



**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: Milford Place - Enlivant AL

DATE SURVEY COMPLETED: April 8, 2026

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
<p>3225.0</p> <p>3225.1.0</p>	<p>An unannounced complaint survey was conducted at this facility from April 7, 2026, through April 8, 2026. The deficiencies contained in this report are based on observations, interviews, review of clinical records and other facility documentation as indicated. The facility census on the first day of the survey was fifty-four (54). The investigative sample totaled one (1) resident.</p> <p>Abbreviations/definitions used in this state report are as follows:</p> <p>ED – Executive Director;</p> <p>LPN- Licensed Practical Nurse</p> <p>MT – Medical Technician</p> <p>RN – Registered Nurse;</p> <p>RWD – Resident Wellness Director;</p> <p>RCD – Resident Care Director;</p> <p>NP – Nurse Practitioner;</p> <p>Service plan/agreement - document developed with each resident that describes the services to be provided, who will provide the services, when the services will be provided, how the services will be provided, and, if applicable, the expected outcome</p> <p>UAI – Uniform Assessment Instrument- an assessment to collect information on the physical condition, medical status, and psychosocial needs of an applicant/resident to determine eligibility for an assisted living.</p> <p>Assisted Living Facilities</p> <p>Purpose</p>	<p>Citation #1 Resident Assessment</p> <p>A. R22 had his UAI completed on 1/30/26 prior to admission. R22 had updated UAI completed 3/12/26 and 3/28/26 – date of elopement.</p> <p>B. All new residents seeking occupancy have the potential to be affected by this deficient practice.</p> <p>C. All admission documentation will be reviewed by DON or designee and ED prior to contract signing.</p> <p>D. The DON or designee/ED will audit contracts to ensure compliance.</p> <ul style="list-style-type: none"> • Audits will be conducted: • Weekly x's 4 weeks. • Monthly for additional two months. • The facility will remain 100% compliant and audit results will be reviewed through QAPI process and additional monitoring will be implemented if compliance falls below the established threshold. • The ED and DON are responsible for oversight and compliance. <p>Citation #2 -Resident service agreement</p>	<p>3/15/26</p>

Provider's Signature [Signature], ED, NHA

Title Executive Director Date 4/28/26



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<p>3225.11.0 3225.11.2 S/S - D</p>	<p>The Department of Health and Social Services is issuing these regulations to promote and ensure the health, safety, and well-being of all residents of assisted living facilities. These regulations are also meant to ensure that service providers will be accountable to their residents and the Department, and to differentiate assisted living care from skilled nursing care. The essential nature of assisted living is to offer living arrangements to medically stable persons who do not require skilled nursing services and supervision. The regulations establish the minimal acceptable level of services for residents of assisted living facilities.</p> <p>Resident Assessment</p> <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 and interview, it was determined that for one (R1) out of one in the investigative sample, the facility failed to</p>	<p>A. R22 had updated service agreement on 3/28/226</p> <p>B. All new residents seeking occupancy have the potential to be affected by this deficient practice.</p> <p>C. All admission documentation will be reviewed by DON or designee and ED prior to contract signing.</p> <p>E. The DON or designee/ED will audit contracts to ensure compliance.</p> <ul style="list-style-type: none"> • Audits will be conducted: • Weekly x's 4 weeks. • Monthly for additional two months. • The facility will remain 100% compliant and audit results will be reviewed through QAPI process and additional monitoring will be implemented if compliance falls below the established threshold. • The ED and DON are responsible for oversight and compliance. <p>Citation #3 - Neglect</p> <p>A. R22 was transferred immediately to a secure memory care unit on 3/28/26.</p> <p>B. All residents with a diagnosis of Memory care have the potentials</p>	<p>5/15/26</p>

