



**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

Page 1 of 36

NAME OF FACILITY: AL - Rockland Place

DATE SURVEY COMPLETED: January 13, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
	<p>An unannounced Annual and Complaint Survey was conducted at this facility from January 9, 2025, through January 13, 2025, 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 eighty-eight (88). The survey sample totaled ten (10) residents and a subsample survey of an additional ten (10) residents.</p> <p>Abbreviations/definitions used in this state report are as follows:</p> <p>Alzheimer's - a gradually progressive brain disorder that causes problems with memory, thinking and behavior; C/O – Complaints of; Contract – A legally binding written agreement between the facility and the resident which enumerates all charges for services, materials, and equipment, as well as non-financial obligations of both parties, as specified in the State regulations; DelVAX -A confidential online computer system used statewide by doctors, nurses, schools to keep track of their patient/student's immunizations; Dementia - the loss of cognitive functioning — thinking, remembering, and reasoning to such an extent that it interferes with a person's daily life and activities; DX – diagnosis; ED - Executive Director; EMR – Electronic medical record; FSD – Food Service Director; HRD – Human Resources Director; IDT: Interdisciplinary Team; LPN – Licensed Practice Nurse;</p>		

Provider's Signature: *Paul Taylor MBA, NHA* Title: Executive Director Date 2/14/25



**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

Page 2 of 36

NAME OF FACILITY: AL - Rockland Place

DATE SURVEY COMPLETED: January 13, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
3225.0	<p>Managed/Negotiated Risk Agreement – A signed document between the resident and the facility, and any other involved party, which describes mutually agreeable action balancing resident choice and independence with the health and safety of the resident or others;</p> <p>MC – Memory Care;</p> <p>MCPD – Memory Care Program Director;</p> <p>NAYA – a caregiver who has received the designated Dementia 12-hour training and "titled" as a NAYA by the facility;</p> <p>POA – Power of Attorney;</p> <p>RCD - Resident Care Director;</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>RN – Registered Nurse;</p> <p>Service Agreement (SA) - 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> <p>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 an initial and ongoing basis in accordance with these regulations.</p> <p>Assisted Living Facilities</p>		

Provider's Signature: *Paul Taylor MBA, NHA* Title: Executive Director Date 2/14/25



**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

Page 3 of 36

NAME OF FACILITY: AL - Rockland Place

DATE SURVEY COMPLETED: January 13, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
3225.7.0 3225.7.3.4 S/S – D	<p>Specialized Care for Memory Impairment</p> <p>Assessment, Care Planning & Implementation: the process used for assessment and establishing and updating the service agreement and its implementation.</p> <p>Based on record review and interview, it was determined that for two (R4 and R14) out of three residents reviewed for service agreement implementation, the facility failed to implement the service agreement. Findings include:</p> <p>1. 3/30/21 – R4 was admitted to the facility with diagnoses including dementia, anxiety and depression.</p> <p>2/8/22 – R4's service plan was updated to include Assurance Checks, with a goal that the resident's presence and wellbeing would be verified every four hours by observing the resident for safety/needs.</p> <p>9/1/23 – The following nursing progress notes were written:</p> <p>11:42 AM - The resident was in severe pain to right inner hip. The resident was sent to the emergency room for evaluation.</p> <p>2:14 PM – R4's daughter reported to the facility that the resident was diagnosed with a right hip fracture and underwent successful hip surgery.</p> <p>Review of R4's service plan documentation revealed the following Assurance Checks documentation on the days leading up to 9/1/23:</p>	<ol style="list-style-type: none"> 1) R4 Service agreement reviewed with appropriate checks and negotiated risk in place. R14 will not be returning to the community from STR as his spouse is moving him home with Home Health. 2) All service agreements and incidents reviewed, documenting appropriate checks and negotiated risks in place per policy. 3) Service Agreement reviewed with appropriate POC in place for all affected residents. POC documentation and incident review each morning to assure accurate documentation of checks and negotiated risk initiated for any resident experiencing 2 falls in 30-days per policy. 4) Review to take place each weekday by DON and RCM for review with ED until 100% compliance is met for a 2 week period. 	3/11/25

Provider's Signature: *Paul Taylor MBA, NHA* Title: Executive Director Date 2/14/25



**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

Page 4 of 36

NAME OF FACILITY: AL - Rockland Place

DATE SURVEY COMPLETED: January 13, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
	<p>8/29/23 – 5:40 AM and 8:22 PM; 8/31/23 – 2:23 PM and 8:21 PM; 8/31/23 – 7:31 PM and 8:40 PM.</p> <p>Review of R4's service plan documentation revealed that every 4-hour Assurance Checks were not documented 8/21/23 thru 8/29/23. The origin of R4's hip injury could not be determined as the Assurance Checks were not documented by facility staff according to R4's service agreement.</p> <p>2. 12/28/23 – R14 was admitted to the facility with diagnoses including dementia and anxiety.</p> <p>3/11/24 – R14's service agreement support actions were revised to include that R14 required a fall prevention program.</p> <p>1/9/25 – A review of R14's service agreement revealed that in the focus area of stability, that R14 experienced falls on the following dates:</p> <p>12/29/23, 2/7/24, 2/12/24, 2/29/24, 3/1/24 and 3/9/24.</p> <p>The facility Fall Reduction Program Policy, revised 5/17/24 indicated:</p> <p>"B. Procedure</p> <p>II. If a resident has more than one fall in any rolling 30 day period, the resident, family and/or responsible party should have a meeting with the community IDT team to review and implement the Negotiated Risk Agreement... ."</p> <p>A Managed/Negotiated Risk Agreement is a signed document between the resident and</p>		

Provider's Signature: *Paul Taylor MBA, NHA* Title: Executive Director Date 2/14/25



**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

Page 5 of 36

NAME OF FACILITY: AL - Rockland Place

DATE SURVEY COMPLETED: January 13, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
	<p>the facility, and any other involved party, which describes mutually agreeable action balancing resident choice and independence with the health and safety of the resident or others.</p> <p>11/23/24 – R14 had an unwitnessed fall which resulted in a hospitalization and admission to a rehabilitation facility.</p> <p>1/13/25 2:30 PM – During an interview E1 (ED) confirmed that R14 had more than two falls in a 30-day period, but that R14 did not have a Negotiated Risk Agreement completed after the falls.</p> <p>1/13/25 - Findings were reviewed with E1 and E3 (MCPD) at the exit conference, beginning at approximately 3:00 PM.</p>		
3225.8.0	Medication Management		
3225.8.8	Concurrently with all UAI-based assessments, the assisted living facility shall arrange for an on-site medication review by a registered nurse, for residents who need assistance with self-administration or staff administration of medication, to ensure that:	<ol style="list-style-type: none"> 1) Resident R12 no longer resides within the community. 2) Order review conducted by consultant pharmacist to assure all orders coincide with medication on hand. 3) Med Cart reviews completed to assure all medications are in appropriate locations per delivery orders. DON has attended LLAM train the trainer refresher and will continue to educate/reeducate med passers per LLAM directed practice. 4) Education/reeducation by DON will proceed until 100% of med-passers have up to date education. 	3/11/25
3225.8.8.2	Each resident receives the medications that have been specifically prescribed in the manner that has been ordered;		
S/S- D	<p>Based on interview, State Agency Incident Reporting System and record review, it was determined that for one (R12) out of two residents surveyed for medication errors, the facility failed to provide the prescribed medication as ordered. Findings include:</p>		

Provider's Signature: *Paul Taylor MBA, NHA* Title: Executive Director Date 2/14/25



