



**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:** Brookdale Hockessin

**DATE SURVEY COMPLETED:** February 20, 2024

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
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An unannounced Annual and Complaint Survey was conducted at this facility from February 16, 2024 through February 20, 2024. The deficiencies contained in this report are based on interview, record review, review of other facility documentation and State reports. The facility census on the first day of the survey was thirty-eight (38). The survey sample totaled eleven (11) residents.

**Abbreviations/definitions used in this state report are as follows:**

Contract – an agreement that specifies certain legally enforceable rights and obligations pertaining to two or more parties;

DeIVAX - Delaware’s State immunization registry serving as a database that contains the immunization records of Delaware residents;

ED - Executive Director;

HWD - Health Wellness Director;

RN – Registered Nurse;

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;

SAM – Self Administration of Medications;

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

Completion date for all tags will be May 1, 2024

Provider’s Signature Marie C. Gosnell, LMA Title Executive Director Date March 29, 2024



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<p>3225.0</p> <p>3225.8.0</p> <p>3225.8.3</p> <p>3225.8.3.1</p> <p>3225.8.3.2</p>	<p>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>Regulations for Assisted Living Facilities</b></p> <p><b>Medication Management.</b></p> <p><b>Medication stored by the assisted living facility shall be stored and controlled as follows:</b></p> <p><b>Medication shall be stored in a locked container, cabinet, or area that is only accessible to authorized personnel;</b></p> <p><b>Medication that is not in locked storage shall not be left unattended and shall not be accessible to unauthorized personnel;</b></p> <p>This requirement was not met as evidenced by:</p> <p>Based on interview and review of other facility documentation, it was determined that E5 (LPN) failed to secure a controlled medication by not locking the medication in a secure location and in leaving the medication visible and unattended. Findings include:</p> <p>5/12/23 – Per interview with E2 (DON) on 2/19/24 at approximately 10:00 AM, E2 stated that E5 was completing a narcotic count after the Pharmacy delivery. E5 was then called out of the nurses’ station, leaving the medication on the counter and the door unlocked. On return to the nurses’ station, E5 noted one of the controlled medication blister packs was missing.</p> <p>2/20/24 - Per observation of E5 during medication administration at approximately 9:30 AM, E5 followed the facility policy during the administration of a controlled substance.</p>	<p><b>Regulation 3225.8.3.2</b></p> <p><b>Medication that is not in locked storage shall not be left unattended and accessible to unauthorized personnel.</b></p> <p>2/19/24-Based on interview and review, it was determined that E5 LPN failed to secure a controlled medication by not locking the medication in a secure location visible and unattended on 5/12/23. Narcotic card was left unattended during count and it was found missing. Per observation of E5 at 9:30 AM followed the administration policy during administration of a narcotic on 2/20/24 E5 during administration at 9:30AM</p> <p><b>A. Individual impacted-</b> Medication was delivered to the front desk. It was taken by E5 upstairs to the nurse’s station. While E5 was counting the medications, they were called away from the nurse’s station, leaving the room and thus leaving the medications unsecured on 5/12/23. A search of the facility was initiated and the ED and Health and Wellness Director (HWD) fol-</p>

