

**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 - Arden Courts of Wilmington

**DATE SURVEY COMPLETED:** June 17, 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 on June 17, 2025. The deficiencies contained in this report are based on interview, record review and review of other facility documentation as indicated. The facility census on the day of the survey was twenty-two (22). The survey sample totaled two residents.</p> <p>Abbreviations/definitions used in this state report are as follows:</p> <p>ED – Executive Director; Hydroxyzine – medication to treat anxiety; LPN – Licensed Practical Nurse; POA – Power of Attorney/ someone appointed to make decisions on your behalf; Risperdal – antipsychotic medication used to manage psychosis, an abnormal condition of the mind involving a loss of contact with reality and other mental and emotional conditions; RN – Registered Nurse; RSD – Resident Services Director; Telehealth – form of telemedicine, which includes the delivery of clinical health-care services by means of real time 2-way audio, visual, or other telecommunications or electronic communications, including the application of <u>secure</u> video conferencing or store and forward transfer technology to provide or support health-care delivery, which facilitates the assessment, diagnosis, consultation, treatment, education, care management and self-management of a patient's health care.</p>		
3225.0	<b>Assisted Living Facilities</b>		
3225.13.0	<b>Service Agreements</b>		

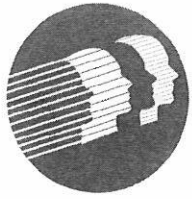
Provider's Signature

Title

Executive Director

Date

7/2/2025



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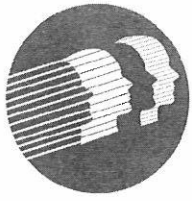
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3225.13.1  S/S – D	<p>A service agreement based on the needs identified in the UAI shall be completed prior to or no later than the day of admission. The resident shall participate in the development of the agreement. The resident and the facility 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.</p> <p><b>This requirement was not met as evidenced by:</b></p> <p>Based on interview and record review, it was determined that for one (R1) out of two residents reviewed for resident-to-resident abuse, the facility failed to ensure R1's service agreements since admission were signed by both the resident representative and the facility designee. Findings include:</p> <p>R1's clinical record revealed:</p> <p>5/30/25 – R1 was admitted to the facility.</p> <p>R1's initial service plan, with a document print date of 5/30/25, was signed by R1's resident representative and dated 6/3/25, but was not signed and dated by the facility's designee.</p> <p>R1's revised service plan, with a document print date of 6/3/25, was signed by E1 (ED) and the name of R1's representative with "over phone" was printed.</p> <p>6/17/25 at approximately 2 PM – During an interview, E1 (ED) confirmed that R1's representative did not sign the revised service</p>	<ol style="list-style-type: none"> <li>1. R1s service plan was updated, reviewed, and signed by her family and facility don 6/30/2025.</li> <li>2. All residents were reviewed to ensure service plans have required signatures from the facility and responsible party</li> <li>3. Executive director completed education with IDT on required service plan documentation.</li> <li>4. Executive Director/RSC/Designee will review updated service plans weekly x 4 weeks and monthly x 3 months to audit required service plan signature. Findings will be reviewed by facility QAPI committee for further recommendations as needed.</li> </ol> <p>Date of compliance: July 11, 2025</p>	<p>Date of compliance: July 11, 2025</p>

Provider's Signature *[Signature]*

Title Executive Director Date 7/2/2025



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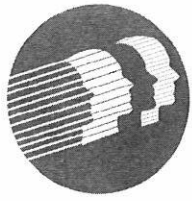
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3225.13.3 S/S - D	<p>plan. E1 stated that she reviewed the re-vised service plan over the phone.</p> <p>6/17/25 at 5:14 PM – Finding was reviewed during the exit conference with E1, E2 (RSD) and C1 (Facility Monitor).</p> <p><b>The resident's personal attending physi-cian(s) shall be identified in the service agreement by name, address, and tele-phone number.</b></p> <p><b>This requirement was not met as evidenced by:</b></p> <p>Based on interview and record review, it was determined for one (R1) out of two residents reviewed for resident-to-resident abuse, the facility failed to ensure R1's two service plans included the name and contact infor-mation of the resident's personal attending physician. Findings include:</p> <p>R1's clinical record revealed:</p> <p>Review of R1's initial service plan with a doc-ument print date of 5/30/25 and the revised service plan with a document print date of 6/3/25 lacked evidence of the name and contact information of R1's personal attend-ing physician.</p> <p>6/17/25 4:00 PM – During an interview, the finding was reviewed with E2 (RSD/RN).</p> <p>6/17/25 5:14 PM – Finding was reviewed during the exit conference with E1 (ED), E2 and C1 (Facility Monitor).</p>	<ol style="list-style-type: none"> <li>1. R1's service plan has been updated to include her personal physician's name, address, and telephone num-ber.</li> <li>2. All residents service plans were re-viewed and updated as needed to en-sure their personal physicians name, address, and telephone number are identified in the record.</li> <li>3. The executive director completed ed-ucation with RSC and licensed nurses on ensuring that residents personal attending physician is clearly docu-mented in their service plan.</li> <li>4. RSC or designee will audit new admis-sions weekly x4 weeks and monthly x 3 months to ensure residents personal attending physician is documented in their service plan. Findings will be re-viewed by facility QAPI committee for further recommendations as needed.</li> </ol> <p>Date of compliance: July 11, 2025</p>	<p>Date of compli- ance: July 11, 2025</p>

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Title Executive Director Date 7/10/2025



