



**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

NAME OF FACILITY: Sunrise Assisted Living

DATE SURVEY COMPLETED: January 23, 2024

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
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	<p>An unannounced Annual and Complaint Survey was conducted at this facility from January 17, 2024 through January 23, 2024. 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 seventy-one (71). The survey sample totaled fourteen (14) residents.</p> <p>Abbreviations/definitions used in this state report are as follows:</p> <p>Dementia - the loss of cognitive functioning — thinking, remembering, and reasoning to such an extent that it interferes with a person's daily life and activities;</p> <p>DelVax - Delaware's state immunization registry that serves as a database to contain the immunization records of Delaware residents;</p> <p>Dementia – a condition that affect the brain's ability to think, remember, and function normally;</p> <p>ED - Executive Director;</p> <p>Giant Cell Arteritis - inflammation of the blood vessels. Vessels most often affected are the arteries of the scalp and head, especially the arteries over the temples;</p> <p>LPN - Licensed Practice Nurse;</p> <p>RCD - Resident Care Director;</p> <p>RN – Registered Nurse;</p> <p>Service Agreement - allows both parties involved (the resident and the assisted living facility) to understand the types of care and ser-</p>	
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Provider's Signature Jamie Hackett Title Executive Director Date 2/16/24



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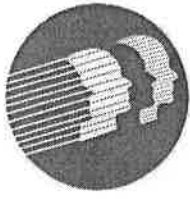
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<p>3225.0</p> <p>3225.9.0</p> <p>3225.9.5</p> <p>3225.9.5.1</p> <p>3225.9.7</p>	<p>vices the assisted living provides. These include: lodging, board, housekeeping, personal care, and supervision services;</p> <p>Regulations for Assisted Living Facilities</p> <p>Infection Control</p> <p>Requirements for tuberculosis and immunizations:</p> <p>The facility shall have on file the results of tuberculin testing performed on all newly placed residents.</p> <p>This requirement was not met as evidenced by:</p> <p>Based on record review, interview, and review of other facility documentation, it was determined that for one (R3) out of nine residents sampled, the facility failed to provide evidence of tuberculin testing performed on a newly placed resident. Findings include:</p> <p>12/19/23 – R3 was admitted with a diagnosis of dementia. The facility lacked evidence of tuberculin testing before or at admission.</p> <p>Per interview with E1 (ED) on 1/23/23 at approximately 10:00 AM, E1 confirmed this testing was not completed before or at R3's admission.</p> <p>1/23/24 - Findings were reviewed with E1, E2 (RCD), E3 (DSC), E4 (MC), E5 (RC), E6 (AC), E7 (ALC) and O1 (State Ombudsman) at the exit conference, beginning at approximately 1:30 PM.</p> <p>The assisted living facility shall have on file evidence of vaccination against pneumococcal pneumonia for all residents older than 65</p>	<p>A. Resident R3 was not impacted and continues to reside safely in the facility. Action taken immediately. The Resident Care Director (RCD) obtained an order to have a QuantiFERON Gold testing completed. Resident was tested on 1/22/2024. TB was ruled out by Physician following Chest x-ray on 1/29/24. Resident completed isolation precautions at that time.</p> <p>B. All residents have the potential to be impacted by this practice. The RCD and ED conducted an immediate audit, using the Immunization Report, of all resident files and verified that no other residents had failed to receive tuberculin testing prior to admission.</p> <p>C. The root cause of the deficient practice was due to a break down in the standard practice to conduct a "Pre-Move Meeting" review of all resident documentation and admission checklist items prior to move-in. Resident was an immediate admission</p>

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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 health risks involved. The reason for the refusal shall be documented in the resident's medical record.

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 (R6 and R9) out of nine residents sampled, the facility failed to provide evidence of the vaccination against pneumococcal pneumonia or a vaccination declination. Findings include:

1. 5/25/22 – R6 was admitted with a diagnosis of dementia. The facility lacked evidence of a pneumococcal vaccination or of a declination of such at R6's admission or after.
2. 11/21/22 – R9 was admitted with a diagnosis of giant cell arteritis. The facility lacked evidence of a pneumococcal vaccination or of a declination of such at R9's admission or after.

Per interview with E1 (ED) on 1/23/23 at approximately 10:00 AM, E1 confirmed the pneumococcal vaccinations were not in evidence. E1 stated she will obtain access to the DelVax site for immunization information.

1/23/24 - Findings were reviewed with E1, E2 (RCD), E3 (DSC), E4 (MC), E5 (RC), E6 (AC), E7 (ALC) and O1 (State Ombudsman) at the exit

transferring from a sister facility in Pennsylvania.

