



DELAWARE HEALTH AND SOCIAL SERVICES

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

DHSS - DHCQ
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 421-7400

STATE SURVEY REPORT

NAME OF FACILITY: Rockland Place Assisted Living

DATE SURVEY COMPLETED: September 11, 2018

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
---------	--	---	--------------------

<p>3225</p> <p>3225.9.0</p> <p>3225. 9.4.1</p>	<p>An unannounced complaint survey was conducted at this facility from September 7, 2018 through September 11, 2018. The deficiencies contained in this report are based on observation, interviews, and review of facility documentation as indicated. The facility census the first day of the survey was 95.</p> <p>Regulations for Assisted Living Facilities</p> <p>Infection Control</p> <p>The assisted living facility shall have policies and procedures for infection control as it pertains to staff, residents, and visitors.</p> <p>This requirement is not met as evidenced by:</p> <p>Based on observation and interview, it was determined that the facility failed to ensure that infection control policy and procedures were followed when blood was drawn in the dining room of the dementia unit (Pathways). Findings include:</p> <p>During breakfast service in the Pathways unit on 9/10/18, a lab technician was observed drawing blood from a resident's arm on the countertop adjacent to the kitchen serving area, and which another resident used during meals. After drawing blood, the lab technician used her paperwork to lightly brush the surface she worked on and then departed. Five minutes later, the resident using that countertop arrived to have breakfast.</p>	<p>3225.9.4.1 Infection Control</p> <ul style="list-style-type: none"> A) The lab tech no longer draws at the community. B) All residents who receive blood draws have the potential to be affected by the deficient practice. C) Any resident requiring a blood draw will be completed in a private setting. The lab tech will disinfect any surface after draw. D) The lab tech will be observed 1xper week x's 4 week and the findings will be brought forward to Quality assurance committee for review. 	<p>12/5/18</p>
--	---	--	----------------

Provider's Signature *General Negron* Title *Executive Dir* Date *11/5/18*



DELAWARE HEALTH AND SOCIAL SERVICES

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

DHSS - DHCQ
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 421-7400

STATE SURVEY REPORT

NAME OF FACILITY: Rockland Place Assisted Living

DATE SURVEY COMPLETED: September 11, 2018

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
---------	--	---	-----------------

<p>3225.12.0</p> <p>3225.12.1</p> <p>3225.12.1.3</p>	<p>Interview with E3 (Program Director) after the lab technician left, revealed the lab technician came from an agency used by the facility. E3 also confirmed that what the lab technician did was inappropriate.</p> <p>These findings were reviewed with E1 (NHA, Nursing Home Administrator) and E2 (DON, Director of Nursing) during the exit conference on 9/11/18 at 2:00 PM.</p> <p>Services</p> <p>The assisted living facility shall ensure that:</p> <p>Food service complies with the Delaware Food Code;</p> <p>2.0 Management and Personnel.</p> <p>2-1 Supervision.</p> <p>2-101 Responsibility.</p> <p>2-103.11 Person in Charge.</p> <p>The person in charge shall ensure that:</p> <p>(I) EMPLOYEES are properly maintaining the temperatures of TIME/TEMPERATURE CONTROL FOR SAFETY FOODS during hot and cold holding through daily oversight of the EMPLOYEES' routine monitoring of FOOD temperatures;</p> <p>This requirement is not met as evidenced by:</p> <p>Based on observations, record review and</p>	<p>3225.12.1.3</p> <p>A) All menu items will be held within acceptable Temp zones. Hot Foods: Min 140 degrees/Cold foods max: 41 degrees</p> <p>B) B) All residents have the potential to be affected by deficient practice.</p> <p>C) C) Temperatures will be checked with a thermometer and logged prior to each meal and during meal service with documented action for items that are outside acceptable temperature zone.</p> <p>D) The dining services director will audit the temp logs 3x's per week for 4weeks and will bring forward to Quality assurance committee for review.</p>	<p>12/5/18</p>
--	---	--	----------------

