



**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 7

NAME OF FACILITY: Forwood Manor Assisted Living

DATE SURVEY COMPLETED: August 6, 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 August 5, 2025, through August 6, 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 first day of the survey was twenty-one (21). The survey sample totaled five (5) residents.</p> <p>Abbreviations/definitions used in this state report are as follows:</p> <p>DRC – Director of Resident Care; ED – Executive Director; EMR – Electronic Medical Record; FBD – Food and Beverage Director; LPN – Licensed Practical Nurse; Pneumococcal pneumonia - A common, but serious infection and inflammation of the lungs. It is caused by the bacterium Streptococcus pneumoniae; RN – Registered Nurse.</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 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	<p>A. Resident R3 and R4 has been offered and declined the pneumococcal pneumonia vaccine and documentation in the resident record.</p> <p>B. All resident has the potential to be affected by this practice. Audit conducted by the Director of Resident Care and LPN to confirm residents were offered the pneumococcal vaccine and documentation provided in resident record.</p> <p>C. Director of Resident Care will review medical evaluation for pneumococcal pneumonia vaccine prior to admission and audit for compliance per state regulation and CDC guidelines.</p>	8/8/2025
S/S - D			

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Page 2 of 7

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	<p>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: Based on record review, interview and review of other facility documentation, it was determined that for two (R3 and R4) out of five residents sampled for pneumonia information, the facility lacked evidence of the residents' pneumococcal pneumonia vaccine or a declination of such. Findings include:</p> <p>1. 7/2/24 – R3 was admitted to the facility. The facility lacked evidence of the pneumonia vaccine record or that the pneumococcal pneumonia vaccine was offered or declined.</p> <p>2. 11/26/21 - R4 was admitted to the facility. The facility lacked evidence of the pneumonia vaccine record or that the pneumococcal pneumonia vaccine was offered or declined.</p> <p>8/6/25 – Per interview with E2 (DRC) at approximately 12:00 noon, E2 confirmed the immunization information was not in evidence.</p> <p>8/6/25 – Findings were reviewed with E1 (ED) and E2 at the exit conference beginning at approximately 2:00 PM.</p>	<p>D. Monthly audits will be conducted by Director of Resident Care or designee for newly placed residents and at the time of annual vaccination event. Education on pneumococcal vaccination will be provided to the resident/POA and documented in the progress note. Data will be aggregated and analyzed by Director of Resident Care and reported quarterly to Quality Improvement Committee with monthly re-evaluation for the next 90 days.</p> <p><i>100% Compliance being met</i></p>	
3225.12.0	Services		
3225.12.1	The assisted living facility shall ensure that: Food service complies with the Delaware; and		

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Page 3 of 7

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3225.12.1.3 S/S - F	<p>Food Code Delaware Food Code Chapter 4: Equipment, Utensils, and Linens 4-5 MAINTENANCE AND OPERATION 4-501 Equipment 4-501.11 Good Repair and Proper Adjust- ment</p> <p>(A) EQUIPMENT shall be maintained in a state of repair and condition that meets the requirements specified under Parts 4-1 and 4-2. (B) EQUIPMENT components such as doors, seals, hinges, fasteners, and kick plates shall be kept intact, tight, and adjusted in accordance with manufacturer's specifications.</p> <p>This requirement was not met as evidenced by:</p> <p>Based on observation, it was determined that the facility failed to comply with the Delaware Food Code. Findings include:</p> <p>8/5/25 10:29 AM – During the kitchen tour with the E3 (FBD), the surveyor observed some greasy looking liquid leakage from a steamer and some water leakage from a metal pipe adjacent to the conveyor sink near the dish washing machine. The findings were confirmed with E3 during the kitchen tour.</p> <p>8/5/25 1:33 PM - Findings were reviewed with E1 (ED) and E2 (DRC).</p>	<p>A. The greasy looking liquid from the steamer and some water leakage from the metal pipe adjacent to the conveyor sink near the dishwashing machined service call place.</p> <p>B. All residents have the potential to be harm by this practice.</p> <p>C. Food and Beverage/designee will provide education to ensure leakage and cleaning assignment are executed effectively for safety of all staff and residents.</p> <p>D. Food and Beverage Director/Designee will make sure repairs and condition meets the requirements specified for Delaware Food Code weekly time three weeks then monthly until 100 percent compliance. Findings will be reported to QAPI quarterly</p>	8/31/2025
3225.16.0	Staffing		

