



**DELAWARE HEALTH
AND SOCIAL SERVICES**

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

263 Chapman Road, Suite 200, Cambridge Bldg
Newark, Delaware 19702
(302) 421-7400

STATE SURVEY REPORT

NAME OF FACILITY: Brandywine Fenwick Assisted Living

DATE SURVEY COMPLETED: January 30, 2024

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
<p>3225.0</p> <p>3225.8.0</p> <p>3225.8.3</p> <p>3225.8.3.5</p>	<p>An unannounced annual and complaint survey was conducted at this facility beginning January 25, 2024, and ending January 30, 2024. The facility census on the entrance day of the survey was 85 (eighty-five) residents. The survey sample was composed of twenty-three (23) residents. The survey process included observations, interviews, review of resident clinical records, facility documents and facility policies and procedures, and complaint and incident documentation from the State Agency.</p> <p>Abbreviations/definitions used in this state report are as follows:</p> <p>ED – Executive Director;</p> <p>RN – Registered Nurse;</p> <p>RDC - Regional Director of Clinical Services;</p> <p>WD – Wellness Director.</p> <p>Regulations for Assisted Living Facilities</p> <p>Medication Management.</p> <p>Medication stored by the assisted living facility shall be stored and controlled as follows:</p> <p>All expired or discontinued medication, including those of deceased residents, shall be disposed of according to the assisted living facility's medication policies and procedures.</p> <p>This requirement was not met as evidenced by:</p> <p>Based on observation and interview, it was determined that the facility failed to dispose of two expired medications observed in two out of three medication storage areas. Findings include:</p> <p>A facility policy (last revised 10/2012) titled Medication Administration included: "If the resident expires, the medications will be destroyed</p>	<p>A. Expired medication for both R1 and R2 noted during the state survey were disposed of immediately.</p> <p>B. Residents who have medications stored in facility medication carts have the potential to be affected. Policy entitled Destruction of Expired or Discontinued Medications was revised for grammatical clarity (Attachment A.) An audit of all medication carts will be conducted by a licensed nurse to confirm that all medications are not expired, an active order, and a current resident (Attachment B.) Any medications identified will be removed immediately and secured for destruction.</p> <p>C. Education will be provided to licensed nurses to check medications prior to administration</p>

Provider's Signature B. Blum Bennett, LNH Title

Executive Director

Date 2/22/2024



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	<p>within the center."</p> <p>A facility policy and procedure titled Destruction of Expired or Discontinued Medications included: "discontinued or expired medications shall be destroyed within thirty (30) days in the residence by designated staff, all discontinued and/or expired medications shall be placed in the drug buster container for the purpose of dissolving the medications."</p> <p>1/29/24 9:55 AM – During a medication storage audit on the second-floor reflections unit medication storage area, one package of R1's sodium chloride tablets (a mineral and electrolyte found in salt) were found to have an expiration date of 11/28/23. R1 expired on 3/28/22.</p> <p>1/29/24 10:18 AM – During an interview E10 (RN) confirmed the medication should have been destroyed when R1 passed away.</p> <p>1/29/24 11:00 AM – During a medication storage audit on the first-floor Wellness Center, medication cart one, an opened, undated, container of R2's glycopyrrolate 1 mg tablet (a medication that decreases stomach acid and saliva production) which had also expired on 1/3/23.</p> <p>1/29/24 approximately 11:20 AM – During an interview E11 (RN) confirmed that the medication was opened, undated and expired.</p> <p>The facility failed to destroy the package of expired sodium chloride tablets and the container of glycopyrrolate tablets.</p> <p>1/30/24 3:45 PM – Findings were reviewed with E1 (ED) and E2 (RDC) during the exit conference.</p> <p>Services</p>	<p>to ensure each medication is not expired, an active order and that it belongs to a current resident. Education will also include review of policy for removal and destruction of any identified medications (Attachments A and C.) Monthly medication cart audits will be conducted by the designated licensed nurse or licensed pharmacist utilizing the Monthly Medication Cart Audit Tool (Attachment B.)</p> <p>D. Monthly audits will be reviewed for patterns or trends and reported quarterly to the Quality Improvement Committee. Monthly audits will continue until 100% compliance for 3 months. Then, audits will continue quarterly for one year.</p> <p>E. Anticipated date for correction March 15, 2024.</p>

Provider's Signature B. Ellen Bennett, LNH Title Executive Director Date 2/22/2024



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<p>3225.12.0</p> <p>3225.12.1</p> <p>3225.12.1.3</p>	<p>The assisted living facility shall ensure that:</p> <p>Food service complies with the Delaware Food Code</p> <p>Delaware Food Code</p> <p>Based on observations, interview, and review of other facility documentation it was determined that the facility failed to comply with the Delaware Food Code. Findings include:</p> <p>Delaware Food Code 3-401.11 Raw Animal Foods: (A) Except as specified under (B) and in (C) and (D) of this section, raw animal FOODS such as EGGS, FISH, MEAT, POULTRY, and FOODS containing these raw animal FOODS, shall be cooked to heat all parts of the FOOD to a temperature and for a time that complies with one of the following methods based on the FOOD that is being cooked.</p> <p>1/25/24 – 1:00 PM - During the survey of the facility, the surveyor interviewed E8 (Dining Director), upon review of requested temperature logs of meals it was discovered that the facility is missing 173 meal time temperature logs out of 552 reviewed.</p> <p>1/25/24 – Findings were reviewed with E8 at 2:30 PM and E1 (Executive Director) at 3:30 PM.</p>	<p>A. The food temperature entries missing from the temperature logs were not able to be conducted. The missing log entries did not impact any residents.</p> <p>B. Missing food temperature entries can affect all residents eating that food item. Food temperatures must be documented before food is served to ensure food is served safely. All Chefs will receive education on the proper use of the food temperature log (Attachment 1) and the need to enter food temperature readings (attachments 2 and 3.)</p> <p>C. E8 or designee will conduct audits of the temperature reading-entry logs weekly using the temperature log entry audit tool (attachment 4.)</p> <p>D. Weekly audits will be reviewed for patterns or trends and reported quarterly to the Quality Improvement Committee. Weekly audits will continue until 100% compliance is maintained for at least 3 months. Then, audits will be conducted monthly for one year.</p> <p>E. Anticipated date for correction March 15, 2024.</p>

Provider's Signature B. Alan Bennett, RNHA Title Executive Director Date 2/22/2024