Provider's Signature Brenda Jeger Title Executive Director Date 11/15/18



DELAWARE HEALTH AND SOCIAL SERVICES

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

DHSS - DHCQ
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 421-7400

STATE SURVEY REPORT

NAME OF FACILITY: Rockland Place Assisted Living

DATE SURVEY COMPLETED: September 11, 2018

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	<p>interview, it was determined that the facility failed to ensure staff routinely took holding temperatures of hot and cold foods before and during meal service to safeguard food safety. Findings include:</p> <p>During meal preparations and breakfast and lunch tray line services in the kitchen on 9/7/18, monitoring of hot and cold food holding temperatures was not observed, nor were thermometers observed where food was served.</p> <p>In an interview on 9/7/18 at 1:15 PM, E4 (Dining Services Director) stated that staff was supposed to take temperatures of hot and cold foods at each meal service.</p> <p>Review of foodservice documents revealed tray line temperatures next to meal items; however, some of the records did not have dates for the meals/temperatures recorded.</p> <p>These findings were reviewed with E1 (NHA) and E2 (DON) during the exit conference on 9/11/18 at 2:00 PM.</p> <p>2-3 Personal Cleanliness.</p> <p>2-301 When to Wash.</p> <p>2-301.14 FOOD EMPLOYEES shall clean their hands and exposed portions of their arms as specified under § 2-301.12 immediately before engaging in FOOD preparation including working with exposed FOOD, clean EQUIPMENT and UTENSILS, and unwrapped SINGLE-SERVICE and SINGLE-USE ARTICLES and:</p>	<p>2-301.14</p> <ul style="list-style-type: none"> A) All food service employees will wash hands, place a clean apron/gloves before starting meal prep and before handling clean dishes and utensils. B) All residents have the potential to be affected by this deficient practice. C) The Dining director will conduct an in-service on proper handwashing, proper use of apron and use of gloves. D) The dining director will complete an audit 5x's per week X's 4 weeks to ensure hand washing and clean uniforms. The audit will be brought forward to the Quality assurance Committee for review. 	<p>12/5/18</p>

Provider's Signature *Lynnda Nelson* Title *Executive Dir* Date *11/5/18*



**DELAWARE HEALTH
AND SOCIAL SERVICES**

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

DHSS - DHCQ
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 421-7400

STATE SURVEY REPORT

NAME OF FACILITY: Rockland Place Assisted Living

DATE SURVEY COMPLETED: September 11, 2018

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
---------	--	---	--------------------

**(E) After handling soiled EQUIPMENT or
UTENSILS;**

**(H) Before donning gloves to initiate a
task that involves working with FOOD;**

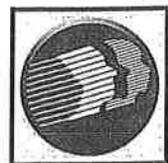
**This requirement is not met as evidenced
by:**

Based on observation, it was determined that the facility failed to ensure that staff performed handwashing before retrieving newly washed articles after handling dirty dishes and utensils. Findings include:

- E5 (Dishwasher), assigned to the dish room in the morning of 9/7/18, was observed prepping dirty items with bare hands, spraying dirty dishes, utensils and baking pans with water to remove dirt before putting them through the dishwasher. Without washing his hands, the staff then moved over to the other side of the dishwasher to retrieve the newly washed items to put away; E5 was also observed handling newly washed glasses and placing them into storage racks without first washing his hands;
- E7 (Server) did not perform handwashing routinely between glove changes while working with food in the main kitchen and the Pathways (dementia unit) kitchen, during observations made on 9/7/18 and 9/11/18.

These findings were reviewed with E1 (NHA) and E2 (DON) during the exit conference on 9/11/18 at 2:00 PM.

Provider's Signature Kendra Nelson Title Executive Dir Date 11/5/18



**DELAWARE HEALTH
AND SOCIAL SERVICES**

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

DHSS - DHCQ
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 421-7400

STATE SURVEY REPORT

NAME OF FACILITY: Rockland Place Assisted Living

DATE SURVEY COMPLETED: September 11, 2018

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
---------	--	---	--------------------

2-304.11 Clean Condition

Food employees shall wear clean outer clothing to prevent contamination of food, equipment, utensils, linens, and single-service and single-use articles.

