



**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 21

NAME OF FACILITY: Brookdale Dover

DATE SURVEY COMPLETED: March 24, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
3225 3225.14.0 3225.14.1 16 Del. Code Part II Ch. 11, Subchapter II	<p>An unannounced Complaint survey was conducted at this facility beginning March 12, 2025, and ending March 24, 2025. The facility census on the day of entrance the survey was sixty-one (61) residents. The survey sample size totaled six (6) residents. The survey process included observations, interviews, review of resident clinical records, facility documents and facility policies and procedures.</p> <p>Abbreviations/definitions used in this state report are as follows:</p> <p>CP – Care Partner; ED – Executive Director; HWC – Health & Wellness Coordinator; HWD – Health & Wellness Director; LPN – Licensed Practical Nurse; NP – Nurse Practitioner; EMR – Electronic medical record; Med Tech (Medication Technician) – A staff member who prepares and gives medications to patients. They work under the supervision of a licensed nurse or other qualified caregiver; POA – Power of Attorney.</p> <p>Assisted Living Facilities</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>(30) Each resident shall be free from verbal, physical or mental abuse, cruel and unusual punishment, involuntary</p>		

Provider's Signature Traci Fick Title Executive Director Date 4/14/25



**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 21

NAME OF FACILITY: Brookdale Dover

DATE SURVEY COMPLETED: March 24, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
Rights of Residents § 1121. Resident's rights. S/S - J	<p>seclusion, withholding of monetary allowance, withholding of food, and deprivation of sleep.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview, record review, and review of other facility documentation, it was determined that for one (R1) out of three residents reviewed for abuse, the facility failed to protect (R1), and other residents on the memory care unit, from abuse. Immediate Jeopardy (IJ) was identified on 3/14/25 at 12:32 PM for the failure to protect residents from abuse, putting residents at risk for a severe adverse outcome. The IJ was abated on 3/20/25. Findings include:</p> <p>A facility policy titled, "Abuse, Neglect & Exploitation Prohibition Policy," last revised May 2021, stated: "... If an incident involves resident on resident contact, both residents should be evaluated for a change of condition. Residents exhibiting aggressive behavior should be considered for continued appropriateness and interventions should be developed to address their behaviors. The Resident Assessment and Service Plan should be updated as appropriate ...".</p> <p>8/26/24 – R2 was admitted to the facility with diagnoses that included but were not limited to anxiety disorder, unspecified dementia with agitation, and major depressive disorder.</p>	<ol style="list-style-type: none">1. R2 has been discharged from the community. R1 was assessed on 3/03/25 by the Health and Wellness Director and found to be free of harm.2. All Residents have the potential to be impacted by this deficient practice.3. The Executive Director and/or designee will re-educate the Health and Wellness Director and all staff on the definition of abuse/neglect and Brookdale's Policy: Abuse, Neglect, Exploitation Prohibition. Additionally, the re-education will include the required timing and accuracy of reporting; the relationship between reporting and an effective investigation. <p>The interview and investigation process shall include questions related to</p>	

