



**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

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NAME OF FACILITY: AL- Paramount Senior Living at Newark

DATE SURVEY COMPLETED: May 22, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
3225.0 3225.5.0 3225.5.12 S/S – E	<p>An unannounced Complaint Visit was conducted at this facility from May 20, 2025, through May 22, 2025. The deficiencies contained in this report are based on interviews, review of facility records, and other facility documents, as indicated. The facility census on the day of the survey was eighty-two (82). The survey sample included five (5) residents.</p> <p>Regulations for Assisted Living Facilities</p> <p>General Requirements</p> <p>An assisted living facility that provides direct healthcare services to persons diagnosed as having Alzheimer's disease or other forms of dementia shall provide dementia training each year to those healthcare providers who must participate in continuing education programs. The mandatory training must include communicating with persons diagnosed as having Alzheimer's disease or other forms of dementia; the psychological, social, and physical needs of those persons; and safety measures which need to be taken with those persons. This paragraph shall not apply to persons certified to practice medicine under the Medical Practice Act, Chapter 17 of Title 24 of the Delaware Code.</p> <p>This requirement was not met as evidenced by:</p> <p>This requirement is not met as evidenced by:</p> <p>Based on review of facility records and staff interviews, it was determined that six (6) out of seven (7) sampled direct care staff did not receive the required dementia-specific training on hire.</p>	<p>Reg 3225.5.12</p> <p>A. The deficient practice of mandatory dementia education upon hire was unable to be corrected for E3 thru E8. The Administrator, Resident Care Manager and Business Office Manager were in-service by the corporate nurse on Regulation 3225.5.12 and on Paramount's Policies. Employees E3 thru E8 received 2 hours of dementia training including psychological, social, physical and safety measures, certificates are attached.</p> <p>Responsible party: Corporate Nurse/Administrator/designee</p>	<p>6/13/25</p>

Provider's Signature

Title

Executive Director

Date

6/13/25



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	<p>A facility policy titled "Dementia Program Orientation," effective October 1, 2018, documented the following:</p> <p>All direct care staff assigned to a special care unit/facility will have at least the minimum state-required hours of annual training related to dementia care and services, in addition to the required annual in-service education.</p> <p>Upon completion of the Dementia Orientation Program, all attendees will receive a certificate of attendance.</p> <p>On May 21, 2025, in the afternoon, a request was made for training records on the seven identified staff members. A follow-up request was also made to the facility for documentation of completing dementia specified training.</p> <p>The following direct care staff had no documentation of having completed the required dementia on hire:</p> <p>E3 (LPN), hired 12/6/23</p> <p>E4 (Medication Technician), hired 4/24/25</p> <p>E5 (LPN), hired 5/30/24</p> <p>E6 (Nursing Assistant), hired 7/26/23</p> <p>E7 (LPN), hired 5/30/24</p> <p>E8 (Nursing Assistant), hired 11/25/24</p> <p>On May 22, 2025, between approximately 11:30 AM and 1:30 PM, an interview was conducted with E2 (Director of Nursing) regarding the lack of evidence of dementia specified training upon hire. E2 was only</p>	<p>Root Cause: Newly hired BOM was unaware of regulation for dementia training upon hire and there was no follow up by Resident Care Manager or Administrator.</p> <p>B. The deficient practice has the potential to affect all residents. A 2 hour dementia/ Alzheimer's in-service will be conducted for all direct care workers including, the psychological, social, physical needs and safety measures which need to be taken with those residents.</p> <p>Responsible Party: Administrator/designee</p> <p>C. To ensure the deficient practice does not reoccur, New Hire Dementia Training and Annual Dementia Training will be added to the QAPI program. The RCM and the Business Office Manager will audit 10% of all new hire employee personnel files for completion of dementia training upon hire. 3x a week x3 weeks, then 1x a week x 3 weeks, the 1x a month until 100% compliance is obtained.</p> <p>E3: CF LPN Terminated 05/14/25 E : SH LPN Terminated 05/12/25</p> <p>Employees: AK LPN, MV Med Tech, TJ NA, LC NA will be educated on dementia</p> <p>Responsible Party: RCM/BOM/designee</p>	<p>6/19/25</p> <p>8/18/25</p> <p>06/12/25</p>

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