This requirement is not met as evidenced by:

Based on observation and interview, it was determined that the facility failed to ensure aprons used in the kitchen were not worn in the restroom. Findings include:

On 9/10/18 at 4:05 PM, E8 (Server), wearing an apron, took the elevator to the second floor and was observed going inside one of the restrooms. Interview with E8 twenty minutes later revealed E8 went up to the second floor to use the restroom, as the first floor restrooms were always busy. There was no indication the apron was replaced before resuming kitchen activities.

These findings were reviewed with E1 (NHA) and E2 (DON) during the exit conference on 9/11/18 at 2:00 PM.

2-4 HYGIENIC PRACTICES

2-402 Hair Restraints

2-402.11 Effectiveness

(A) Except as provided in ¶ (B) of this section, **FOOD EMPLOYEES shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and**

2-304.11

- A) All dining team members will be required to place a clean apron upon arrival into the kitchen.
- B) All residents have the potential to be affected by this deficient practice.
- C) Dining services director will conduct an in-service on proper use of apron and when to remove apron.
- D) An audit will be completed on the donning and doffing of aprons prior to entering and exiting the kitchen 5x's a week for 4 weeks. The results will be brought forward to Quality assurance committee for review.

12/5/18

Provider's Signature

Angela Nelson

Title

Executive Dir

Date

11/5/18



DELAWARE HEALTH AND SOCIAL SERVICES

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

DHSS - DHCQ
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 421-7400

STATE SURVEY REPORT

NAME OF FACILITY: Rockland Place Assisted Living

DATE SURVEY COMPLETED: September 11, 2018

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
---------	--	--	-----------------

	<p>worn to effectively keep their hair from contacting exposed FOOD; clean EQUIPMENT, UTENSILS, and LINENS; and unwrapped SINGLESERVICE and SINGLE-USE ARTICLES.</p> <p>This requirement is not met as evidenced by:</p> <p>Based on observations, it was determined that the facility failed to ensure that foodservice and other staff wore hair restraints when in the kitchen to prevent hair from contacting food, clean linens and food-contact surfaces. Findings include:</p> <p>Kitchen inspection on 9/7/18 from 8:30 AM until 1:00 PM revealed:</p> <ul style="list-style-type: none"> - During breakfast service in the kitchen, four foodservice staff members – E5 (Dishwasher), E6 (Prep Cook) who was plating food, E7 (Server), and E9 (Server) – did not wear hair restraint; - E2 (DON) entered the kitchen from the main dining room and walked to the back toward the dish room, without wearing a hair restraint; - E4 (Dining Services Director) entered the kitchen and stayed for approximately 15 minutes without wearing a hair restraint; - Two maintenance associates (E10 and E11) wearing their work clothing and no hair restraint, entered the kitchen separately during lunch service, got ice from the icemaker for their cups, helped themselves to beverage from the dispenser, and walked out; 	<p>2-402.11</p> <ul style="list-style-type: none"> A) All food service employees will wash hands/don hairnets before meal prep or when moving from one task to another. B) All residents have the potential to be affected by this deficient practice. C) Hair net container was placed outside of the kitchen on 9/10. All employees will place hairnet on prior to entering kitchen. D) The Dining services director will monitor that no one other than food service enters the kitchen. An audit of hairnets/handwashing will be conducted 3x's per week x's 4 weeks. The results will be brought forward to the Quality assurance committee for review. 	<p>12/5/18</p>
--	---	--	----------------

Provider's Signature: Brenda Nelson Title: Executive Dir Date: 11/5/18



DELAWARE HEALTH AND SOCIAL SERVICES

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

DHSS - DHCQ
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 421-7400

STATE SURVEY REPORT

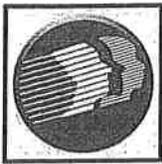
NAME OF FACILITY: Rockland Place Assisted Living

DATE SURVEY COMPLETED: September 11, 2018

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
---------	--	---	--------------------