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Page 4 of 7

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3225.16.2 S/S - D	<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 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, it was determined that two (R1 and R3) out of five residents reviewed, 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. Findings include:</p> <p>1. 6/19/24 – R1 was admitted to the facility.</p> <p>11/22/24 - Per EMR entry by E8 (LPN) at 10:18 AM, E8 noted R1 "was sitting by the dining room waiting to go in and have breakfast. Nurse Aid had told resident to Waite (sic) for help and not to get up alone to head into the dining room. Resident Decided to get up alone without guidance of Nursing Aid and fell. Nurse immediately went to evaluate resident. Resident told nurse he wanted to get up and get into the dining room to have breakfast". The post fall assessment was</p>	<p>A. No resident was negatively impacted by this practice</p> <p>B. All residents have the potential to be impacted by this deficiency practice. Resident contract updated with telehealth consent form for new admission</p> <p>C. DRC will re-educate the LPNs how to complete a telehealth assessment and documentation. The RN needs to document all post fall assessments in the resident record. Telehealth consent form completed for all residents.</p> <p>D. Executive Director/Designee will audit all Telehealth post fall assessments and documentation once weekly for the next 30 days then once per a month and report all finding to QAPI.</p> <p>100% Compliance being met</p>	8/8/2025

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Page 5 of 7

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	<p>completed by E8, not an RN as required by the Delaware State regulation of the Board of Nursing Scope of Practice.</p> <p>7/30/25 - Per EMR entry by E6 (LPN) at 12:57 PM, E6 noted R1 "was found on the floor in his bedroom in lying position on his back. Fell from his wheelchair, with his feet facing the door and head towards the window. Head to toe assessment and ROM done to all extremities. Bruising noted to right side of back with no bleeding noted". The post fall assessment was completed by E6, not an RN as required by the Delaware State regulation of the Board of Nursing Scope of Practice.</p> <p>2. 7/2/24 – R3 was admitted to the facility.</p> <p>12/5/24 – Per EMR entry by E6 (LPN) at 12:02 PM, E6 noted R3 "found on the floor at 10.45 am in sitting position. Head to toe assessment done to all extremities. No injury, open area and bruising noted. Denies any pain at this time". The post fall assessment was completed by E6, not an RN as required by the Delaware State regulation of the Board of Nursing Scope of Practice.</p> <p>3/7/25 - Per EMR entry by E8 (LPN) at 3:45 PM, E8 noted R3 "was found in the bathroom by family members visiting another Resident at 2:20pm. They immediately notified this nurse that [R3] was on the floor. This nurse went to resident's bathroom Immediately found him sitting on the floor by the wall holding on to the walker. This nurse asked resident what happened. Resident said he was trying to get up from the bathroom started feeling weak and lowered himself to</p>		

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	<p>the floor using the walker and his back against the wall. This nurse asked resident if he hit his head. Resident said no he did not hit his head. This nurse checked resident for any injuries or bruises. No injuries or bruises observed on resident's body".</p> <p>The post fall assessment was completed by E8, not an RN as required by the Delaware State regulation of the Board of Nursing Scope of Practice.</p> <p>6/22/25 - Per EMR entry by E7 (LPN) at 9:22 PM, E7 noted R3 "At about 18:22 (6:22 PM), resident was found sitting on the floor at the foot of his bed with both legs stretched forward. The resident stated that he sat at the edge of the bed and slid onto the floor. No injuries noted". The post fall assessment was completed by E7, not an RN as required by the Delaware State regulation of the Board of Nursing Scope of Practice.</p> <p>8/6/24 - Per interview with E2 (DRC) at approximately 12:00 noon, E2 stated they were utilizing telehealth assessments when an RN is not available. E2 confirmed the EMR entry did not contain evidence of the telehealth visits by an RN having been completed after a resident fall. The facility lacked evidence of residents' consent to perform telehealth visits.</p> <p>8/6/25 - Findings were reviewed with E1 (ED) and E2 at the exit conference beginning at approximately 2:00 PM.</p>		

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