



**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 9

NAME OF FACILITY: Oakbridge Terrace at Cokesbury Village

DATE SURVEY COMPLETED: May 12, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
	<p>An unannounced Annual and Complaint Survey was conducted at this facility from May 9, 2025, through May 12, 2025. The deficiencies contained in this report are based on observations, interview, record review and review of other facility documentation as indicated. The facility census on the first day of the survey was thirty-eight (38). The survey sample totaled six (6) residents.</p> <p>Abbreviations/definitions used in this state report are as follows:</p> <p>DAL - Director of Assisted Living; DelVAX - A confidential online computer system used statewide by doctors, nurses, schools to keep track of their patient/student's immunizations; DMP - Director of Property Management; EMR - Electronic Medical Record; LPN - Licensed Practical Nurse; NHA - Nursing Home Administrator; NP - Nurse Practitioner; OBT - Oak Bridge Terrace; POA - Power of Attorney; RA - Room Air; RCD - Regional Clinical Director; RN - Registered Nurse; WBC - Willow Brook Court - the facility's skilled unit.</p>		
3225.	Assisted Living Facilities		
3225.9.0	Infection Control		
3225.9.7	The assisted living facility shall have on file evidence of vaccination against pneumococcal pneumonia for all residents older than 65 years, or those who received the pneumococcal vaccine before they became		
S/S - D			

Provider's Signature [Signature]

Title NHA

Date 5-29-25



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Health Care Quality
Office of Long-Term Care Residents Protection

DHSS - DHCC
263 Chapman Road, Suite 200, Cambridge Bldg.
Newark, Delaware 19702
(302) 421-7400

STATE SURVEY REPORT

Page 2 of 9

NAME OF FACILITY: Oakbridge Terrace at Cokesbury Village

DATE SURVEY COMPLETED: May 12, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
	<p>65 years and 5 years have elapsed, and as recommended by the Immunization Practice Advisory Committee of the Centers for Disease Control, unless medically contraindicated. All residents who refuse to be vaccinated against pneumococcal pneumonia must be fully informed by the facility of the health risks involved. The reason for the refusal shall be documented in the resident's medical record.</p> <p>This requirement was not met as evidenced by:</p> <p>Based on record review, interview and review of the State DelVAX website, it was determined that for two (R1 and R2) out of six residents reviewed for pneumococcal vaccines, the facility failed to provide evidence of the residents' updated pneumococcal vaccine or a declination of such. Findings include:</p> <p>"Pneumococcal Vaccine Timing for Adults- Adults >= 65 years old Complete pneumococcal vaccine schedules... PCV13 only at any age- Option A: >= 1 year, give PVC20, Option B: >= 1 year, give PPSV23." U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.</p> <p>1. 7/21/23 – R1, now aged 90 years, was admitted to the facility.</p> <p>1/1/08 – R1 received the PPSV23 pneumococcal vaccine, and on 9/9/15, R1 received the PCV13 vaccine. The facility was unable to provide any documentation of R1 completing the pneumococcal vaccine schedule by receiving a PVC20 vaccine or that it was offered and declined.</p>	<p>1) a. R1 has been discharged from the facility. b. R2 received the PVC 21 vaccine on 5/29/25.</p> <p>2) Audit conducted of all required pneumococcal immunizations for all current AL residents by DAL. Audit showed 14 residents that are out of compliance with the pneumococcal</p>	

Provider's Signature

[Signature]