	<p>- Three nurse aides (E12, E13, and E14) entered the kitchen to pick up trays for residents, and one nurse aide (E15) came in from the dementia unit's dining room to return a dish with uneaten food, without wearing a hair restraint.</p> <p>These findings were reviewed with E1 (NHA) and E2 (DON) during the exit conference on 9/11/18 at 2:00 PM.</p> <p>3-3 Protection from Contamination after Receiving.</p> <p>3-304 Preventing from Contamination from Equipment, Utensils, and Linens.</p> <p>3-304.12 In-Use Utensils, Between-Use Storage.</p> <p>During pauses in FOOD preparation or dispensing, FOOD preparation and dispensing UTENSILS shall be stored:</p> <p>(B) In FOOD that is not TIME/TEMPERATURE CONTROL FOR SAFETY FOOD with their handles above the top of the FOOD within containers or EQUIPMENT that can be closed, such as bins of sugar, flour, or cinnamon;</p> <p>This requirement is not met as evidenced by:</p> <p>Based on observation, it was determined that the facility failed to ensure that breadcrumbs were protected from contamination when the</p>	<p>3-304.12</p> <p>A) A scoop holder was placed on the container on 9/11/18.</p> <p>B) All residents have the potential to be affected by this deficient practice.</p> <p>C) A holder is on the exterior of the flour and breadcrumbs. The scoops will be stored in the holders and not inside the bin.</p> <p>D) The dining services director will audit the scoops 3x's a week x's 4 weeks. The results will be brought forward to the Quality assurance committee for review.</p>	<p>12/5/18</p>
--	---	---	----------------

Provider's Signature *Amanda Nelson* Title Executive Dir Date 11/5/18



DELAWARE HEALTH AND SOCIAL SERVICES

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

DHSS - DHCQ
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 421-7400

STATE SURVEY REPORT

NAME OF FACILITY: Rockland Place Assisted Living

DATE SURVEY COMPLETED: September 11, 2018

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
---------	--	---	--------------------

scoop used was left inside the container with the handle touching the breadcrumbs.
Findings include:

During the kitchen inspection on 9/7/18, the morning cook (E6) was observed getting breadcrumbs using a scoop. When the amount needed was obtained, E6 dropped the scoop inside the bin, so that the entire scoop was in contact with the breadcrumbs.

These findings were reviewed with E1 (NHA) and E2 (DON) during the exit conference on 9/11/18 at 2:00 PM.

3-5 Limitation of Growth of Organisms of Public Health Concern

3-501 Temperature and Time Control

3-501.17 Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking.

(D) A date marking system that meets the criteria stated in ¶¶ (A) and (B) of this section may include:

(3) Marking the date or day the original container is opened in a FOOD ESTABLISHMENT, with a procedure to discard the FOOD on or before the last date or day by which the FOOD must be consumed on the premises, sold, or discarded as specified under ¶ (B) of this section;

This requirement is not met as evidenced by:

Based on observation, it was determined that

3-501.17

- A) All products that are opened will immediately be labeled and dated when opened.
- B) All residents have the potential to be affected by this deficient practice.
- C) Food labels will be placed on product when containers are open with start date and discard date.
- D) The dining director will audit all labeling and dating 3x a week x's 4 weeks.

12/5/18

Provider's Signature

Brenda Legron

Title

Executive Dir

Date

11/5/18



DELAWARE HEALTH AND SOCIAL SERVICES

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

DHSS - DHCQ
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 421-7400

STATE SURVEY REPORT

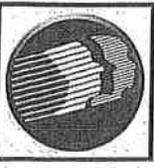
NAME OF FACILITY: Rockland Place Assisted Living

DATE SURVEY COMPLETED: September 11, 2018

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
---------	--	---	--------------------

