



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: Oak Bridge Terrace Cokesbury Village

DATE SURVEY COMPLETED: August 16, 2022

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
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3225	<p>An unannounced Annual and Complaint Survey was conducted at this facility from August 15, 2022 through August 16, 2022. The deficiencies contained in this report are based on observations, interview, record review and review of other facility documentation as indicated. The facility census on the first day of the survey was thirty-two (32). The survey sample totaled seven (7) residents.</p> <p>Assisted Living Facilities</p> <p>Abbreviations/definitions used in this state report are as follows:</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>Spondylosis - an age-related condition where the joints and cartilage lined discs of the neck are affected;</p> <p>NHA - Nursing Home Administrator;</p> <p>Director of AL – Nursing Director of the Assisted Living Facility;</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>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>		
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Provider's Signature

Boullock

Title

NHA

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<p>3225.11.0</p> <p>3225. 11.5</p>	<p>UAI – an assessment and collection of information regarding an assisted living applicant/resident’s physical condition, mental status and psychosocial need.</p> <p>Resident Assessment</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 two (R2 and R5) out of seven residents sampled for resident assessments, the facility lacked evidence of completing the required UAI assessments. Findings include:</p> <p>1. 2/3/22 - R5 was admitted to the facility with a diagnosis of spondylosis.</p> <p>2/3/22 - R5’s initial UAI was completed at admission.</p> <p>3/3/22 - R5’s record lacked evidence that the required 30 day post admission UAI assessment was completed.</p> <p>2. 9/26/17 - R2’s UAI was completed on admission to the independent living community.</p> <p>10/27/17 - R2’s 30 day UAI was completed.</p> <p>6/2/18 - R2 was admitted to the Assisted Living community with a diagnosis of Alzheimer’s. R2’s record lacked evidence that a new UAI or change in condition UAI was completed.</p> <p>9/27/18 - R2’s annual UAI was completed based on the Independent Living admission of 9/26/17.</p>	<p>A. Resident # R5 and Resident # R2 UAI has been reviewed and brought current to reflect resident's current documentation needs.</p> <p>B. The Director of AL (E2) has conducted an audit of current residents' documentation with a 90-day look back to identify residents whose Uniform Assessment Instruction (UAI) were not completed 30-days post admission and or with a change in condition. The Director of AL will incorporate the process of completing UAIs with all new admission and changes in condition.</p> <p>C. Root Causes analysis identifies that the Director of Assisted Living is new to this position and continues to learn the regulations. The findings of 2567 have been reviewed with the Director of AL. The NHA has provided the Director of AL with In-service on the frequency of UAI completion. A process has been put</p>	<p>Plan of correction date: 8/30/22</p> <p>Plan of correction date: 8/30/22</p> <p>Plan of correction date: 8/30/22</p>

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<p>3225.13.0</p> <p>3225.13.1</p>	<p>9/27/19 - R2's annual UAI was completed based on the Independent Living admission of 9/26/17.</p> <p>9/27/20 - R2's record lacked evidence that an annual UAI assessment was completed.</p> <p>8/16/22 2:30 PM – During an interview, E2 (Director AL) confirmed R5's 30 day UAI assessment due on 3/3/22 was not in evidence. E2 confirmed that R2's new or change in condition UAI for the 6/2/18 admission to Assisted Living was not in evidence nor was R2's annual UAI assessment for 9/27/20.</p> <p>8/16/22 - Findings were reviewed with E1 (NHA), E2 (Director AL) and E9 (Director of Culinary Services) at the exit conference, beginning at 3:03 PM.</p> <p>Service Agreements</p> <p>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.</p> <p>Based on record review and interview, it was determined that for three (R2, R3, and R5) out of seven residents sampled, the facility lacked evidence of R2, R4 and R5's Service Agreement completions at the time of admission. Findings include:</p> <p>1. 7/15/19 - R4 was admitted with a diagnosis of Alzheimer's.</p> <p>7/15/22 Initial UAI assessment was completed.</p>	<p>in place to mark the 30-day post admission dates on the calendar, to assure UAI completion per requirement.</p> <p>D. The Director of AL will audit residents' medical documentation monthly (Xs 2) two months to review completion of UAIs. Audit findings will be shared with the Quality Assurance Performance Improvement (QAPI) committee for review and recommendation. The audit will be ongoing for (2) two months or until 100% compliance is achieved.</p> <p>A. Resident # 2 no longer resides in the facility. Residents # 4 & 5 Service Agreement have been completed and brought current.</p>	<p>Plan of correction date: 10/30/22</p> <p>Plan of correction date: 8/30/22</p>