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3225.8.4	<p>2/20/24 - Findings were reviewed with E1 (ED) and E2 at the exit conference, beginning at approximately 2:30 PM.</p> <p><b>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.</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 two (R2 and R8) out of four sampled residents the facility failed to provide evidence that the medications were secured. Findings include:</p> <ol style="list-style-type: none"> <li>5/24/23 - R2 was admitted to the facility. The UAls dated 5/12/23 and 6/22/23 indicated R2 was self-administering his medications. The SA dated 7/17/23 indicated R2 was self-administering his medications. During observation and an interview with R2 on 2/20/24 at approximately 9:45 AM, the Surveyor found that R2's medications were located on a shelf by his computer. R2 stated he does not have a lock box and he does not lock his door when he leaves the room.</li> <li>4/29/22 - R8 was admitted to the facility. The Physician ordered that R8 was to administer his own medications. The RN completed SAM assessments dated 2/15/23, 4/21/23, 7/19/23, 10/20/23 and 1/17/24. During observation and an interview with R8 on 2/19/24 at approximately 1:30 PM,</li> </ol>	<p>lowed the proper procedures to notify the appropriate state agency as well as our corporate office.</p> <p><b>B. Other residents impacted-</b> Anyone could access unlocked medications if they entered the nurse's station. This has the potential to effect all residents. A further inspection found no other narcotics not in locked storage or left unattended.</p> <p><b>C. System changes-</b> A review of requirements for medication management, storage of all medications and narcotics was completed with the immediate staff on duty and staff was formally in-serviced on 05.16.23 on rights of medication administration, narcotic counting, disposal and receiving from pharmacy by the ED and HWD Including evidence of attendance for training.</p> <p><b>D. Success Evaluation-</b> No further medications found unsecured since incident on 05.12.23 on audit by HWD. Quarterly reviews following in-service completed by HWD. Staff to lock all medications appropriately in med carts and maintain the nurses office door locked in the absence of any nursing staff according to community policy. Ongoing, HWD will randomly audit quarterly to determine if any further action is warranted.</p> <p><b>Regulation 3225.8.4</b></p> <p><b>Residents who self-administer shall be provided with a locked container or cabinet.</b></p>

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3225.8.6	<p>the Surveyor found that R8's medications were located on a cabinet by the recliner and visible when the Surveyor entered the room. R8 stated he does not have a lock box and he does not lock his door when he leaves the room.</p> <p>2/20/24 2:30 PM – During an interview, E1 (ED) and E2 (HWD) confirmed that the facility did not provide lock boxes and did not verify that the residents lock their rooms when they exit.</p> <p>2/20/24 - Findings were reviewed with E1 and E2 at the exit conference, beginning at approximately 2:30 PM.</p> <p><b>Within 30 days after a resident's admission and concurrent with all UAI-based assessments, the assisted living facility shall arrange for an on-site review by an RN of the resident's medication regime if he or she self-administers medication. The purpose of the on-site review is to assess the resident's cognitive and physical ability to self-administer medication or the need for assistance with or staff administration of medication.</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 one (R2) out of four sampled residents the facility failed to provide evidence that the assessment for self-administration of medications was completed. Findings include:</p> <p>5/24/23 - R2 was admitted to the facility. The UAIs dated 5/12/23 and 6/22/23 indicated R2 was self-administering his medications. The SA</p>	<p>This was not met based on review it was determined that 2 (R2 and R8) out of the 4 sampled residents the facility failed to provide evidence that the medications were secured.</p> <p>A. <b>Individual impacted-</b> 6 Current residents self-administer medications. Any residents without a locked mechanism could've had medications removed from their apartment. Any resident, visitor or staff that enters their apartment could potentially have accessed the medications.</p> <p>B. <b>Other residents impacted-</b> Anyone could access unlocked medications if they enter an apartment (Apartment doors do lock). Other residents that were determined to be able to self-administer had medications secured on audit.</p> <p>C. <b>System changes-</b> Brookdale Senior Living will provide a combination locked box to self-administering residents that don't have the capability to lock drawers or cabinets, or other mechanisms to secure medications March 31, 2024. LPN.s and Medication Technicians were reeducated as well as the residents who self-administer as to the policy regarding locking of medications.</p> <p>D. <b>Success Evaluation-</b> By May 1, 2024 the ED or ED representative will audit residents that self-administer medications to determine that they all have a locked mechanism to secure medications or community will supply them. Audit will continue until 100% compliance achieved. Ongoing, audits of locked containers or cabinets during quarterly reviews of resident ability to self-administer will be completed.</p>