	<p>the facility failed to label open containers of juice with the date(s) they were opened, to ensure they were consumed or discarded by a certain date according to procedure. Findings include:</p> <p>During a kitchen inspection on 9/7/18, three opened bottles of thickened juices (cranberry cocktail, apple juice, and orange juice) were observed in the reach-in refrigerator without the date(s) of opening marked on the bottles.</p> <p>These findings were reviewed with E1 (NHA) and E2 (DON) during the exit conference on 9/11/18 at 2:00 PM.</p> <p>4-6 Cleaning of Equipment and Utensils</p> <p>4-601 Objective</p> <p>4-601.11 Equipment Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils.</p> <p>(A) Equipment, food-contact surfaces and utensils shall be clean to sight and touch.</p> <p>(C) Non-food contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue and other debris.</p> <p>Based on observations, it was determined that the facility failed to ensure that the commercial dough mixer, bins for dry products, and steam table serving shelves were free of dirt and food residue debris that can cause food contamination. Findings include:</p> <p>A commercial dough mixer was observed to have debris of flour, particularly on the</p>	<p>4-601.11</p> <p>A) The mixer was thoroughly cleaned on 9/11/18. The two large bins were cleaned on 9/11/18. The two serving shelves were cleaned on 9/11/18.</p> <p>B) All residents have the potential to be affected by this deficient practice.</p> <p>C) The dining director will conduct an in-service to demonstrate the proper way to clean the stand mixer, cover when not in use and the use of multi-quat sanitizer for work surfaces.</p> <p>D) The dining director will audit the cleanliness of the mixer 3x's a week x 4 weeks. The results of the audit will be brought forward to Quality Assurance for review.</p>	<p>12/5/18</p>
--	---	---	----------------

Provider's Signature *Kendra Regan* Title Executive Dir Date 11/5/18



DELAWARE HEALTH AND SOCIAL SERVICES

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

DHSS - DHCQ
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 421-7400

STATE SURVEY REPORT

NAME OF FACILITY: Rockland Place Assisted Living

DATE SURVEY COMPLETED: September 11, 2018

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
---------	--	---	--------------------

stainless steel wire safety guard and the surface behind the safety guard;

Two large plastic bins with a bucket in each, one containing flour, the other containing breadcrumbs were observed to be dirty, with spillage of the contents on top of the lids as well as inside the bins around the buckets.

The bottom surfaces of the two serving shelves above the steam table had a rust color from an accumulation of dirt and debris, with the bottom of the shelf directly above the steam wells showing the most debris and discoloration.

These findings were reviewed with E1 (NHA) and E2 (DON) during the exit conference on 9/11/18 at 2:00 PM.

4-9 Protection of Clean Items

4-901 Drying

4-901.11 Equipment and Utensils, Air-Drying Required.

After cleaning and SANITIZING, EQUIPMENT and UTENSILS:

- (A) Shall be air-dried or used after adequate draining as specified in the first paragraph of 40 CFR 180.940 Tolerance exemptions for active and inert ingredients for use in antimicrobial formulations (food-contact surface SANITIZING solutions), before contact with FOOD; and
- (B) May not be cloth dried except that UTENSILS that have been air-dried may be polished with cloths that are maintained clean and dry.

4-901.11

- A) Sheet pans and flatware will be air dried.
- B) All residents have the potential to be affected by this deficient practice.
- C) An inservice will be conducted on proper Dishwasher procedures and air drying.
- D) The dining director will audit the sheet pans and flatware once a week for 4 weeks. The results of the audit will be brought forward to QA for review.

12/5/18

Provider's Signature: *[Signature]* Title: Executive Dir Date: 11/5/18



DELAWARE HEALTH AND SOCIAL SERVICES

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

DHSS - DHCQ
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 421-7400

STATE SURVEY REPORT

NAME OF FACILITY: Rockland Place Assisted Living

DATE SURVEY COMPLETED: September 11, 2018

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
---------	--	---	--------------------

This requirement is not met as evidenced by:

Based on observations, it was determined that the facility failed to ensure that newly washed kitchenware was allowed to air-dry to prevent contamination of food-contact surfaces. Findings include:

During inspection of the kitchen on 9/7/18, foodservice staff assigned to dishwashing in the morning (E9) was observed taking newly washed baking pans from the dishwasher and wiping down the wet surfaces with a towel that was being used to wipe nonfood-contact surfaces as well.

These findings were reviewed with E1 (NHA) and E2 (DON) during the exit conference on 9/11/18 at 2:00 PM.

6-4 LOCATION AND PLACEMENT

6-403 Employee Accommodations

6-403.11 Designated Areas.

