



**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 37

**NAME OF FACILITY:** AL-The Summit

**DATE SURVEY COMPLETED:** March 4, 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 Complaint survey was conducted at this facility from February 25, 2025, through March 4, 2025. The deficiencies contained in this report are based on observations, interview and record review. The census the first day of the survey was ninety-one (91). The survey sample totaled thirteen (13).</p> <p>Abbreviations/definitions used in this State report are as follows:</p> <p>ADHW - Assistant Director of Health and Wellness; CM - Care Manager; CSS - Culinary Services Supervisor; DCS - Director of Culinary Services; DHW - Director of Health and Wellness; ED - Executive Director; HCC - Health Care Coordinator; LPN - Licensed Practical Nurse; MT - Medication Technician; MCD - Memory Care Director; RN - Registered Nurse.</p> <p>Congestive Heart Failure - (CHF) heart unable to pump enough blood to meet the body's needs; Edema - retention of fluid into the tissue resulting in swelling; EMR - (Electronic Medical Record) - a systematized collection of patient and population electronically stored health information in a digital format; Fracture - broken bone; Heart Failure - (congestive heart failure - CHF) inability of heart muscle to pump blood. Leads to fluid accumulation in the lungs, which make breathing difficult and causes swelling of the legs, feet, liver, and other internal organs;</p>		

Provider's Signature *Mary Holligan* Title Executive Director Date 4/14/25



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3225.0	Insulin - Medication to treat diabetes; Laceration - cut/tear in skin; Lymphedema - swelling in arm or leg most commonly caused by blockage in a blood vessel; Medication Administration Record (MAR) - list of daily medications to be administered; Rehabilitation (Rehab) - treatment for recovery from an injury or disease, often after a hospitalization Stroke - a medical condition in which poor blood flow to the brain causes cell death; Subcutaneous - below the skin; Treatment Administration Record (TAR) - list of daily/weekly/monthly treatments to be performed	3225.11.2  Criteria #1 - Individual Impacted Resident R9 no longer resides at the facility.  Criteria #2 - Identification of other residents  The Executive Director and/or his or her designee shall audit resident's records for those admitted from 3/4/2024 until 3/28/2025 for completion of the UAI within 30 days of admission, 30 days after admission, annually, and after a significant change.	
3225.11.0	Regulations for Assisted Living Facilities.		
3225.11.2	Resident Assessments		
3225.11.2	A resident seeking entrance shall have an initial UAI-based resident assessment completed by a registered nurse (RN) acting on behalf of the assisted living facility no more than 30 days prior to admission. In all cases, the assessment shall be completed prior to admission. Such assessment shall be reviewed by an RN within 30 days after admission and, if appropriate, revised. If the resident requires specialized medical, therapeutic, nursing services, or assistive technology, that component of the assessment must be performed by personnel qualified in that specialty area.	Criteria #3 - System Changes  Root cause analysis - There was a gap in coordination between sales and the clinical team.  The Corporate Nurse and/or his or her designee shall re-educate RNs on the completion of the UAI for admitting residents, within 30 days prior to and after 30 days after admission, annually, and for significant change. Created an admission review meeting including sales, operations, and clinical to validate timely completion of UAI within 30 days prior to admission. Create a UAI tracking worksheet to facilitate timely completion.	
S/S - D	Based on record review and interview it was determined that for one (R9) out of thirteen		

Provider's Signature *Kim Hollinger*

Title Executive Director Date 4/14/25



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3225.11.5 S/S - E	<p>residents reviewed the facility failed to ensure that an initial UAI assessment was completed. Findings include:</p> <p>Review of R9's clinical record revealed:</p> <p>12/18/24 - R9 was admitted to the facility.</p> <p>12/18/24 - An initial UAI assessment was initiated for R9. Review of the assessment lacked evidence of completion other than the date.</p> <p>3/3/25 9:28 AM - During an interview E1 confirmed the findings and stated, "An initial assessment [facility internal form] by an RN was started but was not transferred to the UAI assessment and completed."</p> <p>3/4/25 12:15 PM - Findings were reviewed during the exit conference with E1 (ED) and E4 (ADHW).</p> <p><b>The UAI, developed by the Department, shall be used to update the resident assessment. At a minimum, regular updates must occur 30 days after admission, annually and when there is a significant change in the resident's condition.</b></p> <p>Based on record review and interview, it was determined that for four (R1, R3, R5 and R11) out of thirteen residents reviewed the facility failed to ensure that the residents' UAI assessments were updated when there were significant changes. Findings include:</p> <p>1. Review of R1's clinical records revealed:</p>	<p>Criteria #4 – Success Evaluation</p> <p>The Executive Director and/or his or her designee shall audit new admissions weekly for one month and monthly for three months or until substantial compliance is achieved.</p> <p>3225.11.5</p> <p>Criteria #1 - Individuals Impacted</p> <p>Resident R1 and R11 – Review and update as appropriate the UAI to identify any changes that need to be assessed and updated.</p> <p>Residents R3 and R5 – no longer resides at the facility.</p> <p>Criteria 2 – Identification of other residents</p> <p>The Executive Director and/or his or her designee shall audit resident records for those admitted from 3/4/2024 to 3/28/2025 for completion of the UAI within 30 days of admission, 30 days after admission, annually, and after a significant change.</p>	5/3/25

Provider's Signature

*Rory Hollinger*

Title

*Executive Director*

Date

*4/14/25*



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	<p>4/26/24 - R1's initial UAI health information revealed that R1 had congestive heart failure and did not receive home health rehab or hospice services from third party providers.</p> <p>5/14/24 - R1 was admitted to the facility with diagnoses including diabetes, dementia, history of stroke and was noted with pitting edema to lower legs (swelling in the legs where pressing on the skin leaves a visible indentation).</p> <p>6/10/24 - R1's 30-day UAI assessment revealed no change from the initial assessment on 4/26/24.</p> <p>6/20/24 12:24 PM - A nurse progress note documented "... new bilateral tremor and UE (upper extremity) weakness. Swelling to bilateral (both) arms and legs...sent to ER (emergency room) to (sic) neuro changes/fluid overload symptoms..."</p> <p>7/27/24 11:47 AM - A nurse progress note documented, "... Daughter came in and requested her mom to go to hospital...mom told her she's dizzy, extremely tired and nausea (sic), Daughter...stated...she (R1) is swollen all over...transported to (hospital)"</p> <p>8/3/24 (approximately) 6:00 PM - A nurse progress note documented that R1 was discharged from the hospital and was going to a rehab facility.</p> <p>8/31/24 11:39 AM - A nurse progress note documented that R1 was status post re-admitted to the facility.</p>	<p>Criteria #3 – System Changes</p> <p>Root cause analysis – No process for reviewing or tracking residents for significant change.</p> <p>The corporate nurse and/or his or her designee will re-educate RNs on the completion of the UAI for completion within 30 days of admission, within 30 days after admission, annually, and for significant change. Reviewing significant changes during morning clinical meeting.</p> <p>Criteria #4 – Success Evaluation</p> <p>The Executive Director and/or his or her designee shall audit new admissions weekly for one month and monthly for three months or until substantial compliance is achieved.</p>	<p>5/3/25</p>