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<p><b>3225.9.0</b></p> <p><b>3225.9.7</b></p>	<p>dated 7/17/23 indicated R2 was self-administering his medications. The facility failed to provide the on-site review within 30 days after admission by an RN to assess R2's cognitive and physical ability to self-administer medication.</p> <p>2/20/24 2:30 PM – During an interview, E2 (HWD) confirmed that the assessment of R2's ability to self-administer medication was not completed.</p> <p>2/20/24 - Findings were reviewed with E1 (ED) and E2 at the exit conference, beginning at approximately 2:30 PM.</p> <p><b>Infection Control</b></p> <p><b>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.</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 (R4, R6, R8 and R9) out of nine sampled residents, the facility failed to provide evidence of vaccination against pneumococcal pneumonia or a vaccination declination. Findings include:</p>	<p><b>Regulation 3225.8.6</b></p> <p><b>Within 30 days after a resident admission and concurrent with all UAI based assessments, the AL facility shall arrange for an on-site review by an RN of the residents medication regime if they self-administer.</b></p> <p>Based on review, it was determined that for one (R2) out of 4 sampled residents the facility failed to provide evidence that assessment for self – administration was completed.</p> <p><b>A. Individual impacted-</b> The HWD conducted the quarterly review to determine R2 was responsible for own medication management, their ability to manage their own medications, the storage of their medications and if they had a physician order to self admin., including insulin. R2 was re-assessed for self-medication management. Service plans were updated and signed by appropriate parties.</p> <p><b>B. Other residents impacted-</b>The identified residents were re-assessed and no other resident who manage their own medications were out of compliance. Residents on admission, who desire to manage their own medications, will be assessed by the HWD or HWD representative within 30 days of admission for the ability to do so and will be re-assessed quarterly, or with a concurrent UAI, for continued ability to manage their own medications.</p> <p><b>C. System Changes-</b> Staff have been in-serviced on the need for assessment by the HWD to verify that a resident can manage their own medications per regulations/community policy. Policy</p>

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3225.10.10	<p>1. 9/30/22 – R4 was admitted to the facility. The facility records lacked evidence of the pneumococcal pneumonia vaccine or that the vaccine was offered to the resident and declined.</p> <p>2. 8/30/21 – R6 was admitted to the facility. The facility records lacked evidence of the pneumococcal pneumonia vaccine or that the vaccine was offered to the resident and declined.</p> <p>3. 4/29/22 – R8 was admitted to the facility. The facility records lacked evidence of the pneumococcal pneumonia vaccine or that the vaccine was offered to the resident and declined.</p> <p>4. 9/30/22 R9 was admitted to the facility. The facility records lacked evidence of the pneumococcal pneumonia vaccine or that the vaccine was offered to the resident and declined.</p> <p>2/20/24 2:30 PM – During an interview, E2 (HWD) confirmed the pneumonia vaccination information was not in evidence. E2 stated he does not access to the DelVAX system.</p> <p>2/20/24 - Findings were reviewed with E1 (ED) and E2 at the exit conference, beginning at approximately 2:30 PM.</p> <p><b>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.</b></p>	<p>and Procedures were reviewed by the ED and no changes were necessary to achieve regulatory compliance.</p> <p>D. <b>Success Evaluation</b>-The ED, HWD or ED representative will audit current residents that manage their medications, to verify the regulatory required on quarterly assessment is completed in a timely manner weekly x 3 then monthly till 100% compliance is achieved. Findings will be reported during morning meeting for review and recommendations.</p> <p><b>Regulation 3225.9.7</b></p> <p><b>The facility shall have evidence of immunization against pneumococcal pneumonia.</b></p> <p>Based on record review, it was determined that for 4 (R4, R6, R8, and R9) out of 9 sampled residents, the facility failed to provide evidence of the vaccine.</p> <p>A. <b>A. Individual impacted</b>- R4, R6, R8 and R9 are no longer residents of the facility. Resident R2 reviewed by HWD with no adverse outcomes were identified.</p> <p>B. <b>Other residents Impacted</b>-Health and Wellness Director to review the UAI assessment and/or other documentation for evidence of pneumococcal pneumonia vaccine prior to admission for residents older than 65 years of age and 5 years have elapsed. Residents who refuse and will be affected, the documentation will be entered into PCC for review.</p> <p>C. <b>System Changes</b>-Health and Wellness Director will review medical evaluation for pneumococcal pneumonia vaccine prior to admission, audit for compliance per state guidelines and CDC recommendations. Eligible residents will be provided immunization education.</p>

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This requirement was not met as evidenced by:

Based on record review, interview and review of other facility documentation, it was determined that for seven (R2, R3, R4, R6, R7, R8 and R9) out of nine sampled residents the facility obtained a signed contract prior a full assessment completion or an executed SA (service agreement). Findings include: -

1. 5/24/23 – R2 was admitted to the facility. The SA was completed on 6/1/23. The contract was signed on 5/23/23, before the SA was executed.
2. 5/27/22 – R3 was admitted to the facility. The UAI was completed on 5/27/22 and the SA was completed on 5/27/22. The contract was signed on 5/13/22, before the UAI was completed and the SA executed.
3. 9/30/22 – R4 was admitted to the facility. The UAI was not in evidence and the SA was completed on 9/30/22. The contract was signed on 8/12/22. It is unknown if the contract was signed before the UAI was completed, however it was before the SA was executed.
4. 8/30/21 – R6 was admitted to the facility. The UAI was completed on 8/30/21 and SA was completed on 8/30/21. The contract was signed on 8/30/21. The Surveyor is not able to verify if the contract was before the UAI completion and the SA was executed since all are dated the same without a time of completion for either was noted.
5. 1/15/24 – R7 was admitted to the facility. The SA was completed on 1/15/24. The

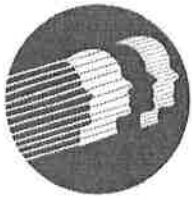
D. **Success Evaluation**-By May 1, 2024, the ED or ED representative will audit resident admission files weekly x 4 weeks, then 2x a month x 2 months. The audit will be ongoing until 100% compliance of all residents is met. Then the facility will audit at the facility's discretion.

**Regulation 3225.10.10**

**No contract shall be signed before a full assessment of the resident has been executed. If a deposit is required prior to move-in, the deposit shall be refunded if the parties cannot agree on the services.**

This has not been met in 7 out of 9 sampled who obtained a signed contract prior to a full assessment completion or an executed service agreement.

- A. **Individual Impacted**-R2 was physically assessed in a local SNF by HWD. The assessments were used to determine care costs and were reviewed with R2 prior to the contract signing. R3 was physically assessed in a local SNF by HWD. The assessment was used to determine care costs prior to contract signing and were reviewed with R3 prior to the contract signing. R4 was physically assessed at the facility by the HWD. This assessment was used to calculate anticipated care costs prior to the contract being signed. R6 was physically assessed on 08.30.21 and subsequently signed a contract for occupancy on that same day. R7 was physically assessed by the HWD in the community. The assessment was used to calculate anticipated care costs prior to the contract being signed.



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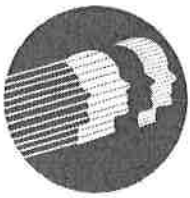
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<p>3225.11.0</p> <p>3225.11.4</p>	<p>contract was signed on 12/29/23, before the SA was executed.</p> <p>6. 4/29/22 – R8 was admitted to the facility. The UAI was not in evidence and the SA was completed on 4/29/22. The contract was signed on 4/29/22. It is unknown if the contract was signed before the UAI was completed. The contract was signed the same date the SA was executed, but no time of completion for either was noted.</p> <p>7. 9/30/22 – R9 was admitted to the facility. The UAI was completed on 8/26/22 and the SA was completed on 9/30/22. The contract was signed on 8/12/22, before the UAI was completed or the SA was executed.</p> <p>2/20/24 2:30 PM – During an interview, E1 (ED) stated that the preliminary UAI generates the costs for care and the contract has to be entered into the electronic system to generate the Service Agreement.</p> <p>2/20/24 - Findings were reviewed with E1 and E2 (HWD) at the exit conference, beginning at approximately 2:30 PM.</p> <p><b>Resident Assessment</b></p> <p><b>The resident assessment shall be completed in conjunction with the resident.</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 R6) out of nine sampled residents the facility failed to provide evi-</p>	<p>R8 was physically assessed by the HWD at a local independent living facility. The assessment was used to calculate anticipated care costs prior to the contract being signed.</p> <p>R9 was physically assessed by the HWD in the community. The assessment was used to calculate anticipated care costs prior to the contract being signed.</p> <p>B. <b>Other residents impacted-</b> Current resident's records were reviewed and found to have full assessments. The assessments were completed prior to the contract being signed.</p> <p>C. <b>System changes-</b> Along with the completed full assessment and prior to the contract signing, Exhibit Z will be attached.</p> <p>D. <b>Success Evaluation-</b>The HWD/Sales &amp; Marketing Director and ED will verify that each resident move-in includes an assessment and service agreement/cost sheet prior to when the actual contract signing is completed. HWD provides copy of assessment documents to Business Office Manager (BOM) for the contract file, including the service agreement/price schedule Exhibit Z. All documents will be completed, prior to contract signing according to community policy. HWD will keep current list of assessment date of completed, date of contract signing to verify 100% compliance.</p> <p><b>Regulation 3225.11.4</b></p> <p><b>The resident assessment shall be completed in conjunction with the resident.</b></p> <p>This requirement was not met as evidenced by 1 out of 9 sampled residents (R3) the facility failed to</p>

