



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Health Care Quality
Office of Long-Term Care
Residents Protection

DHSS/DHCQ - OLTCRP
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 577-6661

STATE SURVEY REPORT

NAME OF FACILITY: The Lorelton Assisted Living

DATE SURVEY COMPLETED: January 6, 2022

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
<p>3225 2.0</p>	<p>An unannounced complaint survey was conducted by the State of Delaware Division of Health Care Quality, Office of Long Term Care Residents Protection from December 20, 2021 to January 6, 2022. The facility was found to be out of compliance with the Title 16 Health and Safety Delaware Administrative Code, 3225 Assisted Living Facilities regulations. The sample size was four residents. The facility census on the first day of the survey was 65.</p> <p><u>Abbreviations/definitions used in this state report are as follows:</u></p> <p>CNA – Certified Nurse's Aide; DON – Director of Nursing; Fibula – calf bone; LPN – Licensed Practical Nurse; Morphine – pain medication; NHA – Nursing Home Administrator; POA – Power of Attorney; RN – Registered Nurse; UAI (Uniform Assessment Instrument) – document setting forth standardized criteria developed by the Division to assess each resident's functional, cognitive, physical, medical, and psychosocial needs and status.</p> <p>Regulations for Assisted Living Facilities</p> <p>Authority and Applicability</p> <p>These regulations are promulgated in accordance with 16 Del. C. Ch. 11 and shall apply to any facility providing assisted living to elderly individuals or adults with disabilities.</p>	

Provider's Signature

Title

Executive Director

Date

02/08/2022



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<p>11.0</p> <p>11.5</p>	<p>The term "assisted living" shall not be used as part of the official name of any facility in this State unless the facility has been so licensed by the Department of Health and Social Services.</p> <p>Resident Assessment</p> <p>The UAI, developed by the Department, shall be used to update the resident assessment. At a minimum, regular updates must occur 30 days after admission, annually and when there is a significant change in the resident's condition.</p> <p>This requirement was not met as evidenced by:</p> <p>Based on clinical record review, it was determined that the facility failed to update R1's UAI after a significant change in the resident's condition. Findings include:</p> <p>Review of R1's clinical record revealed: 11/11/21 – R1's significant change UAI documented to monitor pain under the Sleep Patterns section. However, under the Pain Management section, E2 (DON) documented "Not at admission on 11/11/21" and the section was not completed.</p>	<p>A. R(1) was affected by the lack of an updated UAI following multiple changes in condition. Resident passed on 1/17/2022 with hospice and family present.</p> <p>B. The possibility, without intervention, for a 30 day, Annual, or a Significant change UAI to be missed could extend to any resident in the facility.</p> <p>C. Facility adopting EHR that will trigger scheduled UAI assessments at both 30 days and annually. All incident reports will be reviewed as they occur in daily stand up meeting(M-F) by the IDT to determine if follow up is required to warrant a significant change.</p> <p>D. ED or ED representative will audit a random sample of 20% of the current charts to ensure a valid UAI is completed and that it is clear and concise to represent the resident needs at 100% compliance. Another audit will be performed 1 week later until 100% compliance is achieved. a follow up audit x30 days(if compliance has been met) will be held to ensure facility is in 100% compliance with 10% of the charts.</p>

Completion
7/15/22

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	<p>12/1/21 at 4:45 PM – According to the facility's incident report, R1 slid out of a facility wheelchair.</p> <p>12/2/21 – H1 (Hospice CNA) reported that R1's left leg from her knee down to her ankle was swollen and R1 complained of pain.</p> <p>12/4/21 at 8:30 AM – A facility nursing note documented, "Staff reports ... left leg is swollen and painful to touch."</p> <p>12/6/21 at 9:33 AM – A facility nursing note, by E5 (LPN), documented that R1 had "Bruising on left lower extremity from knee down with pitting edema. When trying to extend the left leg resident c/o (complained of) pain...".</p> <p>12/6/21 at 11:05 AM – A hospice note, by E2 (hospice RN), documented R1 had pitting edema (swelling) and bruising from the fall below the knee to the toes on the left lower leg; R1 reported pain in that leg at a 5 out of 10 on the numeric scale (with 0 being no pain and 10 being the worst possible pain) and moaned whenever the leg was straightened or moved. E2 notified E5 (LPN) and E5 will administer morphine for pain.</p> <p>12/8/21 at 11:15 AM – A nursing note documented that R1's x-ray revealed an ankle fracture and a displaced fibula.</p>	

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<p>13.0</p> <p>13.4</p>	<p>12/9/21 at 10:22 AM – A hospice note, by E2 (hospice RN), documented R1's pain level as a 5 out of 10 and told E4 (facility's charge nurse) to administer morphine, a (strong) pain medication. E2 also documented that R1 required a two person assist to transfer and patient (R1) was receiving morphine for pain management.</p> <p>12/11/21 – R1's UAI was reviewed and documented "no change to care needs." Although the UAI documented that R1 had a fall in the last 30 days, the UAI lacked evidence that R1 sustained an ankle fracture and a displaced fibula and an assessment of R1's pain management.</p> <p>The facility failed to update R1's 11/11/21 significant change UAI after R1 sustained an ankle fracture and displaced fibula and was subsequently experiencing pain.</p> <p>Service Agreements</p> <p>The facility shall be responsible for appropriate documentation in the service agreement for services provided or arranged by the facility.</p> <p>This requirement was not met as evidenced by:</p> <p>Based on review of the clinical record and an 11/9/21 email correspondence to F1 (R1's POA), it was determined that the facility failed to appropriately</p>	<p>A. Resident's chart, (R1) failed to have complete documentation of all services that was arranged by the facility and family to care for the resident.</p> <p>B. Documentation of all services provided, both from within the community and outside providers, without additional interventions, could be lacking for any resident that additional services have been provided for. Examples of the additional services include, but are not limited to: Hospice, private duty homecare, or anyone involved in collaborating care for the resident.</p>