Provider's Signature [Signature] Title Executive Director Date 4/14/25





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	<p>9/19/24 5:26 PM - A nurse progress note documented that P1 (Cardiologist) was notified regarding R1's noncompliance with fluid restriction that the assisted living facility was "not able to monitor".</p> <p>9/24/24 6:13 PM - A nurse progress note documented, "[R1] is on service with [home health agency] for leg edema.</p> <p>10/10/24 4:02 PM - A nurse progress note documented, "...antibiotic for LLE (left lower extremity) cellulitis... [P2, home health] wound care nurse to see resident ..."</p> <p>2/14/25 7:42 AM - A nurse progress note documented, "[R1] has orders to return to Lymphedema Clinic today. Lymphedema clinic will be attending to [R1]'s right leg going forward ..."</p> <p>2/26/25 2:00 PM - Further review of R1's records revealed a lack of evidence that a significant change UAI was completed when R1 was re-admitted to the facility in September 2024 and that R1 was referred for treatments and therapies for edema management.</p> <p>3/4/25 11:00 AM - Findings were confirmed and discussed with E4 (ADHW).</p> <p>2. Review of R3's clinical record revealed:</p> <p>11/29/23 - R3's initial UAI assessment revealed that R3 required supervision with mobility using a walker and needed standby</p>		

Provider's Signature

*Larry Holliger*

Title

*Executive Director*

Date

*4/14/25*



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	<p>assistance during transfers. R3's Fall Risk Assessment indicated that she fell in the last 30 days. During the review period, R3 was receiving rehab services and was not receiving hospice services.</p> <p>12/15/23 - R3 was admitted to the facility.</p> <p>12/29/23 - R3 30-day UAI assessment revealed no change from the initial assessment on 11/29/23.</p> <p>6/18/24 - R3's significant change UAI assessment revealed that R3 required supervision with mobility using a wheelchair and needed one-person physical assistance during transfers. R3's Fall Risk Assessment indicated impaired balance, confusion, balance problems when standing and had limited activities due to fear of falling. R3 fell in the last 30 -180 days. During the review period, R3 was receiving rehab services and was not on hospice care.</p> <p>8/29/24 - R3's hospice [P3] start of care date.</p> <p>8/30/24 - R3's physician order documented that R3 was serviced by P4 (hospice).</p> <p>2/27/25 2:10 PM - Further review of R's records revealed a lack of evidence that a significant change UAI was completed when R3 was admitted to hospice services on 8/29/24.</p> <p>3/4/25 11:02 AM - Findings were confirmed and discussed with E4 (ADHW).</p>		

Provider's Signature

*Sally Hollinger*

Title

*Executive Director*

Date

*4/14/25*



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	<p>3. Review of R5's clinical records revealed:</p> <p>2/22/23 - R5's initial UAI assessment revealed that R5 was independent with mobility. Fall Risk Assessment revealed that R5's confusion and history of stroke increased R5's risk of falling.</p> <p>2/23/23 - R5 was admitted to the facility.</p> <p>There was a lack of evidence that R5's 30-day UAI was completed on 3/23/23.</p> <p>9/6/23 12:10 PM - A facility incident report documented, "... [R5] observed with pants at her ankles, no shoes and sitting on the floor...attempted ROM (range of motion), [R5] displays discomfort bottom and hips...hospital for eval..."</p> <p>11/1/23 - R5 was readmitted to the facility with diagnoses including high fall risk and multiple pelvic and sacral fractures.</p> <p>11/2/23 1:56 PM - A nurse progress note documented, "... s/p (status post) readmission ... [R5] assisted with ADLs. Alert and oriented to self only. Needs constant redirection. Seen by therapy today. Therapy gave resident a walker. [R5] remains a fall risk ... Caregivers to closely monitor."</p> <p>11/23/23 4:20 PM - A facility incident report documented, "... [R5] found on the floor...leaning on her left arm...displays discomfort of her left arm...grunt in pain...had facial grimace... sent out to hospital ..."</p>		

Provider's Signature Tony Hollinger Title Executive Director Date 4/14/25



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	<p>11/24/23 1:01 PM - A nurse progress notes documented, "... S/P (status post) Left (sic) arm fracture. Sling applied to ... left arm ..."</p> <p>The facility failed to review R5's UAI assessments when R5 obtained multiple pelvic and sacral fractures on 9/6/23 and when R5 had a left arm fracture on 11/23/23.</p> <p>3/4/25 11:08 AM - Findings were confirmed and discussed with E4 (ADHW).</p> <p>4. Review of R11's clinical record revealed:</p> <p>12/19/22 - R11's initial UAI assessment revealed that R11 was independent with mobility and was able to transfer self. R11's Fall Risk Assessment indicated risk of falling due to gait problem and impaired balance. During the review period, R11 was not on hospice service.</p> <p>1/16/23 - R11 was admitted to the facility with diagnoses including dementia with no disruptive behaviors.</p> <p>2/16/23 - R11's 30-day UAI assessment indicated no change from the initial UAI on 12/19/22.</p> <p>12/19/23 - R11's annual UAI assessment revealed that R11 required occasional physical assistance with mobility and required one-person physical assistance with transfers. R11's Fall Risk Assessment indicated risk of falling due to gait problem and impaired balance. R11 was not on hospice service but was combative and agitated with care during the review period.</p>		

Provider's Signature Tony Hollinger

Title Executive Director Date 4/14/25





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	<p>2/20/24 6:48 AM - A nurse progress note documented, " ... Caregiver reported resident fell on floor ... in sitting position ... skin tear on his right elbow and right knee along with knot on his forehead from fall. Unable to obtain V/S (vital signs) and full ROM (range of motion) due to resident being combative. 911 called. [R11] combative towards male paramedic while trying to put his neck brace on, paramedics hit wall then fell down on floor due to resident combativeness..."</p> <p>2/22/24 4:54 PM - A nurse progress note documented, "... [P3, hospice] to eval (evaluate) and treat."</p> <p>2/24/24 12:32 - A nurse progress note documented, " [P6 hospice nurse] came in visited with resident."</p> <p>2/28/24 6:32 PM - A nurse progress note documented, "... [R11] assisted to stand. Combative to staff ..."</p> <p>2/29/24 4:50 PM - A nurse progress note documented, " ... [R11] ambulating, up and down from chair. Unable to redirect. Heard and observed loud crash. [R11] fell down to floor on right side. Combative with assisting up.</p> <p>The facility failed to review R11's UAI assessments when R11 exhibited increasing falls with disruptive behaviors and his admission to hospice care on 2/24/24.</p> <p>3/4/25 11:12 AM - Findings were confirmed and discussed with E4 (ADHW).</p>		

Provider's Signature

*Rory Sullivan*

Title

*Executive Director*

Date

*4/14/25*



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3225.12.0	3/4/25 12:15 PM - Findings were reviewed during the exit conference with E1(ED) and E4 (ADHW).	3225.12.3	
3225.12.3	<p><b>Services</b></p> <p><b>The assisted living shall ensure that the resident's service agreement is being properly implemented.</b></p> <p>Based on record review and interview, it was determined that for one (R3) out of thirteen total residents reviewed the facility failed to ensure that R3's service agreement was properly implemented. Findings include:</p> <p>Review of R3's clinical record revealed the following:</p> <p>A. 6/19/24 - R3's significant change service agreement revealed that R3's safety interventions included fall risk assessment quarterly or when necessary and every two-hour safety checks. R3 had actual falls on 5/24/24, 5/27/24 and 6/8/24 with updated falls interventions including, "LOC (level of care) change to 1-person transfer. Reminder to call for assistance. Continue PT (Physical Therapy) and OT (Occupational Therapy) ...Wear nonslip shoes or socks."</p> <p>2/27/25 11:40 AM - A review of R3's fall incident reports from December 2024 through February 26, 2025, revealed the following unwitnessed falls:</p>	<p>Criteria #1 - Individuals Impacted Resident R3 – No longer resides at the facility.</p> <p>Criteria 2 – Identification of other residents</p> <p>The Executive Director and/or his or her designee shall audit the resident service agreement for those residents admitted from 1/1/2025 until 3/28/2025 to ensure adequate completion of the service agreement.</p> <p>Criteria #3 – System Changes</p> <p>Root cause analysis – No defined process for care staff to review service agreement interventions document task completed.</p> <p>The corporate nurse and/or his or her designee shall re-train nursing staff on the implementation of the service agreement and documentation requirements including but not limited to falls and toileting interventions. Create a resident care plan profile for care giver staff to review service agreement interventions. A document will be created for care staff to document interventions completed.</p> <p>Criteria #4 – Success Evaluation</p> <p>The Executive Director and/or his or her designee shall audit new resident's service agreements weekly for one month and monthly for three months or until substantial compliance is achieved.</p>	5/3/25

