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: AL - Sunrise Assisted Living in Wilmington

DATE SURVEY COMPLETED: June 11, 2026

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
	An unannounced Annual, Complaint and Emergency Preparedness Survey was conducted at this facility from June 8, 2026, through June 11, 2026. 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 seventy-three (73). The sample totaled nine (9) residents. Abbreviations/definitions used in this State Report are as follows: ED – Executive Director; RCD – Resident Care 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 facility provides. These include lodging, board, housekeeping, personal care, and supervision services; 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 initial and ongoing basis.	**3225.11.2 Resident Assessment (UAI)** **Individual Impacted** Resident Assessments (UAI) for residents R12 and R14 were audited for completeness and have been properly reviewed and signed accordingly. **Identification of Other Residents** All residents can be affected by this deficient practice. All other resident UAIs have been audited for completeness. Those found to be deficient or out of compliance will be properly addressed including, where appropriate, meeting with or contacting family members and signing off accordingly. **System Changes** The State regulations and Sunrise Senior Living policies are clear as to the requirements of completion and review of UAIs. The RCD, who was new at the time of survey, is responsible for seeing that the UAI is appropriate and is completed. She is no longer with the company. We are searching for an RCD who, when hired, will then be educated on the importance of completing the UAI and obtaining required signatures. All personnel with responsibilities to complete any portion of the UAI will review the policy on proper management of the UAI process including initial assessments, 30-day reviews, and other required touchpoints. **Success Evaluation** It is expected that all UAIs are executed in the appropriate time frames and signed off by all	7/31/2026
3225	**Assisted Living Facilities**		
3225.11.0	**Resident Assessment**		

Provider's Signature Andrew B Fitts Title Ex Director Date 7/24/26

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3225.11.2 **S/S – D**	**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.** **This requirement was not as met as evidenced by:** Based on record review and interview, it was determined that for two (R12 and R14) out of three residents reviewed for resident assessment, the facility failed to ensure that the 30-day UAI assessments were reviewed. Findings include: 1.R12's clinical record revealed: 3/20/26 – R12 was admitted to the facility with diagnoses including but not limited to anxiety disorder and stroke. An admission UAI assessment was completed for R12. The 30-day assessment which was due on 4/20/26 lacked evidence that it was reviewed. 2. R14's clinical record revealed: 3/24/26 – R14 was admitted to the facility with diagnoses including but not limited to hypertension and vascular disease. An admission UAI assessment was completed for R14. The 30-day assessment which was due on 4/23/26 lacked evidence that it was reviewed. 6/11/26 11:00 AM – During an interview E2 (RCD) stated, "The UAI should have been reviewed and signed. That was not done."	appropriate disciplines, residents, and family members. A full audit of all resident UAIs will be conducted by Wellness Nurse. Findings will be documented. Those documents not in compliance will be addressed by completion date noted on this 2567. A quarterly report will be presented to the QA team. This quarterly report will document those residents who are new to the community, have required a 30-day or yearly review, or have had a change in condition. **3225.13.1 Service Agreements (SA)** **Individual Impacted** Service Agreements (SA) for residents R12, R13, and R14 were audited for completeness and have been properly reviewed and signed accordingly. **Identification of Other Residents** All residents can be affected by this deficient practice. All other resident SAs have been audited for completeness. Those found to be deficient or out of compliance will be properly addressed including, where appropriate, meeting with or contacting family members and signing off accordingly. Family review will be scheduled for either a face-to-face meeting or phone call. **System Changes** The State regulations and Sunrise Senior Living policies are clear as to the requirements of completion and review of SAs. The RCD,	7/31/2026

