



**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: Foulk Living LLC, Assisted Living

DATE SURVEY COMPLETED: September 8, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
	An unannounced Annual and Complaint Survey was conducted at this facility from September 3, 2025, through September 8, 2025. The deficiencies contained in this report are based on observation, interviews, resident and employee record review and review of other facility documentation as indicated. The facility census on the first day of the survey was forty-two (42). The survey sample totaled nine (9) residents plus six additional subsampled residents. Abbreviations/definitions used in this state report are as follows: CG – Caregiver; DOM – Director of Maintenance; DON – Director of Nursing; ED - Executive Director; EMR – Electronic Medical Record; FBD – Food and Beverage Director; LPN – Licensed Practical Nurse; MT – Medication Tech; NP – Nurse Practitioner; RA – Resident Assistant; RDCS – Regional Director of Clinical Services; RN – Registered Nurse; RSD – Resident Services Director; SNF – Skilled Nursing Facility.		
3225	Assisted Living Facilities	Medication carts must be secured at all times when not in direct use to prevent unauthorized access and ensure resident safety.	10/17/2025
3225.8.0	Medication Management	1. Corrective Action: -Med tech was immediately re-educated by the RDS on medication cart security protocols. -The cart was secured promptly upon discovery.	
3225.8.3.1	Medication shall be stored in a locked container, cabinet, or area that is only accessible to authorized personnel;		

Provider's Signature *Leah Ph*

Title Executive Director Date 9/30/25



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3225.8.3.2 S/S – E	Medication that is not in locked storage shall not be left unattended and shall not be accessible to unauthorized personnel; This requirement was not met as evidenced by: Based on medication administration observation and interviews, it was determined that one medication cart located in the hallway was left unlocked and unattended. Findings include: 9/3/25 - During medication pass observation at approximately 8:15 AM, the Surveyor observed the medication cart was unlocked and no staff member was in attendance. E7 (CNA/MT) came out of a resident's room while surveyor was by the medication cart. E7 confirmed she left the cart unlocked when she went to administer a resident's medication to their room. E7 stated she leaves the cart unlocked sometimes for the nurse to come down to administer insulin, but confirmed the LPN has a key to the med cart. 9/8/25 – Per interview with E6 (LPN) at approximately 12:20 PM, E6 confirmed she has keys to all of the medication carts. 9/8/25 – Findings were reviewed with E1 (ED), E2 (RSD) and E5 (RDCS) at the exit conference beginning at approximately 1:30 PM.	-No medications were reported missing or tampered with. 2. Identification of other residents: -All residents have the potential to be affected by this deficient practice. -All residents will be protected by taking the corrective actions outlined below. 3. System changes: -The "Administering Medication" policy was reviewed and found to meet professional standards. -All staff were re-educated by the RSD on medication security protocols. -Signage will be placed on all medication carts by the RSD reminding staff to lock carts when unattended. 4. Success Evaluation: -The RSD or designee will conduct audits of medication cart security two times per week for one month until 100% is obtained. -Results of the audit will be presented at the QAPI meeting.	
3225.12.0	Services		
3225.12.1	The assisted living facility shall ensure that: Food service complies with the Delaware Food Code	Delaware Food Code states that outer openings of a food establishment shall be protected against the entry of insects and rodents.	10/17/2025