Provider's Signature

*Terry Halligan*

Title

*Executive Director*

Date

*4/14/25*



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	<p>December 2024 - two falls, 1 injury "... small abrasion on left side of face near the forehead...dried blood was noted around the area ..."</p> <p>January 2025 - four falls, no injury</p> <p>February 1 - 26, 2025 - three falls, no injury</p> <p>2/27/25 2:00 PM - A review of R3's ADL documentation completed by care managers lacked documentation to attest completion of R3's safety checks when she fell on the following dates:</p> <ul style="list-style-type: none"><li>- 12/10/24 6:00 PM</li><li>- 12/25/24 4:00 PM</li><li>- 1/22/25 6:50 AM</li><li>- 2/7/25 10:45 AM</li><li>- 2/17/25 2:45 PM</li><li>- 2/18/25 12:30 AM</li></ul> <p>The facility failed to ensure that R3's service agreement was properly implemented when her safety risk interventions of every two-hour safety checks lacked evidence that they were completed and R3 experienced multiple unwitnessed fall.</p> <p>3/4/25 11:00 AM - Findings were confirmed and discussed with E4 (ADHW).</p> <p>B. 6/19/24 - R3's significant change service agreement revealed that R3 required daily or as needed, cues or reminders and cleaning assistance for toileting services. R3 also required stand by or one person assist with transfer.</p>		

Provider's Signature

*Wray Hollinger*

Title

*Executive Director*

Date

*4/14/25*



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	<p>6/19/24 (reviewed 1/2/25) - R3's full-service description revealed that R3's bathroom assistance status required regular employee's assistance in managing bowel and/or bladder care. To include:</p> <ul style="list-style-type: none"><li>- assist to bathroom and ensure privacy.</li><li>- assist resident with removing cloth and/or incontinence products.</li><li>- assist onto toilet and with personal cleaning tasks as needed.</li><li>- assist with redressing and use of fresh incontinence products.</li><li>- report increasing difficulty with toileting tasks or safety concerns.</li></ul> <p>2/27/25 11:40 AM - A review of R3's fall incident reports from December 2024 through February 26, 2025, revealed the following multiple unwitnessed falls related to R3's need for toileting assistance:</p> <p>11/10/24 10:08 PM - "... noted resident on the bathroom floor ..."</p> <p>12/25/24 4:00 PM - "... sitting on the floor... next to the recliner chair...attempting to transfer to chair to use the bathroom ..."</p> <p>1/5/25 1:01 PM - "... had a fall in the bathroom near dining room ..."</p> <p>1/13/25 6:15 PM - "... sitting on the floor next to bed in bedroom... trying to get into her wheelchair to go into the bathroom independently ..."</p> <p>The facility failed to ensure that R3's service agreement was properly implemented</p>		

Provider's Signature *Emily Holley*

Title *Executive Director* Date *4/14/25*



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3225.13.0	when her toileting services lacked evidence that they were completed and R3 experienced multiple unwitnessed falls related to her need for toileting assistance.		
	3/4/25 11:02 AM - Findings were confirmed and discussed with E4 (ADHW).		
	3/4/25 12:15 PM - Findings were reviewed during the exit conference with E1(ED) and E4 (ADHW).		
3225.13.1	<b>Service Agreements</b>	322.5.13.1	
S/S - D	<b>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.</b>	Criteria #1 - Individual Impacted Resident R9 is no longer resides at the facility.	
	Based on record review and interview it was determined that for one (R9) out of thirteen residents reviewed the facility failed to ensure that service agreements contained a signature from resident/responsible party. Findings include:	Criteria 2 – Identification of other residents	
	Review of R9's clinical record revealed:	The Executive Director and/or his or her designee shall audit the resident service agreements for those residents admitted from 1/1/2025 to 3/28/2025 to ensure that there was a signature from the resident and/or their responsible party. Current residents that were admitted prior to 1/1/25 shall have their service agreements updated upon annual review and/or significant change.	
	12/17/24 - An initial service agreement was completed for R9. Review of this service agreement lacked evidence of a signature from R9 or R9's responsible party.		

Provider's Signature Terry Hollinger Title Executive Director Date 4/14/25





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	<p>2/4/24 - A significant change service agreement was completed for R9. Review of this service agreement lacked evidence of a signature from R9 or R9's responsible party.</p> <p>2/27/25 1:27 PM - During an interview E4 (ADHW) confirmed the finding.</p> <p>2/28/25 1:38 PM - E1 (ED) provided the surveyor with a revised service agreement that contained the signature of R9's responsible party.</p> <p>3/4/25 12:15 PM - Findings were reviewed during the exit conference with E1 (ED) and E4 (ADHW).</p>	<p>Criteria #3 – System Changes Root cause analysis - No process to review signature of service agreements.</p> <p>The Corporate Nurse and/or his or her designee will re-educate nursing staff to ensure that the service agreement is signed by the resident and/or responsible party and ensure that a copy is provided to the resident or responsible party. Executive Director will review and approve execution of the service agreement and validate appropriate signatures.</p> <p>Criteria #4 – Success Evaluation</p> <p>The Executive Director and/or his or her designee shall audit new resident's service agreements, weekly for one month and monthly for three months or until substantial compliance is achieved.</p>	
3225.13.2	<b>The service agreement or contract shall address the physical, medical, and psychosocial services that the resident requires as follows:</b>		
3225.13.2.3	<b>Food, nutrition, and hydration services;</b>		
S/S - D	<p>Based on record review and interview it was determined that for one (R9) out of thirteen residents reviewed the facility failed to ensure that the service agreements contained food and nutrition information for a specified diet. Findings include:</p> <p>Review of R9's clinical record revealed:</p> <p>12/18/24 - A diet notification form documented that R9 was to receive a mechanical soft textured diet.</p> <p>2/4/25 - A significant change service agreement was completed for R9. Review of this service agreement lacked evidence of R9's</p>	<p>3225.13.2.3</p> <p>Criteria #1 - Individual Impacted Resident R9 no longer resides at the facility.</p> <p>Criteria 2 – Identification of other residents</p> <p>The Executive Director and/or his or her designee shall audit existing resident service agreements as of 3/28/25 to ensure that the service agreement contains the food and nutrition information for a specified diet.</p>	5/3/25