Provider's Signature Traci Fick Title Executive Director Date 4/14/25



**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 21

NAME OF FACILITY: Brookdale Dover

DATE SURVEY COMPLETED: March 24, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
	<p>1/21/25 to 1/29/25 – R2 was hospitalized at a mental health facility for disruptive/angry behaviors and medication refusals.</p> <p>Incident #1:</p> <p>3/1/25 10:45 PM – A facility incident report documented that R2 put a pillow over R1's face. The report stated that at this time all residents were okay, and the accused actions could not be substantiated. However, as a safety precaution, E2 (HWD) instructed staff to conduct 15-minute checks on R2.</p> <p>There was no other facility documentation in the electronic chart about the incident on 3/1/25.</p> <p>3/12/25 1:39 PM – E7 (Med Tech) reported during an interview that on 3/1/25, they overheard E5 (CP) call out to a resident. E7 observed E5 guiding the resident back to their room, which is next to R1's room. When E5 reached R1's room, E7 saw E5 enter the room, then R2 walked out and returned to her own room. E5 mentioned that there was a pillow over R1's face and that she removed the pillow. E7 stated that when they arrived, there was no pillow over R1's face, but R1 was shaking while lying in bed. E7 indicated that both E7 and E5 went to get the nurse (E6, LPN). E7 confirmed that E2 was called and that 15-minute checks were implemented for R2.</p> <p>3/12/25 2:53 PM – During an interview, E6 stated that on 3/1/25, while at the</p>	<p>who witnessed the incident, and what did they see and/or hear.</p> <p>The Executive Director's after-hours contact information will be posted in the Community so staff know how to contact the Executive Director in the event of an after-hours incident.</p> <p>4. The Executive Director or designee, will add abuse reporting to the morning meeting discussion and contact the Nurse Supervisor over the weekend to verify any allegations of abuse are reported timely and an investigation is started.</p> <p>The Executive Director or designee, will audit all grievances to ensure there were not allegations/concerns of abuse which were not reported.</p> <p>Audits to be completed daily for two (2) weeks until 100%, weekly times for two (2) weeks until 100%, and then monthly for two (2) months until 100% compliance is achieved.</p> <p>The Health and Wellness Director or Designee will run a 24-hour report to There were no allegations of abuse or incidents documented but not reported.</p> <p>To assist with ongoing compliance, the Executive Director or designee will conduct an audit of the 24-hour report daily for two (2) weeks until 100%, weekly times for two (2) weeks until 100%, and then monthly for two</p>	<p>4/30/25</p>

Provider's Signature Traci Fick Title Executive Director Date 4/14/25



**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 21

NAME OF FACILITY: Brookdale Dover

DATE SURVEY COMPLETED: March 24, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
	<p>nursing station on the assisted living side, E5 came to them. E5 reported having seen R2 leave R1's room and R1 was found with a pillow over her face. According to E6, E5 further reported that the pillow was removed and R1 was shivering. E6 stated they went to the memory care unit and assessed R1, where there were no injuries or marks. E6 then went to R2's room, where R2 claimed that R1 was hitting the wall, and R2 told R1 to stop. E6 stated that she called E2, and 15-minute checks for R2 were implemented.</p> <p>3/13/25 9:17 AM – During an interview, E5 stated that on 3/1/25, they assisted another resident and noticed R1's room light was on. E5 entered R1's room and saw R2 standing along the side of R1's bed, holding a standard bed pillow over R1's face. R2 put the pillow down when she saw E5 enter, ignored any questions from E5, and walked back to her room. E5 stated that R1 was shaking uncontrollably while lying in bed. E5 then left to get E6, who assessed both R1 and R2. E5 confirmed that E6 called E2, and as a result, 15-minute checks for R2 were implemented.</p> <p>Incident #2:</p> <p>3/6/25 1:00 AM – A facility incident report documented that E4 (CP) heard a slapping sound and R1 yelled, "Ouch." E4 stated that she entered R1's room and saw R2 standing over R1. E4 then asked R2 why she slapped R1, and R2 responded that they "did not slap [R1] in the face." The document revealed that</p>	<p>(2) months until 100% compliance is achieved.</p> <p>Audit findings will be reported to the Facility's Quality Assurance Process Improvement Committee.</p>	

Provider's Signature Traci Fick Title Executive Director Date 4/14/25



**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 21

NAME OF FACILITY: Brookdale Dover

DATE SURVEY COMPLETED: March 24, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
	<p>R2 left and returned to R2's room, and E2 was notified about the incident. R2 was placed on 1:1 supervision and was later transferred to a mental health facility at 7:30 PM.</p> <p>3/7/25 12:35 AM – A progress note for R2 documented that a call was received on 3/6/25 regarding R2 being seen in R1's room standing over R1. The note further documents that a care partner heard a slap and R1 yell, "Ouch." The care partner entered and saw R2 standing over R1. When the care partner asked R2 why they slapped R1, R1 responded that she did not slap R1 in the face. The note further documents that it was not asked where R2 slapped R1. The staff were instructed to do 1:1 supervision for R2, R1 sustained no injuries, and no further incidents occurred. The progress note continued to note that the slap between R2 and R1 was verified and R2 was to be transferred out. The note also documented that "... during the investigation, it had come to light that [on 3/1/25, R2] most likely could have put a pillow over [R1's] head ...". A mental health facility was contacted.</p> <p>3/12/25 11:51 AM – During an interview, E8 (LPN) stated that on 3/6/25, E4 reported that R2 slapped R1. E8 then went and checked on R1, who was holding her face but had no visible injuries. E8 then found R2 sitting in her room watching TV. E8 questioned R2, who denied hitting R1, claiming she clapped her hands together to stop R1 from hitting the wall. E8 informed E2 about the incident and initiated 15-minute checks for</p>		

