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: Arden Courts

DATE SURVEY COMPLETED: October 3, 2023

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	An unannounced Complaint Survey was conducted at this facility from October 2, 2023, through October 3, 2023. 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 thirty (30). The survey sample totaled five (5) residents. Abbreviations/definitions used in this state report are as follows: Dementia - condition that affect the brain's ability to think, remember, and function normally; ED - Executive Director; EMR – Electronic medical record; LPN – Licensed Practical Nurse; MAR - Medication Administration Record; MC – Memory Care; MCG (Microgram) - A unit of mass equal to one millionth of a gram; MG (Milligram) - A unit of mass equal to one-thousandth of a gram; RC – Resident Caregiver; RSC – Resident Services Coordinator; SA (Service Agreement) - allows both parties involved (the resident and the assisted living facility) to understand the types of care and services the assisted living provides. These		

Provider's Signature _____ Title Executive Director Date 12/20/23

NAME OF FACILITY: Arden Courts

DATE SURVEY COMPLETED: October 3, 2023

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	include: lodging, board, housekeeping, personal care, and supervision services; UAI (Uniform Assessment Instrument) - a document setting forth standardized criteria developed by the Division to assess each resident's functional, cognitive, physical, medical, and psychosocial needs and status. The assisted living facility shall be required to use the UAI to evaluate each resident on both an initial and ongoing basis in accordance with these regulations.		
3225.8.0	**Medication Management**	**Medication Management**	1/18/24
3225.8.8	**Concurrently with all UAI-based assessments, the assisted living facility shall arrange for an on-site medication review by a registered nurse, for residents who need assistance with self-administration or staff administration of medication, to ensure that:**	A. R1 no longer resides in the community. Our community has no residents who need assistance with self-administration. B. All residents have the potential to have failed document for administered medication on the MAR. R1 and R4 MARs cannot be altered. C. Resident Service Coordinator/Designee will educate staff who administer medication(nurses, Med-techs) on administering medication per a physician's order only and documenting timely and properly. The RSC/Designee will check MARs at the change of shift for missing documentation and determine that all meds are appropriately administered before leaving the shift D. The Resident Service Coordinator/Designee will conduct an audit of 20% of the current medication administration	
3225.8.8.2	**Each resident receives the medications that have been specifically prescribed in the manner that has been ordered;** This requirement was not met as evidenced by: Based on record review and review of other facility documentation, it was determined that for three (R1, R3 and R4) out of four sampled residents, the facility failed to administer the Physician ordered medications. The Surveyor reviewed the filed MARs in the clinical records however the paper MAR does not contain the date of the month the medications were to be administered. The Surveyor based the findings by the end of month date that the staff signed on the bottom of the MAR. Findings include:		

NAME OF FACILITY: Arden Courts

DATE SURVEY COMPLETED: October 3, 2023

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	1. 11/2/22 - R1 was admitted to the facility. Per review of the MARs located in the clinical record, the resident failed to receive the following medications: A. Buspirone HCL 15 mg twice daily was ordered. On the 5/9/23, neither dose was administered, on 5/10/23, 5/11/23, 5/14/23 and 5/19/23 the evening doses were not administered, on 5/15/23 the morning dose was not administered per the MAR. There was no documentation of the reason this medication was not administered or that the RN or Physician were notified of the missed medication. B. Memantine HCL ER 28 mg each evening was ordered but on 5/4/23, 5/18/23, 5/24/23, 5/2523 and 5/29/23, the medication was not administered per the MAR. There was no documentation of the reason this medication was not administered or that the RN or Physician were notified of the missed medication. C. Quetiapine 25 mg three times per day was ordered, On 5/16/23, the 12 Noon dose was not administered and on 5/23/23, the evening dose was not administered per the MAR. There was no documentation of the reason this medication was not administered or that the RN or Physician were notified of the missed medication. 2. 5/2/23 – R3 was admitted to the facility. Per review of the MARs located in the clinical record, the resident failed to receive the following medications: A. Senna 8.6 mg, give two tabs twice per day was ordered. On 6/16/23, 7/13/23 and	records for completeness, improper medication documentation, signature at the bottom of MAR and correction. Audit will be once a week for four weeks then monthly until 100 compliance is achieved. Findings will be reported to the QAPI committee.	