Provider's Signature

*Ruby Hollinger*

Title

*Executive Director*

Date

*4/14/25*



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3225.13.2.9 S/S - D	<p>diet order. The space for diet order was left blank</p> <p>2/27/25 1:27 PM - During an interview E4 (ADHW) confirmed the finding.</p> <p>2/28/25 1:38 PM - E1 (ED ) provided the surveyor with a revised service agreement that now identified R9's diet order.</p> <p>3/4/25 12:15 PM - Findings were reviewed during the exit conference with E1 (ED) and E4 (ADHW).</p> <p><b>Notification procedures when an incident occurs or there is a change in the health status of the resident;</b></p> <p>Based on record review and interview, it was determined that for two (R1 and R4) out of thirteen residents reviewed the facility failed to ensure that the Service Agreements contained heart failure and edema management information when the resident experienced a change in condition. For R4, the facility failed to ensure that the R4's Service Agreements contained fall precautions when she had actual falls. Findings include:</p> <p>1. Review of R1's clinical record revealed:</p> <p>10/30/24 - A cardiology visit summary note documented, "General Heart Failure Management:</p> <p>-Weigh yourself every day and call...if you gain more than 3 pounds in a day or more than 5 pounds</p> <p>-Monitor your fluid and sodium intake closely. Limit your sodium intake to less than</p>	<p>Criteria #3 – System Changes</p> <p>Root cause analysis – No process for interdisciplinary review of diet changes existed.</p> <p>The Corporate Nurse and/or his or her designee shall complete an in-service with nursing staff to ensure that the service agreement includes the nutrition information for a specified diet. Resident diet changes will be reviewed daily during stand-up meeting and will update service agreements as appropriate.</p> <p>Criteria #4 – Success Evaluation</p> <p>The Executive Director and/or his or her designee shall audit existing resident diet changes weekly for one month and monthly for three months or until substantial compliance is achieved.</p> <p>3225.13.2.9</p> <p>Criteria #1 - Individual Impacted</p> <p>Resident R1 – The resident's service agreement was reviewed and updated to include heart failure and edema management.</p> <p>Resident R4 – The resident no longer resides in the facility.</p>	5/3/25

Provider's Signature Tony Hollinger Title Executive Director Date 4/14/25



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	<p>2000 mg daily and limit your fluid to less than 2 Liters (about 64 ounces daily.”</p> <p>2/27/25 - A review of R1's initial service agreement lacked evidence of the heart failure and edema management information.</p> <p>The facility failed to ensure that the Service Agreements contained heart failure and edema management information for R1 when she had a change in condition</p> <p>3/4/25 11:00 AM - Findings were confirmed and discussed with E4 (ADHW).</p> <p>2. Review of R4's clinical records revealed:</p> <p>7/26/23 - R4's initial service agreement documented that R4 was dependent with transfers and toileting services. R4 received home health rehab services.</p> <p>8/21/23 - R4 was admitted to the facility.</p> <p>8/25/23 - R4's full-service description documented that R4 was oriented to person, place and time, required regular employees assistance in managing bowel and/or bladder care. R4 required two person assistance for transfer and received home health rehab services with [P2].</p> <p>9/25/23 8:25 AM – A facility incident report documented that R4 was found on the bathroom floor and complained of right hip pain with a pain score of 10/10. R4 was sent to the [hospital] for evaluation and treatment.</p> <p>11/20/23 - R4's significant change service agreement documented that R4 was de-</p>	<p>Criteria 2 – Identification of other residents</p> <p>The Executive Director and/or his or her designee shall audit existing resident service agreements as of 3/28/2025 to ensure that it includes information for when there is a change of condition.</p> <p>Criteria #3 – System Changes</p> <p>Root cause analysis – No process was in place for interdisciplinary review of changes in resident condition.</p> <p>The Corporate Nurse and/or his or her designee will re-train nursing staff to ensure that the service agreement includes updates related to a resident's change of condition. Resident changes in condition will be reviewed during the daily stand-up meeting and service plans updated as appropriate.</p> <p>Criteria #4 – Success Evaluation</p> <p>The Executive Director and/or his or her designee shall audit the existing resident service agreements for updates related to a resident's change of condition weekly for one month and monthly for three months or until substantial compliance is achieved.</p>	<p>5/3/25</p>

Provider's Signature Tony Hollinger Title Executive Director Date 4/14/25



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3225.13.3 S/S - E	<p>pendent with transfers and toileting and received home health rehab services. R4's service agreement lacked evidence that her actual fall with interventions were indicated in the significant change review.</p> <p>11/30/23 - R4 was re-admitted to the facility.</p> <p>12/2/23 5:56 PM - A nurse progress note documented, "... [R4] voices unable to stand for transfer without assist...c/o (complained of) right knee and arm pain. Unable to self-propel via w/c (wheelchair) to dinner ..."</p> <p>12/5/23 8:30 AM - A nurse progress note documented, "[R4] found lying on the floor in the living room area."</p> <p>The facility failed to ensure that R4's Service Agreement contained fall precautions and interventions when she had an actual fall on 9/25/23.</p> <p>3/4/25 11:05 AM - Findings were confirmed and discussed with E4 (ADHW).</p> <p>3/4/25 12:15 PM - Findings were reviewed during the exit conference with E1(ED) and E4 (ADHW).</p> <p><b>The resident's personal attending physician(s) shall be identified in the service agreement by name, address, and telephone number.</b></p> <p>Based on record review and interview it was determined that for four (R1, R3, R4 and R9) out of thirteen residents reviewed the facility failed to ensure that service agreement contained required physician information. Findings include:</p>	<p>3225.13.3</p> <p>Criteria #1 - Individual Impacted Resident R1 – The Service agreement was updated to include the physician's name, address, and telephone number. Residents R3, R4, and R9 no longer reside at the facility.</p> <p>Criteria #2 – Identification of other residents</p> <p>The Executive Director and/or his or her designee shall audit all existing resident's service agreements as of 3/28/2025 to ensure it contains the physician's information including name, address, and telephone number.</p>	

Provider's Signature Katy Haller

Title Executive Director Date 4/14/25





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	<p>1. Review of R9's clinical record revealed:</p> <p>12/17/24 - An initial service agreement was completed for R9. Review of this service agreement lacked evidence of identification of R9s' attending physicians' information including their name, address, and telephone number.</p> <p>2/4/25 - A significant change service agreement was completed for R9. Review of this service agreement lacked evidence of identification of R9s' attending physician's information including their name, address, and telephone number.</p> <p>2/27/25 1:27 PM - During an interview E4 (ADHW) confirmed the finding.</p> <p>2/28/25 1:38 PM - E1 (ED) provided the surveyor with a revised service agreement that now identified R9's attending physician and the physician's information.</p> <p>2. Review of R1's clinical record revealed:</p> <p>4/26/24 - An initial service agreement was completed for R1. Review of this service agreement lacked evidence of identification of R1's attending physician's information including the name, address and telephone number.</p> <p>3/4/25 11:05 AM - Findings were confirmed and discussed with E4 (ADHW).</p> <p>3. Review of R3's clinical records revealed:</p> <p>11/29/23 - An initial service agreement was completed for R3. Review of this service agreement lacked evidence of identification</p>	<p>Criteria #3 – System Changes</p> <p>Root cause analysis – No auditing process for completion of service agreement.</p> <p>The Executive Director and/or his or her designee shall complete re-education for nursing staff to ensure that the service agreement includes the physician's information including name, address, and telephone number.</p> <p>Criteria #4 – Success Evaluation</p> <p>The Executive Director and/or his or her designee shall audit the current resident's service agreements as of 3/28/2025 weekly for one month and monthly for three months or until substantial compliance is achieved.</p>	<p>5/3/25</p>