Provider's Signature Traci Fick Title Executive Director Date 4/14/25



**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 21

NAME OF FACILITY: Brookdale Dover

DATE SURVEY COMPLETED: March 24, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
	<p>R2 and 30-minute checks for R1. R2 remained in her room for the rest of the shift and was transferred out that day.</p> <p>3/12/25 at 3:08 PM – During an interview, E9 (Med Tech) stated that on 3/6/25, she heard a loud clap, walked over to the hallway to see E4 and asked E4 what happened. E4 entered R1's room, where R1 was lying in bed calling out 'help' and banging her hand on the wall and R2 was inside of R1's room. R1 was holding the right side of her face but had no visible injuries or marks. E9 asked R2 why she was in R1's room, and R2 said she was trying to stop R1 from hitting the wall. E9 then asked R2 why she hit R1, and R2 claimed that she only hit R1's hand. E8 arrived to assess R1 and R2, E2 was called, and staff continued 15-minute checks for R2.</p> <p>3/13/25 1:35 PM – During an interview, E4 stated that on 3/6/25, she was providing care to another resident next door to R1's room when she heard a loud slap sound. E4 stated that she rushed to R1's room and saw R2 standing over R1 (who was lying in bed). R2 had their hand on R1's right arm saying, "Stop knocking on the wall." R1 was holding her face saying, "Ouch, ouch." E4 questioned R2, who stated that R1 was knocking on the wall and that she did not slap her in the face but slapped her [R1] on the arm. E4 stated that E9 went to notify E8. R2 remained in her room for the rest of E4's shift that ended at 7:00 AM.</p>		

Provider's Signature Traci Fick Title Executive Director Date 4/14/25



**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

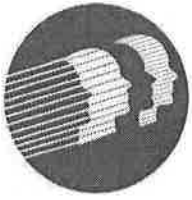
Page 7 of 21

NAME OF FACILITY: Brookdale Dover

DATE SURVEY COMPLETED: March 24, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
3225.19.6	<p>3/14/25 10:25 AM – During an interview, E2 stated that on 3/1/25, she received a call from E6. E6 told her that R2 was seen in the hallway with a pillow over R1's face. E2 asked for more detailed questions; however, E6 stated that there were no direct witnesses who saw what happened. E2 stated that they ordered 15-minute checks for R2 as an added precaution, since the information she was given lacked details about a resident harming another resident. E2 stated that after receiving a call from E8 on 3/6/25, she spoke directly to E4, who had witnessed R2 standing over R1. E4 explained in detail what they had heard and seen. E2 stated that after the call, they notified E13 (former ED) to discuss the possibility of R2 being transferred to a mental health facility. E4 stated that they called E7 to assist with 1:1 supervision for R2. E2 stated that if they had known the information about the incident on 3/1/25, which was ultimately revealed on 3/6/25, more interventions would have been implemented, and R2 would have been transferred to a mental health facility after the incident on 3/1/25.</p> <p>3/14/25 12:32 PM – Based on interview and review of facility documentation and other sources, an Immediate Jeopardy was called and reviewed with E1 (ED).</p> <p>There was an Immediate Jeopardy from 3/1/25 to 3/6/25, during which time R2 was not monitored to prevent another abuse occurrence.</p>		

Provider's Signature Traci Fick Title Executive Director Date 4/14/25



**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 21

NAME OF FACILITY: Brookdale Dover

DATE SURVEY COMPLETED: March 24, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
3225.19.7.1 3225.19.7.1.1 3225.19.7.1.1.2 S/S - D	<p>3/14/25 4:05 PM – E1 provided a signed and acceptable abatement plan that included: active education about the facility's Abuse, Neglect & Exploitation Prohibition Policy with an emphasis on the accuracy of interviewing and reporting to determine appropriate interventions for the safety of all residents; more specific interviews for investigating with specific questions on an investigation form; and training with the Department of Justice on Medicaid Fraud and ramifications of failing to report or report inaccurate information related to abuse. Education was to begin immediately and be completed by all staff by 3/20/25, otherwise, staff would not be allowed to work.</p> <p>3/18/25 2L30 PM – Findings were reviewed at the exit conference with E1.</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>Abuse as defined in 16 Del.C. §1131.</p> <p>Physical abuse.</p> <p>Resident to resident with or without injury.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and a review of other facility documentation, it was determined that for one (R1) out of three</p>		