(B) Lockers or other suitable facilities shall be located in a designated room or area where contamination of FOOD, EQUIPMENT, UTENSILS, LINENS, and SINGLE-SERVICE and SINGLE-USE ARTICLES cannot occur.

This requirement is not met as evidenced by:

Based on observation and interview, it was determined that the facility failed to ensure staff maintained their personal belongings in designated areas where food contamination

6-403.11

- A) The lunch bag was removed on 9/7/18.
- B) All resident have the potential to be affect by this deficient practice.
- C) An in-service will be conducted to educate staff related to storage of personal items.
- D) The dining director will conduct an audit 1 x per week x's 4 weeks to ensure personal items are stored outside of the kitchen. The results will be brought forward to QA for review.

12/5/18

Provider's Signature *Lynda Peyron* Title Executive Dir Date 11/5/18



**DELAWARE HEALTH
AND SOCIAL SERVICES**

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

DHSS - DHCQ
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 421-7400

STATE SURVEY REPORT

NAME OF FACILITY: Rockland Place Assisted Living

DATE SURVEY COMPLETED: September 11, 2018

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
---------	--	---	--------------------

could not take place. Findings include:

During the kitchen inspection on 9/7/18, a personal lunch bag was observed on top of the icemaker across from the tray line area. In an interview at 8:35 AM, E9 (Server) stated the bag belonged to her, adding there was a place to store personal items; she just did not have time that morning to store her lunch bag there.

These findings were reviewed with E1 (NHA) and E2 (DON) during the exit conference on 9/11/18 at 2:00 PM.

6-5 MAINTENANCE AND OPERATION

6-501 Premises, Structures, Attachments, and Fixtures Methods

6-501.12 Cleaning, Frequency and Restrictions.

(A) PHYSICAL FACILITIES shall be cleaned as often as necessary to keep them clean.

This requirement is not met as evidenced by:

Based on observation, it was determined that the facility failed to ensure that any fixture in close proximity to exposed food was kept free from dust that could contaminate the food. Findings include:

On 9/7/18, a long slender pole connected to a small rectangular base with electrical sockets

6-501.12

- A) The item identified – the long slender pole – was cleaned immediately on 9/7/18.
- B) All residents have the potential to be affected by this deficient practice.
- C) The electrical line will be cleaned by the cooks on a weekly basis.
- D) The dining director will audit cleaning list 3 x's a week x's 4 weeks to ensure the pole is clean. The results will be brought forward to QA for review.

12/5/18

Provider's Signature

Gwendolyn

Title

Executive Dir

Date

11/5/18



DELAWARE HEALTH AND SOCIAL SERVICES

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

DHSS - DHCQ
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 421-7400

STATE SURVEY REPORT

NAME OF FACILITY: Rockland Place Assisted Living

DATE SURVEY COMPLETED: September 11, 2018

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
<p>3225.14.0</p> <p>3225.14.1</p>	<p>and located on one end of the steam table, was observed to be dusty from the base to the top end of the pole.</p> <p>These findings were reviewed with E1 (NHA) and E2 (DON) during the exit conference on 9/11/18 at 2:00 PM.</p> <p>6-501.14 Cleaning Ventilation Systems, Nuisance and Discharge Prohibition.</p> <p>(A) Intake and exhaust air ducts shall be cleaned and filters changed so they are not a source of contamination by dust, dirt, and other materials.</p> <p>This requirement is not met as evidenced by:</p> <p>Based on observations, it was determined that the facility failed to ensure that ceiling vents were cleaned properly to prevent accumulation of dust, dirt and other materials that could contaminate food. Findings include:</p> <p>During the kitchen inspection on 9/7/18, all ceiling vents, including those above food preparation and serving areas, were observed to be coated with dust and debris.</p> <p>These findings were reviewed with E1 (NHA) and E2 (DON) during the exit conference on 9/11/18 at 2:00 PM.</p>	<p>6-501.14</p> <p>A) The vents were cleaned in house on 9/12/18. The vents were professionally cleaned 10/13/18.</p> <p>B) All residents have the potential to be affected by this practice</p> <p>C) Vent and hood cleaning will be Added to the weekly cleaning list.</p> <p>D) The dining services director will audit the cleaning schedule 1x/per week x's 4 weeks to ensure the cleaning is occurring. The results of the audits will be brought forward to QA for review.</p>	<p>12/5/18</p>