Provider's Signature Terry Holliger Title Executive Director Date 4/14/25





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3225.13.6 S/S - E	<p>of R3's attending physician's information including the address and telephone number.</p> <p>3/4/25 11:05 AM - Findings were confirmed and discussed with E4 (ADHW).</p> <p>4. Review of R4's clinical record revealed:</p> <p>7/26/23 - An initial service agreement was completed for R4. Review of this service agreement lacked evidence of identification of R4's attending physician's information including the name, address and telephone number.</p> <p>3/4/25 11:05 AM - Findings were confirmed and discussed with E4 (ADHW).</p> <p>3/4/25 12:15 PM - Findings were reviewed during the exit conference with E1(ED) and E4 (ADHW).</p> <p><b>The service agreement shall be reviewed when the needs of the resident have changed and, minimally, in conjunction with each UAI. Within 1 days of such assessment, the resident and the assisted living facility shall execute a revised service agreement, if indicated.</b></p> <p>Based on record review and interview, it was determined that for five (R1, R3, R4, R5 and R11) out of thirteen residents reviewed the facility failed to ensure that the residents' Service Agreements were updated when there were significant changes. Findings include:</p> <p>1. Review of R1's clinical record revealed:</p>	<p>3225.13.6</p> <p>Criteria #1 - Individual Impacted</p> <p>R1 Service agreement updated to reflect interventions for heart failure and edema management information. R11 service agreement updated to reflect interventions related to falls and hospice information. Residents R3, R4, and R5 – no longer reside in the facility.</p> <p>Criteria #2 – Identification of other residents</p> <p>The Executive Director and/or his or her designee shall audit the existing resident's service agreements (as of 3/28/2025) to ensure that it contains all updates of services and changes of condition.</p> <p>Criteria #3 – System Changes</p> <p>Root cause analysis – No interdisciplinary process for review of changes in condition.</p> <p>The Corporate Nurse and/or his or her designee will re-train nursing staff to ensure that the service agreement includes changes of condition or services needed.</p> <p>Resident changes in condition will be reviewed during the daily stand-up meeting and service agreements updated as appropriate.</p>	

Provider's Signature

*Kim Hollister*

Title

*Executive Director*

Date

*4/14/25*



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	<p>8/31/24 11:39 AM - A nurse progress note documented that R1 was status post re-admitted to the facility.</p> <p>9/24/24 6:13 PM - A nurse progress note documented, "[R1] is on service with [P3, home health agency] for leg edema.</p> <p>10/10/24 4:02 PM - A nurse progress note documented, "...antibiotic for LLE (left lower extremity) cellulitis... [P2, home health] wound care nurse to see resident ..."</p> <p>2/14/25 7:42 AM - A nurse progress note documented, "[R1] has orders to return to Lymphedema Clinic today. Lymphedema clinic will be attending to [R1]'s right leg going forward ..."</p> <p>2/27/25 2:30 PM - Review of R1's service agreements lacked evidence that it was reviewed and updated to reflect the interventions to address R1's heart failure and edema management information.</p> <p>3/4/25 11:00 AM - Findings were discussed with E4 (ADHW).</p> <p>2. Review of R3's clinical records revealed:</p> <p>6/19/24 - R3's full-service description documented that R3's mobility status indicated that R3 required employees to escort or push wheelchair because of a physical limitation. R3 has had more than one fall in the last three months and utilized rehab home health [P2] as a third-party provider for services.</p>	<p>Criteria #4 - Success Evaluation</p> <p>The Executive Director and/or his or her designee shall audit the service agreements for updates related to a resident's change of condition or services needed for resident admitted from 3/4/2024 to 3/28/2025. This shall be completed weekly for one month and monthly for three months or until substantial compliance is achieved.</p>	<p>5/3/25</p>

Provider's Signature [Signature]

Title Executive Director

Date 4/14/25



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	<p>8/29/24 - R3's hospice start of care date.</p> <p>1/2/25 - R3's full-service description documented that R3's mobility status indicated that R3 required two-person assistance for transfers. Approaches to include:</p> <ul style="list-style-type: none"><li>- "Remind resident to wait for transfer assistance.</li><li>-Ensure that two persons are available to assist with the transfer.</li><li>-Assist resident to transfer using good technique to protect resident and staff.</li><li>-Report increasing difficulty with transfer or other safety concerns.</li></ul> <p>R3 has had more than 1 fall in the last three months and utilized hospice [P3] service as a third-party provider."</p> <p>2/27/25 1:23 PM - In an interview, P5 (P3 - RN) stated that she got called by the facility for R3's multiple falls. P5 stated, "I always educate her [R3] on the use of the pendant to call for assistance with transfers, but she forgets to do that. I saw her a few minutes ago. I just went to her room, and I saw her in the bathroom. She needs help. She cannot remember to push her pendant to call for help."</p> <p>The facility failed to review and update R3's Service Agreement when R3 was admitted to hospice services.</p> <p>3/4/25 11:02 AM - Findings were discussed with E4 (ADHW).</p> <p>3. Review of R4's clinical records revealed:</p>		

Provider's Signature *Dany Hollinger*

Title *Executive Director*

Date *4/14/25*



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	<p>7/26/23 - R4's initial service agreement documented that R4 was dependent with transfers and toileting services.</p> <p>8/21/23 - R4 was admitted to the facility.</p> <p>8/25/23 - R4's full-service description documented that R4 was oriented to person, place and time, required regular employees assistance in managing bowel and/or bladder care. R4 required two-person assistance for transfer and was receiving home health services with [P2].</p> <p>9/25/23 8:25 AM - A facility incident report documented that R4 was found on the bathroom floor and complained of right hip pain with a pain score of 10/10. R4 was sent to the [hospital] for evaluation and treatment.</p> <p>11/20/23 - R4's significant change service agreement documented that R4 was dependent with transfers and toileting and received home health rehab services. R4's service agreement lacked evidence that her actual fall with interventions were indicated in the significant change review.</p> <p>11/30/23 - R4 was re-admitted to the facility with diagnoses including post joint replacement surgery (from hip fracture).</p> <p>11/30/23 5:16 PM - A nurse progress note documented, "...Right leg brace intact. [R4] c/ (complained of) pain in right knee and was unable to stand and transfer to weight chair ... history of falls ..."</p> <p>12/2/23 5:56 PM - A nurse progress note documented, "... [R4] voices unable to stand for transfer without assist...c/o (complained</p>		

Provider's Signature Tony Halpern

Title Executive Director Date 4/14/25



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	<p>of) right knee and arm pain. Unable to self-propel via w/c (wheelchair) to dinner ..."</p> <p>12/5/23 8:30 AM - A nurse progress note documented, "[R4] found lying on the floor in the living room area."</p> <p>The facility failed to ensure that R4's actual fall with interventions were indicated in the significant change review after her fall with a broken hip on 9/25/23...</p> <p>3/4/25 11:05 AM - Findings were confirmed and discussed with E4 (ADHW).</p> <p>4. Review of R5's clinical records revealed:</p> <p>2/21/23 - R5's full-service description documented that R5 required regular prompting due to confusion and disorientation, wandered in public but not intrusive; was independent with mobility and has had no falls.</p> <p>2/22/23 - R5's initial service agreement documented that R5 was independent with transfers and walking. R5 did not require an assistive device for ambulation.</p> <p>9/6/23 12:10 PM - A facility incident report documented, "... [R5] observed with pants at her ankles, no shoes and sitting on the floor...attempted ROM (range of motion), [R5] displays discomfort bottom and hips...hospital for eval..."</p> <p>11/1/23 - R5 was readmitted to the facility with diagnoses including high fall risk and multiple pelvic and sacral fractures</p>		