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<p>3225.13.0 3225.13.1 S/S - D</p>	<p>complete a UAI assessment prior to admission. Findings include: Review of R1's clinical record revealed: 2/10/26 - R1 was admitted to the facility. 2/10/26 12:07 PM - An admission UAI was completed for R1. 3/31/26 - A review of the UAI revealed that the UAI was not completed prior to admission. 4/8/26 11:00 AM - Findings were reviewed with E1 (ED), E2 (DON), and E3 (ADON) during the exit conference.</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>This requirement was not met as evidenced by:</p> <p>Based on record review and interview, it was determined that for one (R1) out of one resident sampled in the investigative sample, it was determined that the facility failed to ensure a service agreement was completed by the facility prior to but no later than admission. Findings include: Review of R1's clinical record revealed:</p>	<p>to be affected by this deficient practice.</p> <p>C. Screamer Box installed on 4/7/26.</p> <ul style="list-style-type: none"> • All staff was educated on 2/5/26 and again on 3/28/26 regarding Elopement prevention, Response and Safety. • Psychiatric NP notified. • Elopement risk completed on all AL residents 3/28/26. • Medication reconciliation completed for R22 on 3/28/26. • All exit doors and alarm systems were audited and verified for proper function 3/28/26 • All residents safeguarded and no ongoing risk. 3/28. • Comprehensive staff education was completed on 3/28/26. • All staff was educated by 4/8/26. <p>F. DON or designee/ED will audit contracts to ensure compliance.</p> <ul style="list-style-type: none"> • Audits will be conducted: • Weekly x's 4 weeks. • Monthly for additional two months. 	<p>5/15/26</p>

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<p>16 Del. Code Part II Ch. 11, Subchapter III §1131 Abuse, Neglect, Mistreatment, Financial Exploitation, or Medication Diversion of Patients or Residents S/S - J</p>	<p>2/10/26 - R1 was admitted to the facility. 2/11/26 8:54 AM – An admission service agreement was completed for R1. 4/8/26 11:00 AM - Findings were reviewed with E1, E2, and E3 during the exit conference. Definitions. (12) "Neglect" means the failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness. Neglect includes all of the following: a. Lack of attention to physical needs of the patient or resident, including toileting, bathing, meals, and safety. This requirement was not met as evidenced by: Based on interviews, record review, and other facility documentation, it was determined that for one (R1) out of one sampled resident for neglect, the facility failed to ensure the safety and supervision of a resident with dementia, resulting in elopement from the facility. The facility was made aware of immediate jeopardy on 4/7/26 at 1:48 PM. The resident was at risk for a severe adverse outcome including death when R1 was found 0.9 miles from the facility. The immediate jeopardy was abated on 4/8/26 at 10:31 AM. Findings include: Review of R1's clinical record revealed: 2/10/26 - R1 was admitted to the facility with a diagnosis of Alzheimer's disease.</p>	<ul style="list-style-type: none"> The facility will remain 100% compliant and audit results will be reviewed through QAPI process and additional monitoring will be implemented if compliance falls below the established threshold. The ED and DON are responsible for oversight and compliance. 	<p>5/15/26</p>

Provider's Signature

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	<p>2/10/26 - An Initial Uniform Assessment Instrument (UAI) revealed that R1 was oriented to person and place. The UAI also documented that R1 did not have a current or history of wandering, had current or history of poor judgement, and had current or history of socially inappropriate behaviors.</p> <p>2/10/26 - An Initial Elopement Risk documented R1 was not at risk for elopement.</p> <p>2/11/26 8:54 AM – The Service Plan indicated that R1 was independent with walking, using a cane. The Service Plan also documented that the “front door alarm to be activated during night hours to alert staff if R1 approaches or attempts to exit the building. Staff to respond immediately to any front door alarm activation and monitor resident behavior patterns and report any increase in wandering or agitation.”</p> <p>It was unclear why the UAI or Service Plan did not identify wandering behaviors, however the Service Plan included an approach of a front door alarm to deter wandering or potential elopement.</p> <p>3/28/26 - A facility incident report documented that the R1 eloped from the facility and was secured by a local officer between 9:00 AM and 10:00 AM. EMS assessed R1, and he had no injuries.</p> <p>3/28/26 - A Uniform Assessment Instrument revealed that R1 was independent with ambulation, required a cane, and demonstrated wandering behaviors.</p> <p>3/28/26 - An Elopement Risk revealed R1 has wandering behaviors.</p>		<p>5/15/26</p>

