



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: Foulk Living Assisted Living

DATE SURVEY COMPLETED: September 15, 2022

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
<p>3225</p> <p>3225.9.0</p>	<p>An unannounced Annual and Complaint Survey was conducted at this facility from September 13, 2022 through September 15, 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-nine (29). The survey sample totaled eight (8) residents.</p> <p>Abbreviations/definitions used in this state report are as follows:</p> <p>ED - Executive Director; DON - Director of Nursing; DRC - Director of Resident Services; Alzheimer's - A brain disorder that causes problems with memory, thinking and behavior; Dementia - The loss of cognitive functioning (thinking, remembering, and reasoning) to such an extent that it interferes with a person's daily life and activities; Osteoporosis - A disease causing bones to become weak and brittle; Pneumococcal pneumonia - A common, but serious infection and inflammation of the lungs. It is caused by the bacterium Streptococcus pneumoniae; 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>Regulations for Assisted Living Facilities</p> <p>Infection Control</p>	<p>Foulk Living will be in compliance as of October 10, 2022.</p> <p>3225.9.0</p>	

Provider's Signature Lesh Johnson Title Executive Director Date 9/29/22



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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 determined that for four (R2, R3, R5 and R6) out of eight residents sampled for pneumococcal vaccines, the facility lacked evidence of the residents' pneumococcal pneumonia vaccines. Findings include:</p> <ol style="list-style-type: none"> 8/23/22 - R2 was admitted to the facility with a diagnosis of Alzheimer's. <p>The facility lacked evidence of the pneumococcal pneumonia vaccine was offered to R2 or a record of declination.</p> <ol style="list-style-type: none"> 11/16/21 - R3 was admitted to the facility with a diagnosis of anxiety. <p>The facility lacked evidence that the pneumococcal pneumonia vaccine was offered to R3 or a record of declination.</p> <ol style="list-style-type: none"> 12/17/19 - R5 was admitted to the facility with a diagnosis of dementia. 	<p>Corrective Action: Corrective actions have been ensured by the Director of Resident Services. It is the policy of Foulk Living to offer all residents the Pneumonia Vaccine as recommended. R2 has now been offered the Pneumonia Vaccine and now has a documented declination as required. R3 has now been offered the Pneumonia Vaccine and now has a documented declination as required. R5 is no longer a resident in the facility. R6 is no longer a resident in the facility.</p> <p>Identification of Other Residents: All Residents have the potential to be affected. Residents will be protected by ensuring that all residents are offered the Pneumonia Vaccine and have documentation of either receiving or declining the vaccine. A 100% audit of all Residents to ensure Pneumonia vaccination or a documented declination has been completed. No new concerns regarding Pneumonia Vaccination or a documented declination were identified as a result of this audit.</p> <p>System Changes: The Root Cause of the concern was a failure to either administer the Pneumonia Vaccine or to obtain the documented Pneumonia vaccine declination as required for R2, R3, R5, and R6. The facility system for Pneumonia vaccination has been updated; the Pneumonia vaccine will be offered annually to all eligible Residents to coincide with the time when Influenza Vaccines are offered. There will be an Interdisciplinary Team (IDT) meeting involving the Administrator, Director of Nursing,</p>	

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	<p>The facility lacked evidence that the pneumococcal pneumonia vaccine was offered to R5 or a record of declination.</p> <p>4. 12/18/19 – R6 was admitted to the facility with a diagnosis of dementia.</p> <p>The facility lacked evidence that the pneumococcal pneumonia vaccine was offered to R6 or a record of declination.</p> <p>9/15/22 1:20 PM - During an interview, E2 (DON) and E3 (DRC) confirmed that R2, R3, R5 and R6's pneumonia vaccines were not in evidence.</p> <p>9/15/22 - Findings were reviewed with E1 (ED), E2 and E3 at the exit conference, beginning at 1:37 PM.</p>	<p>Director of Resident Services, and Infection Preventionist thirty days after the facility begins offering the annual Influenza Vaccine each year in order to ensure that all requirements for vaccination (both Pneumonia and Influenza) of Residents are met. Moving forward, all new admissions will receive the Pneumonia Vaccination or complete a documented declination upon admission. The facility policy for "Pneumococcal Vaccine" (rev. 10.2019) 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 Pneumonia Vaccination administration and documented declination requirements. The nursing management team 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 that all residents meet the regulatory requirement for Pneumonia vaccination or documented declination; Audits will have a goal of 100% compliance; 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.</p>	

