5/23 – R10 was admitted to the facility. Surveyor attempted a visit three times on 8/24/23 and found the room unlocked. Surveyor opened the door a crack to call R10's name and noted R10's medications were visible on the kitchen counter within an arms reach of the hallway door. During a visit and interview with R10 on 8/25/23 at approximately 10:28 AM, R10's medications were still on the kitchen counter, and R10 confirmed she leaves the medication there and does not lock the door on exiting the room. Surveyor reviewed the need to have medications put into a locked cabinet or placed out of site and to lock the room door on exit.</p> <p>2. 3/2/23 – R11 was admitted to the facility. During a visit and interview with R12 (R11's spouse who administers R11's medications)</p>	<p>A. 16 current residents self-administer meds. Any residents without a locked mechanism could've had medications taken from their apartment. Any resident, visitor, or staff that enters their apartment could potentially have accessed the medications.</p> <p>B. Anyone could access unlocked medications if they enter an apartment. (Apartment doors do lock)</p> <p>C. The Lorelton will provide a combination locked box to all self-administering residents that don't have the capability to lock drawers or cabinets, or other mechanisms to secure medications.</p> <p>D. By 11/1/23 ED or ED representative will audit all residents that self-administer medications to determine that they all have a locked mechanism to secure medications. Audit will continue until 100% compliance achieved.</p>	11/01/2023

Provider's Signature

Title ED

Date 09/13/2023



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: The Lorelton Assisted Living

DATE SURVEY COMPLETED: August 25, 2023

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
<p>3225.10.0</p> <p>3225.10.10</p>	<p>on 8/24/12 at approximately 11:00 AM, R11's medications were in a mediplanner on the kitchen table along with R12's medi-planner. Surveyor reviewed with R12 the need to have medications put into a locked cabinet or placed out of site and to lock the room door on exit.</p> <p>3. 3/2/23 - R12 was admitted to the facility. During a visit and interview with R12 on 8/24/12 at approximately 11:00 AM, R12's medications were in a mediplanner on the kitchen table along with R11's mediplanner. Surveyor reviewed need to have medications put into a locked cabinet or placed out of site and to lock the room door on exit.</p> <p>8/25/23 - Findings were reviewed with E1 (ED) at the exit conference, beginning at approximately 3:35 PM.</p> <p>Contracts</p> <p>No contract shall be signed before a full assessment of the resident has been completed and a service agreement has been executed. If a deposit is required prior to move-in, the deposit shall be fully refundable if the parties cannot agree on the services and fees upon completion of the assessment.</p> <p>This requirement was not met as evidenced by the following:</p> <p>Based on interview, record review and review of other facility documentation, it was determined that for five (R9, R10, R11, R12 and R13) out of six sampled residents, the facility obtained a signed contract prior to the assessment and service agreements being executed. Findings include:</p>	<p>A. Multiple resident files reflect the same date on the UAI as the move in date. This is due to a program error in the EMR. (Software has been remedied)</p> <p>B. No further resident records will reflect identical UAI and move in dates now that the program error has been repaired.</p> <p>C. Worked with IT department with ECP (EMAR) for a work around 08/28/2023.</p> <p>D. ED or ED representative will review UAI and other pre-move in documents with the IDT x's 30 days to determine that the problem is resolved.</p>	<p>11/01/2023</p>

Provider's Signature 

Title ED

Date 09/13/2023



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: The Lorelton Assisted Living

DATE SURVEY COMPLETED: August 25, 2023

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	<p>1. 7/11/23 ~ R9 was admitted to the facility. The initial UAI and SA were completed on 7/11/23, and the contract was signed on 7/11/23.</p> <p>2. 5/5/23 - R10 was admitted to the facility. The initial UAI and SA were completed on 5/5/23, and the contract was signed on 5/5/23.</p> <p>3. 3/2/23 - R11 was admitted to the facility. The initial UAI and SA were completed on 3/2/23, and the contract was signed on 3/2/23.</p> <p>4. 3/2/23 - R12 was admitted to the facility. The initial UAI and SA were completed on 3/2/23, and the contract was signed on 3/2/23.</p> <p>5. 12/12/22 - R13 was admitted to the facility. The initial UAI and SA were completed on 12/12/22, and the contract was signed on 12/12/22.</p> <p>8/23/23 - Per interview with E2 (DON) at approximately 12:30 PM, E2 stated the UAI, SA and contracts were all signed on the day of admission. E2 stated the UAI assessments are completed prior to admission, but E2 enters the date of admission instead of the date when the initial assessment was completed. E2 was unable to verify the dates of the pre-admission UAI visit on any of the above residents.</p> <p>8/25/23 - Findings were reviewed with E1 (ED) at the exit conference, beginning at approximately 3:35 PM.</p>	<p>The audit will continue another 30 days if 100% compliance is not achieved.</p>	