Title

NHA

Date

5-29-25



**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 9

NAME OF FACILITY: Oakbridge Terrace at Cokesbury Village

DATE SURVEY COMPLETED: May 12, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
3225.14.0 3225.14.1 S/S - E Del.C. Ch 11, Sub- chapter II - § 1121. Resident's rights. § 1123. Notice to patient.	<p>2. 8/10/23 – R2, now aged 83, was admitted to the facility.</p> <p>9/28/07 – R2 received the PCV13 vaccine, and on 1/30/15 R2, R2 received the PPSV23 vaccine. The facility was unable to provide any documentation of R2 completing the pneumococcal vaccine schedule by receiving a PVC20 vaccine or that it was offered and declined.</p> <p>5/11/25 – Per interview with E2 (DAL) at approximately 2:00 PM, E2 confirmed the residents were due for an updated pneumococcal vaccine and will offer it to these residents.</p> <p>5/11/25 – Findings were reviewed with E2 and E3 (RCD) at the exit conference beginning at approximately 2:30 PM.</p> <p>Resident Rights</p> <p>Assisted living facilities are required by 16 Del.C. Ch. 11, Subchapter II, to comply with the provisions of the Rights of Patients covered therein.</p> <p>(b) Copies of § 1121 of this title shall be furnished to the resident upon admittance to the facility; all residents currently residing in the facility; and the authorized representative under § 1122 of this title. The long-term care facility shall retain in its files a statement signed by each person listed in this subsection that the person has received a copy of § 1122 of this title.</p> <p>This requirement was not met as evidenced by:</p> <p>Based on record review and interview, it was determined for six (R1, R2, R3, R4, R5 and</p>	<p>administration schedule CDC guidelines. Orders and consents will be obtained for these 15 residents and pneumococcal vaccine administered (if consented to). This will be completed by 6/6/25.</p> <p>3) All licensed nurses will be educated by DAL/designee on the pneumococcal immunization schedule. To be completed by 6/6/25.</p> <p>4) A root cause analysis revealed that there wasn't a routine auditing process in place to ensure compliance of the pneumococcal immunization schedule. Starting immediately, all new admissions will be audited by the DAL/designee within 1 week of admission for pneumococcal vaccination status. Ongoing, pneumococcal vaccine status will be audited by the DAL/designee quarterly for scheduled completion/compliance. All audits will be submitted to the QAPI committee. The QAPI committee will recommend any changes needed to the auditing cycles based on audit results. 100% audit compliance is the goal and audits will not be discontinued until this is reached.</p>	

Provider's Signature [Signature]

Title NHA

Date 5-29-25



**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 9

NAME OF FACILITY: Oakbridge Terrace at Cokesbury Village

DATE SURVEY COMPLETED: May 12, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
	<p>R6) out of six residents reviewed for updated resident rights notification, the facility failed to ensure that the resident or resident representative was notified and signed off on the updated resident rights form. Findings include:</p> <p>The Resident Rights form (updated September 2023) required each resident or resident representative to sign and date acknowledging the receipt of a copy of the Resident Rights.</p> <p>1. 7/51/23 – R1 was admitted to the OBT facility. The facility was unable to provide any documentation of R1 or R1's resident representative being notified and acknowledging receipt of the updated Resident Rights form.</p> <p>2. 8/10/23 – R2 was admitted to the OBT facility. The facility was unable to provide any documentation of R2 or R2's resident representative being notified and acknowledging receipt of the updated Resident Rights form.</p> <p>3. 10/13/23 – R3 was admitted to the OBT facility from Independent Living. On 1/5/19 at admission on entering the facility's Life Care Contract, R3 acknowledged receiving the residents' rights. The facility was unable to provide any documentation of R3 or R3's resident representative being notified and acknowledging receipt of the updated Resident Rights form.</p> <p>4. 8/3/23 – R4 was admitted to the OBT facility. The facility was unable to provide any documentation of R4 or R4's resident representative being notified and acknowledging receipt of the updated Resident Rights form.</p>	<ol style="list-style-type: none">1) R1, R2, R3, R4, R5, and R6 will receive (or their responsible party when applicable) a copy of the 9/2023 version of the Resident Rights with signed receipt/acknowledgement. This will be completed by 6/20/25 by DAL/designee.2) An audit revealed that presentation and acknowledgement of the 9/2023 revised resident rights were not in compliance for residents admitted prior to 9/2023. A copy of the revised 9/2023 Resident Rights will be provided to current residents or designated responsible party, along with signed receipt/acknowledgement, who were admitted prior to 9/2023.3) Education to be provided to licensed nurses and DAL by the NHA regarding this requirement. This is to occur no later than 6/6/25.4) A root cause analysis revealed that there was a knowledge deficit of the DAL and licensed nurses regarding the requirement of presenting and obtaining acknowledgement of any revision to the resident rights to the resident or their responsible party. The requirement is not met by posting the revised resident rights. Education to occur as stated in #3. Progress of completion will be submitted to the QAPI committee. The QAPI committee will monitor future compliance with future resident rights updates.	