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3225.12.1.3 S/S – F	Delaware Food Code Based on observations, interview, and re-view of other facility documentation it was determined that the facility failed to comply with the Delaware Food Code. Findings include: 6-202.15 Outer Openings, Protected. (A) Except as specified in ¶¶ (B), (C), and (E) and under ¶ (D) of this section, outer openings of a FOOD ESTABLISHMENT shall be protected against the entry of insects and rodents by: (1) Filling or closing holes and other gaps along floors, walls, and ceilings; (2) Closed, tight-fitting windows; and (3) Solid, self-closing, tight-fitting doors. 9/4/25 – During the survey of the facility at approximately 1:30 PM, a small gap under the exterior door of the assisted living dining room was in evidence. 9/4/25 – During an interview with E1 (ED) and E17 (DOM) at approximately 2:00 PM, the gap under the doorway was confirmed. 9/4/25 – Findings were reviewed with E1 at the environmental exit conference at approximately 2:30 PM.	1. <u>Corrective Action:</u> -A new weather strip was installed on the door from the dining room to the outside. 2. <u>Identification of other residents:</u> -All residents have the potential to be affected by this deficiency. -All residents will be protected by taking the corrective actions below. 3. <u>System changes:</u> -All exterior doors will be added to the monthly maintenance checklist to monitor for wear, gaps and damage. -Maintenance and housekeeping staff will be trained by the DOM to identify and report environmental safety issues, including door gaps and seal failures. 4. <u>Success Evaluation:</u> -The Plant Operations Director/designee will conduct monthly rounds to inspect all exterior doors and document findings. -Findings from the monthly rounds will be presented at QAPI.	
3225.14.0	Resident Rights		
3225.14.1 S/S – E	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. § 1121. Resident's rights. (b) It is the public policy of this State that the interests of the resident must be protected by a declaration of a resident's rights, and by requiring	Food service employees wore gloves during the dining service violating resident's dignity in their home environment. 1. <u>Corrective actions:</u> -Gloves were immediately removed and the food service continued.	10/17/2025

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	that all facilities treat their residents in accordance with such rights, which must include the following: (1) Each resident shall have the right to receive considerate, respectful, and appropriate care, treatment and services, in compliance with relevant federal and state law and regulations, recognizing each person's basic personal and property rights which include dignity and individuality. Based on observation it was determined that food service employees wore gloves during dining service violating resident's dignity in their home environment. Findings include: 9/4/25 – During the survey of the facility's meal service at approximately 12:00 PM, three food service employees were observed wearing gloves in the Assisted Living dining room while delivering plated food to tables where the residents were seated. 9/8/25 – Per interview with E1 (ED) at approximately 1:25 PM, E1 was unsure why the staff were wearing gloves during meal service. 9/8/25 – Findings were reviewed with E1, E2 (RSD) and E5 (RDCS) at the exit conference beginning at approximately 1:30 PM.	-The three food service employees were educated by the FBD about not wearing gloves during food service. 2. Identification of other residents: -All Assisted Living residents have the potential of being affected by this deficient practice. -All residents will be protected by taking the corrective actions as outlined below. 3. System Changes: -All dietary staff were educated by the FBD about not wearing gloves when serving residents' food. -Dietary supervisors will monitor glove usage during meal service. 4. Success Criteria: -The Dietary Director/designee will conduct an audit of glove usage during meal service weekly x 4 until 100% compliance is reached. -Any further violations will be documented and addressed immediately through coaching or disciplinary action as appropriate.	
3225.16.0	Staffing		
3225.16.2	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.	Post fall assessments must be completed by a Registered Nurse to ensure appropriate clinical evaluation and decision-making. 1. Corrective actions: -All assisted living staff members were educated about the need for an RN to complete the post-fall assessment.	10/17/2025
S/S – E			

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	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. This requirement was not met as evidenced by: Based on record review, interviews and review of other facility documentation, it was determined that five (R2, R4, R5, R7 and R8) out of fourteen 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. Findings include: 1. 6/16/37 – R2 was admitted to the facility. 3/2/25 – Per EMR entry at 4:10 PM, E8 (LPN) noted R2 was observed sitting on the floor and was able to get herself "up from floor with minimal assistance". E8 documented "No apparent injuries noted upon assessment". 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. 4/23/25 - Per EMR entry at 4:10 PM, E9 (LPN) documented R2 was sitting on the floor in the dining room. E9 documented "Resident assessed, no apparent injury noted".	-The Assisted Living Director will be responsible for all post-fall assessments. 2. Identification of other residents: -All Assisted Living residents have the potential of being affected by this deficiency. -All residents will be protected by taking the corrective actions as outlined below. 3. System changes: -The Assisted Living Director will conduct in person assessments for all falls that occur during business hours. -On off hours the Assisted Living Director/designee/a Registered nurse will conduct the post fall assessment. 4. Success criteria: -The Executive Director/designee will conduct an audit of all falls that occur in Assisted Living to ensure that an RN completed the post fall assessment. -This audit will be conducted weekly until 100% compliance is achieved. -Audit findings will be reported at the QAPI meeting.	