**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

Page 6 of 36

NAME OF FACILITY: AL - Rockland Place

DATE SURVEY COMPLETED: January 13, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
3225.9.0 3225.9.5 3225.9.5.1 S/S -D	<p>6/6/23 – R12 was admitted to the facility with diagnoses including dementia and anxiety.</p> <p>8/22/24 – A physician order was written for R12 to receive lorazepam 0.5 mg tablet by mouth every 8 hours as needed for anxiety and 1 tablet by mouth daily.</p> <p>8/29/24 - A physician order was written for lorazepam 1 mg tablet by mouth at bed-time for agitation.</p> <p>1/9/25 11:00 AM - During an interview E2 (RCD) confirmed that R12 received the wrong dosage of Lorazepam.</p> <p>1/10/25 – Review of the facility's 11/4/24 Risk Management Medication Error Report revealed that on R12 was administered lorazepam 1 mg at 9:00 AM on 11/4/24, instead of the correct morning dose of lorazepam, which was 0.5 mg.</p> <p>1/10/25 10:00 AM - During an interview E2 (RN, RCD) confirmed that R12 received the wrong dosage of Lorazepam on 11/4/24 at 9:00 AM.</p> <p>1/13/25 - Findings were reviewed with E1 (ED) and E3 (MCPD) at the exit conference, beginning at approximately 3:00 PM.</p> <p>Infection Control</p> <p>Requirements for tuberculosis and immunizations:</p> <p>The facility shall have on file the results of tuberculin testing performed on all newly placed residents. This requirement was not met as evidenced by:</p>	<ol style="list-style-type: none"> 1) TB test completed for R1 with negative results. 2) TB results reviewed for all current residents to assure results are documented and negative. 3) No future resident will be admitted to the community prior to documented negative TB results in hand. 4) All future resident paperwork reviewed prior to admission by ED to 	3/11/25

Provider's Signature: *Paul Taylor MBA, NHA* Title: Executive Director Date 2/14/25

STATE SURVEY REPORT

NAME OF FACILITY: AL - Rockland Place

DATE SURVEY COMPLETED: January 13, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
3225.9.0 3225.9.5.2 S/S-D	<p>Based on interview and record review, it was determined that for one (R1) out of ten residents surveyed for immunizations, the facility failed to provide Findings include:</p> <p>1/24/24 – R1 was admitted to the facility. The facility failed to provide evidence of Tuberculin testing prior to or at admission.</p> <p>1/13/25 - Findings were reviewed with E1 (ED) and E3 (MCPD) at the exit conference, beginning at approximately 3:00 PM.</p> <p>Infection Control</p> <p>Minimum requirements for pre-employment require all employees to have a base line two step tuberculin skin test (TST) or single Interferon Gamma Release Assay (IGRA or TB blood test) such as Quanti-Feron. Any required subsequent testing according to risk category shall be in accordance with the recommendations of the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services. Should the category of risk change, which is determined by the Division of Public Health, the facility shall comply with the recommendations of the Center for Disease Control for the appropriate risk category.</p> <p>This requirement was not met as evidenced by:</p> <p>Based on interview, record review and review of other facility documentation, it was determined that for one (E6) out of eight employees surveyed, the facility failed to provide pre-employment testing prior to hire. Findings include:</p>	<p>assure 100% compliance with documented negative TB results for 3 consecutive admissions.</p> <ol style="list-style-type: none"> 1) Negative TB results are within the file for staff member E6. 2) All current staff reviewed with documented negative TB results on file. 3) All future staff will not start orientation until 1st step negative TB result is documented. 4) Negative TB result for 100% of new staff reviewed by HRD prior to scheduling staff orientation for 3 consecutive new staff members. 	3/11/25

Provider's Signature: Paul Taylor MBA, NHA Title: Executive Director Date 2/14/25



**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

Page 8 of 36

NAME OF FACILITY: AL - Rockland Place

DATE SURVEY COMPLETED: January 13, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
3225.9.0 3225.9.6 S/S - D	<p>6/6/24 – E6 (Dishwasher) was hired. The first step tuberculin test was done 6/18/24, twelve days after hire.</p> <p>1/10/25 – Per E10 (HRD) at approximately 1:00 PM, E10 confirmed the hire date and the tuberculin testing date.</p> <p>1/13/25 - Findings were reviewed with E1 (ED) and E3 (MCPD) at the exit conference, beginning at approximately 3:00 PM.</p> <p>Infection Control</p> <p>The assisted living facility shall have on file evidence of annual vaccination against influenza for all residents, 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 influenza 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.</p> <p>This requirement was not met as evidenced by:</p> <p>Based on record review, interview and review of facility provided documentation, it was determined that two (R1 and R6) out of ten residents sampled for an vaccination against influenza, the facility failed to provide evidence of the administration of the annual influenza vaccine, or that the vaccine was offered to the resident and declined. Findings include:</p> <p>1. 1/24/24 – R1 was admitted to the facility. The facility lacked evidence that the</p>	<ol style="list-style-type: none">1) Resident records for R1 and R6 updated with 2024 Flu vaccine record and viewed against DelVax2) All current resident records reviewed in Delvax for 2024 Flu vaccine and/or documented declination provided.3) All new residents will be viewed in Delvax for documented vaccinations with a documented approval/declination of vaccinations upon admissions. Approval/declination of vaccinations will be conducted annually for all residents with information loaded to Delvax.4) Approval/Declination of vaccinations to be part of admission paperwork reviewed by DON/RPD for all incoming residents to meet 100% compliance for 3 consecutive admissions. Annually, vaccination clinics will be scheduled by DON/RCD with a review of resident roster for 100% of residents being offered and documented approval/declination.	3/11/25

Provider's Signature: *Paul Taylor MBA, NHA* Title: Executive Director Date 2/14/25



**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

Page 9 of 36

NAME OF FACILITY: AL - Rockland Place

DATE SURVEY COMPLETED: January 13, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
3225.9.0 3225.9.7 S/S – E	<p>2024 annual influenza vaccine was administered, or that the vaccine was offered to the resident and declined.</p> <p>2. 10/18/24 – R6 was admitted to the facility. The facility lacked evidence that the 2024 annual influenza vaccine was administered, or that the vaccine was offered to the resident and declined.</p> <p>1/10/25 – Per interview with E2 (RCD) at approximately 9:00 AM, E2 confirmed the immunizations should be in the EMR.</p> <p>1/13/25 - Findings were reviewed with E1 (ED) and E3 (MCPD) at the exit conference, beginning at approximately 3:00 PM.</p> <p>Infection Control</p> <p>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.</p> <p>This requirement was not met as evidenced by:</p> <p>Based on interview, record review and review of other facility documentation, it</p>	<ol style="list-style-type: none"> 1) R1,R2,R3 and R9 records reviewed for appropriate documentation in file for vaccination or declination and checked against Delvax. R7 and R8 and no longer residing within the community. 2) All current resident records reviewed for appropriate documentation of receipt or declination of Pneumococcal vaccine and checked against Delvax. 3) All new admission residents will be provided with documentation for approval/declination of Pneumococcal vaccine and checked against Delvax. 4) Approval/Declination of vaccinations to be part of admission paperwork reviewed by DON/RCD for all incoming residents to meet 100% compliance for 3 consecutive admissions. 	3/11/25

Provider's Signature: *Paul Taylor MBA, NHA* Title: Executive Director Date 2/14/25