Provider's Signature Traci Fick Title Executive Director Date 4/14/25



**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 21

NAME OF FACILITY: Brookdale Dover

DATE SURVEY COMPLETED: March 24, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
3102	residents reviewed for abuse, the facility failed to report an allegation of abuse within its 8 hours. Findings include: The facility policy titled "Abuse, Neglect, Exploitation Prohibition Policy" last revised, May 2021 indicated, "...The Executive Director should notify the Division of Long-Term Care Residents Protection within 8 hours of the occurrence followed by a written report within 48 hours ...". A review of R2's clinical records revealed: 8/26/24 – R2 was admitted to the assisted living facility with diagnoses including, but not limited to, unspecified dementia with agitation, anxiety and depression. 3/1/25 10:45 PM – A facility incident report documented that R2 put a pillow over R1's face. The report stated that at this time all residents were okay, and the accused actions could not be substantiated, however, to be safe, E2 (HWD) told staff that they had to do 15-minute checks for R2 for safety purposes.		
3102.4.0	3/6/25 – A facility report was placed to the state agency for the above incident.		
3102.4.1	3/14/25 10:25 AM – During an interview, E2 stated that on 3/1/25 they received a call from E6. E6 told them that R2 was seen in the hallway and R1 had a pillow over their face. E2 asked more		

Provider's Signature Traci Fick Title Executive Director Date 4/14/25



**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 21

NAME OF FACILITY: Brookdale Dover

DATE SURVEY COMPLETED: March 24, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
3102.4.2	detailed questions, however, E6 stated that there were no direct witnesses who saw what happened. E2 stated that they ordered 15-minute checks for R2 as an added precaution since the report they were given had no details of a resident harming another resident. E2 stated if they had known the information about the incident on 3/1/25 that was ultimately revealed on 3/6/25, more interventions would have been in place and R2 would have been transferred to a mental health facility after the incident on 3/1/25.		
3102.4.2.1			
3102.4.2.2			
3102.4.2.3			
3102.4.2.4			
3102.4.2.5	3/18/25 2:30 PM – Findings were reviewed during the exit conference with E1 (NHA) and E2.		
3102.4.3	Long Term Care Transfer, Discharge and Readmission Procedures 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.		
3201.4.3.1	“Transfer and discharge” include movement of a resident to a location outside of the licensed facility.		
3201.1.4.3.2	Transfer and discharge requirements. The facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility except for:		
3201.4.4	Medical needs which cannot be met in the facility;		
3201.4.4.1	The resident's own welfare;		

Provider's Signature Traci Fick Title Executive Director Date 4/14/25



**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 21

NAME OF FACILITY: Brookdale Dover

DATE SURVEY COMPLETED: March 24, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
3201.1.4.4.2	The welfare of the other individuals in the facility; Nonpayment of justified charges, after appropriate notice; or		
3201.4.4.3	Termination of facility operation.		
3201.4.5	Documentation. When the facility transfers or discharges a resident under any of the circumstances specified in subsection 4.2.1 or 4.2.2 of this regulation, the resident's clinical record must be documented. The documentation must be made by:		
3201.4.5.1	The resident's physician when transfer or discharge is necessary in subsection 4.2.1 or 4.2.2 of this regulation; and		
3201.4.5.1.1	A physician when transfer or discharge is necessary in subsection 4.2.3 of this regulation.		
3201.4.5.1.2	Notice before transfer. Before a facility transfers or discharges a resident, the facility must:		
3201.4.6	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.		
3201.4.6.1	Record the reasons in the resident's clinical record; and		

