

### STATE SURVEY REPORT

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NAME OF FACILITY: AL-Brookdale Hockessin

DATE SURVEY COMPLETED: November 16, 2022

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLE- TION DATE
	An unannounced Annual and Complaint Sur-	The following is the Disp of Co.	1
	vey was conducted at this facility from No-	The following is the Plan of Cor- rection for Brookdale Hockessin	
	vember 14, 2022 through November 16,		
	2022. The deficiencies contained in this re-	regarding the Statement of Defi-	
	port are based on interview, record review	ciencies dated November 16,	
	and review of other facility documentation	2022.	
	as indicated. The facility census on the first		
	day of the survey was forty-seven (47). The	This Plan of Correction is submitted as	
	survey sample totaled nine (9) residents.	confirmation of our ongoing efforts to	
		comply with statutory and regulatory	
	Abbreviations/definitions used in this state	requirements. In this document, we	
	report are as follows:	have outlined specific actions in re-	
		sponse to identified issues. We have	
	ED - Executive Director;	not provided a detailed response to	
		each allegation or finding, nor have we	
	HWD - Health Wellness Director;	identified mitigating factors. We re-	
		main committed to the delivery of	
	HWC - Health Wellness Coordinator;		
		quality health care services and will	
	Alzheimer's - a progressive brain disorder	continue to make changes and im-	
	with memory loss, poor judgement, person-	provement to satisfy that objective.	
	ality changes and disorientation OR loss of		
	mental functions such as memory and rea-		
	soning that interferes with a person's daily functioning;		
	Cirrhosis of the Liver - a degenerative disease of the liver resulting in scarring and liver fail-		
	ure;		
	Diabetes - a metabolic disorder in which the		
	body has high sugar levels for prolonged periods of time;		
	Post-polio syndrome - a condition that af-		
	fects polio survivors many years after recov-		
	ery from an initial attack of the poliomyelitis virus;		
	UAI (Uniform Assessment Instrument) - A		
	document setting forth standardized criteria		
	developed by the Division to assess each res-		
	ident's functional, cognitive, physical, medi-		
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cal, and psychosocial needs and status. The

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3225.5.0 3225.5.12	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.  General Requirements  An assisted living facility that provides direct healthcare services to persons diagnosed as having Alzheimer's disease or other forms of dementia shall provide dementia specific training each year to those healthcare providers who must participate in continuing education programs. The mandatory training must include: communicating with persons diagnosed as having Alzheimer's disease or other forms of dementia; the psychological, social, and physical needs of those persons; and safety measures which need to be taken with those persons. This paragraph shall not apply to persons certified to practice medicine under the Medical Practice Act, Chapter 17 of Title 24 of the Delaware Code.	3225.5.12 Employees will complete the required education for dementia/Alzheimer's care.  An audit of employee files will be completed to identify those who have not completed the required dementia training by the Health Wellness Director/designee.  An annual training calendar will be instituted to reflect necessary trainings to be completed annually by the Executive Director/designee.  Audits of the employee files will be completed monthly x2 for two consecutive months and ongoing until 100% compliance is met, then periodically at facility discretion	Completion date: January 31, 2023
2775 11 A	This requirement was not met as evidenced by:  Based on record review, interview and review of other facility documentation, it was determined that for three (3) out of five (5) employees, the facility did not provide evidence of the annual training for dementia care. Findings include:  11/14/22 12:20 PM – During an interview, E3 (HWC) confirmed that the annual trainings for these three employees were not found.  11/14/22 - Findings were reviewed with E1 (ED) and E2 (HWD) at the exit conference, beginning at 5:15 PM.  Resident Assessment	3225.11.2 Residents R1, R2, R7, and R8 medical records have been reviewed by the Health Wellness Director and physician. No negative outcomes were identified.	
3225.11.0	Resident Assessment		1



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SECTION

# STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES

# ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES

COMPLE-TION DATE

3225,11.2

A resident seeking entrance shall have an initial UAI-based resident assessment completed by a registered nurse (RN) acting on behalf of the assisted living facility no more than 30 days prior to admission. In all cases, the assessment shall be completed prior to admission. Such assessment shall be reviewed by an RN within 30 days after admission and, if appropriate, revised. If the resident requires specialized medical, therapeutic, nursing services, or assistive technology, that component of the assessment must be performed by personnel qualified in that specialty area.

This requirement was not met as evidenced by:

Based on record review, interview and review of other facility documentation, it was determined that for four (R1, R2, R7 and R8) out of nine sampled residents the facility failed to provide evidence that the initial UAI assessments were completed within 30 days prior to admission. Findings include:

- 1. 5/6/22 R1 was admitted with a diagnosis of Alzheimer's. The initial UAI assessment was completed the day of admission on 5/6/22, rather than no more than thirty days prior to admission.
- 2. 5/27/21 R2 was admitted with a diagnosis of diabetes. The initial UAI assessment was completed on 4/20/21 which was greater than thirty days prior to admission on 5/27/21.
- 10/31/22 R7 was admitted with a diagnosis of diabetes. The initial UAI assessment was completed the day of admission on

The Health Wellness Director has been reeducated on the policy for completing UAIs (Uniform Assessment Instruments) per state requirements and Brookdale policy.