**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

Page 10 of 36

NAME OF FACILITY: AL - Rockland Place

DATE SURVEY COMPLETED: January 13, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
	<p>was determined that for six (R1, R2, R3, R7, R8 and R9) out of ten residents sampled for pneumococcal pneumonia vaccines, the facility failed to provide evidence of the vaccination or a declination or evidence of a CDC recommended vaccine based on age and administration dates. Findings include:</p> <p>"Pneumococcal Vaccine Timing for Adults- Adults \geq 65 years old Complete pneumococcal vaccine schedules... PCV13 only at any age- Option A: \geq 1 year, give PCV20, Option B: \geq 1 year, give PPSV23". "PCV23 only any age-Option A: \geq 1 year, give PCV20, Option B: \geq 1 year, give PCV15." "PCV13 at any age and PPSV23 at \geq 65 years old-give PCV20 \geq 5 years". U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.</p> <p>1. 5/12/23 - R1, now aged 90 years, was admitted to the facility.</p> <p>R1 received the PCV23 pneumococcal vaccine on 11/28/18. The facility was unable to provide any documentation of R1 completing the pneumococcal vaccine schedule by receiving a PVC20 vaccine or a declination of such.</p> <p>2. 10/3/23- R2 was admitted to the facility. The facility was unable to provide any documentation of R2 having any pneumococcal vaccination or a declination of such.</p> <p>3. 8/8/23 - R3, now aged 88 years, was admitted to the facility.</p>	<p>Annually, vaccination clinics will be scheduled by DON/RCD with a review of resident roster for 100% of residents being offered and documented approval/declination.</p>	

Provider's Signature: *Paul Taylor* MBA, NHA Title: Executive Director Date 2/14/25



**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

Page 11 of 36

NAME OF FACILITY: AL - Rockland Place

DATE SURVEY COMPLETED: January 13, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
	<p>R3 received the PPSV23 pneumococcal vaccine on 7/1/14. The facility was unable to provide any documentation of R3 completing the pneumococcal vaccine schedule by receiving a PVC20 vaccine or a declination of such.</p> <p>4. 12/7/24 - R7 was admitted to the facility. The facility was unable to provide any documentation of R2 having any pneumococcal vaccination or a declination of such.</p> <p>5. 12/27/21 – R8, now aged 78 years, was admitted to the facility.</p> <p>R8 received the PCV13 pneumococcal vaccine on 9/20/18 and PPSV23 pneumococcal vaccine on 9/23/19. The facility was unable to provide any documentation of R8 completing the pneumococcal vaccine schedule by receiving a PVC20 vaccine or a declination of such.</p> <p>6. 8/9/21 – R9 was admitted to the facility. The facility was unable to provide any documentation of R9 having any pneumococcal vaccination or a declination of such.</p> <p>1/10/25 – Per interviews with E2 (RCD) and E10 (HRD) at approximately 9:00 AM, both E2 and E10 confirmed they have access to the DelVAX site to identify residents' vaccines and the dates administered. E2 confirmed the immunizations should be located in the EMR but was unable to locate these vaccination records.</p> <p>1/13/25 - Findings were reviewed with E1 (ED) and E3 (MCPD) at the exit conference, beginning at approximately 3:00 PM.</p>		

Provider's Signature: Paul Taylor MBA, NHA Title: Executive Director Date 2/14/25



**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

Page 12 of 36

NAME OF FACILITY: AL - Rockland Place

DATE SURVEY COMPLETED: January 13, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
3225.10.0 3225.10.10 S/S -D	<p>Contracts</p> <p>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.</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 three (R1, R2 and R7) out of ten residents sampled for contracts, the facility obtained a signed contract prior to the SA being completed and executed.</p> <p>Findings include:</p> <p>1. 1/24/24 – R1 was admitted to the facility. The SA was executed 1/24/24. The contract was signed on 1/23/24, prior to the SA completion.</p> <p>2. 10/3/23 – R2 was admitted to the facility. The SA was executed 10/3/23. The contract was signed on 10/2/23, prior to the SA completion.</p> <p>3. 12/7/24 – R7 was admitted to the facility. The SA was executed 12/7/24. The contract was signed on 12/5/24, prior to the SA completion.</p> <p>1/13/25 – Per interview with E1 (ED) at approximately 3:00 PM, E1 confirmed that</p>	<ol style="list-style-type: none">1) R1 and R2 assessments and service agreements are up to date. R7 no longer resides within the community.2) All current resident assessments and service plans are up to date.3) All newly admitted resident will have assessment and service plan documented for review and signature at time of contract execution.4) Assessment and service agreement reviewed by DON/RCD and will be present at time of contract execution to assure 100% compliance is met for 3 consecutive admissions.	3/11/25

Provider's Signature: *Paul Taylor MBA, NHA* Title: Executive Director Date 2/14/25



**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

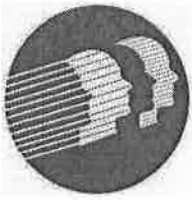
Page 13 of 36

NAME OF FACILITY: AL - Rockland Place

DATE SURVEY COMPLETED: January 13, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
3225.11.0 3225.11.4 S/S – E	<p>the contract should not be signed until the assessment and SA are completed.</p> <p>1/13/25 - Findings were reviewed with E1 and E3 (MCPD) at the exit conference, beginning at approximately 3:00 PM.</p> <p>Resident Assessment</p> <p>The resident assessment shall be completed in conjunction with the resident.</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 six (R1, R2, R3, R8, R9 and R10) out of ten sampled residents for assessments, the facility failed to provide evidence that the UAI was signed by the resident/family confirming their agreement with the assessment. Findings include:</p> <p>1. 1/24/24 – R1 was admitted to the facility. The annual UAI was completed on 3/15/24 and did not contain the resident's or POA's signature confirming their agreement with the assessment.</p> <p>2. 10/3/23 - R2 was admitted to the facility. The annual UAI was completed on 10/23/24 and did not contain the resident's or POA's signature confirming their agreement with the assessment.</p> <p>3. 8/8/23 – R3 was admitted to the facility. The annual UAI was completed on 9/7/24 and did not contain the resident's or POA's signature confirming their agreement with the assessment.</p>	<ol style="list-style-type: none"> 1) R1,R2,R3,R9 and R10 have been reviewed and contain a signature of review and acceptance. R8 no longer resides within the community. 2) All current resident assessments have been reviewed and documented with signature or reviewed via phone with acceptance. 3) All future assessments will be reviewed with the resident/responsible party for signature/phone review and documented acceptance. 4) All future assessments to be reviewed with Resident/Responsible party by DON/RPD for agreement and obtain wet/electronic signature and documented acceptance by phone to meet 100% compliance for 3 consecutive assessments. 	3/11/25

Provider's Signature: *Paul Taylor MBA, NHA* Title: Executive Director Date 2/14/25



**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

Page 14 of 36

NAME OF FACILITY: AL - Rockland Place

DATE SURVEY COMPLETED: January 13, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
3225.12.0 3225.12.1	<p>4. 12/27/21 – R8 was admitted to the facility. The annual UAI was completed on 1/30/24 and did not contain the resident's or POA's signature confirming their agreement with the assessment.</p> <p>5. 8/9/21 – R9 was admitted to the facility. The annual UAI was completed on 9/9/24 and did not contain the resident's or POA's signature confirming their agreement with the assessment.</p> <p>6. 10/28/21 – R10 was admitted to the facility. The annual UAI was completed on 10/17/24 and did not contain the resident's or POA's signature confirming their agreement with the assessment.</p> <p>1/13/25 – Per interview with E2 (RCD) at approximately 9:00 AM, E2 confirmed that the assessments should be signed by the resident/family confirming their agreement with the assessment. E2 stated she does not always obtain signatures but if signed, uploads them in the resident's EMR.</p> <p>1/13/25 – Per interview with E3 (MCPD) at approximately 3:00 PM, E3 stated the facility was working on obtaining an electronic signature feature in the EMR.</p> <p>1/13/25 - Findings were reviewed with E1 (ED) and E3 at the exit conference, beginning at approximately 3:00 PM.</p> <p>Services</p> <p>The assisted living facility shall ensure that:</p>		