Provider's Signature Traci Fick Title Executive Director Date 4/14/25



**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 21

NAME OF FACILITY: Brookdale Dover

DATE SURVEY COMPLETED: March 24, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
3201.4.6.1.1	Include in the notice the items described in subsection 4.6 of this regulation.		
3201.4.6.1.2	Timing of the notice. Except as specified in subsections 4.5.1 and 4.9 of this regulation, the notice of transfer or discharge required in subsection 4.4 of this regulation must be made by the facility at least 30 days before the resident is transferred or discharged.		
3201.4.6.1.3	Notice may be made as soon as practicable before or after transfer or discharge when:		
3201.4.6.2	The welfare of individuals in the facility would be endangered in subsection 4.2.3 of this regulation; or		
3201.4.6.3	An immediate transfer or discharge is required by the resident's urgent medical needs, in subsection 4.2.1 of this regulation;		
3201.1.4.6.4	Contents of the notice. The written notice specified in subsection 4.4 of this regulation must include the following:		
3201.1.4.6.4.1	The reason for transfer or discharge. A detailed individualized explanation of the reason or reasons for the action being taken which includes, in terms understandable to the resident:		
3201.4.6.4.2	A statement of what action the agency intends to take;		
3201.4.6.5	The reasons for the intended action, including any information needed for the resident to determine from the notice		
3201.4.6.6			
3201.4.7			

Provider's Signature Traci Fick Title Executive Director Date 4/14/25



**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 21

NAME OF FACILITY: Brookdale Dover

DATE SURVEY COMPLETED: March 24, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
3201.4.8	alone the accuracy of the facilities intended action. When the reason is non-payment, an itemized statement of the resident's account for the preceding 12 months; and The specific policy or regulation supporting such action. The effective date of transfer or discharge; The location to which the resident will be transferred or discharged;		
3201.4.9	A statement of the resident's right to a fair hearing as provided in this section:		
3201.4.9.1	The method by which the resident may request a fair hearing; and A statement that the resident may represent him or herself or may be represented by counsel or by another person.		
3201.4.9.2	The name, address and telephone number of the State LTC Ombudsman; and		
3201.4.9.3	For nursing facility residents with a developmental disability or mental illness, the mailing address and telephone number of the Delaware protection and advocacy agency as defined in 16 Del.C. §1102(7).		
3201.4.10			
3201.4.10.1	Orientation for transfer or discharge. A facility must provide sufficient preparation and orientation to residents to ensure safe and orderly transfer or discharge from the facility.		

Provider's Signature Traci Fick Title Executive Director Date 4/14/25



**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 21

NAME OF FACILITY: Brookdale Dover

DATE SURVEY COMPLETED: March 24, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
3201.4.10.2 S/S - D	<p>Notice in advance of facility closure. In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to Division, the State LTC Ombudsman, residents of the facility, and the legal representatives of the residents or other responsible parties, as well as the plan for the transfer and adequate relocation of the residents. The notice shall be provided as far in advance of closure as possible.</p> <p>Room changes.</p> <p>Room changes in a facility must be limited to moves within the particular building in which the resident resides, unless the resident voluntarily agrees to move to another location. A facility's discretion to transfer residents to another room is limited by 16 Del.C. §1121(b)(34).</p> <p>The facility must give reasonable notice before the resident's room or roommate is changed, except in emergencies.</p> <p>The facility shall endeavor to honor roommate requests whenever possible.</p> <p>Notice of bed-hold policy and readmission.</p> <p>Notice before transfer. When a nursing facility transfers a resident out of a facility to an acute care facility it must</p>	<ol style="list-style-type: none"> 1. R2 has been discharged from the community. The Executive Director conducted an audit on 3/20/2025 of completed discharge notices written in the last thirty (30) days and all were found to be in compliance. 2. All Residents have the potential to be impacted by this deficient practice. 3. The Executive Director or designee will review the community written discharge form for compliance with the Delaware Division of HealthCare Quality requirements. The Executive Director or designee will re-educate all Managers on the required discharge process. 4. The Executive Director or designee will perform an audit of Involuntary Discharge letters twice a month for two (2) months until 100% compliance. The audit checklist will be based on a Discharge Template secured from the Delaware Division of HealthCare Quality. The audit findings will be reported to the facility's Quality Assurance 	4/30/25

