



DELAWARE HEALTH AND SOCIAL SERVICES

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

DHSS - DHCQ
263 Chapman Road, Ste 200, Cambridge Bldg.
Newark, Delaware 19702
(302) 421-7400

STATE SURVEY REPORT

NAME OF FACILITY: Willowbrooke Court at Manor House

DATE SURVEY COMPLETED: June 21, 2023

| SECTION | STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES | ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES | COMPLETION DATE |
|---|---|--|-----------------|
| <p>3201</p> <p>3201.1.0</p> <p>3201.1.2</p> <p>3201.9.0</p> <p>3201.9.8</p> | <p>The State Report incorporates by reference and also cites the findings specified in the Federal Report.</p> <p>An unannounced Annual, Complaint and Emergency Preparedness Survey was conducted at this facility from June 15, 2023, through June 21, 2023. The deficiencies contained in this report are based on observations, interviews, review of residents' clinical records and review of other facility documents as indicated. The facility census on the first day of the survey was 38. The survey sample totaled 14 residents.</p> <p>Regulations for Skilled and Intermediate Care Facilities</p> <p>Scope</p> <p>Nursing facilities shall be subject to all applicable local, state and federal code requirements. The provisions of 42 CFR Ch. IV Part 483, Subpart B, requirements for Long Term Care Facilities, and any amendments or modifications thereto, are hereby adopted as the regulatory requirements for skilled and intermediate care nursing facilities in Delaware. Subpart B of Part 483 is hereby referred to, and made part of this Regulation, as if fully set out herein. All applicable code requirements of the State Fire Prevention Commission are hereby adopted and incorporated by reference.</p> <p>This requirement is not met as evidenced by:</p> <p>Cross refer to CMS 2567-L survey completed June 21, 2023: F550 and F758.</p> <p>Records and Reports</p> <p>Reportable incidents are as follows:</p> | <p>Cross Reference POC for CMS 2567 survey completed 6/21/2023 F-tag: F550, F758</p> | |

Provider's Signature

Title

Date

7/5/23



**DELAWARE HEALTH
AND SOCIAL SERVICES**

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

DHSS - DHCQ
263 Chapman Road, Ste 200, Cambridge Bldg.
Newark, Delaware 19702
(302) 421-7400

STATE SURVEY REPORT

NAME OF FACILITY: Willowbrooke Court at Manor House

DATE SURVEY COMPLETED: June 21, 2023

| SECTION | STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES | ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES | COMPLETION DATE |
|---------------------------------------|---|---|--------------------|
| <p>3201.9.8.4</p> <p>3201.9.8.4.2</p> | <p>Significant injuries.</p> <p>Injury which results in transfer to an acute care facility for treatment or evaluation or which requires periodic neurological reassessment of the resident's clinical status by professional staff for up to 24 hours.</p> <p>This requirement was not met as evidenced by:</p> <p>Based on interview, record review, and review of other documentation as indicated, it was determined that for one (R217) out of three residents reviewed for falls, the facility failed to report a fall with major injury to the State Agency. Findings include:</p> <p>A facility policy (last revised 8/19) entitled "Incident Reporting/Injury Investigation Resident and Visitors" included:</p> <ul style="list-style-type: none"> - A reportable incident also includes...falls with injuries. - Injury which results in transfer to an acute care facility for treatment or evaluation or which requires periodic neurological reassessment of the resident's clinical status by profession (sic) staff for up to twenty-four (24) hours. <p>Review of R217's clinical record revealed:</p> <p>3/10/23 – R217 was admitted to the facility.</p> <p>3/28/23 – R217 was assessed to be at high risk for falls.</p> <p>4/1/23 – R217's discharge MDS assessment documented that R217 required extensive assistance of facility staff and limited assistance for walking.</p> | <p>State Tag 3201.9.8</p> <ol style="list-style-type: none"> 1. Resident R217 returned to facility with no negative effects at this time. 2. The nursing home administrator performed an immediate audit to verify state reportable was conducted of past 30 days of falls with injuries transferred to acute care for treatment or evaluation. The nursing home administrator re-educated the director of nursing on state requirement and indication of reportable incidents related to falls with injuries. 3. The director of nursing and nursing educator re-educated licensed nursing staff on state requirement and indication of reportable incidents related to falls with injuries transferred to acute care for treatment or evaluation. 4. The director or nursing and/or designee will conduct a weekly audit x 100% of incidents related to falls with injury for three months until 100% compliance is obtained, or longer if deemed appropriate by IDT. Results of these audits will be presented at our QAPI Committee Meeting. | |

Provider's Signature

Title

Date



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Health Care Quality

Office of Long-Term Care
Residents Protection

DHSS - DHCQ
263 Chapman Road, Ste 200, Cambridge Bldg.
Newark, Delaware 19702
(302) 421-7400