Provider's Signature: *Paul Taylor MBA, NHA* Title: Executive Director Date 2/14/25



**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

Page 15 of 36

NAME OF FACILITY: AL - Rockland Place

DATE SURVEY COMPLETED: January 13, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
3225.12.1.3 S/S – F	<p>Food service complies with the Delaware Food Code</p> <p>Delaware Food Code</p> <p>3-501.17 Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking.</p> <p>(B) Except as specified in (E) - (G) of this section, refrigerated, READY-TO-EAT TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and PACKAGED by a FOOD PROCESSING PLANT shall be clearly marked, at the time the original container is opened in a FOOD ESTABLISHMENT and if the FOOD is held for more than 24 hours, to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded, based on the temperature and time combinations specified in (A) of this section and:</p> <p>(1) The day the original container is opened in the FOOD ESTABLISHMENT shall be counted as Day 1; and (2) The day or date marked by the FOOD ESTABLISHMENT may not exceed a manufacturer's use-by date if the manufacturer determined the use-by date based on FOOD safety.</p> <p>Based on observations, interview, and review of other facility documentation it was determined that the facility failed to comply with the Delaware Food Code. Findings include:</p> <p>1/9/25 10:21 AM – Two items in the walk-in refrigerator were found opened but not dated. They were a jar of relish and a jar of</p>	<ol style="list-style-type: none"> 1) All items identified were immediately removed and discarded. 2) All remaining items were reviewed for proper dates and labels. 3) All dietary staff reeducated by Dining Director on the need to label and date any opened item prior to placing in appropriate storage location. 4) All food storage location periodically reviewed by DPD/DRM for appropriate dates and labels until 100% compliance is met for a 2 week period. 	3/11/25

Provider's Signature: *Paul Taylor* MBA, NHA Title: Executive Director Date 2/14/25



**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

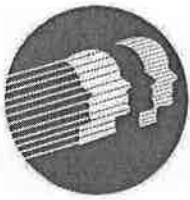
Page 16 of 36

NAME OF FACILITY: AL - Rockland Place

DATE SURVEY COMPLETED: January 13, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
	<p>hotdog sauce. The findings were confirmed with E5 (FSD) on site.</p> <p>1/9/25 10:31 AM - Three items in the kitchen refrigerators were found opened but not dated. They were a jar of sour cream, a half carton of milk and a bottle of honey mustard. The findings were confirmed with E5 on site.</p> <p>1/9/25 12:30 PM – A half bottle lemonade drink was found in the refrigerator in the memory care kitchenette, which was not dated. The finding was confirmed with E23 (NAYA) on site.</p> <p>1/9/25 - Findings were confirmed with E5 at approximately 12:35 PM.</p> <p>4-601.11 Equipment, Food-Contact Surfaces, Nonfood- Contact Surfaces, and Utensils. (A) EQUIPMENT FOOD-CONTACT SURFACES and UTENSILS shall be clean to sight and touch. (B) The FOOD-CONTACT SURFACES of cooking EQUIPMENT and pans shall be kept free of encrusted grease deposits and other soil accumulations. (C) NonFOOD-CONTACT SURFACES of EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other debris.</p> <p>Based on observations and interview, it was determined that the facility failed to comply with the Delaware Food Code. Findings include:</p> <p>1/9/25 10:45 AM – The front surface of an oven had stains of food and rust, which was confirmed with E5 (FSD) on site.</p>	<ol style="list-style-type: none"> 1) Equipment was immediately cleaned to remove any stains or residue. 2) Complete cleaning of kitchen(s) conducted immediately after findings. 3) All dietary staff educated on proper cleaning assignments and reporting of any concerns with equipment. 4) Periodic review by DPD/DRM of cleaning assignments and equipment for cleanliness/concerns in order to meet 100% compliance for 2 consecutive weeks. 	<p>3/11/25</p>

Provider's Signature: *Paul Taylor MBA, NHA* Title: Executive Director Date 2/14/25



**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

Page 17 of 36

NAME OF FACILITY: AL - Rockland Place

DATE SURVEY COMPLETED: January 13, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
	<p>1/9/25 10:45 AM – an industrial mixer made of steel had stains and rust on the bowl surface, which was confirmed with E5 on site.</p> <p>6-501.12 Cleaning, Frequency and Restrictions. (A) PHYSICAL FACILITIES shall be cleaned as often as necessary to keep them clean. (B) Except for cleaning that is necessary due to a spill or other accident, cleaning shall be done during periods when the least amount of FOOD is exposed such as after closing.</p> <p>Based on observations and interview, it was determined that the facility failed to comply with the Delaware Food Code. Findings include:</p> <p>1/9/25 10:43 AM – The floor under the ware-washing sink was covered with dirt and stain and a service sink was covered with stains. The finding was confirmed with E5 (FSD) on site.</p> <p>3-305.11 Food Storage. (A) Except as specified in (B) and (C) of this section, FOOD shall be protected from contamination by storing the FOOD: (1) In a clean, dry location; (2) Where it is not exposed to splash, dust, or other contamination.</p> <p>Based on observations and interview, it was determined that the facility failed to comply with the Delaware Food Code. Findings include:</p> <p>1/9/25 10:47 AM – A drainage 3-inch PVC pipe was found coming down from the ceiling of the basement dry storage room and was set up to drain on an air gapped</p>	<p>1) Area was out of service during the time it was observed as the outside plumber was present fixing the drain to this area. Once the plumber completed the repair the area was fully cleaned.</p> <p>2) Complete cleaning of kitchen(s) conducted immediately after findings.</p> <p>3) All dietary staff educated by dining director on proper cleaning assignments and reporting of any concerns with equipment.</p> <p>4) Periodic review by DPD/DRM of cleaning assignments and equipment for cleanliness/concerns in order to meet 100% compliance for 2 consecutive weeks.</p> <p>1) Ceiling tile changed and juice splash cleaned from wall immediately.</p>	3/11/25

Provider's Signature: Paul Taylor MBA, NHA Title: Executive Director Date 2/14/25



**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

Page 18 of 36

NAME OF FACILITY: AL - Rockland Place

DATE SURVEY COMPLETED: January 13, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
3225.13.0 3225.13.1 S/S - E	<p>drainage receptacle on the floor. Although it appeared dry, a dried leak stain of circular shape with ~12-inch diameter was seen on the ceiling near the PVC pipe. Also, some juice splash stains were on the wall near the PVC pipe and a juice mixer/dispensing pump next to it.</p> <p>1/9/25 - Findings were confirmed with E5 (FSD) on site at approximately 10:48 AM.</p> <p>1/9/25 – Findings were reviewed with E1 (ED) and E4 (Maintenance Director) during the environmental exit conference at approximately 11:00 AM.</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, interview and review of other facility documentation, it was determined that for ten (R1, R2, R3, R4, R5, R6, R7, R8, R9 and R10) out of ten sampled residents for timely completion, the facility failed to provide evidence that the service agreement was completed in conjunction with the resident/POA or that</p>	<p>Drain line and receptacle dry during this time.</p> <p>2) Remainder of dry storage room reviewed for any infiltration of moisture or contaminants with none found.</p> <p>3) All dietary staff educated on proper cleaning assignments and reporting of any concerns with equipment.</p> <p>4) Periodic review by DPD/DRM of cleaning assignments and equipment for cleanliness/concerns in order to meet 100% compliance.</p> <p>1) R1,R2,R3,R4,R5,R6,R9 and R10 have been reviewed and contain a signature of review and acceptance. R8 and R9 no longer reside within the community.</p> <p>2) All current resident assessments have been reviewed and documented with signature or reviewed via phone with acceptance.</p>	<p>3/11/25</p> <p>3/11/25</p>