Provider's Signature

[Signature]

Title

NHA

Date

5-29-25



**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 9

NAME OF FACILITY: Oakbridge Terrace at Cokesbury Village

DATE SURVEY COMPLETED: May 12, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
3225.16.0	<p>5. 10/12/21 – R5 was admitted to the OBT facility. The facility was unable to provide any documentation of R5 or R5's resident representative being notified and acknowledging receipt of the updated Resident Rights form.</p> <p>6. 2/21/25 – R6 was admitted to the OBT facility from Independent Living. The facility was unable to provide any documentation of R6 or R6's resident representative being notified and acknowledging receipt of the updated Resident Rights form.</p> <p>5/11/25 – Per interviews with E1 (NHA) and E3 (RCD) at approximately 11:30 AM, both E1 and E3 confirmed the updated rights acknowledgement to all residents had not been completed. E1 stated the rights were posted for all residents to see, and that the resident handbook/agreement was updated to capture the revised rights for incoming admissions who sign the facility's Life Care Contract. E1 stated they did not obtain signatures of acknowledgement of receipt from any existing residents for the updated resident rights.</p> <p>5/11/25 – Findings were reviewed with E2 (DAL) and E3 at the exit conference beginning at</p> <p>Staffing</p> <p>A staff of persons sufficient in number and adequately trained, certified or licensed to meet the requirements of the residents shall be employed and shall comply with applicable state laws and regulations.</p> <p>State Of Delaware Board of Nursing- "RN (registered nurse), LPN (licensed practical</p>		

Provider's Signature

[Signature]

Title

NHA

Date

5-29-25



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Health Care Quality
Office of Long-Term Care Residents Protection

DHSS - DHCO
263 Chapman Road, Suite 200, Cambridge Bldg.
Newark, Delaware 19702
(302) 421-7400

STATE SURVEY REPORT

Page 6 of 9

NAME OF FACILITY: Oakbridge Terrace at Cokesbury Village

DATE SURVEY COMPLETED: May 12, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
3225.16.2 S/S - D	<p>nurse) and NA (nurse's aide)/ UAP (unlicensed assistive personnel) Duties 2024...Post Fall Assessment & Documentation- RN..." Updated 4/10/24.</p> <p>This requirement was not met as evidenced by:</p> <p>Based on record review, interviews and other facility documentation including incident reports, it was determined that three (R1, R2 and R4) out of six residents reviewed for Accidents, the facility failed to ensure that nursing services met professional standards as evidenced by having LPNs complete the post fall assessment and documentation for residents' post fall which violates the Delaware State Board of Nursing Scope of Practice.</p> <p>1. 7/21/23 – R1 was admitted to the OBT facility.</p> <p>1/26/25 – Per EMR documentation at 3:49 PM, E14 (LPN) noted [sic] "S/P Fall; Resident slid down wall onto floor as she was attempting to ambulate, and her legs are not strong enough to hold her. No apparent injury noted. Staff put resident back into wheelchair. VS 98.0-69-22-184/85-98% ra. POA and NP notified".</p> <p>The post fall assessment was completed by E14, not an RN as required by the Delaware State regulation of the Board of Nursing Scope of Practice.</p> <p>2. 8/10/23 – R2 was admitted to the OBT facility.</p>	<ol style="list-style-type: none">1) All initial post fall assessments will be conducted by a RN, in accordance with the DE Nurse Practice Act.2) An audit revealed that it was not the practice to have a RN complete the post fall assessments. Oftentimes, these assessments were completed by an LPN.3) Education will be provided to all licensed nurses and CNAs by the DAL no later than 6/6/25, that the AL team member will contact the RN onsite at the AL for the initial post fall assessment. When there is not a RN onsite in the AL, the AL team member will contact the skilled nursing unit to request that the RN present perform the initial post fall assessment either in person or via telehealth. The RN completing the assessment will document this assessment in the resident record.4) A root cause analysis revealed a knowledge deficit of this requirement by the clinical staff of the assisted living. Education to be provided as stated above in #3. All status post fall initial assessments will be audited by the DAL for compliance. These audit results will be presented to the QAPI committee and reviewed	

Provider's Signature

[Signature]