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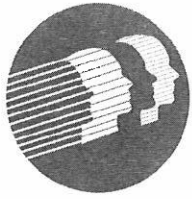
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3225.19.0	Records and Reports		
3225.19.1	The assisted living facility shall be responsible for maintaining appropriate records for each resident. These records shall document the implementation of the service agreement for each resident.		
3225.19.2	Records shall be available, along with the equipment to read them if electronically maintained, at all times to legally authorized persons; otherwise such records shall be held confidential.		
S/S - D	<p><b>This requirement was not met as evidenced by:</b></p> <p>Based on interview and record review, it was determined that for one (R1) out of two residents reviewed for resident-to-resident abuse, the facility failed to ensure that the resident's clinical notes from C2, a psychiatrist provider, were available in R1's hybrid clinical record (electronic and paper chart) per the resident's service plan. Findings include:</p> <p>R1's clinical record revealed:</p> <p>5/30/25 7:45 PM - R1 was admitted to the facility with diagnosis of dementia with psychotic disturbance.</p> <p>5/30/25 1:00 AM – A nurse's note by E4 (LPN) documented, "At 2030 [8:30 PM] Resident reportedly choked a female staff member, saying she thought she was hurting another resident. Caregiver was assisting with the care of another resident when resident</p>	<ol style="list-style-type: none"> <li>1. R1's psychiatry notes were sent by facility provider upon request and printed and provided to the surveyor prior to exit on 6/17. They have also been placed in her clinical record on 6/17.</li> <li>2. RSC completed audit of all residents who have seen psych services in last 30 days to ensure required physician documentation is present in the clinical chart.</li> <li>3. The executive director completed education with facility psychiatrist on ensuring timely documentation following resident visits.</li> <li>4. The RSC or designee will audit weekly x 4 weeks and monthly x 3 months to ensure required progress notes are entered timely following a provider visit. Findings will be reviewed by facility QAPI committee for further recommendations as needed.</li> </ol>	<p>Date of compliance: July 11, 2025</p>

Provider's Signature *[Signature]*

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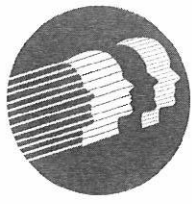
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	<p>stood up and wrapped her arms around the caregiver's neck...".</p> <p>5/31/25 2:52 PM – A nurse's note by E3 (LPN) documented, "New admission... Confused and actively exit seeking. Resident overheard by a family member attempting to coerce another resident with assisting her to get over the fence... Resident stated that she did not want to take any meds, eat, or drink because staff is trying to poison her...".</p> <p>6/2/25 – R1's revised service plan for aggressive behavior included an action for psych consult as needed.</p> <p>6/2/25 1:00 PM – A nurse's note by E2 (RSD/RN) documented, "Resident had psych consult this am with House psychiatrist [name of C2] r/t [related to] episode of aggression toward staff member on 05/30/2025. New order for Hydrazidine (sic, Hydroxyzine) 25 mg tab TID [three times a day] received. POA [Power of Attorney] informed... Resident appeared anxious this am, verbalizing need to 'go home'. Redirected resident that she 'is home', resident expressed desire to go visit her husband's grave... Resident refused indoor activities this am however enjoyed after lunch activities in the courtyard. Resident continued with q [every] 15 min [minute] checks since the incident. Placed on 1:1 [one to one] direct observation since this am un till (sic) will have follow up tele health appointment with [name of C2] at 2pm today...".</p> <p>Review of R1's hybrid clinical record lacked evidence of a documented clinical note from</p>		

Provider's Signature [Signature]

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	<p>C2's psych consult from the morning of 6/2/25.</p> <p>6/2/25 5:36 PM – A nurse's note by E2 (RSD/RN) documented, "Resident had telehealth appointment with [name of C2, Psychiatrist] at 2:00pm. New order received for Risperdal 0.5mg BID [twice a day] for behavior management... [name of C2] cleared resident of being risk to self or others and stated resident does not need to be on 1:1 direct supervision at this time and q15 min checks would be enough to ensure resident's safety. The facility has decided to leave resident on 1:1 direct supervision round clock at this time due to resident exhibiting dementia related behaviors in new environment..."</p> <p>Review of R1's hybrid clinical record lacked evidence of a documented clinical note from C2's telehealth visit at 2 PM on 6/2/25.</p> <p>6/11/25 11:18 AM – A late entry nurse's note by E2 (RSD/RN) documented, "Resident had a visit from [C2, House Psychiatrist] today. No new orders received..."</p> <p>Review of R1's hybrid clinical record lacked evidence of a documented clinical note from C2's visit on 6/11/25.</p> <p>6/11/25 9:28 PM – A nurse's note by E5 (LPN) documented, "Resident was sent to the ED [Emergency Department] for Aggressive behavior to self and resident [R2]..."</p>		

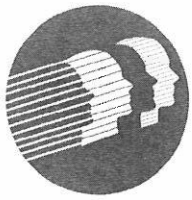
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	<p>6/12/25 4:40 PM – A nurse's note by E2 (RSD/RN) documented, "[name of C2, Psychiatrist] contacted and provided additional information on resident's behaviors from 06/12/25..."</p> <p>6/17/25 at 12:50 PM – During an interview with E2 (RSD), the surveyor requested to see all psych consult notes for R1 as they were not available in the hybrid clinical record.</p> <p>6/17/25 approximately 2:00 PM – During an interview with E1 (ED), surveyor asked again to see the psychiatrist's clinical notes from C2's consults. E1 confirmed that the psych notes were not available as C2 could not access the R1's electronic medical record due to a log in issue and then said that C2's notes were not transcribed.</p> <p>6/17/25 5:15 PM – Findings were reviewed during the exit conference with E1 (ED), E2 and C1 (Facility Monitor).</p>		

Provider's Signature

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