Provider's Signature: *Paul Taylor MBA, NHA* Title: Executive Director Date 2/14/25



**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

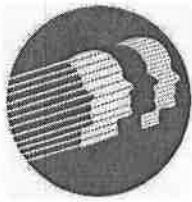
Page 19 of 36

NAME OF FACILITY: AL - Rockland Place

DATE SURVEY COMPLETED: January 13, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
	<p>a copy of the signed agreement was provided. Findings include:</p> <p>1. 1/24/24 – R1 was admitted to the facility. The service agreement was completed on 7/22/24. The facility lacked evidence that R1's service agreement was completed in conjunction with the resident/POA or that a copy of the signed agreement was given to the resident/POA.</p> <p>2. 10/3/23 – R2 was admitted to the facility. The service agreement was completed on 10/24/24. The facility lacked evidence that R2's service agreement was completed in conjunction with the resident/POA or that a copy of the signed agreement was given to the resident/POA.</p> <p>3. 8/8/23 – R3 was admitted to the facility. The service agreement was completed on 10/2/24. The facility lacked evidence that R3's service agreement was completed in conjunction with the resident/POA or that a copy of the signed agreement was given to the resident/POA.</p> <p>4. 3/30/21 – R4 was admitted to the facility. The service agreement was completed on 12/16/24. The facility lacked evidence that R4's service agreement was completed in conjunction with the resident/POA or that a copy of the signed agreement was given to the resident/POA.</p> <p>5. 12/17/24 – R5 was admitted to the facility. The service agreement was completed on 12/17/24. The facility lacked evidence that R5's service agreement was com-</p>	<p>3) All future assessments will be reviewed with the resident/responsible party for signature/phone review and documented acceptance.</p> <p>4) All future assessments to be reviewed by DON/RPD with Resident/Responsible party for agreement and obtain wet/electronic signature and documented acceptance by phone to meet 100% compliance for 3 consecutive residents.</p>	

Provider's Signature: *Paul Taylor MBA, NHA* Title: Executive Director Date 2/14/25



**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

Page 20 of 36

NAME OF FACILITY: AL - Rockland Place

DATE SURVEY COMPLETED: January 13, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
	<p>pleted in conjunction with the resident/POA or that a copy of the signed agreement was given to the resident/POA.</p> <p>6. 10/18/24 – R6 was admitted to the facility. The service agreement was completed on 10/18/24. The facility lacked evidence that R6's service agreement was completed in conjunction with the resident/POA or that a copy of the signed agreement was given to the resident/POA.</p> <p>7. 12/7/24 – R7 was admitted to the facility. The service agreement was completed on 12/7/24. The facility lacked evidence that R7's service agreement was completed in conjunction with the resident/POA or that a copy of the signed agreement was given to the resident/POA.</p> <p>8. 12/27/21 – R8 was admitted to the facility. The service agreement was completed on 8/19/24. The facility lacked evidence that R8's service agreement was completed in conjunction with the resident/POA or that a copy of the signed agreement was given to the resident/POA.</p> <p>9. 8/9/21 – R9 was admitted to the facility. The service agreement was completed on 10/5/24. The facility lacked evidence that R9's service agreement was completed in conjunction with the resident/POA or that a copy of the signed agreement was given to the resident/POA.</p> <p>10. R10 was admitted to the facility. The service agreement was completed on 11/12/24. The facility lacked evidence that R10's service agreement was completed in conjunction with the resident/POA or that</p>		

Provider's Signature: *Paul Taylor MBA, NHA* Title: Executive Director Date 2/14/25



**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

Page 21 of 36

NAME OF FACILITY: AL - Rockland Place

DATE SURVEY COMPLETED: January 13, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
3225.14.0 3225.14.1 Del.C. Ch 11, Subchapter II - § 1121. Res- ident's rights. § 1123. No- tice to pa- tient. S/S -E	<p>a copy of the signed agreement was given to the resident/POA.</p> <p>1/13/25 – Per interview with E2 (RCD) at approximately 9:00 AM, E2 confirmed the resident's signature is not always obtained. E2 stated a copy is not given to the resident/POA unless requested.</p> <p>1/13/25 – Per interview with E3 (MCPD) at approximately 3:00 PM, E3 stated the facility was working on obtaining an electronic signature feature in the EMR.</p> <p>1/13/25 - Findings were reviewed with E1 (ED) and E3 at the exit conference, beginning at approximately 3:00 PM.</p> <p>Resident Rights</p> <p>Assisted living facilities are required by 16 Del.C. Ch. 11, Subchapter II, to comply with the provisions of the Rights of Patients covered therein.</p> <p>(b) Copies of § 1121 of this title shall be furnished to the resident upon admittance to the facility; all residents currently residing in the facility; and the authorized representative under § 1122 of this title. The long-term care facility shall retain in its files a statement signed by each person listed in this subsection that the person has received a copy of § 1122 of this title.</p> <p>This requirement was not met as evidenced by:</p> <p>Based on record review and interview, it was determined for ten (R1, R2, R3, R4, R5, R6, R7, R8, R9 and R10) out of ten residents reviewed for updated resident rights</p>	<p>1) Documents for R1,R2,R3,R4,R5,R6,R7 and R10 were located and placed in respective files. R7 and R8 no longer reside within the community.</p> <p>2) RR's documents for all current residents were identified and place on their respective files.</p>	3/11/25

Provider's Signature: *Paul Taylor* MBA, NHA Title: Executive Director Date 2/14/25



**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

Page 22 of 36

NAME OF FACILITY: AL - Rockland Place

DATE SURVEY COMPLETED: January 13, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
	<p>notification, the facility failed to ensure that the resident or resident representative was notified and signed off on the updated resident rights form. Findings include:</p> <p>The Resident Rights form (updated September 2023) required each resident or resident representative to sign and date acknowledging the receipt of a copy of the Resident Rights.</p> <p>1. 1/24/24 – R1 was admitted to the facility. The facility was unable to provide any documentation of R1 or R1's resident representative being notified and signing off on the updated Resident Rights form.</p> <p>2. 10/9/23 – R2 was admitted to the facility. The facility was unable to provide any documentation of R2 or R2's resident representative being notified and signing off on the updated Resident Rights form.</p> <p>3. 8/8/23 – R3 was admitted to the facility. The facility was unable to provide any documentation of R3 or R3's resident representative being notified and signing off on the updated Resident Rights form.</p> <p>4. 3/30/21 – R4 was admitted to the facility. The facility was unable to provide any documentation of R4 or R4's resident representative being notified and signing off on the updated Resident Rights form.</p> <p>5. 12/17/24 – R5 was admitted to the facility. The facility was unable to provide any documentation of R5 or R5's resident representative being notified and signing off on the updated Resident Rights form.</p>	<p>3) Current RR's for Delaware are part of our Admission Packet to be signed as received by all newly admitting residents at time of contract.</p> <p>4) Signed RR's will be completed during contract execution by SD and provided to DON/RPD to become part of resident file to meet 100% compliance for 3 consecutive admissions.</p>	