Title

NHA

Date

5-29-25



**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 9

NAME OF FACILITY: Oakbridge Terrace at Cokesbury Village

DATE SURVEY COMPLETED: May 12, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
	<p>2/3/25 - Per EMR documentation at 11:23 PM, E15 (LPN) noted [sic] "Resident observed sitting on the floor on his buttock when aide did rounds @ 1515. this nurse was called to assess and take vitals. Resident appears to be fine. Resident stated he "wanted to fix the cords under tv." Vitals: 121/67, 98.0, 78, 20, 97%RA".</p> <p>The post fall assessment was completed by E15, not an RN as required by the Delaware State regulation of the Board of Nursing Scope of Practice.</p> <p>5/1/25 - Per EMR documentation at 10:10 PM, E15 (LPN) noted [sic] "Resident slid to floor while trying to take of his pants on the corner of the bed. PDA was with him and tried to hold him on the bed, but resident was too heavy and slid off the bed to the floor. No injury and did not hit his head. Vitals: T97.2 98%RA HR72 R19 BP118/80".</p> <p>The post fall assessment was completed by E15, not an RN as required by the Delaware State regulation of the Board of Nursing Scope of Practice.</p> <p>5/2/25 - Per EMR documentation at 1:00 PM, E10 (LPN) noted [sic] "CNA found resident sitting on the floor near the Sussex deck doors at 0830 this morning and notified writer immediately. Resident was sitting in the upright position; the left side of his back was up against the chair weight scale. Resident's walker was nearby, but unsure if he was using it at the time of the fall. Resident has advanced Dementia and could not tell writer what happened. Resident was assisted x 2 from the floor and was able to ambulate with his walker without difficulty.</p>	<p>for compliance at each month's QAPI meeting.</p> <p>The QAPI committee will recommend any changes needed to the auditing cycles based on audit results. 100% compliance is the goal of the audits and they will not be discontinued until this is reached.</p>	

Provider's Signature

[Handwritten Signature]

Title

NHA

Date

5-29-25



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Health Care Quality
Office of Long-Term Care Residents Protection

DHSS - DHCC
263 Chapman Road, Suite 200, Cambridge Bldg.
Newark, Delaware 19702
(302) 421-7400

STATE SURVEY REPORT

Page 8 of 9

NAME OF FACILITY: Oakbridge Terrace at Cokesbury Village

DATE SURVEY COMPLETED: May 12, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
	<p>Resident denies any pain or discomfort. Bruising noted to his left lower back. Vitals: BP 107/59, P 74, Temp 98.2 temporal, RR 18, POX 96% RA, neuro check WNL".</p> <p>The post fall assessment was completed by E10, not an RN as required by the Delaware State regulation of the Board of Nursing Scope of Practice.</p> <p>3. 8/3/23 – R4 was admitted to the OBT facility.</p> <p>11/7/24 - Per EMR documentation at 11:20 PM, E15 (LPN) noted [sic] "Resident had a fall @ 2005 this evening. Resident walking up and down Sussex Hall, when she turned around, she lost her footing and fell over landing on her left side. Aide and this author got resident up and in a chair. Vitals WNL and resident able to move all extremities w/o pain". "This was a witnessed fall by this author, and resident did not hit her head".</p> <p>The post fall assessment was completed by E15, not an RN as required by the Delaware State regulation of the Board of Nursing Scope of Practice.</p> <p>1/22/25 - Per EMR documentation at 3:46 PM, E14 (LPN) noted [sic] "s/p Fall with no apparent injury, small abrasion on scalp. Denies pain or discomfort. Continues to ambulate with walker. VS 98.0-66-18-173/78-98% ra".</p> <p>The post fall assessment was completed by E14, not an RN as required by the Delaware State regulation of the Board of Nursing Scope of Practice.</p>		

Provider's Signature

[Signature]

Title

NHA

Date

5-29-25



**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 9

NAME OF FACILITY: Oakbridge Terrace at Cokesbury Village

DATE SURVEY COMPLETED: May 12, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
	<p>5/9/25 – Per interview with E2 (DAL) at approximately 2:30 PM, E2 confirmed the LPN's have been performing these residents' post-fall assessments.</p> <p>5/11/25 – Per interview with E1 (NHA) at approximately 11:30 AM, E1 confirmed the LPN's have been performing some of the residents' post-fall assessments.</p> <p>5/11/25 – Findings were reviewed with E2 and E3 at the exit conference beginning at approximately 2:30 PM.</p>		

Provider's Signature

[Signature]

Title

NHA

Date

5-29-25

