



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Long Term Care
Residents Protection

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

STATE SURVEY REPORT

W

NAME OF FACILITY: Arden Courts

DATE SURVEY COMPLETED: August 6, 2014

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
---------	--	--

	<p>An unannounced annual and complaint survey was conducted at this facility beginning August 1, 2014 and ending August 6, 2014. The facility census on the entrance day of the survey was 56 residents. The survey sample totaled 7 residents and was composed of 4 residents plus a subset of three residents. The survey process included observations, interviews and review of resident clinical records, facility documents and facility policies and procedures.</p> <p>Abbreviations used in this state report are as follows: ED - Executive Director DON - Director of Nursing RN - Registered Nurse LPN - Licensed Practical Nurse CNA – Certified Nurse’s Aide</p>	<p>The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies therein. To remain in compliance with all Federal and State regulations, the center has taken or will take the actions set forth in the following plan of correction. The plan of correction constitutes the centers allegation of compliance such that all alleged deficiencies cited have or will be corrected by the date or dates indicated.</p>
3225.0	Regulations for Assisted Living Facilities	
3225.8.0	Medication Management	3225.0, 3225.8.0, 3225.8.8, 3555.8.8.1
3225.8.8	Concurrently with all UAI-based assessments, the assisted living facility shall arrange for an on-site review by a registered nurse, for residents who need assistance with self-administration or staff administration of medication, to ensure that:	We have submitted an IDR-10/14/2014
3225.8.8.1	Medications are properly labeled, stored and maintained This requirement is not met as evidenced by:	

Provider's Signature

Stacy Zigman

Title

Executive Director

Date

10.14.14



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Long Term Care
Residents Protection

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

STATE SURVEY REPORT

NAME OF FACILITY: Arden Courts

DATE SURVEY COMPLETED: August 6, 2014

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
	<p>Based on observation of medication administration, clinical record review, review of facility policies and procedures and staff interview it was determined that the facility failed to ensure that a medication was properly labeled for one resident (RSS1) out of seven sampled. Findings include:</p> <p>During observations of the administration of medications on 8/6/2014 to RSS1 inconsistency was revealed between the label of one prescribed medication and the Medication Administration Record (MAR) dated August 2014. According to the medication label, one teaspoonful (5 milliliter/ml) of liquid Valproic Acid (a medication used to treat abnormal electrical activity in the brain) was prescribed twice a day by mouth for administration to RSS1. However the MAR dated 2014 read "Valproic Acid 250milligrams (mg)/5 milliliter (ml) take one teaspoonful by mouth three times a day". Review of the list of medications prescribed for RSS1 on August 5, 2014 revealed that the physician order stated "Valproic Acid one teaspoonful (5 ml) by mouth two times a day".</p> <p>The facility failed to ensure that a medication prescribed by the physician for RSS1 was properly labeled, maintained and available for administration at 9:00 AM on 8/6/2014. Instead E3 (LPN) administered a prescribed medication to RSS1 from a bottle that was incorrectly labeled.</p> <p>These findings were reviewed with E1 (ED) and E2 (DON) at 4:00 PM on 8/6/2014.</p>	



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Long Term Care
Residents Protection