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<p>3225.11.0</p> <p>3225.11.3</p>	<p>Resident Assessment</p> <p>Within 30 days prior to admission, a prospective resident shall have a medical evaluation completed by a physician.</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 two (R1 and R2) out of eight residents sampled for a medical evaluation, the facility lacked evidence of the residents' medical evaluation was completed within 30 days prior to admission to the Assisted Living Unit.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 2/26/21 - R1 was admitted to the facility with a diagnosis of osteoporosis. The facility lacked evidence that a medical evaluation was completed by the physician prior to admission. 8/23/22 - R2 was admitted to the facility with a diagnosis of dementia. The facility lacked evidence that a medical evaluation was completed by the physician prior to admission. 	<p>The results of the audits will be reviewed by the Quality Assurance Team.</p> <p>3225.11.0</p> <p>Corrective Action: Corrective actions have been ensured by the Director of Resident Services. It is the policy of Foulk Living to ensure that within 30 days prior to Admission a prospective resident shall have a medical evaluation completed by a physician. The Primary Physician for R1 has been notified that the required physician evaluation prior to admission is not on file, and an update history and physical has been provided by the Physician to verify appropriate placement. The Primary Physician for R2 has been notified that the required physician evaluation prior to admission is not on file, and an update history and physical has been provided by the Physician to verify appropriate placement.</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 pre-admission Physician evaluations. A 100% audit of all Residents to ensure a pre-admission medical evaluation has been completed by the Physician and is on the medical record has been completed. No new concerns regarding pre-admission medical evaluation by the Physician were identified as a result of this audit.</p> <p>System Changes:</p>	

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	<p>9/15/22 1:20 PM - During an interview, E2 (DON) and E3 (DRC) confirmed that R1 and R2's medical evaluations were not in evidence.</p> <p>9/15/22 - Findings were reviewed with E1 (ED), E2 and E3 at the exit conference, beginning at 1:37 PM.</p>	<p>The Root Cause of the concern was a failure to ensure a pre-admission medical evaluation was completed by the Physician for R1 and R2. 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 medical evaluation by the Physician. The facility policy for "Physician History and Physical Report" (rev. 8.2015) 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 Pre-Admission Criteria and that the required physician evaluation prior to admission. The nursing management team 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 pre-admission medical evaluation has been completed by the Physician; Audits will have a goal of 100% compliance; 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</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>Based on record review, interview and other facility documentation, it was determined that for five residents (R2, R5, R6, R7 and R8) out of eight sampled residents the facility lacked evidence that the initial, the 30-day, or a significant change in condition assessments were completed.</p> <ol style="list-style-type: none"> 8/23/22 – R2 was admitted to the Memory Care Unit from the health center. A UAI was completed on 6/9/22 when resident was admitted to Independent Living. R2 was hospitalized when a 30-day assessment would have been due. A significant change in condition on admission to the memory care unit was not in evidence. 12/17/19 - R5 was admitted to the facility with a diagnosis of dementia and a history 	<p>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.</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 Foulk Living to ensure that the Uniform Assessment Instrument (UAI) is completed on admission, at 30 days after admission, annually, and with any significant change. An up-to-date UAI has been completed for R2 in order to ensure a current and accurate assessment of resident condition and needs. R5 is no longer a resident in the facility. R6 is no longer a resident in the facility. R7 is no longer a resident in the facility. An up-to-date UAI has been completed for R8 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. 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</p>	

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	<p>of falls. An initial UAI assessment was not in evidence.</p> <p>1/17/20 – R5's 30 day UAI assessment was not in evidence.</p> <p>1/28/20 – R5 fell and was sent to the emergency room and hospitalized with significant injury. On return to the facility, a significant change in condition UAI was not in evidence. A facility Senior Resident Evaluation was completed indicating resident ambulation status to be independent.</p> <p>3/24/20 – R5 fell and was sent to the emergency room. A significant change in condition UAI was not in evidence.</p> <p>4/7/20 – R5 fell and was sent to the emergency room and hospitalized with injury. R5 was admitted to the health center on hospital discharge.</p> <p>3. 12/18/19 - R6 was admitted to the facility with a diagnosis of dementia. An initial UAI assessment was not in evidence.</p> <p>1/18/20 – R6's 30 day UAI assessment was not in evidence.</p> <p>4. 11/1/17 – R7 was admitted to the facility with a diagnosis of dementia. An initial UAI assessment was not in evidence.</p> <p>12/1/17 – R7's 30 day UAI assessment was not in evidence.</p> <p>5. 9/16/16 – R8 was admitted to the facility with a diagnosis of dementia. An initial UAI assessment was not in evidence.</p>	<p>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 on admission, at 30 days after admission, annually, and with any significant change. 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. 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 nursing management team 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 on admission, at 30-days post-admission, annually, and with any significant change; Audits will have a goal of 100% compliance; 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</p>	

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	<p>10/16/16 – R8’s 30 day UAI assessment was not in evidence.</p> <p>10/16/17 - R8’s annual UAI assessment was not in evidence.</p> <p>10/16/18 - R8’s annual UAI assessment was not in evidence.</p> <p>9/15/22 1:20 PM - During an interview, E2 (DON) and E3 (DRC) confirmed that R2, R5, R6, R7 and R8’s above listed UAI assessments were not in evidence.</p> <p>9/15/22 - Findings were reviewed with E1 (ED), E2 and E3 at the exit conference, beginning at 1:37 PM.</p>	<p>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.</p>	

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