



**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: Brandywine Assisted Living Fenwick Island **DATE SURVEY COMPLETED:** February 14, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
	<p>***REVISED***</p> <p>An unannounced Complaint Survey was conducted at this facility beginning February 5, 2025, and ending February 14, 2025. The facility census on the entrance day of the survey was sixty (60) residents. The survey sample size totaled thirteen (13) residents. The survey process included observations, interviews, review of resident clinical records, facility documents and facility policies and procedures.</p> <p>Abbreviations/definitions used in this state report are as follows:</p> <p>ADCS – Assistant Director of Clinical Services; ED – Executive Director; CM – Care Manager; MM – Maintenance Manager UAI – Uniform instrument assessment tool, used to evaluate resident functionality; Alzheimer's disease – degenerative disorder that attacks the brain's nerve cells resulting in loss of memory, thinking and language. Dementia – a severe state of cognitive impairment characterized by memory loss, difficulty with abstract thinking and disorientation or loss of mental functions such as memory and reasoning that is severe enough to interfere with a person's daily functioning.</p>	<p>A. The resident was returned to a supervised environment within 16 seconds of exiting the building.</p> <p>B. All residents with a need for supervision to prevent elopement have a potential risk of being affected by this practice. All residents with a need for supervision to prevent elopement were reassessed and their plan of care was updated with current photographs recorded.</p> <p>C. The root cause for R1 leaving the building unsupervised was due to an ineffective response to an alarm. All employees were given education and training regarding alarm responses (ATTACHMENT A) by 2/9/25 or prior to their next working shift. All employees acknowledged a Certificate of Training and Understanding (ATTACHMENT B) by 2/9/25 or prior to their next working shift. Elopement drills (ATTACHMENT C) will be increased to once per shift per month beginning in March 2025.</p> <p>D. Elopement drill exercises will be reviewed by the Safety Committee for 100% compliance for three consecutive months. Then, drills will return to once per month or according to the current policy and procedure. Drill reviews conducted by the Safety Committee will be reported to the Quality Improvement committee for ongoing monitoring.</p>	March 21, 2025
3225	<p>Assisted Living Facilities</p>		
16 Del. Code, Ch. 11, Sub-Chapter III §1131 Abuse, Neglect,	<p>(12) "Neglect" means the failure to provide goods and services to avoid physical harm, mental anguish, or mental illness.</p> <p>Neglect includes all the following:</p>		

Provider's Signature

[Signature]

Title

Execut. Dir.

Date

3/22/2025



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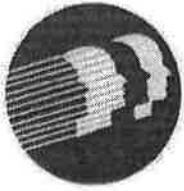
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Mistreatment or Financial Exploitation of Residents or Patients. S/S - J	<p>a. lack of attention to physical needs of the patient or resident including toileting, bathing, meals, and safety.</p> <p>This requirement was met as evidenced by:</p> <p>Based on observation, interview, record review and review of other facility documentation, it was determined that for one (R1) out of three sampled residents reviewed for wandering and elopement, the facility failed to provide the needed supervision and services to prevent an elopement. R1 eloped from the facility on 2/1/25 and was found outside in the facility in the parking lot, close to a busy highway. The facility was made aware of an immediate jeopardy on 2/5/25 at 2:28 PM. Findings include:</p> <p>A facility policy titled "Resident Safety: Elopement", revision date January 2013, included, "...Door alarm (or any door sounding audibly or on pagers) Activation response: 1. The designated staff and available personnel will immediately respond to the site of activation. 2. Alarmed door remains sounding until eloper is identified and safe. Redirect resident. 3. If eloper cannot be found, or reason for alarm activation cannot be determined, immediately confirm that all residents... are accounted for."</p> <p>Review of R1's clinical record revealed:</p> <p>12/1/19 – R1 was admitted to the facility.</p> <p>12/1/19– An admission UAI assessment documented that R1's cognition was intact and no history of wandering.</p>		