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

STATE SURVEY REPORT

Page 3 of 10

NAME OF FACILITY: Arden Courts

DATE SURVEY COMPLETED: August 6, 2014

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
3225.12.0	Services	
3225.12.1	The assisted living facility shall ensure that:	
3225.12.1.2	<p>Meals and snacks are varied, palatable, and of sufficient quality and quantity to meet the daily nutritional needs of each resident with specific attention given to the special dietary needs of each resident.</p> <p>This requirement is not met as evidenced by:</p> <p>Based on observations and staff interviews it was determined that the facility failed to offer an alternate menu of similar nutritive value to two residents (RSS2 and RSS3) out of seven sampled who refused the menu served for lunch. Findings include:</p> <p>1. Observations conducted during the lunch meal in the facility housing unit named Cottage on 8/4/2014 at 12:10 PM revealed that RSS2 ate 0% of the main menu selection. Rather than offer RSS2 the posted "suggested alternate" menu E5, CNA chose instead to give RSS2 a wrap sandwich. Further observations of the above lunch meal also revealed that RSS2 consumed approximately 70% of the sandwich.</p> <p>At 12:35 PM on 8/4/2014 in an interview conducted between E5, E6 (CNA) and this surveyor it was confirmed that roast beef, the entree of the "suggested alternate" menu was available. During the same interview it was stated that the side vegetable dishes and dessert remained the same as those offered with the main</p>	<p>3225.12.0, 3225.12.1, 3225.1.2</p> <hr/> <p>1. Effective Monday, August 11, 2014 The Food Services Coordinator is responsible for reporting any menu changes to the Executive Director or Resident Services Coordinator. An alternate will be sent down each food cart for each meal as designated by the menu.</p>



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Long Term Care
Residents Protection

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

STATE SURVEY REPORT

Page 4 of 10

NAME OF FACILITY: Arden Courts

DATE SURVEY COMPLETED: August 6, 2014

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
	<p>menu selection. However further review of the scheduled weekly menu revealed that the side vegetable dishes and desserts differed between the main menu and the alternate menu. The facility offered RSS2 a sandwich rather than the alternate menu of sufficient quality and quantity developed to meet the nutritional needs of the resident.</p> <p>These findings were reviewed with E1 (ED) and E2 (DON) at 4:00 PM on 8/6/2014.</p> <p>2. Observations conducted during the lunch meal on 8/5/2014 at 12:30 PM in the Country Lane housing unit revealed RSS3 sitting and eating a bowl of cereal. In an interview with E7 (CNA) on 8/5/2014 at approximately 12:47 PM she stated that RSS3 preferred a bowl of cereal instead of the main menu selection. Observations also revealed that RSS3 was not offered the alternate menu.</p> <p>These findings were reviewed with E1 and E2 at 4:00 PM on 8/6/2014.</p>	<p>3225.12.0, 3225.12.1, 3225.1.2</p> <p>2. The FSC needs to in-service the RCG's on The importance of providing an alternate to all Residents at all meals.</p>
<p>3225.13.0</p>	<p>Service Agreement</p>	<p>3225.13.0 3225.13.5</p>
<p>3225.13.5</p>	<p>The service agreement shall be developed and followed for each resident consistent with that person's unique physical and psychosocial needs with recognition of his/her capabilities and preferences.</p> <p>This requirement is not met as evidenced by:</p> <p>Based on clinical record review, review of facility documents and staff interviews it was determined that the facility failed to ensure that service agreements were</p>	<p>We are using the Fall Investigation Tool Sheet which is filled out by the RSS anytime a resident falls, it addresses footwear, vision problems, Namaste, activities, therapy and medications. It is then turned over to the RSC for further evaluation. The Executive Director then adjusts the service plan to reflect the falls.</p>



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Long Term Care
Residents Protection

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

STATE SURVEY REPORT

NAME OF FACILITY: Arden Courts

DATE SURVEY COMPLETED: August 6, 2014

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
---------	--	--

	<p>reviewed and revised to address safety following multiple falls sustained by four residents (R1, R2, R3 and R4) out of seven sampled. Findings include:</p> <p>1. Clinical record review revealed that the annual service agreement developed on 4/11/2014 failed to include measurable goals that addressed the problem of all falls with and without injuries and with or without hospitalization for R1. R1 sustained approximately five falls between 10/4/2013 and 5/12/2014. Review of facility incident reports revealed that all falls sustained by R1 were unwitnessed and without assistance by facility staff. Instead facility staff found R1 on the floor after each fall. Three of the five falls resulted in injury to R1 while two of the five falls required transport of R1 to an acute care facility for further evaluation of a bleeding site and complaint of pain.</p> <p>Further review of the annual service agreement dated 4/11/2014 also revealed that the facility failed to review, revise and develop specific interventions that addressed R1's falls with and without injuries. The annual service agreement dated 4/11/2014 revealed that the current interventions were initiated and remained unchanged since admission of R1 to the facility on 4/15/2013.</p> <p>These findings were reviewed with E1 (ED) and E2 (DON) at 4:00 PM on 8/6/2014.</p> <p>2. Clinical record review revealed that R2 was admitted to the assisted living facility on 10/1/2013 with diagnoses that included dementia (memory loss), a stroke with intracranial (within the brain)</p>	
--	--	--