Provider's Signature _____ Title _____ Date _____

NAME OF FACILITY: Arden Courts

DATE SURVEY COMPLETED: October 3, 2023

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	7/17/23, the morning dose was not administered and on 6/18/23 the evening dose was not administered per the MAR. There was no documentation of the reason this medication was not administered or that the RN or Physician were notified of the missed medication. B. Calcium 600 mg with Vitamin D3 to be given twice per day was ordered. On 6/4/23, 6/16/23 and 8/14/23, the morning dose was not administered per the MAR. On 6/23/23 the evening dose was not administered. For the month of July 2023, the Surveyor found no evidence of a Physician's order for the Calcium frequency change. The MAR indicated frequency should be twice daily but only one dose per day was administered at 5:00 PM for the full month of July. There was no documentation that the dose was changed to daily, or of the reason this medication was not administered, or that the RN or Physician were notified of the missed medication. C. Eliquis 5 mg twice per day was ordered. On 6/16/23, 7/13/23, 7/19/23, 7/20/23, 7/21/23, 7/22/23 and 9/14/23 the morning dose was not administered per the MAR. On 7/22/23 and 9/12/23, the evening dose was not administered per the MAR. There was no documentation of the reason this medication was not administered or that the RN or Physician were notified of the missed medication. D. Atorvastatin Calcium 80 mg at bedtime was ordered. On 8/5/23, 8/7/23, 8/8/23, 8/10/23, 8/11/23, 8/15/23, 8/16/23, 8/26/23, 8/27/23 and 8/23/23 the dose was not administered per the MAR. There was no documentation of the reason this medication		

NAME OF FACILITY: Arden Courts

DATE SURVEY COMPLETED: October 3, 2023

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	was not administered or that the RN or Physician were notified of the missed medication. E. Amlodipine 5 mg daily was ordered. On 6/7/23 E4 (LPN) wrote a verbal order from the Physician for the medication to be placed on hold for 21 days, however the Hospital Physician's discharge orders written on 6/13/23 indicated this medication was to continue daily. The facility failed to rectify the medication order and the Amlodipine was held and then resumed the end of June 2023. From 7/16/23 through 7/24/23, 8/7/23, 8/14/23 and 8/26/23 the medication was not administered per the MAR. There was no documentation of the reason this medication was not administered or that the RN or Physician were notified of the missed medication. F. Metoprolol Tartrate 12.5 mg was noted to be discontinued per the Hospital Physician's discharge instructions written on 6/13/23. Per a verbal order written on 9/7/23, this medication was reordered by the Physician. Per E9 (LPN) EMR note written on 9/11/23, E9 was informed by the Med Tech that R3 was not on this medication and E9 informed the Med Tech that R3 should indeed be on this medication. Per E9's EMR entry, the Physician was notified and medication was confirmed to be given. The medication had not been administered as prescribed.		
	3. 7/27/23 – R4 was admitted to the facility. Per review of the MARs located in the clinical record, the resident failed to receive the following medications:		