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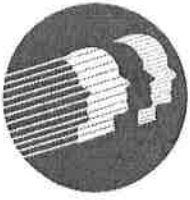
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3225.11.5	<p>dence that the UAI assessments were completed in conjunction with the resident or POA. Findings include:</p> <ol style="list-style-type: none"> <li>2/21/18 - R1 was admitted to the facility. The facility lacked evidence that the UAI completed on 10/15/23 was completed in conjunction with the resident or POA.</li> <li>5/24/23 - R2 was admitted to the facility. The facility lacked evidence that the UAI completed on 5/12/23 was completed in conjunction with the resident or POA.</li> <li>5/27/22 - R3 was admitted to the facility. The facility lacked evidence that the UAIs completed on 1/20/23 and 1/23/24 were completed in conjunction with the resident or POA.</li> <li>8/30/21 - R6 was admitted to the facility. The facility lacked evidence that the UAIs completed on 1/20/23 and 1/23/24 were completed in conjunction with the resident or POA.</li> </ol> <p>2/20/24 2:30 PM – During an interview, E2 (HWD) confirmed that the UAIs did not provide evidence of the resident's or the POA's signature.</p> <p>2/20/24 - Findings were reviewed with E1 (ED) and E2 at the exit conference, beginning at approximately 2:30 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>provide evidence that an annual UAI was completed and signed by the appropriate parties.</p> <ol style="list-style-type: none"> <li><b>Individual Impacted</b>-R1 and R6 are no longer in the facility. R2 and R3 have signed their latest assessments.</li> <li><b>Other residents impacted</b>-An audit was conducted by the HWD and other residents that did not have a signed UAI have signed or POA has signed latest UAI, or the mentioned documents have been sent via email to the responsible party for review). Current residents have the potential to be affected by this practice.</li> <li><b>System Changes</b>-Copies of UAI's will be provided at the time of review for residents to sign and/or sent to the POA for signature after discussion.</li> <li><b>Success Evaluation</b>-The ED, HWD or ED representative will conduct an audit of new UAI's weekly x3 weeks then monthly till 100% compliance. Finding will be reported at the next morning meeting for review and recommendations. The frequency of audits will be adjusted according to outcomes.</li> </ol> <p>Regulation 3225.11.5</p>