Provider's Signature

Title

Executive Dir

Date

11/5/18



**DELAWARE HEALTH
AND SOCIAL SERVICES**

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

DHSS - DHCQ
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 421-7400

STATE SURVEY REPORT

NAME OF FACILITY: Rockland Place Assisted Living

DATE SURVEY COMPLETED: September 11, 2018

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
---------	--	---	--------------------

	<p>the provisions of the Rights of Patients covered therein.</p> <p>1) Each resident shall have the right to receive considerate, respectful, and appropriate care, treatment and services, in compliance with relevant federal and state law and regulations, recognizing each person's basic personal and property rights which include dignity and individuality.</p> <p>This requirement is not met as evidenced by:</p> <p>Based on observation and interview, it was determined that the facility failed to ensure that one resident (R1) received his meal in a timely manner to avoid having to wait while watching other residents eat. Findings include:</p> <p>During a visit to the dementia unit dining room on 9/10/18 at 8:10 AM, breakfast service was in progress, with residents drinking their coffee while waiting for their food. Twenty minutes later, R1 was still without his breakfast, as he looked at other residents eat theirs. After ten minutes, R1 began to yell, "Where is my food?" a couple of times. E3 (Program Director) informed R1 they were getting more food from the main kitchen. After a total wait time of at least 30 minutes, R1 received his food.</p> <p>In an interview at 9:05 AM on 9/11/18, E16 (Nurse Aide/Caregiver) explained how meal plates were distributed, that is, clockwise starting from the right front (that is, closest to the servery) to the left and then the back row, regardless of time of arrival. R1, who was served last, was among the first residents to arrive in the dining room, being initially observed at 8:10 AM, drinking coffee at his</p>	<p>3225.14.1</p> <ul style="list-style-type: none"> A) R1 was affected by this deficient practice. B) All residents have the potential to be affected by this deficient practice. C) Staff will be in serviced to review proper distribution of food, to each resident during each meal. D) Meals will be monitored 3x's per week for 4 weeks. The results will be brought forward to QA for review. 	<p>12/5/18</p>
--	---	--	----------------

Provider's Signature: Brenda Nelson Title: Executive Dir Date: 11/5/18



DELAWARE HEALTH AND SOCIAL SERVICES

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

DHSS - DHCQ
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 421-7400

STATE SURVEY REPORT

NAME OF FACILITY: Rockland Place Assisted Living

DATE SURVEY COMPLETED: September 11, 2018

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
<p>3225.17.0</p> <p>3225.17.2</p> <p>3225.17.2.1</p>	<p>table in the back of the dining room, farthest from the servery.</p> <p>These findings were reviewed with E1 (NHA) and E2 (DON) during the exit conference on 9/11/18 at 2:00 PM.</p> <p>Environment and Physical Plant</p> <p>Assisted living facilities shall:</p> <p>Be in good repair</p> <p>This requirement is not met as evidenced by:</p> <p>Based on observation and interview, it was determined that the facility failed to maintain the kitchen emergency exit door in good repair, without any breaches to the structure that could potentially allow pests entry into the kitchen. Findings include:</p> <p>The rubber strip around the emergency exit doorframe below the panic bar was observed to have holes and tears of varying sizes. This observation was pointed out to E4 (Dining Services Director), who confirmed the finding and acknowledged she did not notice the structural breaches.</p> <p>These findings were reviewed with E1 (NHA) and E2 (DON) during the exit conference on 9/11/18 at 2:00 PM.</p>	<p>3225.17.2.1</p> <ul style="list-style-type: none"> A) The seal on the fire exit was repaired on 9/7/18 B) All residents have the potential to be affected by this deficient practice. C) The weather stripping will be monitored tears and holes during the weekly cleaning schedule. D) D) The dining services director will audit the weather stripping 1 x' per week x's 4 weeks. 	<p>12/5/18</p>

Provider's Signature Kendra Negron Title Executive Dir Date 11/5/18