Provider's Signature _____ Title _____ Date _____

NAME OF FACILITY: Arden Courts

DATE SURVEY COMPLETED: October 3, 2023

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	A. Clonidine Patch 0.25 mg apply every Monday removing the old patch prior to application of the new one. On 8/7/23, 8/14/23, 8/21/23 and 8/28/23, the medication was not administered per the MAR. There was no documentation of the reason this medication was not administered or that the RN or Physician were notified of the missed medication. B. Risperdol 0.25 mg twice daily was ordered. On 8/9/23, 8/16/23, 8/17/23, 8/18/23 and 8/22/23 the evening dose of the medication was not administered per the MAR. There was no documentation of the reason this medication was not administered or that the RN or Physician were notified of the missed medication. C. Levothyroxine 123 mcg daily was ordered. On 8/14/23 the medication was not administered per the MAR. There was no documentation of the reason this medication was not administered or that the RN or Physician were notified of the missed medication. D. Senna Plus 8.6 mg two tablets twice daily was ordered. On 8/2/23 the morning dose was not administered and on 8/9/23, 8/16/23, 8/17/23 and 8/18/23 the evening dose was not administered per the MAR. There was no documentation of the reason this medication was not administered or that the RN or Physician were notified of the missed medication. E. Celexa 10 mg daily was ordered. On 8/2/23, 8/17/23, 8/18/23 and 8/23/23 the medication was not administered per the MAR. There was no documentation of the reason this medication was not administered		

Provider's Signature _____ Title _____ Date _____

NAME OF FACILITY: Arden Courts

DATE SURVEY COMPLETED: October 3, 2023

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	or that the RN or Physician were notified of the missed medication. F. Melatonin 3 mg daily was ordered. On 8/9/23, 8/16/23, 8/17/23, 8/18/23 and 8/22/23 the medication was not administered per the MAR. There was no documentation of the reason this medication was not administered or that the RN or Physician were notified of the missed medication. 10/2/23 – Preliminary findings were reviewed with E1 (ED) and E2 (RSC) on the Surveyor's exit from the building at approximately 4:30 PM.		
3225.19.0	**Records and Reports**	**Records and Reports**	1/18/24
3225.19.6	**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.**	A. R1 and R2 are no longer resident in the community. Incident dated 7/30/23 was reported – Web intake# 81924.	
3225.19.7	**Reportable incidents include:**	B. All residents have the potential to be affected by this practice. Reportable incidents need to be reported within 8 hours of the occurrence to the Division.	
3225.19.7.1	**Abuse as defined in 16 Del.C. §1131.**		
3225.19.1.1	**Physical abuse.**		
3225.19.7.1.1.2	**Resident to resident with or without injury.** This requirement was not met as evidenced by: Based on interview, DHCQ State reports and review of other facility documentation, it was determined that for two (R1 and R2) out of five sampled residents, the facility failed to report a resident to resident incident. Findings include:	C. RSC/Designee will provide education to all licensed nurses/Agency nurses. RSC/Designee will reviewed 24-hour report in our daily morning meeting for earlier detection. Resident Service Coordinator will educate licensed nurses on reporting of abuse, including resident to resident incidents that my	

Provider's Signature _____ Title _____ Date _____

NAME OF FACILITY: Arden Courts

DATE SURVEY COMPLETED: October 3, 2023

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	1. 11/2/22 – R1 was admitted to the facility with the diagnosis of dementia with other behavioral disturbance. On 11/3/22 per EMR entry by E13 (LPN) at 2:51 PM, E13 noted R1 to be angry, yelling in another resident's face, was not able to be redirected and R1 became more aggressive by grabbing a nurse and aggressively pushing another resident. Per E13's note, E13 stated R1's wife was notified of the altercation and the wife reported that R1 "has a history of aggressive/combative tendencies to family and others". 911 was notified and R1 was transported to the emergency room for evaluation. E13's note indicated R1 was returning to the facility and that the hospital staff notified a Psyche Physician to evaluate R1. This resident to resident altercation was not reported to the State. On 7/30/23 per EMR entry by E9 at 1:09, E9 noted that she was "notified by the caregiver that R1 was involved in an altercation with another resident". E9's note does not indicate the nature of the altercation or who other resident was and there was no indication that the nurse or Physician was notified. On the follow-up note written at 9:42 PM by E14 (LPN), E14 noted R1 returned to the facility accompanied by family and was noted to have inflammation to his left hand and "no other delayed injuries noted at the moment". The Surveyor was unable to locate a facility incident report about this resident to resident incident. This resident to resident altercation was not reported to the State. The Surveyor found no notation in the EMR or medical record of this altercation or follow-up of interventions, notification of Physician or an evaluation of R6. This incident was	constitute abuse and the need for immediate reporting after resident is kept safe to community leaders for timely reporting to state within 8 hours. D. The Executive Director/Designee will audit 100% of incident reports to ensure the community is reporting according to regulatory compliance for reportable incident. The time frame for documentation will be once per week then monthly till 100% compliance is achieved. Findings will be reported during the monthly QAPI meeting for review and recommendation.	

