



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: AL- Brookdale Hockessin

DATE SURVEY COMPLETED: November 16, 2022

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 November 14, 2022 through November 16, 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 forty-seven (47). The survey sample totaled nine (9) residents.</p> <p>Abbreviations/definitions used in this state report are as follows:</p> <p>ED - Executive Director;</p> <p>HWD - Health Wellness Director;</p> <p>HWC - Health Wellness Coordinator;</p> <p>Alzheimer's - a progressive brain disorder with memory loss, poor judgement, personality changes and disorientation OR loss of mental functions such as memory and reasoning that interferes with a person's daily functioning;</p> <p>Cirrhosis of the Liver - a degenerative disease of the liver resulting in scarring and liver failure;</p> <p>Diabetes - a metabolic disorder in which the body has high sugar levels for prolonged periods of time;</p> <p>Post-polio syndrome - a condition that affects polio survivors many years after recovery from an initial attack of the poliomyelitis virus;</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</p>	<p>The following is the Plan of Correction for Brookdale Hockessin regarding the Statement of Deficiencies dated November 16, 2022.</p> <p>This Plan of Correction is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors. We remain committed to the delivery of quality health care services and will continue to make changes and improvement to satisfy that objective.</p>	

Provider's Signature [Signature]

Title Director

Date 1/12/2023



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<p>3225.5.0</p> <p>3225.5.12</p> <p>3225.11.0</p>	<p>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>General Requirements</p> <p>An assisted living facility that provides direct healthcare services to persons diagnosed as having Alzheimer's disease or other forms of dementia shall provide dementia specific training each year to those healthcare providers who must participate in continuing education programs. The mandatory training must include: communicating with persons diagnosed as having Alzheimer's disease or other forms of dementia; the psychological, social, and physical needs of those persons; and safety measures which need to be taken with those persons. This paragraph shall not apply to persons certified to practice medicine under the Medical Practice Act, Chapter 17 of Title 24 of the Delaware Code.</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 three (3) out of five (5) employees, the facility did not provide evidence of the annual training for dementia care. Findings include:</p> <p>11/14/22 12:20 PM – During an interview, E3 (HWC) confirmed that the annual trainings for these three employees were not found.</p> <p>11/14/22 - Findings were reviewed with E1 (ED) and E2 (HWD) at the exit conference, beginning at 5:15 PM.</p>	<p>3225.5.12</p> <p>Employees will complete the required education for dementia/Alzheimer's care.</p> <p>An audit of employee files will be completed to identify those who have not completed the required dementia training by the Health Wellness Director/designee.</p> <p>An annual training calendar will be instituted to reflect necessary trainings to be completed annually by the Executive Director/designee.</p> <p>Audits of the employee files will be completed monthly x2 for two consecutive months and ongoing until 100% compliance is met, then periodically at facility discretion</p> <p>3225.11.2</p> <p>Residents R1, R2, R7, and R8 medical records have been reviewed by the Health Wellness Director and physician. No negative outcomes were identified.</p>	<p>Completion date: January 31, 2023</p>

Provider's Signature [Signature] Title Executive Director Date 1/12/2023



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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 record review, interview and review of other facility documentation, it was determined that for four (R1, R2, R7 and R8) out of nine sampled residents the facility failed to provide evidence that the initial UAI assessments were completed within 30 days prior to admission. Findings include:</p> <ol style="list-style-type: none"> 5/6/22 – R1 was admitted with a diagnosis of Alzheimer's. The initial UAI assessment was completed the day of admission on 5/6/22, rather than no more than thirty days prior to admission. 5/27/21 – R2 was admitted with a diagnosis of diabetes. The initial UAI assessment was completed on 4/20/21 which was greater than thirty days prior to admission on 5/27/21. 10/31/22 – R7 was admitted with a diagnosis of diabetes. The initial UAI assessment was completed the day of admission on 	<p>The Health Wellness Director has been re-educated on the policy for completing UAIs (Uniform Assessment Instruments) per state requirements and Brookdale policy.</p> <p>An admission checklist has been instituted and will be completed and signed by the ED/designee prior to admission for compliance of required documents per state regulations and Brookdale policy.</p> <p>The Business Office Manager will audit resident admission files, weekly x 4 weeks, then 2 x per month for 2 months for completed admission documentation per state regulation and Brookdale policy. Audit will be ongoing to 100% compliance is met, then periodically at facility discretion.</p>	<p>Completion date: January 31, 2023</p>