Provider's Signature

*[Signature]*

Title

*Executive Director*

Date

*4/14/25*





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	<p>11/2/23 1:56 PM - A nurse progress note documented, "... s/p (status post) readmission ... [R5] assisted with ADLs. Alert and oriented to self only. Needs constant redirection. Seen by therapy today. Therapy gave resident a walker. [R5] remains a fall risk ... Caregivers to closely monitor."</p> <p>3/1/25 - A review of R5's incident reports from November 2023 through March 2024 revealed the following actual falls:</p> <ul style="list-style-type: none"> <li>- 11/23/23 4:20 PM - "... found on the floor ...discomfort of her left arm ... grunt in pain ... facial grimacing ... sent out to hospital ..."</li> <li>- 1/21/24 6:30 PM - "... was sitting on the floor, on her bottom with legs in flexed position ..."</li> <li>- 1/28/24 8:08 AM - "... found sitting on the floor in her room ..."</li> <li>- 3/2/24 8:00 AM - "... was dancing and lost her balance and fell onto the floor ..."</li> <li>- 3/3/24 11:30 AM - "... collided with another resident then fell on the floor ..."</li> </ul> <p>The facility failed to review R5's service agreement when R5 had increasing actual falls with injuries and her needs have changed and in conjunction with R5's UAI.</p> <p>3/4/25 11:08 AM - Findings were confirmed and discussed with E4 (ADHW).</p> <p>5. Review of R11's clinical records revealed:</p> <p>12/19/22 - R11's initial service agreement documented that R11 was independent with transfers and walking. R11 did not require an assistive device or ambulation.</p>		

Provider's Signature

*Tony Holliger*

Title

*Executive Director*

Date

*4/14/25*



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	<p>R11's safety interventions included 1 hourly safety checks.</p> <p>8/2/23 - R11's full-service description documented that R11 required regular prompting due to confusion and disorientation, wandered in public but not intrusive; was independent with mobility and has had more than one fall in the last 3 months.</p> <p>12/19/23 - R11's annual service agreement documented that R11 required assistance with transfers and walking. R11 did not require an assistive device or ambulation. R11's safety interventions included 1 hourly safety checks.</p> <p>3/4/25 9:48 AM - A review of R11's incident reports from January 2024 through March 2024 revealed the following actual falls:</p> <p>-1/6/24 12PM - fell and was found in the dining room</p> <p>-1/12/24 7:30 AM - found on floor bleeding from his forehead sent to the ER (emergency)</p> <p>-1/20/24 8:00 AM - found on floor with pillow under head and blanket over him</p> <p>-2/20/24 6:48 AM - fell on floor, combative to staff and was sent to the ER</p> <p>-2/28/24 6:00 PM - tried to sit down, there was no chair, combative to staff</p> <p>-2/29/24 4:50 PM - fell down on floor on right side, combative with assisting up</p> <p>-3/3/24 11:30 AM - collided with another resident then fell on the floor</p> <p>-3/6/24 2:30 AM - [R11] was on the floor in the bathroom</p> <p>-3/7/24 12:27 PM - [R11] on the floor face down</p>		

Provider's Signature Terry Holley

Title Executive Director Date 4/14/25



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3225.19.0	The facility failed to review R11's service agreement in conjunction with R11's UAI. R11 had increasing actual falls with injuries and his needs changed when he was admitted to hospice services on 2/24/24.		
	3/4/25 11:12 AM - Findings were confirmed and discussed with E4 (ADHW).		
	3/4/25 12:15 PM - Findings were reviewed during the exit conference with E1(ED) and E4 (ADHW).		
3225.19.0	<b>Records and Reports</b>		
3225.19.1	<b>The assisted living facility shall be responsible for maintaining appropriate records for each resident.</b>	3225.19.1	
S/S - E	Based on record review and interview it was determined that for three (R1, R3, and R9) out of thirteen residents reviewed the facility failed to maintain appropriate records. Findings include:  1. Review of R9's clinical record revealed:  January 2025 - Review of the ADL's documentation completed by care managers for R9 lacked documentation to attest completion of ADLs, and safety checks. Day shift had twelve missed entries, evening shift had twenty-two missed entries, and night shift had ten missed entries.  February 2025 - Review of the ADL's documentation completed by care managers for R9 lacked documentation to attest completion of ADLs, and safety checks. Day shift had sixteen missed entries, evening shift	Criteria #1 - Individual Impacted  Resident R1 - The Physician was notified of the of previous missing doses of medication from 12/24 and 1/25. The Executive Director or his or her designee shall be reaching out to the cardiologist and/or the attending physician to review the daily weight orders. Resident R3 and R9 are no longer in the facility.  Criteria #2 - Identification of other residents  The Executive Director and/or his or her designee shall audit existing resident's medical records from 1/1/2025 to 3/28/2025 for documentation of medication and care.	

Provider's Signature Rory Halliger

Title Executive Director Date 4/14/25



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	<p>had twenty-seven missed entries, and night shift had eight missed entries.</p> <p>3/4/25 -9:45 AM - During an interview E4 (ADHW) confirmed the absent documentation and stated, "It may be some of the newer staff not realizing they need to document."</p> <p>2. Review of R1's clinical records revealed:</p> <p>A. 11/14/24 - R1 had a physician's order to check weight daily and to call the physician or cardiologist if weight gain is more than 3 pounds in a day or more than 5 pounds in a week for weight gain.</p> <p>December 2024 - Review of R1's TAR (Treatment Admission Record) completed by the healthcare coordinators/LPNs lacked documentation that R1's daily weights were obtained in the morning from 12/1/24 through 12/30/24, or thirty (30) missing entries.</p> <p>January 2025 - Review of R1's TAR completed by the healthcare coordinators/LPNs lacked documentation that R1's daily weights were obtained for three out of 31 opportunities on 1/2/25, 1/8/25 and 1/9/25.</p> <p>3/4/25 11:00 AM - Findings were discussed with E4 (ADHW).</p> <p>B. 7/5/24 - R1 had a physician's order for levothyroxine 100 mcg 1 tablet with 88 mcg (total dose = 188 mcg) by mouth once daily for hypothyroidism.</p>	<p>Criteria #3 – System Changes</p> <p>Root cause analysis – Failure to complete LLAM form monthly and no audit was being completed of the MARS/TARS and hourly check form.</p> <p>The Corporate Nurse and/or his or her designee shall re-train nursing staff on state documentation requirements and safety checks. This shall be completed during onboarding of new staff as well. Hourly check form will be reviewed during daily clinical meeting to review completion. Community will utilize LLAM audit form to review proper documentation of medication and treatments.</p> <p>Criteria #4 – Success Evaluation</p> <p>The Executive Director and/or his or her designee shall perform random audits of the documentation for the delivery of medications and safety checks. This shall be completed weekly for one month and monthly for three months or until substantial compliance is achieved.</p>	<p>5/3/25</p>