Provider's Signature _____ Title _____ Date _____

NAME OF FACILITY: Arden Courts

DATE SURVEY COMPLETED: October 3, 2023

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	reported by E2 on 9/18/23 at 2:03 PM, however not within the State reporting timeline of eight hours. 2. 9/1/23 – R2 was admitted to the facility with the diagnosis of dementia with other behavioral disturbance. On 9/21/23 per EMR entry by E3 at 11:56 PM, E3 documented R2 "attacked two residents in their room while asleep". Per employee statements obtained by the facility, E5 (RC) stated "everyone was in their room sleeping. R2 was walking around the house when another resident that was sitting in the hall yelled and said he's in his room and hitting him. E5 ran to the room and saw R2 hitting R1". E5 stated that R2 was brought out of the room and E5 reported the incident to the nurse. The facility notified the State of this incident between R1 and R2 that occurred at 8:00 PM on 9/21/22 the next morning. The second resident that was listed in the EMR note as being attacked was not identified or reported. On 9/27/23 per the EMR entry by E3 at 8:45 PM, E3 documented R2 was "aggressive today and slapped another resident in the face. R2 was redirected away from the resident". On the 11:00 PM to 7:00 AM shift R2 was "monitored closely for combative behavior". The resident who slapped R2 in the face was not identified. The Surveyor found no facility incident record of this incident and this resident to resident altercation was not reported to the State. 10/3/23 – Preliminary findings were reviewed with E1 (ED) and E2 (RSC) on the Surveyor's exit from the building at approximately 4:30 PM. The facility was requested		

Provider's Signature _____ Title _____ Date _____

NAME OF FACILITY: Arden Courts

DATE SURVEY COMPLETED: October 3, 2023

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	to send the Surveyor additional documentation in order to finalize the findings, however as of 10/9/23, the requested information was not received.		
3225.19.7.7.1	**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 number of injuries observed at one particular point in time or the incidence of injuries over time.** This requirement was not met as evidenced by: Based on record review, and review of other facility documentation, it was determined that for one (R4) out of five sampled residents, the facility failed to report or report timely the resident injuries of unknown cause. Findings include: 7/27/23 – R4 was admitted to the facility. On 9/5/23 per EMR entry by E9 (LPN) at 8:11 AM, E9 noted R4 with a bruise on the left side of her forehead. Per E9's notation, neuro checks were initiated. There was no documentation of nursing or Physician notification or evaluation. The Surveyor was unable to locate a facility incident report or a State report of this unknown injury. 10/3/23 – Preliminary findings were reviewed with E1 (ED) and E2 (RSC) on the Surveyor's exit from the building at approximately 4:30 PM.	**3225.19.7.7/ 3225.19.7.7.1** **A.** R4 community RSS did not report incidents of unknown origin to the state. **B.** All residents have the potential to be affected by this practice. Incident report of unknown origin needs to be reported within 8 hours of the occurrence to the Division. Incidents that require reported will be confirmed timely reporting; instances when reportable notification within 8 hours of the occurrence were delinquent will be reported immediately. **C.** The Executive Director will provide education to all licensed nurses/Agency nurses regarding timely notification of incidents and identification of incident reports that require timely notification to the Division and report within 8 hours of the occurrence to the Division. The Executive	1/18/24