Provider's Signature B. C. [Signature] Title Executive Director Date 3-22-25



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	<p>5/8/24 – Review of the “Elopement Risk Assessment / Fall risk” documented “yes” to “no elopement risk – no risk factors”.</p> <p>11/18/24 – R1 was relocated to the memory care unit.</p> <p>11/19/24 – A change in condition UAI assessment documented R1’s cognitive status changed, only oriented to time and a new diagnosis of Dementia/Alzheimer’s.</p> <p>11/19/24 – A “Change of Condition Customized Support Assessment” documented in the area “Wandering Assistance” that “resident scored 5-9 points. Resident is at MEDIUM risk for wandering and needs staff assistance through regular monitoring 4 pts.”.</p> <p>11/19/24 – A service agreement documented R1’s goal is to remain safe in the community and is a wandering risk. Interventions include, for staff to orient, redirect and to monitor frequently.</p>		
	<p>11/19/24- An Individual Service Plan documented in the need “Wander Assistance – Monitoring” a goal that “resident will have the freedom to move about the community and will remain safe”. The intervention was “staff to regularly monitor resident who is at a medium risk for wandering”.</p> <p>2/1/25 – The facility reported R1’s elopement to the state agency. The facility incident report included statements from the following witnesses: E5 (CM) documented that she had responded to the audible alarm on the fire exit door which led to stair tower #3, “I opened the door and checked behind the</p>		

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	<p>door, no patient was found." E9 (CM) documented that E5 "went to the door and pulled it shut" and did not check the stairwell.</p> <p>2/5/25 – An elopement risk assessment documented R1 scored a "34." [a score of 10 or greater is risk for elopement].</p> <p>2/5/25 8:56 AM – During a visit to the facility this surveyor opened the fire door that R1 had eloped from on 2/1/25. The alarm sounded and this surveyor proceeded to enter the stairwell and descended the two flights of stairs to the exit door which displayed a sign "push on door and it will open in 15 seconds". Once it opened an alarm sounded and I was in the outside parking lot. The main entrance was approximately 300 to 400 yards to the right of the alarmed exit door. E3 (ACDS) came out from the same exit door and saw me outside, then reset the door alarm. It took between 3 to 4 minutes for E3 to find the surveyor. We both re-entered the facility through the main entrance.</p> <p>2/5/25 9:13 AM – During an interview, E7 (CM) was asked if she was working the day of R1's elopement? E7's response was "I was off the weekend but on Monday morning there was a meeting for everybody." When asked what happened in the meeting? E7's response was there was discussion regarding the incident and everyone present was re-educated on what to do when a door alarm sounds and the process for preventing residents exiting the facility without supervision, elopement procedure and resident safety.</p> <p>2/5/25 10:30 AM – During an interview R1 couldn't answer questions appropriately, R1 stated "I did go out, I went for dinner." When</p>		

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	<p>asked if she had fallen or hurt herself, she stated "no."</p> <p>2/5/25 10:40 AM – During an interview E4 (DOM) confirmed that all new employees are in orientation for one day prior to working in the facility. The orientation does include emergency preparedness training, and elopement procedure. E4 stated, at the beginning of January 2025 a company was hired to replace all doors that required an alarm by using more up to date mechanisms. The company also replaced all residents medical alert pendants and pagers for all staff. The same company provided all staff a two-day training on the operation of all the new equipment.</p> <p>2/5/25 11:20 AM - E4 demonstrated and confirmed all the alarmed doors were operating correctly. In addition, E4 demonstrated operation of the new pagers and operation of residents' new pendants (which can only be switched off using a magnet that is designed explicitly for the new pendants).</p> <p>2/5/25 2:28 PM – E1 (ED) was presented with the immediate jeopardy template regarding R1's elopement.</p> <p>2/5/25 3:10 PM – During an interview, E9 (CM) confirmed that she was working on the 2nd floor memory care unit the day of the incident, she heard the alarm sounding around 4:00 PM. E9 stated that as she headed towards the door, E5 was observed closing the door and re-setting the alarm. E9 asked E5 if she had checked the stairwell? E5's response was "no." E9 then asked if E5 heard the alarm sound to the exit door which led to the outside parking lot? E5 responded "no."</p>		

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	<p>2/5/25 4:22 PM – During an interview E2 (ADCS) confirmed R1's admission date was 12/1/19 and resided on the 3rd floor and functioned independently until her change in condition on November 24, 2024. At that time R1 was moved to the memory care unit.</p> <p>2/5/25 4:30 PM - The facility submitted their abatement plan which included education and re-training of the elopement procedure for all staff with a date to be fully abated by 2/9/25.</p> <p>2/5/25 5 :11 PM – Findings were reviewed with E1 (ED).</p> <p>2/14/25 – The surveyor returned to the facility to verify abatement. Review of education, sign-in sheets and interviews with staff confirmed the facility had fully abated the IJ on 2/9/25.</p>		

Provider's Signature

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