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	<p>document in R1's service agreement the additional needed services of the 24 hour 7 day a week private duty aides upon her readmission on 11/11/21.</p> <p>Findings include:</p> <p>11/9/21 at 3:44 PM – An email from E2 (DON) to F1 (R1's POA), with a copy to E1 (NHA), an (unknown) facility nurse and C1 (hospice coordinator) documented, "Subject: care for (R1) ... I called the hospital today and spoke with both the social worker, and the nurse caring for (R1). The nurse reported to me that nursing has been providing all care to her in bed. They do not get her up at all. She still is not eating or drinking. <u>In order for me to bring her back I will need the full assistance of hospice and a private duty company.</u> C1 (hospice coordinator) ... is assisting with this. (F1) has been through so much and I want to do everything I can so she can safely return to The Lorelton with the appropriate services."</p> <p>11/11/21 - R1's Service Agreement lacked evidence of the coordination of care and expectations between the facility staff and the 24 hour/7 day a week private duty aides.</p> <p>Despite the 11/9/21 email informing F1 (R1's POA) that they will need the full assistance of hospice and a private duty company in order to bring F1 back to the facility from the hospital, the facility then documented</p>	<p>C. An audit of all resident records will be held by RN or RN representative to determine what residents are being assisted by hospice, homecare, or any care outside of what facility provides. Care will be clarified and documented with each individual provider and service agreements will reflect each service provided by each entity. All hospice residents and anyone with outside assistance will be reviewed by IDT, 8 at a time until every related chart is updated. Following the update of the entire house, service agreements will be updated as services begin following stand up.</p> <p>D. Following completion of all charts, (<30 days) an audit of 10 percent of random charts will be performed by ED or ED representative to reveal that charts and service agreements are updated and reflect accuracy and complete data for 100% of the sample.</p>

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13.6	<p>in the 11/11/21 Service Agreement that the 24/7 home health aide was "per family wishes." This document was not seen, reviewed and signed by F1 until 12/16/21, 35 days later.</p> <p>12/16/21 – A letter from F1 (R1's POA) to E2 (DON) documented, "I have reviewed the UAI and have dated and signed today's date: 12/16/2021. Also, in this letter I did not review any of this paperwork prior to my signature. In order for (R1) to return to the Lorelton, I needed to provide an outside agency to be with (R1) 24/7 due to her bedridden condition. Your facility, hospice and (name of) hospital case worker ... all agreed that this was necessary in order for her to return to the Lorelton and receive additional care." This letter was attached to the signed facility documentation in R1's chart.</p> <p>The facility failed to appropriately document the additional needed services in the 11/11/21 Service Agreement to ensure that there was coordination of care and expectations between the facility staff and the private duty aides.</p> <p>The service agreement shall be reviewed when the needs of the resident have changed and minimally, in conjunction with each UAI. Within 10 days of such assessment, the resident and the assisted living facility shall execute</p>	<p>A. Resident(R1) passed on 1/17/2022 with hospice and family present. B. Failure to execute or approve of the service agreement can occur following the development of it after the UAI was completed. This is especially true with the pandemic and decreased visits to the facility.</p>

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	<p>a revised service agreement, if indicated.</p> <p>This requirement was not met as evidenced by:</p> <p>Based on clinical record review, it was determined that the facility failed to ensure that R1's revised Resident Service Agreement was executed (completed, agreed to and signed) by R1's POA within 10 days. Findings include:</p> <p>Review of R1's clinical record revealed:</p> <p>11/11/21 – R1 was readmitted to the facility from the hospital with a diagnosis of a stroke.</p> <p>11/11/21 – A significant change UAI assessment was completed by E2 (DON). A revised Resident Service Agreement was completed and E2 (DON) printed "TV (telephone verbal) POA (F1's name)/(name of E2) and dated 11/11/21" on the Resident/POA Signature line.</p> <p>12/16/21 – F1 (R1's POA) signed the 11/11/21 Resident Service Agreement 35 days later.</p> <p>The facility failed to execute R1's 11/11/21 Resident Service Agreement with R1's POA within the required 10 days.</p>	<p>C. In conjunction with the scheduled UAI's, 30 day and annual, the ED or ED representative will audit each service agreement within 10 days to determine that there is sufficient documentation of review and acceptance of the service agreement. With the presence of the pandemic, a verbal review with documented, timestamped evidence of sending via email, fax, or mail will be accepted.</p> <p>D. >30 days from acceptance of this POC, 10% of random sample of charts will reflect 100 % compliance with documented acceptance of service agreement and evidence of receiving a copy of the document.</p>

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