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<p><b>3225.13.0</b></p> <p><b>3225.13.1</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 one (R3) out of nine sampled residents the facility failed to provide evidence that an annual UAI assessment was completed. Findings include:</p> <p>5/27/22 - R3 was admitted to the facility. The facility failed to provide evidence that a 2023 annual UAI assessment was completed.</p> <p>2/20/24 2:30 PM – During an interview, E2 (HWD) confirmed that the annual UAI for R3 was not in evidence.</p> <p>2/20/24 - Findings were reviewed with E1 (ED) and E2 at the exit conference, beginning at approximately 2:30 PM.</p> <p><b>Service Agreements</b></p> <p><b>A service agreement based on the needs identified in the UAI shall be completed prior to or no later than the day of admission. The resident shall participate in the development of the agreement. The resident and the facility shall sign the agreement and each shall receive a copy of the signed agreement. All persons who sign the agreement must be able to comprehend and perform their obligations under the agreement.</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 five (R1, R2, R3, R4 and R9) out of nine sampled residents the facility failed to provide</p>	<p><b>The UAI, developed by the department to update information on the resident assessment. At a minimum of 30 days after admission, annual and with a significant change in resident condition.</b></p> <p>It was determined that 1/9 that sampled residents failed to provide an annual UAI assessment was completed.</p> <p>A. <b>Individual Impacted</b>-R3 records were reviewed and a 2023 assessment was not present. It is the policy of the community to verify that the Uniform Assessment Instrument (UAI) subsequently had them signed on admission, at 30 days after admission, annually and with any significant change. An up to date UAI has been completed for R3 in order to verify a current and accurate assessment of the resident's condition and needs are on file.</p> <p>B. <b>Other residents Impacted</b>-Current residents have the potential to be affected. An audit was completed to verify 100% audit of residents to verify 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>C. <b>System Changes</b>-The facility failed to ensure that Uniform Assessment Instrument (UAI) was completed annually for R3. The HWD or designee will complete education for nursing staff regarding the requirements of completion of the UAI. The nursing management team will provide oversight to verify ongoing compliance.</p> <p>D. <b>Success Evaluation</b>-A random sample of 10% of residents will be completed by the HWD or designee to verify a 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</p>

Provider's Signature Marie C. Gosnell, LMA Title Executive Director Date March 29, 2024



**DELAWARE HEALTH AND SOCIAL SERVICES**

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

DHSS - DHCQ  
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Newark, Delaware 19702  
(302) 421-7400

**STATE SURVEY REPORT**

NAME OF FACILITY: Brookdale Hockessin

DATE SURVEY COMPLETED: February 20, 2024

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	<p>evidence that the Service Agreements were completed in conjunction with the resident or POA. Findings include:</p> <ol style="list-style-type: none"> <li>1. 2/21/18 - R1 was admitted to the facility. The facility lacked evidence that the SA dated 8/24/23 was completed in conjunction with the resident or POA.</li> <li>2. 5/24/23 - R2 was admitted to the facility. The facility lacked evidence that the SA dated 7/17/23 was completed in conjunction with the resident or POA.</li> <li>3. 5/27/22 - R3 was admitted to the facility. The facility lacked evidence that the SAs dated 5/27/22 and 1/24/24 were completed in conjunction with the resident or POA.</li> <li>4. 9/30/22 - R4 was admitted to the facility. The facility lacked evidence that the SA dated 9/30/22 was completed in conjunction with the resident or POA.</li> <li>5. 9/30/22 – R9 was admitted to the facility. The facility lacked evidence that the SA dated 9/30/22 was completed in conjunction with the resident or POA.</li> </ol> <p>2/20/24 2:30 PM – During an interview, E2 (HWD) confirmed that the SAs did not provide evidence of the resident's or their POA's signature. E2 stated the residents are provided a copy of the Service Agreement if they want it.</p> <p>2/20/24 - Findings were reviewed with E1 (ED) and E2 at the exit conference, beginning at approximately 2:30 PM.</p>	<p>be completed daily for 3 consecutive weeks, then 3 times a week until 100% compliance is achieved for 3 consecutive audits, then weekly until 100% compliance is achieved, then monthly until 100% compliance is achieved for 3 consecutive audits. Additional audits will be completed as needed based upon the level of compliance. The results of the audit will be reviewed by the administrative team for review and recommendations.</p> <p><b>Regulation 3225.13.1</b> <b>A service agreement based on the needs identified in the UAI shall be completed prior to or no later than the day before admission. The resident shall participate and sign and must be able to comprehend and receive a copy.</b></p> <ol style="list-style-type: none"> <li>A. R1, R4 and R9 are no longer in the facility and are not able to be corrected/signed. R2 and R3 assessments are from 2022 and 2023 however copies will be provided for review and signatures of the resident's agreement.</li> <li>B. Current residents have the potential to be affected. Current residents have a signed service agreement on file.</li> <li>C. HWD or designee will audit service agreements for signature prior to admission weekly x4 and monthly x 2 until 100% compliance is met.</li> <li>D. Audits to be monitored and adjusted by the HWD or designee as compliance is met.</li> </ol>