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Long Term Care
Residents Protection

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

STATE SURVEY REPORT

NAME OF FACILITY: Arden Courts

DATE SURVEY COMPLETED: August 6, 2014

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
	<p>hemorrhage (bleeding) and seizure (brief surge of abnormal electrical activity in the brain) disorder. Further review of the clinical record indicated that R2 sustained approximately 14 falls between 2/8/2014 and 7/29/2014. Eight of the fourteen falls were unwitnessed by facility staff. Additionally R2 was evaluated and retained at an acute care facility following two falls, on 4/25/2014 and 5/18/2014, for changes in his condition.</p> <p>A review of the initial service agreement dated 10/1/2013 revealed development of the problem "Safety" with stated goals and interventions that remained in effect and without any changes since 10/1/2013, the day of admission of R2 to the assisted living facility. The facility failed to develop measurable goals and specific interventions to address R2's actual falls with and without injury and actual falls with injury requiring hospitalization. In an interview conducted on 8/6/2014 at 4:00 PM with E2 (DON) she stated that the service agreements were reviewed on an annual basis. However the facility failed to review and revise the service agreement dated 10/1/2013 and to develop and to implement specific interventions and to evaluate the effectiveness of the interventions to address multiple falls sustained by R2.</p> <p>These findings were reviewed with E1 and E2 at 4:00 PM on 8/6/2014.</p> <p>3. Clinical record review revealed that R3 had diagnoses that included dementia (memory loss) and hypertension (high blood pressure). Further review of the clinical record also revealed that one out of five falls sustained by R3 between</p>	



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Long Term Care
Residents Protection

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

STATE SURVEY REPORT

NAME OF FACILITY: Arden Courts

DATE SURVEY COMPLETED: August 6, 2014

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
	<p>6/18/2014 and 8/3/2014 required transport to an acute care facility for evaluation and treatment on 7/29/2014.</p> <p>However review of the service agreement dated 5/15/2014 also revealed that the facility failed to review and revise the goals and interventions to address a fall with injury sustained by R3 that required evaluation at an acute care facility. Further review of the above service agreement revealed that the current goals and interventions developed on 5/15/2014 to address the need "Safety" remained unchanged after five falls sustained by R3 between 6/18/2014 and 8/3/2014. The facility failed to review and to revise the service agreement dated 5/15/2014 and to develop, implement and monitor measurable goals and specific interventions following actual falls sustained by R3.</p> <p>These findings were reviewed with E1 and E2 at 4:00 PM on 8/6/2014.</p> <p>4. Clinical record review revealed that R4 was admitted to the assisted living facility with diagnoses that included dementia (memory loss) and hypertension (high blood pressure). Further review of the clinical record revealed that R4 sustained four falls between 10/16/2013 and 5/21/2014. One of the actual falls that occurred on 4/15/2014 was unwitnessed and revealed that R4 sustained a large bruise of the right forearm and swelling of the right hand.</p> <p>Additionally review of the initial service agreement dated 10/14/2013 revealed that the facility addressed the need "Safety" with goals and interventions that were initially developed 10/14/2013 but</p>	



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Long Term Care
Residents Protection