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	The post fall assessment was completed by E9, not an RN as required by the Delaware State regulation of the Board of Nursing Scope of Practice. 9/1/25 - Per EMR entry at 3:19 PM, E6 (LPN) noted R2 was found sitting on the floor. E6 noted R2 "was assessed and assisted off the floor by two staff, she ambulated and sat down on the chair, no bruise or injuries noted and no hematoma 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. 2. 5/17/24 – R4 was admitted to the facility. 4/26/25 – Per EMR entry at 10:00 PM, E8 noted R4 was laying on the floor in the hall-way. E8 noted R4 "was assessed for injuries and was noted with 4 abrasion sites to his back with scant bleeding. Sites cleaned and band aid applied. No other injuries were noted at this time". 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. 5/20/25 – Per EMR entry at 1:39 PM, E6 noted R4 "was assessed and assisted off the floor, he is c/o [complaint of] pain to his upper back/right shoulder and he is able to ambulate without any difficulties". The post fall assessment was completed by E6, not an RN as required by the Delaware		

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	State regulation of the Board of Nursing Scope of Practice. 6/13/25 - Per EMR entry at 10:27 PM, 7:15 AM; E8 (LPN) noted that R4 was sitting on the floor yelling for help. E8 noted R4 was "assessed and observed no apparent injuries". 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. 8/16/25 - Per EMR entry at 7:15 AM, E6 (LPN) noted that it was reported that R4 had an "unwitnessed fall around 5:49 AM" but was found sitting in his chair. R4 "had an old skin tear to elbow that reopened, bruise right shoulder and skin tear to right index finger." 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. 8/28/25 - Per EMR entry at 3:19 PM, E9 (LPN) noted R4 was found sitting on the floor. E9 noted R4 was "assessed, no apparent injuries noted. + ROM [Range of Motion] to all extremities". The post fall assessment was completed by E9, not an RN as required by the Delaware State regulation of the Board of Nursing Scope of Practice. 3. 5/31/22 - R5 was admitted to the facility. 1/11/25 - Per EMR entry by E9 (LPN) at 9:80 PM, E9 noted R5 was observed sitting on		

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	the floor. E9 noted R5 "assessed, no apparent injury noted." The post fall assessment was completed by E9, not an RN as required by the Delaware State regulation of the Board of Nursing Scope of Practice. 4. 1/6/22 – R7 was admitted to the facility. 12/15/24 – Per EMR entry at 10:53 AM, E8 noted that the overnight staff heard a loud noise and found R7 getting up from the floor. E8 noted "this nurse went to assess resident this morning, no apparent injuries noted". 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. 5. 7/31/23 – R8 was admitted to the facility. 5/9/25 – Per EMR entry at 1:38 PM, E10 (LPN) noted R8 was found sitting on the floor leaning against her recliner. E10 noted "during assessment, resident denied any injuries, was able to bend both knees, her arms were active. No signs of bruises on the skin or swelling". 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. 9/4/25 – Per interview with E2 (RSD) at approximately 8:30 AM, E2 confirmed the resident post-fall assessments were completed by LPN's.		

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	9/4/25 – Per interview with E1 (ED) and E3 (DON) at approximately 2:00 PM, E1 confirmed the resident post-fall assessments have been completed by LPN's. 9/8/25 – Findings were reviewed with E1, E2 and E5 (RDCS) at the exit conference beginning at approximately 1:30 PM.		

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