Provider's Signature

Title

Date

11/2/2023



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3225.11.3	<p>10/31/22, rather than no more than thirty days prior to admission.</p> <p>4. 6/21/21 – R8 was admitted with a diagnosis of cirrhosis of the liver. The initial UAI assessment was completed the day of admission on 6/21/21, rather than no more than thirty days prior to admission.</p> <p>11/14/22 4:30 PM– During an interview, E2 (HWD) confirmed that R1, R2, R7 and R8'S initial UAI were not completed timely.</p> <p>11/14/22 - Findings were reviewed with E1 (ED) and E2 at the exit conference, beginning at 5:15 PM.</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 three (R2, R6 and R8) out of nine sampled residents the facility failed to provide evidence that the Physician's medical evaluations were completed within 30 days prior to admission. Findings include:</p> <p>1. 5/27/21 – R2 was admitted with a diagnosis of diabetes. The medical evaluation was completed by the Physician on 4/23/21, more than thirty days prior to admission.</p> <p>2. 8/8/22 – R6 was admitted with a diagnosis of post-polio syndrome. The medical evaluation completed by the Physician was dated 8/22/22, post admission.</p>	<p>3225.11.3</p> <p>Residents R2, R6, and R8 medical records have been reviewed by the Health Wellness Director and physician. No negative outcomes were identified.</p> <p>The Health Wellness Director has been re-educated on the policy for completing medical evaluations within 30 days prior to admission date per state regulations and Brookdale policy.</p> <p>An admission checklist has been instituted and will be completed and signed by the Executive Director/designee prior to admission for compliance of required documents per state regulations and Brookdale policy.</p> <p>The Business Office Manager will audit resident admission files, weekly x 4 weeks, then 2 times per month x 2 months for completed admission documentation per state regulation and Brookdale policy. An audit will be ongoing until 100% compliance is met, then periodically at facility discretion.</p>	<p>Completion date: January 31, 2023</p>

Provider's Signature

Title Edouard J. Duro Date

1/12/2023



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3225.11.5	<p>3. 6/21/21 – R8 was admitted with a diagnosis of cirrhosis of the liver. A pre-admission medical evaluation was not located in the resident’s records, nor could the facility verify if a Physician’s evaluation was completed.</p> <p>11/14/22 4:40 PM– During an interview, E2 (HWD) confirmed that R2, R6 and R8’S pre-admission medical evaluations were not done or were not completed timely.</p> <p>11/14/22 - Findings were reviewed with E1 (ED) and E2 at the exit conference, beginning at 5:15 PM.</p> <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 four (R1, R2, R7 and R9) out of nine sampled residents the facility failed to provide evidence that the 30-day UAI assessments were completed. Findings include:</p> <p>1. 5/6/22 – R1 was admitted with a diagnosis of Alzheimer’s. The 30-day UAI assessment due on 6/6/22 was not done.</p> <p>2. 5/27/21 – R2 was admitted with a diagnosis of diabetes. The 30-day UAI assessment due on 6/27/22 was completed on 8/10/21.</p>	<p>3225.11.5 Residents R1, R2, R7, and R9 medical records have been reviewed by the Health Wellness Director and physician. No negative outcomes were identified.</p> <p>An audit of current resident’s medical records, by the Health and Wellness Director or designee, will be reviewed weekly x 4 for four consecutive weeks, then monthly x 2 for two consecutive months and any UAI (Uniform Assessment Instrument) will be completed for those out of compliance.</p> <p>A list will be brought to the stand-up meeting of residents needing their UAI (Uniform Assessment Instrument) to be completed in 30 days after admission per state regulation and Brookdale policy. Audit will be ongoing until 100% compliance is met, then at the facility discretion.</p>	<p>Completion date: January 31, 2023</p>

Provider's Signature

Title

Evelyn Dancer

Date

1/12/2023



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<p>3225.12.0</p> <p>3225.12.1</p> <p>3225.12.1.3</p>	<p>3. 6/21/21 – R8 was admitted with a diagnosis of cirrhosis of the liver. The 30-day UAI assessment due on 7/21/21 was not done.</p> <p>4. 9/17/21 – R9 was admitted with a diagnosis of chronic pain. The 30-day UAI assessment due on 10/17/21 was completed on 12/13/21.</p> <p>11/14/22 4:30pm– During an interview, E2 (HWD) confirmed that R1, R2, R8 and R9'S 30-day UAI assessments were not done or were not completed timely.</p> <p>11/14/22 - Findings were reviewed with E1 (ED) and E2 at the exit conference, beginning at 5:15 PM.</p> <p>Services</p> <p>The Assisted living Facility shall ensure that:</p> <p>Food service complies with the Delaware Food Code:</p> <p>Handwashing Sinks</p> <p>6-401.10 Conveniently Located. HAND-WASHING SINKS shall be conveniently located as specified under § 5-204.11.</p> <p>Based on observation and interview, it was determined that the facility failed to ensure that personal hygiene was maintained for dietary staff. Findings include:</p> <p>On 11/16/22 at approximately 9:00 AM during the kitchen tour, two out of three hand sinks were found to be blocked by food service equipment, rendering them inaccessible.</p>	<p>3225.12.1.3</p> <p>Hand sinks in the Food Service Department have been cleared and checked by the maintenance department and are in working order.</p> <p>The Food Service Department has been re-educated on Handwashing.</p> <p>A kitchen tour will be conducted by the Executive Director/designee monthly for compliance per state regulation and Brookdale policy. Audit will be ongoing until 100% compliance is met, then at the facility discretion.</p>	<p>Completion date: January 31, 2023</p>

Provider's Signature

Title

Executive Director

Date

1/12/2023



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	On 11/16/22 at approximately 9:55 AM, finding was reviewed during an interview and confirmed by E1 (ED).		

Provider's Signature

Title

Date

