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: Oakbridge Terrace at Manor House **DATE SURVEY COMPLETED: September 16, 2026**

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	
	An unannounced Annual, Complaint and Emergency Preparedness Survey was conducted at this facility from September 14, 2026, through September 16, 2026. The deficiencies contained in this report are based on interview, record review, and a review of other facility documentation as indicated. The facility census on the first day of the survey was forty-four (44). The survey sample totaled six (6) residents. Abbreviations/definitions used in this state report are as follows: DON – Director of Nursing; Pulse oximetry saturation – measures blood oxygen saturation levels; Saint Louis University Mental Status (SLUMS) – assessment of the resident's mental status. The total possible SLUMS Score ranges from 0 to 30, with 30 being the best: High School Education 27-30 Normal 21-26 Mild Neurocognitive Disorder 1-20 Dementia.	Plan of Correction 1. What corrective action was accomplished for the resident found to be affected? Upon identification of the concern, the Director of Assisted Living reviewed Resident #6's record and confirmed that verbal notification had been provided to the authorized representative following the transfer; however, written notification had not been documented. Written notification regarding the transfer was provided to the resident's authorized representative, and documentation was entered into the medical record. The resident's transfer documentation was reviewed for completeness and compliance with facility policy and regulatory requirements. 2. How will other residents with the potential to be affected be identified and what corrective action will be taken? An audit of all discharges and transfers occurring during the previous 30 days will be conducted by the Director of Assisted Living or designee to determine whether written notification to the resident and/or authorized representative was provided and documented as soon as practicable following transfer. For any identified transfer or discharge lacking evidence of written notification, the facility will provide the required written notification when appropriate and document the review and corrective action taken.	
3225.0	**Assisted Living Facilities**		
3225.1.0	**Purpose** **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**		

Provider's Signature Kim CBoneparma Title Administrator Date 9/29/26

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	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.	3. What systemic changes will be made to ensure the deficient practice does not recur? The facility revised its transfer-to-hospital process to include: • A standardized Discharge - Transfer Written Notification Form. • A requirement that written notification be provided to the resident and/or authorized representative as soon as practicable following any discharge or transfer out of the facility. • Addition of a documentation checklist within the discharge- transfer process to verify completion of: o Physician notification. o Authorized representative notification. o Ombudsman notification when applicable. o Written notification and documentation in the medical record. • Education provided to licensed nurses, nursing supervisors, social services personnel, and other applicable staff regarding Delaware transfer and discharge notification requirements and facility expectations for documentation of emergency transfers.	
3102	**Long Term Care Transfer, Discharge and Readmission Procedures**		
3102.1.0	**Purpose** **This regulation applies to decisions by licensed facilities to transfer or discharge a resident. It prescribes the process for providing an impartial hearing to a resident.**		
3102.4.0	**Transfer, discharge and readmission rights of residents of a Long-Term Care Facility as defined in 16 Del.C. §1102(b)(4). See 16 Del.C. §1127.**		
3102.4.1	**4.1 "Transfer and discharge" includes movement of a resident to a location outside of the licensed facility.**		
3102.4.4	**4.4 Notice before transfer. Before a facility transfers or discharges a resident, the facility must:**		
3201.4.4.1 **S/S- D**	**4.4.1 Notify the resident and, if known, a family member or legal representative, of the resident of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand.**		

Provider's Signature Lynn C Bryman Title Administrator Date 9/29/2026

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	This requirement was not met as evidenced by: Based on interview and record review, it was determined that for one (R6) out of one resident reviewed for transfer/discharge, the facility failed to provide R6's authorized representative with written notice as soon as practicable following two emergency transfers to the hospital. Findings include: 6/4/26 – R6 was admitted to the facility. 6/4/26 – A SLUMS assessment documented that R6 scored an 8, indicating dementia. 7/8/26 – A progress note documented that R6 had an unwitnessed fall and was transferred to the Emergency Department for evaluation. 8/7/26 – A progress note documented that R6 experienced shortness of breath (SOB) and decreased oxygen saturation. The on-call provider ordered R6's transfer to the Emergency Department for evaluation. 9/15/26 at 11:47 AM – During an interview, E2 (DON) stated that the facility's process was to verbally notify the resident's responsible party and the Long-Term Care Ombudsperson when a resident was transferred to the hospital. E2 confirmed that the facility did not provide written notification and lacked evidence that R6's responsible party received written notice of the hospital transfers on 7/8/26 and 8/7/26. The facility's records lacked evidence that written notice of R6's 7/8/26 and 8/7/26 emergency hospital transfers was issued to	4. How will the corrective action be monitored? The Director of Assisted Living or designee will audit 100% of discharge and transfers weekly for four weeks and then monthly for two months to verify that written notification requirements have been completed and documented. The audit results will be reviewed through the facility's Quality Assurance and Performance Improvement (QAPI) process. Any identified concerns will result in immediate corrective action, staff re-education, and continued monitoring as indicated. 5. Date of compliance and responsible person **Responsible Person:** Director of Assisted Living and Administrator **Completion Date:** October 5, 2026	

Provider's Signature Lisa Chapman Title Administrator Date 9/29/26

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	R6 or R6's authorized representative as soon as practicable. 9/16/26 2:30 PM - Findings were discussed with E2 (Corporate) and E3 (DON) during the exit conference.		

Provider's Signature [signature] Title Administrator Date 9/29/26