Provider's Signature 

Title: ED

Date: 09/13/2023



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: The Lorelton Assisted Living

DATE SURVEY COMPLETED: August 25, 2023

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
3225.11.0	Resident Assessment		
3225.11.2	<p>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.</p> <p>This requirement was not met as evidenced by:</p> <p>Based on interview, record review and review of other facility documentation, it was determined that for five (R9, R10, R11, R12 and R13) out of six residents sampled, the facility lacked evidence that the UAI was completed within 30 days prior to admission. Findings include:</p> <ol style="list-style-type: none"> 1. 7/11/23 – R9 was admitted to the facility. The initial UAI was completed on 7/11/23, the day of admission. 2. 5/5/23 – R10 was admitted to the facility. The initial UAI was completed on 5/5/23, the day of admission. 3. 3/2/23 – R11 was admitted to the facility. The initial UAI was completed on 3/2/23, the day of admission. 4. 3/2/23 - R12 was admitted to the facility. The initial UAI was completed on 3/2/23, the day of admission. 	<ol style="list-style-type: none"> A. Any resident admitted since the adoption of the EMR could bare this documentation flaw. B. Since the work around has been adapted, we were able to differentiate the true UAI date and the true move in date in the documentation. C. Software correction. D. Compliance at 100% x's 30 days. This to be reviewed daily in stand up with IDT. 	11/01/2023

Provider's Signature 

Title ED

Date 09/13/2023



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Health Care Quality
Office of Long-Term Care
Residents Protection

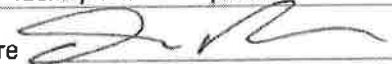
DHSS - DHCQ
263 Chapman Road, Ste 200, Cambridge Bldg.
Newark, Delaware 19702
(302) 421-7400

STATE SURVEY REPORT

NAME OF FACILITY: The Lorelton Assisted Living

DATE SURVEY COMPLETED: August 25, 2023

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
<p>3225.13.0</p> <p>3225.13.3</p>	<p>5. 12/12/22 - R13 was admitted to the facility. The initial UAI was completed on 12/12/22, the day of admission.</p> <p>8/23/23 - Per interview with E2 (DON) at approximately 12:30 PM, E2 stated the UAI assessments were completed prior to admission, but E2 enters the date of admission instead of the date when the initial assessment was completed. E2 was unable to verify the dates of the pre-admission UAI visit on any of the above residents.</p> <p>8/25/23 - Findings were reviewed with E1 (ED) at the exit conference, beginning at approximately 3:35 PM.</p> <p>Service Agreements</p> <p>The resident's personal attending physician(s) shall be identified in the service agreement by name, address, and telephone number.</p> <p>This requirement was not met as evidenced by:</p> <p>Based on interview, record review and review of other facility documentation, it was determined that for five (R9, R10, R11, R12 and R13) out of six sampled residents, the facility failed to provide evidence that the service agreement included the residents' personal Physician's name, address and phone number. Findings include:</p> <p>1. 7/11/23 – R9 was admitted to the facility. The facility failed to provide evidence that the service agreement included the resident's personal Physician's address and phone number.</p> <p>2. 5/5/23 – R10 was admitted to the facility. The facility failed to provide evidence that</p>	<p>A. Any resident who utilizes (house physician group).</p> <p>B. As the group does not come from a traditional brick and mortar, nor do they keep traditional medical records. We elected to substitute The Lorelton address along with the physician's phone number.</p> <p>C. Defaulted to The Lorelton address and the physician's phone number for those residents that utilize the house physician.</p> <p>D. ED or ED representative will audit all service agreements until 11/01/2023 to ensure there is an address and phone number listed. Audit will continue x's 30 days if 100% compliance not achieved.</p>	<p>11/01/2023</p>

Provider's Signature 

Title ED

Date 09/13/2023



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: The Lorelton Assisted Living

DATE SURVEY COMPLETED: August 25, 2023

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	<p>the service agreement included the resident's personal Physician's address and phone number.</p> <p>3. 3/2/23 – R11 was admitted to the facility. The facility failed to provide evidence that the service agreement included the resident's personal Physician's address and phone number.</p> <p>4. 3/2/23 - R12 was admitted to the facility. The facility failed to provide evidence that the service agreement included the resident's personal Physician's address and phone number.</p> <p>5. 12/12/22 - R13 was admitted to the facility. The facility failed to provide evidence that the service agreement included the resident's personal Physician's address and phone number.</p> <p>8/23/23 – Per interview with E1 (ED) at approximately 3:30 PM, E1 confirmed the Service Agreements did not contain the Physician's address and phone number.</p> <p>8/25/23 - Findings were reviewed with E1 at the exit conference, beginning at approximately 3:35 PM.</p>		

Provider's Signature

Title

ED

Date

09/13/2023