Provider's Signature Traci Fick Title Executive Director Date 4/14/25



**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

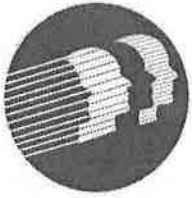
Page 15 of 21

NAME OF FACILITY: Brookdale Dover

DATE SURVEY COMPLETED: March 24, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
	<p>provide written information to the resident and a family member or legal representative that specifies that the facility must accept the patient or resident back into the facility when the resident no longer needs acute care and there is space available in the facility. If no space is available, the resident shall be accepted into the next available bed.</p> <p>Permitting resident to return to facility. A nursing facility must establish and follow a written policy for implementing its obligation to immediately offer the first available bed to a resident who is entitled to be readmitted to the facility when acute care is no longer required.</p> <p>24 DE Reg. 275 (09/01/20)</p> <p>TITLE 16 Health and Safety Regulatory Provisions Concerning Public Health CHAPTER 11. Long-Term Care Facilities and Services Subchapter II. Rights of Residents.</p> <p>(b) Documentation. —</p> <p>Transfers or discharges under this section must be documented in the resident's clinical record and must include all of the following:</p> <p>(1) The basis for the transfer or discharge under subsection (a) of this section.</p>	<p>Performance Improvement Committee.</p>	

Provider's Signature Traci Fick Title Executive Director Date 4/14/25



**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 21

NAME OF FACILITY: Brookdale Dover

DATE SURVEY COMPLETED: March 24, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
	<p>(2) In the case of a transfer or discharge under paragraph (a)(1) of this section, all of the following:</p> <p>a. The specific needs that cannot be met in the facility.</p> <p>b. The attempts made to meet those needs.</p> <p>c. The services available at the receiving facility to meet those needs.</p> <p>(3) The certification of the resident's personal attending physician that transfer or discharge is necessary under paragraph (a)(1) or (a)(2) of this section.</p> <p>(4) A physician certification that transfer or discharge is necessary under paragraph (a)(3) or (a)(4) of this section.</p> <p>(c) Before a long-term care facility transfers or discharges a resident, the facility must issue a written notice of the transfer or discharge to the resident or resident's authorized representative under § 1122 of this title and, if known, a family member or legal representative of the resident, whose content conforms to subsection (b) of this section.</p> <p>(d) Timing of the notice of transfer or discharge. —</p> <p>(1) Except as permitted under paragraph (d)(3) of this section, a notice of discharge must be issued by the long-</p>		

Provider's Signature Traci Fick Title Executive Director Date 4/14/25



**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 21

NAME OF FACILITY: Brookdale Dover

DATE SURVEY COMPLETED: March 24, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
	<p>term facility at least 30 days before the resident is transferred or discharged.</p> <p>(2) A long-term care facility may not discharge a resident during the pendency of administrative proceedings implementing a resident's appeal of a discharge.</p> <p>(3) Notice must be issued as soon as practicable before transfer or discharge when 1 of the following standards is met:</p> <p>a. An immediate transfer or discharge is required by the resident's urgent medical needs supported by the certification required under subsection (b) of this section.</p> <p>b. There is a significant and immediate threat to the health or safety of other individuals in the long-term care facility as documented under paragraph (b)(3) or (b)(4) of this section.</p> <p>c. The resident was admitted solely on a respite basis not to exceed 14 days or as an emergency placement by the Department not to exceed 21 days.</p> <p>(e) The written notice described in paragraph (d)(3) of this section must include all of the following in language comprehensible to the ordinary layperson subject to revision to meet known special language considerations of the recipient:</p>		

Provider's Signature Traci Fick Title Executive Director Date 4/14/25



**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 21

NAME OF FACILITY: Brookdale Dover

DATE SURVEY COMPLETED: March 24, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
	<p>(1) A detailed individualized explanation of each reason for the transfer or discharge.</p> <p>(2) The effective date of transfer or discharge.</p> <p>(3) The location to which the resident is transferred or discharged.</p> <p>(4) The time frame and procedure to appeal the action to the State.</p> <p>(5) The name, address, and telephone number of the State Long-Term Care Ombudsperson and Division.</p> <p>(6) The name, address, and telephone number of the protection and advocacy agency for facility residents with developmental disabilities or mental illness.</p> <p>(f) In administrative and judicial proceedings implementing a resident's appeal of a transfer or discharge, resident rights and protections conferred by applicable federal law must be considered.</p> <p>(g) For any transfer or discharge authorized by subsection (a) of this section, the long-term care facility shall develop a plan with the participation of the resident and resident's authorized representative under § 1122 of this title, if any, to assist with orientation and the safe and orderly transfer or discharge from the facility.</p> <p>(h) (1) If a resident is transferred out of a long-term care facility to an acute</p>		