- D. This Plan of Correction was discussed and evaluated. Resident Care Director (RCD) or designee will randomly audit 10% of resident Immunizations weekly x 4 weeks and monthly x 3 months to ensure compliance is maintained. Date of Completion: 5/1/24 The Executive Director (ED) and Coordinators at the Quality Assurance and Performance Improvement meeting to verify compliance and the POC will be amended as needed. Date of Completion: Ongoing

- A. Residents R6 and R9 were not impacted and continues to reside safely in the facility. Action taken immediately. The Executive Director (ED) scheduled a Pneumonia vaccination clinic in conjunction with Chesapeake Pharmacy. Residents R6 and R9's POAs were offered the Pneumococcal 20-valent Conjugate vaccine is schedule to be administered on 2/21/2024. Resident R6 consent to and will receive the Pneumococcal 20-valent Conjugate vaccine. Resident R9 received the Pneumococcal Polysaccharide PPV-23 on 3/22/2019 and declined additional vaccination.

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<p>3225.13.0</p> <p>3225.13.3</p>	<p>conference, beginning at approximately 1:30 PM.</p> <p>Service Agreements</p> <p>The resident's personal attending physician(s) shall be identified in the service agreement by name, address, and telephone number.</p> <p>This requirement was not met as evidenced by:</p> <p>Based on record review, interview and review of other facility documentation, it was determined that for fourteen (R1, R2, R3, R4, R5, R6, R7, R8, R9, R10, R11, R12, R13 and R14) out of fourteen sampled residents, the facility failed to provide evidence that the service agreement included the residents' personal Physician's name, address and phone number. Findings include:</p> <ol style="list-style-type: none"> 1. 3/3/23 - R1 was admitted to the facility. The Service Agreements dated 2/15/23 and 10/24/23 did not include the residents' personal Physician's name, address and phone number. 2. 5/2/22 – R2 was admitted to the facility. The Service Agreements dated 5/1/22 and 1/18/23 did not include the residents' personal Physician's name, address and phone number. 3. 12/19/23 – R3 was admitted to the facility. The Service Agreements dated 2/13/23 and 1/17/24 did not include the residents' personal Physician's name, address and phone number. 4. 9/28/17 - R4 was admitted to the facility. The Service Agreements dated 3/7/22 and 9/3/22 did not include the residents' personal Physician's name, address and phone number. 	<ol style="list-style-type: none"> B. All residents have the potential to be impacted by this practice. The RCD and ED conducted an immediate audit, using the Immunization Report, of all resident files. All applicable residents were offered and consent to the Pneumococcal 20-valent Conjugate vaccine scheduled to be administered on 2/21/2024. Resident declining the vaccination are given declination forms to be complete by 3/4/2024. C. The root cause of the deficient practice was due to the Pneumonia vaccination not offered timely to all residents in 2023. D. This Plan of Correction was discussed and evaluated. Resident historic vaccination record to be requested at time of admission. Date of Completion: Immediate. Historic vaccination information received to be entered into resident electronic vaccination record. Date of Completion: Immediate. Executive Director requested access and new user training for Del Vax system. Date of Completion: 1/22/2024. Resident Care Director (RCD) or designee will randomly audit 10% of resident Immunizations weekly x 4 weeks and monthly x 3 months to ensure compliance is achieved. Date of Completion: 5/1/24. Pneumonia vaccination clinic to be offered yearly thereafter. Consent and/or declination forms to be obtained yearly. The Executive Director (ED) and Coordinators at the Quality Assurance and Performance Improvement meeting to verify compliance and the POC will be

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	<p>5. 10/4/21 - R5 was admitted to the facility. The Service Agreements dated 10/10/22 and 9/30/23 did not include the residents' personal Physician's name, address and phone number.</p> <p>6. 5/25/22 - R6 was admitted to the facility. The Service Agreements dated 5/11/22, 8/31/22 and 2/27/23 did not include the residents' personal Physician's name, address and phone number.</p> <p>7. 11/3/21 - R7 was admitted to the facility. The Service Agreements dated 11/30/22 and 6/16/23 did not include the residents' personal Physician's name, address and phone number.</p> <p>8. 12/16/22 - R8 was admitted to the facility. The Service Agreements dated 12/8/22, 2/16/23 and 10/25/23 did not include the residents' personal Physician's name, address and phone number.</p> <p>9. 11/21/22 - R9 was admitted to the facility. The Service Agreements dated 11/15/22, 1/16/23 and 1/3/24 did not include the residents' personal Physician's name, address and phone number.</p> <p>10. 3/1/23 - R10 was admitted to the facility. The Service Agreements dated 2/27/23 and 8/30/23 did not include the residents' personal Physician's name, address and phone number.</p> <p>11. 1/4/23 - R11 was admitted to the facility. The Service Agreements dated 12/21/22 and 1/8/24 did not include the residents' personal Physician's name, address and phone number.</p> <p>12. 11/6/20 - R12 was admitted to the facility. The Service Agreements dated 5/12/22 and</p>	<p>amended as needed. Date of completion: Ongoing.</p> <p>A. Residents R1, R2, R3, R4, R5, R6, R7, R8, R9, R10, R11, R12, R13 and R14) were not impacted and continues to resident safely in the facility. The Executive Director (ED), in conjunction with the PointClickCare technical team, is currently working to add the resident's personal physician's name, address, and phone number to the resident's Service Agreement as a required pre-populated designation. To date, the physician's name, address and telephone number added to the resident's Service Agreement has been manually written in. Date of Completion 3/1/2024.</p> <p>B. All residents have the potential to be impacted by this practice. All resident Service Agreements to be updated and recharted to reflect the personal Physician name, address, and phone number.</p> <p>C. The root cause of the deficient practice is due to Service Agreement not having the Physician's name, address, and telephone number was not included in the Service Agreement.</p> <p>D. This Plan of Correction was discussed and evaluated. Resident Care Director (RCD) or designee will randomly audit 10% of resident Service Agreement weekly x 4 weeks and monthly x 3 months to ensure compliance is achieved. Date of Completion:</p>