Provider's Signature _____ Title _____ Date _____

NAME OF FACILITY: Arden Courts

DATE SURVEY COMPLETED: October 3, 2023

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
16 Delaware Code, Chapter 11, Subchapter III	**Abuse, Neglect, Mistreatment, Financial Exploitation, or Medication Diversion of Patients or Residents. (81 Del. Laws, c. 206, § 31; 83 Del. Laws, c. 22, § 1.)** **(1) "Abuse" means the infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish and includes all of the following:** **a. Physical abuse.** **"Physical abuse" means the unnecessary infliction of pain or injury to a patient or resident. "Physical abuse" includes hitting, kicking, punching, slapping, or pulling hair. If any act constituting physical abuse has been proven, the infliction of pain is presumed.**	Director will educate staff on Resident Protection to include identifying and entering incident reports timely and notifying the ED or RSC upon discovery of incident, allowing the ED or RSC to report within the 8-hour time frame D. The Executive Director/Designee will audit 100% of incident reports to ensure the community is reporting according to regulatory compliance for incident reporting, state reportable incidents of unknown origin. The time frame for documentation will be weekly times three then monthly till 100% compliance is achieved. Findings will be reported during the monthly QAPI meeting for review and recommendation **16 Delaware Code, Chapter 11, Subchapter III** A. R2 no longer residents in the community. B. All residents have the potential to be affected C. All staff educated and in service on 4/7/23, 4/8/23, 4/10/23, 4/11/23, and 10/16/23 on Abuse, Neglect,	1/18/24

Provider's Signature _____ Title _____ Date _____

NAME OF FACILITY: Arden Courts

DATE SURVEY COMPLETED: October 3, 2023

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	Cross reference Regulations 19.7.1.1, 19.7.1.1.2 and 19.7.7.1 above. This requirement was not met as evidenced by: Based on interview, record review and review of other facility documentation, it was determined that for two (R1 and R2) out of five sampled residents, the facility failed to prevent abuse to residents. Findings include: 1. 11/2/22 – R1 was admitted to the facility with the diagnosis of dementia with other behavioral disturbances. On 11/3/22 per EMR entry by E13 (LPN) at 2:51 PM, E13 noted R1 to be angry, yelling in another resident's face, was not able to be redirected and R1 became more aggressive by grabbing a nurse and aggressively pushing another resident. Per E13's note, E13 stated R1's wife was notified of the altercation and the wife reported that R1 "has a history of aggressive/combative tendencies to family and others". 911 was notified and R1 was transported to the emergency room for evaluation. E13's note indicated R1 was returning to the facility and that the hospital staff notified a Psyche Physician to evaluate R1. This resident to resident altercation was not reported to the State. On 2/21/23 Per clinical chart entry by E14 (LPN) at 8:00 PM, E14 noted R1 "being monitored for physical altercation between R1 and another resident". On 7/30/23 per EMR entry by E9 at 1:09 PM, E9 noted that she was "notified by the caregiver that R1 was involved in an altercation with another resident". E9's note does not indicate the nature of the altercation or who	Mistreatment, Financial exploitation, or Medication Diversion of patients or residents. This education includes resident to resident altercation, interventions to immediately protect residents from abuse by change of environment or 1:1. D. The Executive Director/Designee will conduct weekly audits of residents with behaviors affecting others as identified in morning meeting for proper notes, service plans, and interventions. until compliance 100% is achieved and audit will be completed monthly and report quarterly as part of the QA monitor plan	

Provider's Signature _____ Title _____ Date _____

NAME OF FACILITY: Arden Courts

DATE SURVEY COMPLETED: October 3, 2023

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	other resident was and there was no indication that the nurse or Physician was notified. On the follow-up note written at 9:42 PM by E14 (LPN), E14 noted R1 returned to the facility accompanied by family and was noted to have inflammation to his left hand and "no other delayed injuries noted at the moment". The Surveyor was unable to locate a facility incident report about this resident to resident incident. On 9/17/23 at 7:00 PM, the facility reported to the State Agency staff that R1 punched another resident (R6) in the abdomen. On 10/3/23 per interview with E2 (RSC) at approximately 1:00 PM, E2 confirmed the incident between R1 and R6 and stated she had never seen him aggressive to other residents. 2. 9/1/23 – R2 was admitted to the facility with the diagnosis of dementia with other behavioral disturbance. UAI indicated "no history of Danger to self or others". On 9/4/23 per EMR entry by E3 (LPN) at 11:45 PM, E3 documented R2 was "being disruptive to other residents yelling in their faces and getting verbally aggressive to residents and staff". On 9/9/23 per the clinical chart documentation by E8 (LPN) for the 3:00-11:00 PM shift that R2 had a "change in behavior. Intimidated other residents and staff in his unit. Attempted to force doors open and go out. Attempted to hit one of the staff members-wife visited and dropped off his meds".		