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

STATE SURVEY REPORT

Page 8 of 10

NAME OF FACILITY: Arden Courts

DATE SURVEY COMPLETED: August 6, 2014

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
<p>16 Del., C., Chapter 11, Subchapter III, § 1131</p>	<p>remained unchanged after all falls sustained by R4. The facility failed to review and to revise the above service agreement and to develop, implement and evaluate measurable goals and specific interventions that addressed falls with and without injury sustained by R4. These findings were reviewed with E1 and E2 at 4:00 PM on 8/6/2014.</p> <p>Abuse, Neglect, Mistreatment or Financial Exploitation of Residents or Patients</p> <p>Definitions.</p> <p>When used in this subchapter the following words shall have the meaning herein defined. To the extent the terms are not defined herein, the words are to have their commonly-accepted meaning.</p> <p>(10) "Neglect" shall mean:</p> <p>a. Lack of attention to physical needs of the patient or resident including, but not limited to toileting, bathing, meals and safety.</p> <p>This requirement is not met as evidenced by:</p> <p>Based on clinical record review and staff interviews it was determined that the facility failed to provide a safe environment for one resident (R1) out of seven sampled who had a history of falls. Findings include:</p> <p>Clinical record review revealed that R1 was admitted to the assisted living facility on 4/15/2013 with diagnoses that included dementia (memory loss) and pain. According to the annual Uniform</p>	<p>16 Del., C., Chapter 11, Subchapter III, 1131</p> <p>We have submitted an IDR, 10/14/2014</p>



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Long Term Care
Residents Protection

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

STATE SURVEY REPORT

NAME OF FACILITY: Arden Courts

DATE SURVEY COMPLETED: August 6, 2014

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
	<p>Assessment Instrument (UAI) dated 4/10/2014 R1 was oriented to person only and experienced short-term and long-term memory problems. Review of the same UAI dated 4/10/2014 also revealed that R1 ambulated and transferred independently. Additionally the above referenced UAI revealed that R2 required assistance emptying, flushing and hygiene after toilet use and assistance with toileting at night. The same UAI dated 4/10/2014 also revealed that R1 was at risk for falls due to a gait problem, impaired balance, confusion and falls sustained in the last 31 - 180 days.</p> <p>Further review of the clinical record revealed a nurse's note dated 10/4/2013 and timed 10:00 PM that stated R1 "... (was) found on her back just outside her room...no injuries noted...". Another nurse's note dated 10/8/2013 and timed 11:00 AM stated "R1 found on floor in hallway by room...complained of neck and head pain. (Name of physician) notified... (R1) sent to (name of facility) for further evaluation... (returned to assisted living facility at) approximately 3:30 PM (on 10/8/2013) ...ambulating in facility with (no) difficulty...". At 6:30 PM on 2/7/2014 (R1) was "observed sitting on floor in her room...no injuries noted...". On 5/9/2014 a nurse's note written at 9:00 AM revealed that R1 was found on the bedroom floor bleeding from her head. However the same nurse's note also noted "looks as though (R1) slipped in her own urine in bathroom of her room". According to the incident report dated 5/9/2014 and timed 9:00 AM "blood and urine was observed on bathroom floor." Additional documentation recorded on 5/9/2014 at 5:20 PM revealed that R1 sustained a laceration of the scalp</p>	



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Long Term Care
Residents Protection

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

STATE SURVEY REPORT

NAME OF FACILITY: Arden Courts

DATE SURVEY COMPLETED: August 6, 2014

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
	<p>following the above referenced fall that was observed and treated at the facility after contact with the physician. In an interview conducted with E2 (DON) on 8/6/2014 at 4:00 PM it was stated that R1 sustained a laceration centrally located on the forehead and proximal to the hairline with minimal bleeding. Another nurse's note dated 5/12/2014 and timed 7:15 AM revealed that R1 was discovered on her bedroom floor with "blood all over her face" at the change of the 11-7 and 7- 3 shifts. Upon assessment R1 sustained a laceration to her left temple and was transferred to an acute care facility for evaluation. Additionally the facility was contacted by a family member of R1's condition and reported R1's admission to the acute care facility for further evaluation.</p> <p>Review of the care plan "Safety" revealed the absence of specific interventions that addressed falls sustained by R1 and despite the identification of assessed risk factors.</p>	