Provider's Signature: *Paul Taylor* MBA, NHA Title: Executive Director Date 2/14/25



**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

Page 23 of 36

NAME OF FACILITY: AL - Rockland Place

DATE SURVEY COMPLETED: January 13, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
	<p>6. R6 was admitted to the facility. The facility was unable to provide any documentation of R6 or R6's resident representative being notified and signing off on the updated Resident Rights form.</p> <p>7. 12/7/24 – R7 was admitted to the facility. The facility was unable to provide any documentation of R7 or R7's resident representative being notified and signing off on the updated Resident Rights form.</p> <p>8. 12/27/21 - R8 was admitted to the facility. The facility was unable to provide any documentation of R8 or R8's resident representative being notified and signing off on the updated Resident Rights form.</p> <p>9. 8/9/21 – R9 was admitted to the facility. The facility was unable to provide any documentation of R9 or R9's resident representative being notified and signing off on the updated Resident Rights form.</p> <p>10. 10/28/21 – R10 was admitted to the facility. The facility was unable to provide any documentation of R10 or R10's resident representative being notified and signing off on the updated Resident Rights form.</p> <p>1/13/25 – Per interview with E3 (MCPD) at approximately 3:00 PM, E3 stated she believed the facility sent out mass mailings to all residents/families but was unable to confirm or provide evidence of such.</p> <p>1/13/25 - Findings were reviewed with E1 (ED) and E3 at the exit conference, beginning at approximately 3:00 PM.</p>		

Provider's Signature: *Paul Taylor MBA, NHA* Title: Executive Director Date 2/14/25



**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

Page 24 of 36

NAME OF FACILITY: AL - Rockland Place

DATE SURVEY COMPLETED: January 13, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
3225.16.0 3225.16.2 S/S – E	<p>Staffing</p> <p>A staff of persons sufficient in number and adequately trained, certified or licensed to meet the requirements of the residents shall be employed and shall comply with applicable state laws and regulations.</p> <p>Delaware State Board of Nursing - RN, LPN and NA/UAP Duties 2023 ... Post Fall Assessment & Documentation</p> <p>This requirement was not met as evidenced by:</p> <p>Based on record review, interview and review of other facility and State documentation, it was determined that for five (R1, R2, R12, R14 and R17) out of twenty sampled residents, an LPN, not an RN as required by the Delaware State regulation of the Board of Nursing Scope of Practice, completed a resident's post fall assessment. Findings include:</p> <p>1. 1/24/24 – R1 was admitted to the facility with diagnosis including Alzheimer's and diabetes.</p> <p>8/6/24 8:15 AM - An incident note was written by E22 (LPN): "Resident found Lying on her back next to her bed. Resident says she is ok. Moving all extremities. V/S 147/77-97.3-60-18. No apparent injuries seen. PCP and Family aware".</p> <p>7/27/24 9:50 PM - An incident note was written by E21 (LPN): "Resident found on the floor at 1930 resident stated she was trying to get the kids. No injuries noted. Resident has full ROM noted. Denied any</p>	<ol style="list-style-type: none">1) Residents R1 and R2 have been reviewed by the DON and are at baseline with no lasting effects from the documented event. R12 and R17 no longer reside within the community and R14 family has provided 30-day notice to the community as resident will discharge from STR to home with his wife and Home Health.2) All other resident events have been reviewed by the DON for appropriate actions following events.3) RN virtual on-call program being established to be contacted during off hours for any resident fall event in order to assess resident remotely. When the DON or RN is in the community, they will respond to all fall	3/11/25

Provider's Signature: *Paul Taylor MBA, NHA* Title: Executive Director Date 2/14/25



**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

Page 25 of 36

NAME OF FACILITY: AL - Rockland Place

DATE SURVEY COMPLETED: January 13, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
	<p>pain or discomfort. Daughter and Physician made aware."</p> <p>5/25/24 4:20 AM – An incident note was written by E14 (LPN): "@ approximately 0325 this nurse was paged to apartment 211. Caregiver reported having found the resident laying on the floor. This nurse found resident laying on the floor in the bedroom area next to her bed. Resident alert and awake. ROM at baseline. No apparent injury noted. Resident denies any pain or discomfort. Assisted back into bed... "</p> <p>The facility failed to provide an appropriate assessment of R1 by a registered nurse after R1 experienced falls. The post-fall assessments were completed by E14, E21 and E22, not an RN as required by the Delaware State regulation of the Board of Nursing Scope of Practice.</p> <p>2. 10/3/23 – R2 was admitted to the facility with diagnoses including severe dementia and atrial fibrillation.</p> <p>11/20/2023 15:10 - An incident note was written by E18 (LPN): "Resident was observed sitting on her buttock in her apartment between the kitchen, and bedroom. Resident ha c/o of right knee discomfort Resident was assessed for pain/discomfort No injuries found. Resident stated she didn't need anything for pain. Resident was assisted from the floor to standing position. Resident MD, and daughter made aware".</p> <p>4/8/24 20:24 - An incident note was written by E16 (LPN): (sic...) -"This writer call to</p>	<p>events while present to assess. All staff to be educated on process to contact the in-house, on-call RN or Hospice RN, if the resident is receiving hospice services, for all fall events prior to any movement of the resident. In the event acute emergency services are apparent, 911 will be called first for EMT response. Based on outcome of assessment, or EMT response, a state report will follow if it meets the guidelines set forth by the state.</p> <p>4) All events will be reviewed the next business day by the DON/RPD/ED for RN assessment in order to meet with 100% compliance for 3 consecutive residents.</p>	

Provider's Signature: *Paul Taylor* MBA, NHA Title: Executive Director Date 2/14/25



**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

Page 26 of 36

NAME OF FACILITY: AL - Rockland Place

DATE SURVEY COMPLETED: January 13, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
	<p>Memory Care upon arrival found Resident sitting on the floor in the Hallway Resident stated she was walking when she slip and sit on the floor upon assess a small skin tear to Resident Right Elbow, the NP was notified and a new Order was given to clean area with NSS Pat dry apply Bactrim and cover with dry dressing daily until healed. Resident daughter notified Treatment initiated. VSS 111/98 97.5 18 61 Spo2 95 % RA.</p> <p>The facility failed to provide an appropriate assessment of R2 by a registered nurse after R2 experienced falls. The post-fall assessments were completed by E16 and E18, not an RN as required by the Delaware State regulation of the Board of Nursing Scope of Practice.</p> <p>3. 6/6/23 – R12 was admitted to the facility with diagnoses including dementia and anxiety.</p> <p>7/29/24 6:54 PM – An incident note was written by E17 (LPN): "Resident was noted lying on her back on the floor next to her bed...resident was assessed... ROM to all extremities without issues. Resident was assisted up off the floor by staffs (sic). VS obtained and within normal limits... "</p> <p>8/18/24 2:18 PM – An incident note was written by E19 (LPN): "Caregiver reported resident was on the floor...reddened area observed on the left side middle back. Had no s/s of pain or discomfort and gait was within baseline... "</p> <p>The facility failed to provide an appropriate assessment of R12 by a registered nurse</p>		

Provider's Signature: *Paul Taylor MBA, NHA* Title: Executive Director Date 2/14/25