Provider's Signature _____ Title _____ Date _____

NAME OF FACILITY: Arden Courts

DATE SURVEY COMPLETED: October 3, 2023

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	On 9/20/23 per EMR entry by E3 at 9:29 PM, E3 documented R2 was "agitated and verbally aggressive with yelling while talking". On 9/21/23 per EMR entry by E3 (LPN) at 11:56 PM, E3 documented R2 "attacked two residents in their room while asleep". Per employee statements obtained by the facility, E5 (RC) stated "everyone was in their room sleeping. R2 was walking around the house when another resident that was sitting in the hall yelled and said he's in his room and hitting him. E5 ran to the room and saw R2 hitting R1". E5 stated that R2 was brought out of the room and E5 reported the incident to the nurse. The facility notified the State of this incident between R1 and R2 that occurred at 8:00 PM on 9/21/22 the next morning. The second resident that was listed in the EMR note as being attacked was not identified or reported. The facility initiated hourly checks to both R1 and R2. On 9/22/23 per the clinical chart documentation at 6:00 AM by E6 (LPN) for the 11:00 PM-7:00 AM shift that "R2 being monitored closely for combative behavior. He was up all night and kept trying to open other resident's doors. We had little to no success redirecting him". On 9/25/23 per EMR entry by E3 at 7:35 PM, E3 documented R2 was "very aggressive today while making threats to residents and staff". On 9/27/23 per EMR entry by E3 at 8:45 PM, E3 noted R2 "was aggressive today and slapped another resident in the face." The resident who slapped R2 in the face was not identified.		

Provider's Signature _____ Title _____ Date _____

NAME OF FACILITY: Arden Courts

DATE SURVEY COMPLETED: October 3, 2023

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	On 10/2/23 per the EMR entry by E3 (LPN) at 9:18 PM, R2 "was sent out around 8:38 PM with ambulance after incident with another resident". The facility failed to initiate procedures to have other residents protected from R2's aggressive behaviors. The facility failed to have one on one attendants with R2, or to have R2 moved to another environment to ensure the safety of other residents and the staff. Per the State Agency report on 10/2/23 at approximately 9:50 AM, both E5 (RC) and E8 (LPN) stated that the resident rooms were locked at night on the unit where R2 was housed to keep other residents safe. E8 stated this was a decision on their own. E8 stated the door lock on R1's room was broken allowing R2 to enter and attack R1. 10/3/23 – Per interview with E2 (RSC) at approximately 1:00 PM, E2 stated she had visited R2 prior to admission and saw no evidence of an issue stating the hospital staff indicated that R2 had no behavior issues. E2 confirmed that protective measures or relocation of R2 were not initiated. E2 stated the Psychiatrist was scheduled to evaluate R2 later this month. E2 stated that resident rooms are not locked as that is "against the law". 10/3/23 at 10:13 AM The Surveyor received an email communication from the State Agency team while on site, that another incident had occurred. Per interview with E2 (RSC) on 10/3/23 at approximately 12:30 PM, E2 stated that R2 punched R5 in the face last night. Per review of R5's clinical record, the EMR entry on 10/2/23 by E3 (LPN) indicated		

NAME OF FACILITY: Arden Courts

DATE SURVEY COMPLETED: October 3, 2023

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	R5 "was treated for skin tears on right wrist and bleeding from the mouth." 10/3/23 – Preliminary findings were reviewed with E1 (ED) and E2 (RSC) on the Surveyor's exit from the building at approximately 4:30 PM. The facility was requested to send the Surveyor additional documentation in order to finalize the findings, however as of 10/9/23, the requested information was not received.		

Provider's Signature _____ Title _____ Date _____