Provider's Signature *Suey Holley*

Title *Executive Director* Date *4/14/25*



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	<p>7/5/24 - R1 had a physician's order for levo-thyroxine 88 mcg 1 tablet with 100 mcg (to-tal dose = 188 mcg) by mouth once daily for hypothyroidism.</p> <p>8/30/24 - R1 had a physician's order for Hu-mulin N 4 units subcutaneous twice a day for diabetes.</p> <p>11/6/24 - R1 had a physician's order for Mjev inject 22 units subcutaneous daily in the afternoon for diabetes.</p> <p>11/6/24 - R1 had a physician's order for Mjev inject 10 units subcutaneous at bed-time for diabetes.</p> <p>2/27/25 - A review of R1's MAR (Medication Administration Record) from December 2024 through January 2025 revealed the fol-lowing missing doses: 5 pm - Humulin N 45 units one out of 31 doses on 12/14/24 12 pm - Mjev 22 units three out of 27 doses on 1/2/25, 1/12/25 and 1/14/25 8 pm - Mjev 10 units two out of 26 doses on 1/19/25 and 1/22/25 8 am - levothyroxine 100 mcg 1 tablet with 88 mcg (total dose = 188 mcg) five out of 31 doses on 1/14/25, 1/18/25, 1/20/25, 1/24/25 and 1/28/25.</p> <p>3/4/25 11:00 AM - Findings were discussed with E4 (ADHW).</p> <p>3. Review of R3's clinical record revealed:</p>		

Provider's Signature Terry Holliger

Title Executive Director

Date 4/14/25





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3225.19.3  S/S - E	<p>December 2024 - Review of R3's ADLs documentation lacked evidence to attest completion of ADLs and safety checks for the entire month of December. Day, evening and night shifts, missed all ninety - three (93) entries.</p> <p>January 2025 - Review of R3's ADLs documentation lacked evidence to attest completion of ADLs and safety checks for the entire month of January. Day shift had fifteen missed entries (15), evening shift had nine (9) missed entries, and night shift had thirty - one (31) missed entries.</p> <p>February 2025 - Review of R3's ADLs documentation lacked evidence to attest completion of ADLs and safety checks from 2/1/25 through 2/26/25. Day shift had twenty - four missed entries, evening shift had thirteen (13) missed entries, and night shift had thirty - one (26) missed entries.</p> <p>3/4/25 11:02 AM - Findings were discussed with E4 (ADHW).</p> <p>3/4/25 12:15 PM - Findings were reviewed during the exit conference with E1(ED) and E4 (ADHW).</p> <p><b>The assisted living facility resident clinical records shall be retained for a minimum of 5 years following discharge or 3 years after death before being destroyed.</b></p> <p>Based on record review and interview it was determined that for five (R3, R4, R5, R9 and R11) out of thirteen residents reviewed the facility failed to ensure that clinical records</p>	<p>•</p> <p>3225.19.3</p> <p>Criteria #1 - Individual Impacted Residents R3, R4, R5, and R9 are no longer in the facility. Resident R11 - The Executive Director will re-interview staff as available and document if they are not able to recall. Future incident witness statements will be scanned and attached to the incident report.</p> <p>Criteria #2 - Identification of other residents</p> <p>The Executive Director and/or his or her designee shall audit the electronic incident reporting system from 1/1/2025 to 3/28/2025 for documentation of witness statements. Any identified shall be scanned and attached to the applicable incident report.</p>	

Provider's Signature Kerry Halligan

Title Executive Director Date 4/14/25



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	<p>were retained with witness statements regarding fall incident reports that were unable to be located. Findings include:</p> <p>1. Review of R9's clinical record revealed:</p> <p>1/17/25 - An incident report was created in reference to R9 experiencing a fall. The incident report lacked documentation of witness statements.</p> <p>2/7/25 - An incident report was created in reference to R9 experiencing a fall. The incident report lacked documentation of witness statements.</p> <p>3/4/25 11:17 AM - During an interview E1 (ED) confirmed the facility was unable to locate witness statements to correlate with the incident reports that documented R9's falls. E1 stated, "We do them, but I just can't locate them."</p> <p>2. Review of R3's clinical record revealed: March 2024 - February 2025 - Twenty-seven (27) incident reports were created in reference to R3 experiencing multiple falls. Seventeen (17) incident reports lacked documentation of witness statements.</p> <p>3/4/25 11:02 AM - Findings were discussed with E4 (ADHW).</p> <p>3. Review of R4's clinical record revealed: September 2023 - December 2023 - Two (2) incident reports were created in reference to R4 experiencing multiple falls. Two (2) incident reports lacked documentation of witness statements.</p>	<p>Criteria #3 - System Changes</p> <p>Root cause analysis - No audit of incident reports to validate relevant documents were being uploaded.</p> <p>The Corporate Nurse and/or his or her designee shall re-train nursing staff to ensure that witness statements are collected and then scanned and attached to the incident reports for follow-up. The Executive Director shall be responsible for reviewing all incident reports for completeness and signature.</p> <p>Criteria #4 - Success Evaluation</p> <p>The Executive Director and/or his or her designee shall perform random audits for witness statements entered into and/or uploaded into the electronic incident reporting system and to ensure that they are attached to the applicable incident reports. This shall be performed weekly for one month and monthly for three months or until substantial compliance is achieved.</p>	<p>5/3/25</p>

Provider's Signature

*Kay Holley*

Title

*Executive Director*

Date

*4/14/25*



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16 Del. Code, Chapter 11 Subchapter III Abuse, Neglect, Mistreat- ment or Fi- nancial Ex- ploitation	<p>3/4/25 11:05 AM - Findings were discussed with E4 (ADHW).</p> <p>4. Review of R5's clinical record revealed: September 2023 - March 2024 - Six (6) incident reports were created in reference to R5 experiencing multiple falls. Four (4) incident reports lacked documentation of witness statements.</p> <p>3/4/25 11:08 AM - Findings were discussed with E4 (ADHW).</p> <p>5. Review R11's clinical record revealed:</p> <p>January 2024 - March 2024 - Nine (9) incident reports were created in reference to R11's multiple falls. Three (3) incident reports lacked documentation of witness statements.</p> <p>3/4/25 11:12 AM - Findings were discussed with E4 (ADHW).</p> <p>3/4/25 12:15 PM - Findings were reviewed during the exit conference with E1(ED) and E4 (ADHW).</p> <p><b>1131 Definitions</b></p> <p><b>(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:</b></p> <p><b>a. Lack of attention to physical needs of the patient or resident including toileting, bathing, meals and safety.</b></p>	<p>16 Del. Code, Chapter 11</p> <p>Criteria #1 - Individual Impacted Resident R9 is no longer at the facility.</p> <p>Criteria #2 - Identification of other residents</p> <p>An audit of all current assisted living residents as of 3/28/2025 was conducted to verify that the space for diet order is completed on the current service agreement.</p>	