STATE SURVEY REPORT

NAME OF FACILITY: Willowbrooke Court at Manor House

DATE SURVEY COMPLETED: June 21, 2023

| SECTION | STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES | ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES | COMPLETION DATE |
|---------|--|---|-----------------|
| | <p>6/10/23 4:35 PM – A nursing progress note documented, "Called into room by CNA. Resident on floor lying on her right side in front her recliner. Copious amount of blood coming from head. Right arm was all the way behind her." R217 was transferred to the Emergency Room.</p> <p>6/10/23 10:00 PM through 6/11/23 10:00 PM - Review of the facility neurological assessment sheet revealed that R217 required every four hour assessments for twenty four hours after returning from the hospital.</p> <p>6/15/23 12:25 PM – During a random observation and interview, R217 was observed sitting in her recliner in her room. R217 was noted to have a large hematoma on the right side of the forehead and bruising down to the corner of the right eye. R217 stated that she "had a fall."</p> <p>6/20/23 10:28 AM - Review of the State Agency incident report revealed that R217's fall was submitted to the State Agency.</p> <p>6/20/23 – During an interview, E1 (NHA) confirmed that R217's fall on 6/10/23 at 4:30 PM was not reported to the State Agency, as required, until ten days later.</p> <p>6/21/23 12:20 PM – Findings were reviewed with E1 (NHA), E2 (DON) and E4 (ED) at the exit conference.</p> | | |

Provider's Signature

Title

NHA

Date

7/5/23

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/07/2023
FORM APPROVED
OMB NO. 0938-0391

| | | | | | |
|---|---|---|---|----------------------|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085009 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 06/21/2023 |
| NAME OF PROVIDER OR SUPPLIER WILLOWBROOKE COURT SKILLED CENTER AT MANOR HOUSE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1001 MIDDLEFORD ROAD SEAFORD, DE 19973 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE | |
| E 000 | Initial Comments An unannounced Annual and Complaint Survey was conducted at this facility from June 15, 2023 through June 21, 2023. The facility census was 11 on the first day of the survey. In accordance with 42 CFR 483.73, an Emergency Preparedness survey was also conducted by The Division of Health Care Quality, Office of Long Term Care Residents Protection at this facility during the same time period. Based on observations, interviews, and document review, no Emergency Preparedness deficiencies were found. | E 000 | | | |
| F 000 | INITIAL COMMENTS An unannounced Annual and Complaint Survey was conducted at this facility from June 15, 2023 through June 21, 2023. The deficiencies contained in this report are based on observations, interviews, review of residents' clinical records and review of other facility documents as indicated. The facility census on the first day of the survey was 11. The survey sample totaled 9 residents. Abbreviations/definitions used in this report are as follows: ADON - Assistant Director of Nursing; CNA - Certified Nursing Assistant; DON - Director of Nursing; ED - Executive Director; LEA - Life Enrichment Assistant (Activities Aide); LPN - Licensed Practical Nurse; NHA - Nursing Home Administrator; RN - Registered Nurse; | F 000 | | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

07/03/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/07/2023
FORM APPROVED
OMB NO. 0938-0391

| | | | | | |
|---|---|---|---|----------------------|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085009 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 06/21/2023 |
| NAME OF PROVIDER OR SUPPLIER WILLOWBROOKE COURT SKILLED CENTER AT MANOR HOUSE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1001 MIDDLEFORD ROAD SEAFORD, DE 19973 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE | |
| F 000 | Continued From page 1 Antianxiety Medication - medication used to treat any of several disorders that cause nervousness, fear, apprehension and worrying; Antipsychotic - drug to treat psychosis and other mental/emotional conditions (e.g. Risperdal, Seroquel); Anxiety - general term for several disorders that cause nervousness, fear, apprehension and worrying; Hematoma - collection of blood as a result of trauma, such as a black eye; MDS (Minimum Data Set) - a federally mandated comprehensive, standardized, clinical assessment of all residents in Medicare/Medicaid nursing homes that evaluates functional capabilities and health needs; PRN - As needed; Psychotropic (medication) - any medication capable of affecting the mind, emotions and behavior. | F 000 | | | |
| F 550 SS=D | Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. | F 550 | | 7/28/23 | |

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/07/2023
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085009 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 06/21/2023 |
|---|---|--|--|---|
| NAME OF PROVIDER OR SUPPLIER WILLOWBROOKE COURT SKILLED CENTER AT MANOR HOUSE | | STREET ADDRESS, CITY, STATE, ZIP CODE 1001 MIDDLEFORD ROAD SEAFORD, DE 19973 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
| F 550 | <p>Continued From page 2</p> <p>§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined that for R8, the facility failed to treat R8 with dignity and respect. Findings include:</p> <p>5/1/21 - R8 was admitted to the facility.</p> <p>6/7/23 - A quarterly MDS assessment documented that R8 was cognitively impaired and occasionally incontinent of bladder.</p> <p>6/15/23 9:53 AM - During an observation, a staff member was pushing R8 down the hallway in her</p> | F 550 | <p>F550 Resident Rights Related to Dignity</p> <p>1. E5 (LEA) was provided education by Nursing Home Administrator regarding Residents rights - dignity of resident R8's individual personal care needs. Resident R 8 was assessed for psycho-social wellbeing. Resident R8 had no negative effect or memory recall of such incident.</p> <p>2. Random audits were completed multiple times on all three shifts, by nursing management team to assure that all resident information is shared in private</p> | |

