



**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: Brookdale Dover Assisted Living

DATE SURVEY COMPLETED: May 11, 2023

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLE- TION DATE
<p>3225.10.10</p> <p>3225.0</p> <p>3225.10.0</p> <p>3225.10.10</p>	<p>An unannounced Annual and Complaint Survey was conducted at this facility from May 5, 2023 through May 11, 2023. The deficiencies contained in this report are based on interview, record review and review of other facility and partnering services documentation as indicated. The facility census on the first day of the survey was 65 (sixty-five). The survey sample totaled nine (9) residents.</p> <p>Abbreviations/definitions used in this state report are as follows:</p> <p>BOM: Business Office Manager; ED - Executive Director; Resident Assessment – evaluation of a resident’s physical, medical, and psychosocial status as documented in a Uniform Assessment Instrument (UAI), by a Registered Nurse; 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 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.</p> <p>Regulations for Assisted Living Facilities</p> <p>Contracts</p> <p>No contract shall be signed before a full assessment of the resident has been com-</p>	<p>3225.10.10</p> <p>A. R5, was assessed by RN/ED on 8/27/21 at her home, daughter present and husband was assessed at the same time. These assessments were used to determine care costs and were reviewed with the daughter (POA) and residents prior to the contract signing, which took place 8/31/21. R5 physical move in was delayed, related to getting an appointment with her physician to complete the required physician plan of care as this senior (100 year old) was on no medication and rarely saw a physician. The actual move in date for both R5 and her husband was 10/14/21. Prior to that date, another assessment, was completed on 9/13/21, to be compliant with completion of 30 days prior to move in. Resident passed away 2/9/22.</p> <p>B. All current residents’ records were reviewed and found to have full assessments. The assessments were completed prior to the contract being completed and signed upon completed review by BOM/HWD.</p> <p>C. Along with the completed full assessment and prior to contract signing, Exhibit Z, will be attached.</p>	<p>3225.10.10 completion date 05/31/23</p>



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<p>I</p> <p>3225.13.0</p> <p>3225.13.3</p>	<p>pleted and a service agreement has been executed. If a deposit is required prior to move-in, the deposit shall be fully refundable if the parties cannot agree on the services and fees upon completion of the assessment.</p> <p>This requirement was not met as evidenced by:</p> <p>Based on record review and review of other facility documentation, it was determined that for one (R5) out of nine sampled residents, the facility obtained a signed contract prior to the assessment and service agreements being executed. Findings include:</p> <p>10/14/21 – R5 was admitted to the facility. The assessment and service agreements were completed on 9/13/21. The contract was signed on 8/31/21.</p> <p>5/11/23 - Findings were reviewed with E1 and E10 (BOM) at the exit conference, beginning at approximately 3:10 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 nine (R1, R2, R3, R4, R5, R6, R7, R8 and R9) out of nine sampled residents, the facility failed to provide evidence</p>	<p>D. The BOM/HWD/Sales&Marketing Director and ED will ensure that each resident move in includes an assessment and service agreement/ cost sheet prior to the actual contract signing is completed. HWD provides copy of assessment documents to BOM for the contract file, including the service agreement/price schedule Exhibit Z. All will be completed, prior to contract signing. HWD/BOM will keep running list of assessment date of completion, date of contract signing to ensure 100% compliance.</p> <p>3225.13.3 A., Residents R1, R2, R3, R4, R5, R6, R7, R8, and R9's service agreements, were updated to include the attending physicians name, address and telephone number.</p> <p>B., Audit of all residents service plans completed on 5/31/23. The primary physicians name, address and telephone number, is included on the service agreement.</p> <p>C., The previous service agreement form did not contain the physician information. The attached form Exhibit Z will be included with the initial full assessment and includes the</p>	<p>3225.13.3 A completed on 5/25/23</p> <p>B initial audit completed on 5/31/23</p> <p>C. updated form completed 5/17/23 attachment Exhibit Z</p>



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	<p>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. 12/1/21 – R1 was admitted to the facility. The facility failed to provide evidence that the service agreement included the resident's personal Physician's name, address and phone number. 2. 1/25/22 – R2 was admitted to the facility. The facility failed to provide evidence that the service agreement included the resident's personal Physician's name, address and phone number. 3. 7/1/21 – R3 was admitted to the facility. The facility failed to provide evidence that the service agreement included the resident's personal Physician's name, address and phone number. 4. 10/27/21 – R4 was admitted to the facility. The facility failed to provide evidence that the service agreement included the resident's personal Physician's name, address and phone number. 5. 10/14/21 – R5 was admitted to the facility. The facility failed to provide evidence that the service agreement included the resident's personal Physician's name, address and phone number. 6. 7/20/21 - R6 was admitted to the facility. The facility failed to provide evidence that the service agreement included the resident's personal Physician's name, address and phone number. 7. 4/18/23 – R7 was admitted to the facility. The facility failed to provide evidence that 	<p>physician name, phone number and address.</p> <p>D. The BOM/HWD/Sales&Marketing Director and ED will ensure that each resident move in includes an assessment and service agreement/cost sheet prior to the actual contract signing is completed. HWD provides copy of assessment documents to BOM for the contract file, including the service agreement/price schedule Exhibit Z. This document includes the physician name, address and phone number. All are completed prior to contract signing. HWD/BOM will keep running list of assessment date of completion, date of contract signing to ensure 100% compliance. The updated form will be used for all Service agreements.</p>	



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	<p>the service agreement included the resident's personal Physician's name, address and phone number.</p> <p>8. 12/13/22 – R8 was admitted to the facility. The facility failed to provide evidence that the service agreement included the resident's personal Physician's name, address and phone number.</p> <p>9. 11/18/21 - R9 was admitted to the facility. The facility failed to provide evidence that the service agreement included the resident's personal Physician's name, address and phone number.</p> <p>5/11/23 - Per interview with E1 (ED) at approximately 3:00 PM, E1 confirmed the service agreement forms being used do not contain the information providing the personal Physician's name, address and phone number.</p> <p>5/11/23 - Findings were reviewed with E1 and E10 (BOM) at the exit conference, beginning at approximately 3:10 PM.</p>		