An admission checklist has been instituted and will be completed and signed by the ED/designee prior to admission for compliance of required documents per state regulations and Brookdale policy.

The Business Office Manager will audit resident admission files, weekly x 4 weeks, then 2 x per month for 2 months for completed admission documentation per state regulation and Brookdale policy. Audit will be ongoing to 100% compliance is met, then periodically at facility discretion.

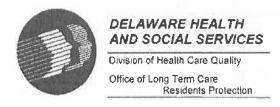
Completion date: January 31, 2023

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3225.11.3	10/31/22, rather than no more than thirty days prior to admission.  4. 6/21/21 – R8 was admitted with a diagnosis of cirrhosis of the liver. The initial UAI assessment was completed the day of admission on 6/21/21, rather than no more than thirty days prior to admission.  11/14/22 4:30 PM— During an interview, E2 (HWD) confirmed that R1, R2, R7 and R8'S initial UAI were not completed timely.  11/14/22 - Findings were reviewed with E1 (ED) and E2 at the exit conference, beginning at 5:15 PM.  Within 30 days prior to admission, a prospective resident shall have a medical evaluation completed by a physician.  This requirement was not met as evidenced by:  Based on record review, interview and review of other facility documentation, it was determined that for three (R2, R6 and R8) out of nine sampled residents the facility failed to provide evidence that the Physician's medical evaluations were completed within 30 days prior to admission. Findings include:  1. 5/27/21 – R2 was admitted with a diagnosis of diabetes. The medical evaluation was completed by the Physician on 4/23/21, more than thirty days prior to admission.  2. 8/8/22 – R6 was admitted with a diagnosis of post-polio syndrome. The medical evaluation completed by the Physician was dated 8/22/22, post admission.	Residents R2, R6, and R8 medical records have been reviewed by the Health Wellness Director and physician. No negative outcomes were identified.  The Health Wellness Director has been reeducated on the policy for completing medical evaluations within 30 days prior to admission date per state regulations and Brookdale policy.  An admission checklist has been instituted and will be completed and signed by the Executive Director/designee prior to admission for compliance of required documents per state regulations and Brookdale policy.  The Business Office Manager will audit resident admission files, weekly x 4 weeks, then 2 times per month x 2 months for completed admission documentation per state regulation and Brookdale policy. An audit will be ongoing until 100% compliance is met, then periodically at facility discretion.	Completion date: Januari 31, 2023



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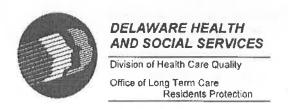
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***************************************	3. 6/21/21 – R8 was admitted with a diag-		
	nosis of cirrhosis of the liver. A pre-admis-		
	sion medical evaluation was not located in		
	the resident's records, nor could the facility	3225.11.5	
	verify if a Physician's evaluation was com-	Residents R1, R2, R7, and R9 medical rec-	
	pleted.	ords have been reviewed by the Health Wellness Director and physician. No nega-	
	11/14/22 4:40 PM – During an interview, E2	tive outcomes were identified.	
	(HWD) confirmed that R2, R6 and R8'S pre-		
	admission medical evaluations were not	An audit of current resident's medical rec-	
	done or were not completed timely.	ords, by the Health and Wellness Director or designee, will be reviewed weekly x 4	Completion
	11/14/22 - Findings were reviewed with E1	for four consecutive weeks, then monthly x	date: January
	(ED) and E2 at the exit conference, begin-	2 for two consecutive months and any UAI	31, 2023
	ning at 5:15 PM.	(Uniform Assessment Instrument) will be completed for those out of compliance.	,
3225.11.5	The UAI, developed by the Department,	completed for those out of compliance.	
	shall be used to update the resident as-	A list will be brought to the stand-up meet-	
	sessment. At a minimum, regular updates	ing of residents needing their UAI (Uniform	
	must occur 30 days after admission, annu-	Assessment Instrument) to be completed	
	ally and when there is a significant change	in 30 days after admission per state regula-	
	in the resident's condition.	tion and Brookdale policy. Audit will be	
	men i	ongoing until 100% compliance is met,	
	This requirement was not met as evidenced by:	then at the facility discretion.	
	Based on record review, interview and re-		
	view of other facility documentation, it was		
	determined that for four (R1, R2, R7 and R9)		
	out of nine sampled residents the facility		
	failed to provide evidence that the 30-day		
	UAI assessments were completed. Findings		
	include:		
	1. 5/6/22 – R1 was admitted with a diagno-		
	sis of Alzheimer's. The 30-day UAI assess-		
	ment due on 6/6/22 was not done.		
	2. 5/27/21 – R2 was admitted with a diag-		
	nosis of diabetes. The 30-day UAI assess-		
	ment due on 6/27/22 was completed on		
	8/10/21.		

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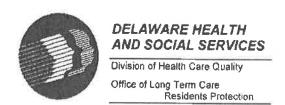


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On 11/16/22 at approximately 9:55 AM, finding was reviewed during an interview and confirmed by E1 (ED).		
	On 11/16/22 at approximately 9:55 AM, finding was reviewed during an interview	On 11/16/22 at approximately 9:55 AM, finding was reviewed during an interview