



**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- Westminster Village Assisted Living

DATE SURVEY COMPLETED: May 29, 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 May 28, 2025, through May 29, 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 fifty-three (53). The survey sample totaled two (2) residents.</p> <p>Abbreviations/definitions used in this state report are as follows:</p> <p>AA – Activities Assistant;</p> <p>CNA- Certified Nursing Assistant;</p> <p>FC – Facility Cook;</p> <p>FDR – Front Door Receptionist;</p> <p>FT – Floor Tech;</p> <p>NHA - Nursing Home Administrator;</p> <p>RSD – Resident Services Director;</p> <p>Service Agreement – allows both parties involved (the resident and the assisted living facility) to understand the types of care and services the assisted living provides. These include lodging, board, housekeeping, personal care, and supervision services;</p>		
3225.0	General Requirements		
16 Del. Code, Ch. 11, Sub- Chapter III	Abuse, Neglect, Mistreatment or Financial Exploitation of Residents or Patients Definitions	Past Non-Compliance - No POC Required	5/26/25
§1131			

Provider's Signature Wendy M. Moad, NHA Title Executive Director Date 6/23/25



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S/S – J PNC	<p>(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:</p> <p>a. Lack of attention to physical needs of the patient or resident including toileting, bathing, meals, and safety.</p> <p>This requirement was not met as evidenced by:</p> <p>Based on observation, interview, record review and other facility documentation it was determined that for one (R1) out of two (2) residents reviewed for elopement, the facility failed to ensure that R1 did not leave the building unsupervised. This failure put the resident at immediate jeopardy and risk of a serious adverse outcome. R1, a severely cognitively impaired resident, was able to elope from the facility on 5/25/25 at 11:30 AM. R1 was found walking on the highway approximately two (2) miles from the facility at 1:45 PM. An immediate jeopardy (IJ) was identified starting on 5/25/25 at 11:30 AM. Due to the facility's corrective measures following the incident, this is being cited as immediate jeopardy, past non-compliance with an abatement date of 5/26/25 at 3:00 PM. Findings include:</p> <p>12/24/24 – A facility police entitled "Elopement" documented, "Facilities will identify residents at risk for elopement and develop a plan to prevent unauthorized resident absences from the facility."</p> <p>Review of R1's clinical record revealed:</p> <p>4/11/25 – R1's mental assessment (SLUMS Examination) documented a score of 0/30,</p>		

Provider's Signature Wendy Howard, NHA

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	<p>indicating a pronounced cognitive impairment.</p> <p>The Saint Louis University Mental Status Examination (SLUMS) is a screening tool designed to detect early signs of cognitive impairment and dementia. The test consists of 11 questions that evaluate various cognitive abilities, including memory, attention, and language skills.</p> <p>27-30 points: Normal cognitive function. This range indicates that the individual is likely functioning well cognitively and does not show signs of significant impairment.</p> <p>21-26 points: Mild cognitive impairment. Scores in this range suggest some cognitive difficulties, but they may not significantly interfere with daily life. Further evaluation may be recommended.</p> <p>1-20 points: Cognitive impairment or possible dementia. A score in this range indicates more pronounced cognitive deficits, which could be indicative of dementia or other serious cognitive issues.</p> <p>4/15/25 – R1 was admitted to the facility's memory care unit with diagnoses including Alzheimer's dementia. R1's clinical records titled, "Service Plan Agreement" included, "Maximum staff supervision, requires assistance with exiting the building or accessing services outside the building....24 hours/day as needed."</p> <p>4/27/25 10:00 AM – R1's clinical record documented, "Resident stated she was going home."</p>		

Provider's Signature Mendy Moad, NHA Title Executive Director Date 6/23/25



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	<p>5/8/25 – An untimed notation in R1's clinical record documented, "Resident very anxious, repeatedly trying to find exit."</p> <p>5/13/25 – An untimed notation in R1's clinical record documented, "Resident had 3 tote bags packed trying to get to Smyrna."</p> <p>5/25/25 4:31 PM – A facility incident report submitted to the division documented, "Resident who resides in our secured memory care unit was found missing and search procedures were initiated internally then externally. Resident was found off the company property and returned safely to the facility."</p> <p>5/28/25 – 10:30 AM – R1 was observed in an activity with a staff member on the memory care unit. R1 was later observed ambulating with the staff member.</p> <p>5/28/25 12:15 PM – During an interview E3 (FC) stated, "I was taking the lunch cart to the Memory Care unit around 11:30 AM. As I entered the code to get in, I saw a person walking towards the door. She appeared to be on her way out. When I opened the door, she asked me to hold it for her. She was well dressed and was carrying a purse. I thought she was visiting a family member or friend, so I held the door open, and she walked out. After hearing that a resident was missing, I came to the unit and told the NHA (E1) that it was me who let her out. I got in my car and rode around trying to find her. I really thought she was a visitor because she looked like one." The Surveyor asked E3 if he was familiar with R1. E3 stated, "I am usually in the kitchen area of the facility, and I see the residents from the Assisted Living part of the fa-</p>		

Provider's Signature Wendy Howard, NHA

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	<p>cility in the dining room. The food for the residents on the Memory Care is brought to the unit, so I don't usually see them."</p> <p>5/28/25 1:00 PM – During an interview E4 (CNA) stated, "I went to get the residents for lunch and could not find her (R1.) I thought she might have been in one of the rooms or the bathroom. I became worried when I still could not find her, and I told the nurse. We searched the other areas in the building. Me and another CNA got into my car, and we drove around to look for her. I thought she might be trying to get to her house because she kept saying she wanted back to her home in Smyrna. We drove around for a while, and asked people along the way if they saw a woman wearing a red sweater and carrying a purse walking on the road. One person told me he saw someone wearing a red sweater walking towards the old Sheraton Hotel on Route 13. I saw the resident walking on the side of the road and talked her into coming back with me."</p> <p>5/28/25 2:30 PM – During an interview E2 (RSD) stated, "The root cause analysis revealed that the need for education regarding entrance/exit from to and from the memory care unit. All the staff including dietary, and housekeeping received education on not to open the doors for anyone on the Memory Care unit unless they are verified with nursing. And there is signage placed on the door as well. The resident (R1) was placed on 1:1 monitoring, and the doctor will see her for an evaluation. We also did an elopement drill. We do elopement drills every month."</p>		

Provider's Signature Wendy Shind, NHA Title Executive Director Date 6/23/25



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	<p>5/29/25 1:00 PM – 11/8/23 - Staff interviews with E3, E4, E5 (CNA) E6 (CNA), E7 (AA) E8 (FDR), and E9 (FT) confirmed staff education and elopement drills had been conducted. In addition, education for elopement, drills, audits, 1:1 supervision for R1 and safety checks had been completed.</p> <p>5/29/25 2:00 PM – E2 submitted a plan of correction that included:</p> <p>Audits for the memory care door entrance/exit of non-clinical members will be conducted daily times five until 100% compliance is achieved,</p> <p>Then weekly times four till 100% compliance is achieved,</p> <p>Then monthly times 3 till 100% compliance is achieved,</p> <p>And the results will be presented to the QAPI (Quality Assurance Process Improvement) committee for review and recommendations.</p> <p>5/29/25 2:30 PM - Based on the above corrective actions, it was determined that the IJ was past non-compliance and was abated on 5/26/25 at 3:00 PM.</p> <p>5/29/25 3:00 PM - Findings were reviewed with NHA (E1) and E2 (RSD) at the exit conference.</p>		

Provider's Signature Kendy M. M... NHA Title Executive Director Date 6/23/25