Provider's Signature Karie C. Gosnell, LVA Title Executive Director Date March 29, 2024



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3225.13.3	<p><b>The resident's personal attending physician(s) shall be identified in the service agreement by name, address, and telephone number.</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 nine (R1, R2, R3, R4, R5, R6, R7, R8 and R9) out of nine sampled residents the service agreements did not contain the Physician information. Findings include:</p> <ol style="list-style-type: none"> <li>2/21/18 - R1 was admitted to the facility. The facility lacked evidence that the SAs dated 7/27/22 and 8/24/23 contained the Physician's name, address and telephone number.</li> <li>5/24/23 - R2 was admitted to the facility. The facility lacked evidence that the SAs dated 6/1/23, 6/26/23 and 7/17/23 contained the Physician's name, address and telephone number.</li> <li>5/27/22 - R3 was admitted to the facility. The facility lacked evidence that the SAs dated 5/27/22, 8/29/23 and 1/24/24 contained the Physician's name, address and telephone number.</li> <li>9/30/23 - R4 was admitted to the facility. The facility lacked evidence that the SA dated 9/30/22 contained the Physician's name, address and telephone number.</li> <li>6/21/21 - R5 was admitted to the facility. The facility lacked evidence that the SA dated 6/21/21 contained the Physician's name, address and telephone number.</li> </ol>	<p><b>Regulation 3225.13.3</b></p> <p><b>The residents personal attending physician she be identified in the service agreement by name, address, and telephone number.</b></p> <p>Base on record review 9 out of 9 residents sampled where the service agreements did not contain the physician information.</p> <p><b>A. Individual impacted-</b> Residents R1, R2, R3, R4,R5, R6, R7, R8 and R9's service agreements were updated to include the attending physician's name, address and phone number.</p> <p><b>B. Other residents Impacted-</b>Audit of current residents plans completed on 03.27.24. The primary physicians name, address and phone number has been included on the service agreement.</p> <p><b>C.</b></p> <p><b>System Changes-</b>The previous service agreement form did not contain the physician information. The attached Exhibit Z will be included with the initial full assessment and includes the physician name, phone number and address.</p> <p><b>D. Success Evaluation-</b>The ED/Sales &amp; Marketing Director will verify each resident move-in includes an assessment and service agreement/cost sheet prior to the actual contract signing is completed. HWD provides copy of assessment documents to BOM for the contract file, including the service agreement/price schedule Exhibit Z. This document includes the physician name, address and phone number. Initial assessments are completed prior to contract signing. ED will review date of contract</p>

Provider's Signature Marie C. Gosnell, LMA Title Executive Director Date March 29, 2024



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	<p>6. 8/30/21 - R6 was admitted to the facility. The facility lacked evidence that the SAs dated 8/30/21 and 7/12/23 contained the Physician's name, address and telephone number.</p> <p>7. 1/15/24 - R7 was admitted to the facility. The facility lacked evidence that the SA dated 1/15/24 contained the Physician's name, address and telephone number.</p> <p>8. 4/29/22 - R8 was admitted to the facility. The facility lacked evidence that the SAs dated 4/29/22, 11/30/22 and 1/18/24 contained the Physician's name, address and telephone number.</p> <p>9. 9/30/22 - R9 was admitted to the facility. The facility lacked evidence that the SA dated 9/30/22 contained the Physician's name, address and telephone number.</p> <p>2/20/24 2:30 PM – During an interview, E1 (ED) and E2 (HWD) confirmed that the SAs did not contain the Physician's information. E1 stated the current forms need to be revised but in the interim, the Physician information would be manually entered on the form.</p> <p>2/20/24 - Findings were reviewed with E1 and E2 at the exit conference, beginning at approximately 2:30 PM.</p>	<p>signing ongoing to verify 100% compliance. The updated attached form will be used for all Service agreements going forward and monitored by the ED to verify compliance.</p>

Provider's Signature Marie C. Gosnell, LMA Title Executive Director Date March 29, 2024