**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

Page 27 of 36

NAME OF FACILITY: AL - Rockland Place

DATE SURVEY COMPLETED: January 13, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
	<p>after R12 experienced falls. The post-fall assessments were completed by E17 and E19, not an RN as required by the Delaware State regulation of the Board of Nursing Scope of Practice.</p> <p>4. 4/28/23 – R14 was admitted to the facility with diagnoses including dementia and anxiety.</p> <p>2/29/24 10:27 AM – A progress note was written by E6 (LPN) that R14 "Resident was found lying on the floor in his Room on his Right side. Resident stated he fell while trying to get in his chair upon assessment no apparent injury noted... ."</p> <p>3/2/24 6:30 AM – An alert note was written by E14 (LPN) that "approximately 6:00 AM the E14 found R14 laying on the floor by the foot of the bed... . Resident has no apparent injury. Denies any pain or discomfort. Noted with some redness around his left eye from a previous fall...ROM at baseline... ."</p> <p>The facility failed to provide an appropriate assessment of R14 by a registered nurse after R14 experienced falls. The post-fall assessments were completed by E6 and E14, not an RN as required by the Delaware State regulation of the Board of Nursing Scope of Practice.</p> <p>5. 10/5/21 – R17 was admitted to facility with diagnoses including hypertension, Alzheimer's dementia and diabetes mellitus.</p> <p>5/20/23 1:56 AM – EMR documentation by E14 (LPN), "Resident (sic..) was found on floor at around 11:30 PM the evening of</p>		

Provider's Signature: *Paul Taylor MBA, NHA* Title: Executive Director Date 2/14/25



**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

Page 28 of 36

NAME OF FACILITY: AL - Rockland Place

DATE SURVEY COMPLETED: January 13, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
3225.19.0 3225.19.6 3225.19.7 3225.19.7.6 3225.19.7.7 3225.19.7.7.2	<p>5/19/23". E14 documented a "head to toe assessment completed and that R17 is very confused. No apparent injury noted." There was no evidence that the post-fall assessment was completed as there was no post-fall assessment.</p> <p>5/20/23 3:28 AM - E14 (LPN) documents that R17 was complaining of hip pain after sliding out of bed around 2:45 AM. E14 documents "no apparent injury noted. When assisted to transfer off the toilet she complained of left hip pain... Resident is sleeping at this time." There is no evidence of a post-fall assessment of resident's new onset of pain in the left hip.</p> <p>The facility failed to provide an appropriate assessment of R17 by a registered nurse after R17 experienced multiple falls. The post-fall assessments were completed by E14, not an RN as required by the Delaware State regulation of the Board of Nursing Scope of Practice.</p> <p>Records and Reports</p> <p>Reportable incidents shall be reported immediately, which shall be within 8 hours of the occurrence of the incident, to the Division. The method of reporting shall be as directed by the Division.</p> <p>Reportable incidents include:</p> <p>Death of a resident in a facility or within 5 days of transfer to an acute care facility.</p> <p>Significant injuries.</p> <p>Injury from a fall which results in transfer to an acute care facility for treatment or</p>		

Provider's Signature: *Paul Taylor* MBA, NHA Title: Executive Director Date 2/14/25



**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

Page 29 of 36

NAME OF FACILITY: AL - Rockland Place

DATE SURVEY COMPLETED: January 13, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
S/S - D	<p>evaluation or which requires periodic re-assessment of the resident's clinical status by facility professional staff for up to 48 hours.</p> <p>Based on record review, it was determined that for one (R17) out of eighteen sampled residents for reportable incidents, the facility failed to report a resident fall that resulted in injury and transfer to the hospital and failed to report the death of a resident within the 8 hours of the occurrence to the Division. Findings include:</p> <p>10/5/21 – R17 was admitted to facility with diagnoses including hypertension, Alzheimer's dementia and diabetes mellitus.</p> <p>5/22/23 1:20 PM – Per E22 (LPN) EMR documentation "Resident was transferred to the ER via 911 on 5/22/23 at approximately 1:15 PM after a fall that occurred on 5/20/2023.</p> <p>5/24/23 - E2 (RCD) reported the transfer to the Division, two days after the injury was confirmed. The facility failed to report the injury within the required 8 hours of the occurrence.</p> <p>5/23/23 7:00 PM Per EMR documentation by E24 (RN) R17 "returned to the facility from the Hospital on 5/23/23 at approximately 7:00 PM. R17 was pronounced expired on 5/27/23 at 12:42 AM by the hospice RN."</p> <p>6/7/23 - The facility reported R17's death, about two weeks after the event, not within the required 8 hours of the occurrence.</p>	<ol style="list-style-type: none"> 1) Resident R17 is no longer a resident of the community. 2) All other resident events have been reviewed by the DON for appropriate actions following events. 3) RN virtual on-call program being established to be contacted during off hours for any resident fall event in order to assess resident remotely. When the DON or RN is in the community, they will respond to all fall events while present to assess. All staff to be educated on process to contact the in-house, on-call RN or Hospice RN, if the resident is receiving hospice services, for all fall events prior to any movement of the resident. IN the event acute emergency services are apparent, 911 will be called first for EMT response. Based on outcome of assessment, or EMT response, a state report will follow if it meets the guidelines set forth by the state. 4) All events will be reviewed the next business day by the DON/RPD/ED for RN assessment in order to meet with 100% compliance for 3 consecutive residents. 	3/11/25

Provider's Signature: *Paul Taylor* MBA, NHA Title: Executive Director Date 2/14/25



**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

Page 30 of 36

NAME OF FACILITY: AL - Rockland Place

DATE SURVEY COMPLETED: January 13, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
Title 16 Delaware Code Chapter 11 Sub-chapter III Abuse, Neglect, Mistreatment, Financial Exploitation, or Medication Diversion of Patients or Residents. (81 Del. Laws, c. 206, § 31; 83 Del. Laws, c. 22, § 1.) S/S – G	<p>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:</p> <p>a. Lack of attention to physical needs of the patient or resident including toileting, bathing, meals, and safety.</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 (R17) out of eighteen sampled residents for reported incidents, the facility failed to provide appropriate assessment of a resident after a fall which resulted in a delay in medical care and prolonged pain. Findings include:</p> <p>10/5/21 – R17 was admitted to facility with diagnoses including hypertension, Alzheimer's dementia and diabetes mellitus.</p> <p>5/17/23 4:51 PM – per EMR documentation by E24 (RN), indicates "resident was returning to the facility from the hospital after a fall". There was no progress note on the circumstances surrounding the fall.</p> <p>5/18/23 - Per the hospice Physician provider note, "Patient is alert and oriented x1, worsening Alzheimer's dementia. Patient was ambulating with a walker, but she is wheelchair bound now. She had a fall due to poor safety awareness related to dementia."</p>	<p>1) Residents R1 and R2 have been reviewed by the DON and are at baseline with no lasting effects from the documented event. R12 and R17 no longer reside within the community and R14 family has provided 30-day notice to the community as resident will discharge from STR to home with his wife and Home Health.</p> <p>2) All other resident events have been reviewed by the DON for appropriate actions following events.</p> <p>3) RN virtual on-call program being established to be contacted during off hours for any resident fall event in</p>	3/11/25

Provider's Signature: *Paul Taylor* MBA, NHA Title: Executive Director Date 2/14/25