Provider's Signature

*Terry Haller*

Title

*Executive Director*

Date

*4/14/25*



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of Resi- dents or Patients  S/S - J	<p><b>This requirement is not met as evidenced by:</b></p> <p>Based on record review and interview it was determined that for one (R9) out of seven residents reviewed for accidents the facility failed to prevent resident neglect when on 1/2/25 R9 was served a meal that was not the dietary texture required and experienced a choking episode, placing R9 at risk for a serious outcome including death. When R9 began to choke, staff performed the Heimlich maneuver. R9 was then sent to the hospital where diagnostic imaging identified a broken rib. On 2/28/25 at 10:29 AM The facility was notified of the identification of an immediate jeopardy related to neglect and an IJ template was provided. On 2/28/25 at 3:29 PM The facility provided an abatement plan. The IJ was fully abated on 3/2/25 at 3:00 PM. Findings include:</p> <p>Review of R9's clinical record revealed:</p> <p>12/17/24 - An initial service agreement was completed for R9. Review of this service agreement lacked evidence of R9's diet order. The space for diet order was left blank.</p> <p>12/18/24 - R9 was admitted to the facility.</p> <p>12/18/24 - A diet notification form documented that R9 was to receive a mechanical soft textured diet.</p> <p>1/2/25 6:00 PM - A facility incident report documented, "Resident in dining room, observed choking on food. Heimlich maneuver performed by caregiver in the dining room the nurse immediately notified. Heimlich maneuver [three times], resident expelled a</p>	<p>Criteria #3 – System Changes</p> <p>Chefs in the dietary department have been re-educated on the preparation of mechanically altered diets. Chefs will use diet order communication from nursing staff to identify residents with altered diets. The altered diets will be prepared in the main kitchen and then transferred to the memory care units. Servers will deliver food prepared by chefs in the kitchen to the correct residents.</p> <p>Reviewed and revised the communication process from the physician order to the notification of the culinary staff of mechanically altered diets. Cooks are labeling food with the resident's name and diet and it on only removed when served to the resident. Triple check system implemented to validate correct diet and resident completed by cook, server, and manager.</p> <p>A CPR course, including the Heimlich Manuver, was provided to staff who had an expired certification. Med Techs will be designated as the CPR certified employee on each shift.</p>	

Provider's Signature Terry Hollenji

Title Executive Director Date 4/14/25





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	<p>large chunk of food. 911 notified. Resident transported to [hospital] ER for further evaluation."</p> <p>1/2/25 untimed - A statement written by E16 (server) documented, "On the night of 1/2/25 I was a server. I prepared a plate that was mechanical soft and gave it to the caregiver [care manager] to give to the resident. Resident ended up choking on a piece of meat that I thought was chopped up enough."</p> <p>1/2/25 untimed - A statement written by E15 (CM) documented, "I was in the dining room when I received a plate from the server to give to the resident. I was not aware at the time that the resident was on a mechanical soft diet."</p> <p>1/2/25 - E18 (former DHW) and E6 (CSS) implemented a "change in procedure for preparing mechanically altered diets...all mechanically altered diets Including mechanical soft and puree diets will be prepared by Chef in the main kitchen before being transferred to the memory care kitchens on the [units]. The servers will no longer be responsible for altering meals for mechanical soft diets."</p> <p>1/3/25 3:18 AM - A CT of R9's chest and abdomen was performed at the hospital for "blunt abdominal trauma". The results of the CT indicated that R9 had a new broken rib.</p> <p>1/3/25 5:02 AM - Hospital discharge paperwork documented R9 was seen in the ER for a broken rib.</p>	<p>Criteria #4 – Success Evaluation</p> <p>The Executive Director an/or his or her designee shall perform random audits of CPR certified employees on each shift. The Director of Culinary/designee will perform random audits of documented checks of food consistency for mechanically altered diets. This will be completed weekly for one month and monthly for three months or until substantial compliance is achieved.</p>	<p>5/3/25</p>

Provider's Signature *[Signature]*

Title *Executive Director*

Date *4/14/25*





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	<p>1/3/25 6:13 AM - A progress note in R9's clinical record documented, "Emergency Room/Visit -Resident returned to facility from ER via family transport. Accompanied by daughter and spouse. Discharge paperwork given to nurse on duty. Discharge paperwork states resident was seen for fracture of rib to the left side."</p> <p>1/3/25 3:00 PM - E1 (ED) conducted education to the cooks in the dining services department on modified and mechanically altered diets and implementation of the new procedure for altered diets.</p> <p>1/3/25 untimed - E18 (former DHW) and E3 (MCD) provided education to the facility's care managers, including E15 (CM), on resident service agreements as a resource for resident diet information. This training was conducted following the choking incident involving R9 on 1/2/25, when E15 (CM) served the resident.</p> <p>2/4/25 - A significant change service agreement was completed for R9. Review of this service agreement lacked evidence of R9's diet order. The space for diet order was left blank.</p> <p>2/27/25 11:15 AM - During an interview E17 (server) assigned to the basement dining area of the memory care unit denied receiving recent education regarding dietary textures of residents.</p> <p>2/27/25 11:20 AM - During an interview E16 (server) assigned to the first floor dining</p>		

Provider's Signature *Sam Hellyer*

Title *Executive Director* Date *4/14/25*



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	<p>area of the memory care unit denied receiving recent education regarding dietary textures of residents.</p> <p>2/27/24 12:48 PM - During an interview E5 (CSS) stated, "The nurse explained the plate must not have been chopped up enough and said we need to be more careful between the servers and the aides [care managers] and moving forward we decided that instead of the servers it [mechanical soft diets] would come from the kitchen like the pureed plates do. The servers used to chop it up and put the gravy on it. We told her to be more careful and that we would have the [mechanical soft] plates come from the kitchen. She [E16 (server)] made it seem like the aides [care managers] gave the wrong plate."</p> <p>2/28/25 at 10:29 AM - The facility was notified of the identification of an immediate jeopardy related to neglect and an IJ template was provided.</p> <p>2/28/25 10:33 AM - During an interview E15 (CM) stated "I think the person working that day was not aware or didn't know the food wasn't chopped enough. I didn't know [R9] was on a special diet". E15 then confirmed receiving education after R9's choking accident and was able to articulate where to find information on resident diets.</p> <p>The facility provided the following corrective measures:</p> <p>2/28/25 11:50 AM - E6 (CSS) began to in-service all kitchen staff on altered diets. E16 (server) that provided R9's meal on 1/2/25</p>		

Provider's Signature Terry Hollinger Title Executive Director Date 4/14/25



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	<p>during the choking incident was educated at that time.</p> <p>2/28/25 1:38 PM - E1 (ED) provided the surveyor with a revised service agreement that now identified R9's diet order.</p> <p>2/28/25 3:29 PM - The facility provided an acceptable abatement plan in response to the identified immediate jeopardy concerning R9.</p> <p>3/2/25 3:00 PM - The of education of all kitchen staff was completed by E6 (CSS).</p> <p>3/3/25 12:28 PM - E1 (ED) confirmed that the facility abatement time for the immediate jeopardy was 3/2/25 at 3:00 PM.</p> <p>The following interviews were conducted to confirm receiving education and ability to articulate contents:</p> <p>2/27/25 11:57 AM - E13 (LPN; HCC).</p> <p>2/27/25 12:05 PM - E19 (CM; MT).</p> <p>2/28/25 10:33 AM - E15 (CM).</p> <p>2/28/25 12:06 PM - E20 (CM) and E21 (CM).</p> <p>2/28/25 12:10 - E17 (server).</p> <p>2/28/25 12:24 PM - E23 (CM) and E24 (CM).</p> <p>2/28/25 12:20 - E27 (LPN; HCC).</p> <p>2/28/25 1:35 PM - E25 (cook).</p> <p>3/3/25 11:10 AM - E35 (CM).</p> <p>3/3/25 11:30 AM - E22 (CM).</p> <p>3/3/25 11:40 AM - E26 (CM)</p> <p>3/3/25 11:14 AM - E28 (server).</p>		

Provider's Signature

*Tony Haller*

Title

*Executive Director*

Date

*4/14/25*



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	<p>3/3/25 11:25 AM - E16 (server).</p> <p>3/3/25 1:30 PM to 1:37 PM - The following servers confirmed receiving education and were able to articulate contents: E29, E30, E3, E32, E33 and E34.</p> <p>3/4/25 12:15 PM - Findings were reviewed during the exit conference with E1(ED) and E4 (ADHW).</p>		

Provider's Signature

*Emily Hollinger*

Title

*Executive Director*

Date

*4/24/25*