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3225.13.6	<p>8/3/22 R4's Service agreement was completed.</p> <p>2. 2/3/22 – R5 was admitted with a diagnosis of spondylosis.</p> <p>2/3/22 – Initial UAI was completed.</p> <p>3/4/22 – R5's Service agreement was completed.</p> <p>3. 6/2/18 - R2 was admitted to the facility with a diagnosis of Alzheimer's.</p> <p>12/5/18 - R2's Service agreement was completed.</p> <p>8/16/22 2:30 PM – During an interview, E2 (Director AL) confirmed that R2, R4 and R5's Service agreements were not completed within the required timeframe at the residents' admissions.</p> <p>8/16/22 - Findings were reviewed with E1 (NHA), E2 (Director AL) and E9 (Director of Culinary Services) at the exit conference, beginning at 3:03 PM.</p> <p>The service agreement shall be reviewed when the needs of the resident have changed and, minimally, in conjunction with each UAI. Within 10 days of such assessment, the resident and the assisted living facility shall execute a revised service agreement, if indicated.</p> <p>Based on record review and interview, it was determined that for one (R2) out of seven residents sampled, the facility lacked evidence of R2's Service Agreement completion in conjunction with the annual UAI assessments. Findings include:</p> <p>6/2/18 - R2 was admitted to the facility with a diagnosis of Alzheimer's.</p> <p>12/5/18 - R2's Service agreement was completed.</p>	<p>B. The Director of AL (E2) has conducted an audit of current residents' medical records to identify the need for a signed service agreement. The Director of AL will incorporate the process of Initiating a signed agreement with each new admission and significant changes in condition</p> <p>C. The findings of 2567 have been reviewed with the Director of AL. The NHA has provided the Director of AL with in-service on the frequency of UAI completion.</p> <p>D. The Director of AL will share audit findings of UAI completion with the QAPI committee for review and recommendation. The audit will be ongoing for (2) two months or until 100% compliance is achieved.</p>	<p>Plan of correction date: 8/30/22</p> <p>Plan of correction date: 8/30/22</p> <p>Plan of correction date: 10/30/22</p>

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	<p>9/27/18 - R2's record lacked evidence that the Service Agreement was reviewed or updated with the completion of the annual UAI assessment.</p> <p>9/27/19 - R2's record lacked evidence that the Service Agreement was reviewed or updated with the completion of the annual UAI assessment.</p> <p>9/27/20 - R2's record lacked evidence that the Service Agreement was reviewed or updated with the completion of the annual UAI assessment.</p> <p>8/16/22 2:30 PM – During an interview, E2 (Director AL) confirmed R2's Service agreements were not in evidence for when the UAI assessments on resident's admission and annually or if a change in condition.</p> <p>8/16/22 - Findings were reviewed with E1 (NHA), E2 (Director AL) and E9 (Director of Culinary Services) at the exit conference, beginning at 3:03 PM.</p>	<p>A. Resident # 2 no longer resides in the facility.</p> <p>B. The Director of AL (E2) has conducted an audit of current residents' documentation with a 90-day look back period to identify residents whose medical record lacked evidence of Service Agreement in conjunction with the annual UAI assessments. The Director of AL will incorporate the process of completing Service Agreements in conjunction with the annual UAI assessments.</p>	<p>Plan of correction date: 8/30/22</p> <p>Plan of correction date: 8/30/22</p>

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		<p>C. The findings of 2567 have been reviewed with the Director of AL. The NHA has provided the Director of AL with in-service on the completion of Service Agreements in conjunction with annual UAI.</p> <p>D. The Director of AL will share audit findings of completion of Service Agreements in conjunction with annual UAI completion with the QAPI committee for review and recommendation. The audit will be ongoing for 2 (two) months or until 100% compliance is achieved</p>	<p>Plan of correction date: 8/30/22</p> <p>Plan of correction date: 10/30/22</p>

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