**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

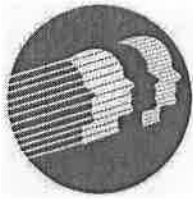
Page 31 of 36

NAME OF FACILITY: AL - Rockland Place

DATE SURVEY COMPLETED: January 13, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
	<p>5/19/23 1:13 PM - EMR progress note by E18 (LPN) revealed R17 was admitted to Hospice services.</p> <p>5/20/23 1:56 AM – EMR documentation by E14 (LPN), "Resident (sic..) was found on floor at around 11:30 PM the evening of 5/19/23". E14 documented a "head to toe assessment completed and that R17 is very confused. No apparent injury noted." There was no evidence that the post-fall assessment was completed as there was no post-fall assessment. Record review showed the on-call hospice nurse was contacted after this fall and did not provide any new orders. E14 documents that the on-call nurse directed her to administer PRN Tylenol if the resident was in bed. There was no evidence that R17 received any Tylenol.</p> <p>5/20/23 3:28 AM - E14 documented that R17 was complaining of hip pain after sliding out of bed "around 2:45 AM." E14 documented "no apparent injury noted. When assisted to transfer off the toilet she complained of left hip pain... Resident is sleeping at this time." There was no evidence of a post-fall assessment of R17's new onset of pain in the left hip. The medication administration record revealed 650 mg of Tylenol was administered at 2:50 AM. There was no evidence that hospice was contacted related to this second fall and new onset of pain.</p> <p>5/20/23 7:13 AM - E14 documented resident "complaining of left hip pain. Hospice was called at 7:00 AM and POA called."</p>	<p>order to assess resident remotely. When the DON or RN is in the community they will respond to all fall events while present to assess. All staff to be educated on process to contact the in-house, on-call RN or Hospice RN, if the resident is receiving hospice services, for all fall events prior to any movement of the resident. IN the event acute emergency services are apparent, 911 will be called first for EMT response. Based on outcome of assessment, or EMT response, a state report will follow if it meets the guidelines set forth by the state.</p> <p>4) All events will be reviewed the next business day by DON/RPD/ED for RN assessment in order to meet with 100% compliance for 3 consecutive residents.</p>	

Provider's Signature: *Paul Taylor MBA, NHA* Title: Executive Director Date 2/14/25



**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

Page 32 of 36

NAME OF FACILITY: AL - Rockland Place

DATE SURVEY COMPLETED: January 13, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
	<p>An interview with E2 (RCD), on 1/13/25 revealed that the expectation is that nursing should contact hospice immediately when there is a resident change in condition, such as a fall with new onset of pain.</p> <p>5/20/23 7:25 AM - E14 reports receiving a call back from the hospice "nurse who states she will reach out to family to see what they would like to do concerning treatment of pain to left hip. Nurse will come out to evaluate the resident this morning. Comfort kit will be delivered today. In the meantime, nursing can be administering PRN Tylenol 650 mg Q4h as per orders. And also try warm compress in addition to repositioning." There is no evidence that a warm compress was applied or that R17 was repositioned. The medication administration record shows 650 mg of Tylenol was administered at 8:30 AM.</p> <p>5/20/23 10:51 PM - E2 documented R17 "c/o left hip pain today, PRN Acetaminophen administered with a + effect. Resident up to chair for lunch, ate 50% and went to dining room for dinner and ate 25%. Resident currently resting comfortably in bed on her left side. No respiratory distress noted with a rate of 16. Comfort kit has not been delivered. Per Niece, hospice nurse will be out Monday [2 days later] to make recommendations".</p> <p>5/21/23 7:34 AM - E14 documented that R17 complains of left hip pain. "PRN Tylenol 650 mg administered @ 2:30 AM and 6:30 AM with some relief. Resident rested for about 2.5 hours with each Tylenol administered without complaining of pain.</p>		

Provider's Signature: *Paul Taylor* MBA, NHA Title: Executive Director Date 2/14/25



**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

Page 33 of 36

NAME OF FACILITY: AL - Rockland Place

DATE SURVEY COMPLETED: January 13, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
	<p>Still has +2-3 B/L pitting edema. Resident has not voided this shift." E14's progress note indicated that an order was obtained for an x-ray due to the resident's continued complaints of pain and the "Hospice Nurse has not come or has the comfort medications."</p> <p>1/13/25 1:15 PM - Per interview with E2 (RCD) revealed that comfort medications should be delivered on an expedited basis from the pharmacy and if they cannot deliver the comfort medications in a timely way, then the facility can obtain those medications from the local pharmacy.</p> <p>5/21/23 11:07 AM – EMR documentation E22 (LPN) indicated "Resident pain unable to move. Hospice Nurse called. E22 indicated that the hospice nurse faxed the comfort medications to the pharmacy and to put a rush order so resident can receive the pain medication soon."</p> <p>5/21/23 8:56 PM – EMR documentation by E2 indicated the nurse, (sic..) "Called Hospice Nurse Supervisor about the medication were not sent to Pharmacy. She states she would call the hospice nurse which I talked with earlier in the day. The x-ray provider has not arrived as of yet. Resident has not voided this shift. C/o pain given the Tylenol with water, Repositioned in bed still painful."</p> <p>5/22/23 11:53 AM - EMR documentation by E22 revealed "Resident in pain, call out to Hospice Care again talking to Nurse supervisor regarding the comfort medications that are not here. She states she will</p>		

Provider's Signature: *Paul Taylor* MBA, NHA Title: Executive Director Date 2/14/25



**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

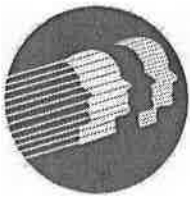
Page 34 of 36

NAME OF FACILITY: AL - Rockland Place

DATE SURVEY COMPLETED: January 13, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
	<p>look into it and why medications and nurse to come and assess."</p> <p>5/22/23 1:15 PM - EMR documentation by E22 revealed, "Hospice nurse arrived, Assessment done. Resident was sent to the ER after X-Ray results told to us by Technician of Left hip broken. 911 called. Hospice Nurse informed resident family."</p> <p>5/22/23 7:19 PM - EMR documentation by E24 (RN) revealed, "The resident 's POA called stated that the R17 had left hip fracture and she is too old to undergo surgery".</p> <p>5/23/23 7:17 PM - EMR admission progress note by E24 stated that R17 (sic..) "was admitted from the hospital. She is alert and oriented to self, she was admitted with DX of left Hip fracture. Resident is total assist with x 2 two care givers. She is weak but can be able to communicate in English and let the staff know when she is in pain. Resident is on hospice, the hospice nurse was present at the time of admission, she noted that the resident was in pain. Her pain medication was increased to 0.25 ml every 4 hours and 0.25 ml every 2 hours as needed. Resident was medicated as per order. The facility nurse encouraged family to get extra care for Resident to supplement the facility support. They visited Resident and stated that they will look into getting extra help."</p> <p>R17 had two falls within a few hours after returning to the facility from the hospital for a previous post fall evaluation.</p>		

Provider's Signature: *Paul Taylor* MBA, NHA Title: Executive Director Date 2/14/25



**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

Page 35 of 36

NAME OF FACILITY: AL - Rockland Place

DATE SURVEY COMPLETED: January 13, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
	<p>The fall on 5/20/23 at 2:45 PM, resulted in new onset of hip pain, which was not assessed by an RN. There is no evidence that a supervisor was notified, and hospice was not notified of this second fall until several hours later.</p> <p>The facility lacked evidence of a post-fall assessment, even though the resident complained of pain that was unrelieved by Tylenol. An x-ray was not ordered until more than 24 hours had passed and results were not received for another 12 hours. The x-ray revealed a hip fracture.</p> <p>The facility failed to provide proper post fall assessment and follow-through that resulted in a delay in care for R17.</p> <p>1/13/25 - Findings were reviewed with E1 (ED) and E3 (MCPD) at the exit conference, beginning at approximately 3:00 PM.</p>		

Provider's Signature: *Paul Taylor* MBA, NHA Title: Executive Director Date 2/14/25



**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

Page 36 of 36

NAME OF FACILITY: AL - Rockland Place

DATE SURVEY COMPLETED: January 13, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date