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<p>3225.19.0</p> <p>3225.19.6</p> <p>3225.19.7</p> <p>3225.19.7.1</p>	<p>1/3/23 did not include the residents' personal Physician's name, address and phone number.</p> <p>13. 2/11/21 - R13 was admitted to the facility. The Service Agreement dated 9/8/22 did not include the residents' personal Physician's name, address and phone number.</p> <p>14. 9/8/22 - R14 was admitted to the facility. The Service Agreements dated 9/10/22 and 1/11/23 did not include the residents' personal Physician's name, address and phone number.</p> <p>Per interview with E1 (ED) on 1/23/23 at approximately 10:00 AM, E1 confirmed the Service Agreement forms being used by the facility do not contain the Physician's name, address and phone number. E1 stated she will have the form revised to include this information.</p> <p>1/23/24 - Findings were reviewed with E1, E2 (RCD), E3 (DSC), E4 (MC), E5 (RC), E6 (AC), E7 (ALC) and O1 (State Ombudsman) at the exit conference, beginning at approximately 1:30</p> <p>Records and Reports</p> <p>Reportable incidents shall be reported immediately, which shall be within 8 hours of the occurrence of the incident, to the Division. The method of reporting shall be as directed by the Division.</p> <p>Reportable incidents include:</p> <p>Injury from an incident of unknown source in which the initial investigation concludes that there is reasonable basis to suspect that the injury is suspicious. An injury is suspicious based on; the extent of the injury, the location of the injury (e.g., the injury is located in an area not generally vulnerable to trauma), the</p>	<p>5/1/2024. Upon the implementation of the section requiring data entry for physicians' information, the Service Agreement will stipulate completion only after the entry is fully completed. Date of Completion: 4/1/2024. The Executive Director (ED) and Coordinators at the Quality Assurance and Performance Improvement meeting to verify compliance and the POC will be amended as needed. Date of Completion: Ongoing.</p> <p>A. Resident R2 was impacted at the time of cited incident. However, resident R2 now continues to reside safely in the facility. The Executive Director (ED) immediately reviewed findings and educated RCD on required reportable incidents to include incidents of unknown source in which an initial investigation concludes that there is a reasonable basis to suspect a suspicious injury.</p> <p>B. All residents have the potential to be impacted by this practice. The RCD and ED conducted an immediate audit, using past in present incidents, of all resident files and</p>

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	<p>number of injuries observed at one particular point in time or the incidence of injuries over time.</p> <p>This requirement was not met as evidenced by:</p> <p>Based on record review, interview and review of other facility documentation, it was determined that for one (R2) out of nine sampled residents, the facility failed to report the resident injuries of unknown cause. Findings include:</p> <p>5/2/22 – R2 was admitted to the facility with a diagnosis of dementia. In review of the medical record, on 9/14/23 at 7:30 AM E18 (LPN) noted R2 to have swelling of her right shoulder. A medical fax to the Physician on 9/14/23 indicated that R2 had swelling over her upper chest, right shoulder bruising, two bruises on her upper chest and bruising on her forearm. The facility failed to report this injury of unknown cause to the State.</p> <p>Per interview with E1 (ED) on 1/23/23 at approximately 12:10 PM, E1 confirmed that this injury of unknown origin was not reported to the State.</p> <p>1/23/24 - Findings were reviewed with E1, E2 (RCD), E3 (DSC), E4 (MC), E5 (RC), E6 (AC), E7 (ALC) and O1 (State Ombudsman) at the exit conference, beginning at approximately 1:30 PM.</p>	<p>verified that no other residents had unreported suspicious injuries of an unknown source. Date of Completion 2/9/2024.</p> <p>C. The root cause of the deficient practice was attributed a lack of interpretation of what indicates a reasonable suspicion injury of source unknown.</p> <p>D. This Plan of Correction was discussed and evaluated. Resident Care Director (RCD) or designee will randomly audit 10% of resident incident reports weekly x 4 weeks and monthly x 3 months to ensure reporting compliance is maintained. Date of completion 5/1/2024. Training on determining reportable incidents training to be conducted to facility Licensed Practical and Registered nurses. Date of Completion: 2/29/2024. The Executive Director (ED) and Coordinators at the Quality Assurance and Performance Improvement meeting to verify compliance and the POC will be amended as needed. Date of Completion: Ongoing.</p>

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