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/07/2023
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085009 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 06/21/2023 |
|---|--|---|--|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER WILLOWBROOKE COURT SKILLED CENTER AT MANOR HOUSE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1001 MIDDLEFORD ROAD SEAFORD, DE 19973 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE | |
| F 550 | Continued From page 3 wheelchair. E5 (LEA) stated loudly that the resident had "peed on herself" so that other residents and/or visitors could hear what was said. 6/15/23 10:39 AM - During an interview, E5 confirmed that the facility failed to provide a dignified existence when she loudly expressed R8's personal care needs in a common area. 6/21/23 12:20 PM - Findings were reviewed with E1 (NHA), E2 (DON) and E4 (ED) at the exit conference. | F 550 | areas. The Nursing Home Administrator and/ or designee will hold a general resident council meeting with residents to review Resident Rights related to dignity. 3. The Nursing Home Administrator assigned timely education to staff related to Resident Rights related to dignified existence of all residents for personal care needs not to be expressed loudly or in common areas to all staff members. 4. The Nursing Home Administrator and/or designee will conduct an audit twice a week to ensure that residents rights related to dignity, for three months until 100% compliance is obtained, or longer if deemed appropriate by IDT. Results of these audits will be presented at our QAPI Committee Meeting. | | |
| F 758 SS=D | Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5) §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic Based on a comprehensive assessment of a resident, the facility must ensure that--- §483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a | F 758 | | 7/28/23 | |

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/07/2023
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085009 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 06/21/2023 |
|---|--|--|---|---|
| NAME OF PROVIDER OR SUPPLIER WILLOWBROOKE COURT SKILLED CENTER AT MANOR HOUSE | | STREET ADDRESS, CITY, STATE, ZIP CODE 1001 MIDDLEFORD ROAD SEAFORD, DE 19973 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
| F 758 | <p>Continued From page 4</p> <p>specific condition as diagnosed and documented in the clinical record;</p> <p>§483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;</p> <p>§483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and</p> <p>§483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.</p> <p>§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by: Based on record review, interviews and review of facility documentation, it was determined that for one (R9) out of five residents reviewed for unnecessary medications, the facility failed to limit an as needed (PRN) psychotropic medication to 14 days. Findings include: Review of R9's medical record revealed:</p> | F 758 | <p>F758 Pharmacy Services- Free from Unnecessary Psychotropic Meds/PRN Use</p> <p>1. This was immediately addressed on 06/16/23 by DON. R9 was immediately assessed, and no adverse effect was noted. Physician was notified.</p> | |

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/07/2023
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085009 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 06/21/2023 |
|---|---|---|--|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER WILLOWBROOKE COURT SKILLED CENTER AT MANOR HOUSE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1001 MIDDLEFORD ROAD SEAFORD, DE 19973 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE | |
| F 758 | <p>Continued From page 5</p> <p>5/18/23 - R9 was admitted to the facility.</p> <p>5/18/23 - R9 had a Physician's order for Alprazolam tablet 0.5 mg give 1 tablet by mouth every 8 hours as needed for anxiety.</p> <p>The aforementioned Physician's order for Alprazolam had no end date for the medication to be reevaluated.</p> <p>6/16/23 at 1:50 PM - An interview with E3 (ADON) confirmed that the order for the PRN Alprazolam should have been renewed every 14 days and there was no Physician documentation to extend the original order.</p> <p>6/16/23 at 2:30 PM - A Physician's order was renewed for Alprazolam tablet 0.5 mg give 1 tablet by mouth every 8 hours as needed for anxiety.</p> <p>The facility failed to provide evidence that R9 was reassessed by the Physician for the need to extend the use of Alprazolam for more than 14 days.</p> <p>6/21/23 12:20 PM - Findings were reviewed with E1 (NHA), E2 (DON) and E4 (ED) at the exit conference.</p> | F 758 | <p>2. The DON completed a facility wide review and audit of PRN psychotropic medications to assess for duration period on drug order is in place, and that there was supporting documentation if order was deemed to continue after initial 14-day period.</p> <p>3. Staff educator or QAPI designee will complete re-education with clinical nursing staff (RN/LPN) related to need for stop date of 14 days with all PRN psychotropic medications.</p> <p>4. The assistant director of nursing or QAPI designee will complete an audit to ensure that any new PRN psychotropic medication orders have a set duration for stop/need for review after 14 days. This audit will be completed once daily for a week then twice weekly times one month then twice monthly times three months, or until 100% compliant. The findings from the audits will be documented, reviewed, and submitted to the monthly QAPI committee for further review and any additional action if identified.</p> | | |