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	<p>4/7/26 10:50 AM - During an interview, E2 confirmed that R1 was aware of how to press the door-release button to open the front door.</p> <p>4/7/26 11:30 AM - During an interview, E6 stated that she is responsible for setting the alarm when she leaves each day. She also stated that the weekend and holiday receptionist works from 9:00 AM to 6:00 PM. According to her, the nursing staff is responsible for turning the alarm off and when reception is not present. E6 further clarified that the doors are expected to always remain alarmed when there is no receptionist on duty.</p> <p>4/7/26 12:30 PM - During the interview, E4 stated that she saw the resident at approximately 8:30 AM near the door, and he told her he was looking for his wife. E4 redirected R1 toward the Wellness Center, and E4 then redirected him to go upstairs to his room. She reported that she began passing medications and did not see R1 walk past the wellness center again. According to the visitor log, R1's wife arrived at 8:56 am and went to R1's room, and he was not there. FM1 went to the Wellness Center to ask if they had seen him. E4 told her they had not seen him, but E4 would look for him. E4 stated that FM1 received a call from the police informing her that they had found her husband. E4 also explained that she normally presses the button that activates a green light indicating the alarm is set, but she could not recall whether she had let E5 out the front door on the morning of 3/28/26, and whether the alarm was reactivated.</p>		<p>5/15/24</p>

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	<p>4/7/26 2:01 PM - During an interview, E5 stated that she was working the night shift. She confirmed that she had turned the alarm off and on to allow the kitchen staff to enter around 5:00 AM and to let E4 in at approximately 6:45 AM. E5 reported that she then handed the keys over to E4. According to E5, E4 deactivated the alarm to allow E5 to leave the building around 7:00 AM, but E5 did not know whether E4 reactivated the alarm afterward.</p> <p>4/7/26 2:26 PM - During an interview, E3 took the keys from E4, and she disabled the alarm to allow staff to exit. E3 confirmed she did not turn the alarm back on. E3 confirmed that she was following the education that the alarm was deactivated at 7 AM. She confirmed she never turned the alarm back on when she let staff in.</p> <p>4/8/26 1:48 PM - FM1 stated during an interview that she arrived at the facility at 8:46 AM to visit R1. When she went to R1's room, he was not there. FM1 then proceeded to the Wellness Center to notify the nurse, and her phone rang. FM1 reported that she received a call from the local police informing her that R1 had been located offsite at a local business.</p> <p>The local business was located 0.9 miles from the facility, which required walking along a major highway and crossing an intersection with heavy traffic, with potential for serious injury or death.</p> <p>4/7/26 1:48 PM - Based on interview, record review, and a review of facility documentation, an Immediate Jeopardy was called and</p>		5/15/24

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	<p>reviewed with E1(ED), E2 (RWD), and E3 (RCD).</p> <p>4/8/26 10:30 AM - The facility provided an abatement plan that included the following:</p> <ul style="list-style-type: none"> - R1 was immediately relocated to the secure memory care unit. - Psychiatric NP performed a tele-health assessment. - Service Agreement was updated to reflect elopement, including exit-seeking behavior, cognitive impairment, and communication related to the diagnosis of dementia and aphasia. - Identified emotional triggers (delusional thought that spouse was deceased and anniversary of daughter's death) 3/28/26. - Elopement Risk Assessment completed for all assisted living residents 3/28/26. - Medication reconciliation completed for R1 3/28/26. - All exit doors and alarm systems were immediately audited and verified for proper function 3/28/26. - All residents safeguarded, no ongoing risk identified 3/28/26. - Comprehensive staff education session conducted on 3/28/26. - Audit completed for all residents living in the facility on 3/28/26. - Additional staff to include prn/week-end will be serviced by 4/7/26 		<p>5/15/26</p>

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	<p>- Emergency exit push button with audible alarm installed 4/7/26.</p> <p>4/8/28 10:30 AM - Staff interviews were conducted, and in-service education and training were verified. After review of the implementation of measures outlined in the abatement was fully executed on 4/8/26 at 10:30 AM.</p> <p>4/8/26 11:00 AM - Findings were reviewed with E1, E2, and E3 during the exit conference.</p>		5/15/24

Provider's Signature [Signature], ED, NHA Title Executive Dir Date 4/28/26