Provider's Signature Traci Fick Title Executive Director Date 4/14/25



**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 21

NAME OF FACILITY: Brookdale Dover

DATE SURVEY COMPLETED: March 24, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
	<p>care facility or other specialized treatment facility all of the following apply:</p> <p>a. The long-term care facility must accept the resident back when the resident no longer needs acute or specialized care and there is space available in the facility.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review, it was determined that for one (R2) out of three (3) residents reviewed for hospitalization, the facility failed to provide written notification of R2's hospital transfer and discharge to both the resident and the responsible party. E13 (former ED) verbally informed the responsible party that R2 would not be returning to the facility, which constituted a discharge. This verbal communication should have been supported by formal, written discharge documentation.</p> <p>Findings include:</p> <p>8/26/24 – R2 was admitted to the facility.</p> <p>3/7/25 – A progress note written by E2 (Health & Wellness Director) confirmed an internal investigation into an incident involving R2 slapping another resident, R1, on 3/6/25, and placing a pillow over R1's face on 3/1/25. As a result, the facility decided to send R2 to a mental health facility for treatment. This decision was verbally communicated to both R2 and F1 (sister/POA), and R2 was transported to the mental health facility on 3/6/25.</p>		

Provider's Signature Traci Fick Title Executive Director Date 4/14/25



**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 21

NAME OF FACILITY: Brookdale Dover

DATE SURVEY COMPLETED: March 24, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
	<p>3/12/25 10:30 AM – In an interview, E2 (Health & Wellness Director) confirmed that R2 would not be returning to the facility, as E2 and E3 (Health & Wellness Coordinator) had transported R2 to a mental health facility on 3/6/25. E2 also informed F1 (sister/POA) that R2 had needs beyond dementia, and the facility could no longer provide the required care.</p> <p>3/13/25 9:09 AM – The surveyor requested documentation of the materials sent with R2 upon transfer to the new facility. A copy was not provided.</p> <p>3/14/25 10:35 AM – In an interview, E2 (Health & Wellness Director) stated that a discharge letter would not be completed in emergent situations, as was the case with R2's transfer. E2 explained that on the day of transfer, R2 asked if she would be able to return, and E2 responded that she seriously doubted it.</p> <p>3/14/25 11:30 AM – The surveyor inquired via email about R2's discharge, as no written discharge documentation had been provided. This document should include the basis for the discharge, instructions for filing an appeal, and contact information for the Division of Health Care Quality, the Social Service Chief Administrator, the Ombudsman, and the Community Legal Aid Society, Inc. E1 (ED) stated that they would reach out to their legal department.</p>		

Provider's Signature Traci Fick Title Executive Director Date 4/14/25



**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 21

NAME OF FACILITY: Brookdale Dover

DATE SURVEY COMPLETED: March 24, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
	<p>3/17/25 10:45 AM – The surveyor again requested documentation regarding R2's transfer. A copy was not provided.</p> <p>3/17/25 2:50 PM – In an interview, F1 (sister/POA) stated that she had not received formal discharge documentation or information on how to file an appeal. F1 clarified that she did not wish to pursue an appeal but had to sign admission papers at the mental health facility. F1 confirmed she received no discharge paperwork from the facility that R2 was leaving. F1 also stated she had received a call from E13 (former ED), who confirmed an investigation into R2's incidents with R1 and advised that R2 would not be allowed to return to the facility. F1 noted that no mention was made of appeal rights or contacting an ombudsman.</p> <p>3/18/25 9:30 AM – In an interview, the surveyors informed E1 (ED) that F1 had reported not receiving discharge paperwork. E1 responded that a discharge letter had been prepared by E2 (Health & Wellness Director) and would be emailed to F1. This letter was subsequently provided to the surveyors but was determined to be an insufficient notice of discharge.</p> <p>3/18/25 2:30 PM – The findings were reviewed with E1 (ED) and E2 (Health & Wellness Director) during the exit conference.</p>		

Provider's Signature Traci Fick Title Executive Director Date 4/14/25