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	The facility failed to ensure that the UAIs were reviewed and signed within the 30-day requirement. 6/11/26 1:45 PM – Findings were reviewed with E1 (ED), E2 (RCD) during the exit conference.	who was new at the time of survey, is responsible for seeing that the SA is appropriate and is completed. She is no longer with the company. We are searching for an RCD who, when hires, will then be educated on the importance of completing SAs and obtaining required signatures.	
3225.13.0 **3225.13.1** **S/S – D**	**Service Agreements** **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.** **This requirement was not met as evidenced by:** Based on record review and interview, it was determined that for three (R12, R13, and R14) out of three residents reviewed for service agreements, the facility failed to ensure that the service agreements were developed. Findings include: 1. R12's clinical record revealed: 3/20/26 – R12 was admitted to the facility with diagnoses including but not limited to anxiety disorder and stroke. 6/11/26 12:30 PM – A review of R12's clinical record lacked evidence that a service agreement was developed. 2. R13's clinical record revealed:	All personnel with responsibilities to complete any portion of the SA will review the policy on proper management of the SA process including initial SA and process to manage changes going forward. **Success Evaluation** It is expected that all SAs are created and reviewed in the appropriate time frames and signed off by all appropriate disciplines, residents, and family members. A full audit of all resident SAs will be conducted by the Wellness Nurse and/or Resident Care Coordinator. Findings will be documented. Documents not in compliance will be addressed by completion date noted. A quarterly report will be presented to the QA team. This quarterly report will account for all SAs and will show that all Sas are up to date and signed accordingly. **3225.16.0 Staffing (NHA License)** **Individual Impacted** It is incumbent on a Delaware AL community that a licensed NHA is the Administrator of Record. Shortly after the survey in June 2026 the NHA was released. The active license is	6/28/2026

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	5/22/26 – R13 was admitted to the facility with diagnoses including but not limited to altered mental status and repeated falls. 6/11/26 12:35 PM – A review of R13's clinical record lacked that a service agreement was developed. 3. R14's clinical record revealed: 3/24/26 – R14 was admitted to the facility with diagnoses including but not limited to hypertension and vascular disease. 6/11/26 12:40 PM – A review of R14's clinical record lacked evidence that a service agreement was developed. 6/11/26 12:45 PM – During an interview, R2 stated, "We have care plans in the electronic records, but the service agreements were not done." The facility failed to ensure that the service agreements were developed. 6/11/26 1:45 PM – Findings were reviewed with E1 (ED), E2 (RCD) during the exit conference.	posted conspicuously in the building as required. **Identification of Other Residents** It is incumbent on a Delaware AL community that a licensed NHA is the Administrator of Record. Shortly after the survey in June 2026 the NHA license was released. The license is now active and posted conspicuously in the building as required. **System Changes** The facility will always have an active NHA licensed Executive Director managing the day-to-day affairs of the facility. **Success Evaluation** Consistent with State regulations, this community will retain a qualified licensed NHA continuously while in operation in the State of Delaware.	
3225.16.0 **3225.16.5** **S/S – F**	**Staffing.** **The Nursing Home Administrator shall comply with the provisions of 24 Del.C. Ch. 52, and the Board's Rules and Regulations. The Director/Nursing Home Administrator shall have overall responsibility for managing the assisted living facility such that all requirements of state law and regulations are met.**		

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	This requirement was not met as evidenced by: Based on record review and interview for Nursing Home Administrator's (NHA) licensure, it was determined that the facility failed to ensure that the NHA had a current Delaware license. Findings include: 6/8/26 10:30 AM – The Surveyor observed the area on the facility's document form for the Nursing Home Administrator license was empty. During an interview, E1 (NHA) stated that he does not have a current Delaware license. His former employer applied for the license on 6/11/25, and his current employer is aware of the status of his license. E1 gave the Surveyor a document, entitled, "Application Status" and license type, "Temporary Nursing Home Admin". A review of the document revealed that that it was not completed with the necessary information. The facility failed to ensure that the NHA had a current Delaware license. 6/11/26 1:45 PM – Findings were reviewed with E1 (ED), E2 (RCD) during the exit conference.		

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