



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Long Term Care
Residents Protection

DHSS - DLTCRP
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Wilmington, Delaware 19806
(302) 577-6661

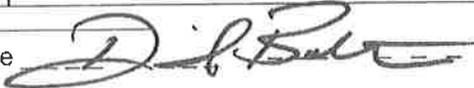
STATE SURVEY REPORT

NAME OF FACILITY: Hockessin Senior Living - The Summit

DATE SURVEY COMPLETED: January 16, 2018

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
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	<p>An unannounced complaint survey was conducted at this facility beginning January 3, 2018 and ending January 16, 2018. The facility census on the first day of survey was 88 residents. The sample size was four (R1, R2, R3, and R4) residents . The survey process included observations, interviews, review of resident clinical records, facility documents and facility policies and procedures.</p> <p>Abbreviations/definitions used in this report are as follows:</p> <p>ARSD - Assistant Resident Service Director;</p> <p>ED - Executive Director;</p> <p>POA - Power of Attorney;</p> <p>RSD - Resident Service Director;</p> <p>Service Agreement - a written document developed with each resident which describes what services will be provided, who will provide the services, when the services will be provided, how the services will be provided, and of applicable, the expected outcome;</p> <p>UAI - Uniform Assessment Instrument/an assessment form used to collect information about the physical condition, medical status and psychosocial needs of an applicant/resident in order to determine eligibility for an assisted living</p>	
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Provider 's Signature 

Title EXECUTIVE DIR Date 6/4/18



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<p>3225.0</p> <p>3225.11.0</p> <p>3225.11.4</p>	<p>facility and to determine ongoing services required.</p> <p>Regulations for Assisted Living Facilities</p> <p>Resident Assessment</p> <p>The resident assessment shall be completed in conjunction with the resident.</p> <p>This requirement is not met as evidenced by:</p> <p>Based on clinical record review and interviews it was determined that the facility failed to complete the UAI with dates and signatures for four residents (R1, R2, R3 and R4) out of four residents sampled. Findings include:</p> <p>1. Review of R1's initial UAI revealed it was absent the signature and date signed by her representative when completed by the facility on 9/28/2017. Although the above referenced UAI included documentation that this UAI was "reviewed with R1's POA (power of attorney)" the facility failed to identify the date, time and the subject matter addressed with R1's POA.</p> <p>These findings were reviewed with E1 (ED), E2 (RSD) and E3 (ARSD) on 1/16/2018 at approximately 4:15 PM.</p> <p>2. Review of R2's annual UAI, dated 7/24/17, revealed that it was not signed or dated by R2's POA until 10/5/17.</p>	<p><u>3225.11.4</u></p> <p>A. R1, R3 and R4 no longer reside at the community.</p> <p>R2 - A review of the resident's UAI was completed in order to ensure accuracy of documented review with POA.</p> <p>B. All residents have the potential to be affected. A focused review of UAI's for all current residents was completed in order to identify any which lacked required signatures, dates or subject matter with corrective action taken if necessary.</p> <p>C. The ED reviewed the UAI completion requirements with the RSD and ARSD in order to ensure understanding of such requirements.</p> <p>D. The ED/designee will conduct UAI audits monthly until compliance 100% is achieved over 3 consecutive evaluations. Finally the ED/designee will conduct an audit 1 month later. If 100% compliance is achieved, the community will conclude the deficiency has been corrected and the audit will occur quarterly as part of the QA monitoring plan.</p> <p>E. Completion Date: 4/01/18</p>



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3225.13.0	<p>Findings were reviewed with E3 (ARSD) via email on 1/17/18 at 2:00 PM.</p> <p>3. Review of R3's initial UAI revealed it was absent the date signed by the resident representative and the facility upon completion on 6/23/2017.</p> <p>These findings were reviewed with E1 (ED), E2 (RSD) and E3 (ARSD) on 1/16/2018 at approximately 4:15 PM.</p> <p>4. Review of R4's initial UAI, dated 4/12/17, revealed that although it was signed by the resident, it failed to be dated.</p> <p>Findings were confirmed with E1 (ED), E2 (RSD), and E3 (ASRD) on 1/16/18 at approximately 4:30 PM during the exit conference.</p> <p>Service Agreements</p>	
3225.13.1	<p>A service agreement based on the needs identified in the UAI shall be completed prior to or no later than the day of admission. The resident shall participate in the development of the agreement. The resident and the facility shall sign the agreement and each shall receive a copy of the signed agreement. All persons who sign the agreement must be able to comprehend and perform their obligations under the agreement.</p> <p>This requirement is not met as evidenced by:</p> <p>Based on record review and interview it</p>	<p>3225.13.1</p> <p>A. R1, R3 and R4 no longer reside at the community.</p> <p>B. Reviews of Service Agreement's for all current residents was completed in order to identify any which lacked required signatures, dates with corrective action taken if necessary.</p> <p>C. The ED reviewed the Service Agreement completion documentation requirements with the RSD and ARSD in order to ensure understanding of such requirements. Processes for completion of service agreements were reviewed and modified</p>



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3225.13.4	<p>was determined that the facility failed to complete the service agreement with signatures and dates for three residents (R1, R3 and R4) out of four (4) residents sampled. Findings include:</p> <p>1. Review of R1's clinical record revealed that the initial service agreement dated 10/18/2017 was "reviewed by the POA (power of attorney)" and completed without inclusion of the review date.</p> <p>These findings were reviewed with E1 (ED), E2 (RSD) and E3 (ARSD) on 1/16/2018 at approximately 4:15 PM.</p> <p>2. Review of R3's clinical record revealed that the initial service agreement dated 7/3/2017 was completed without inclusion of the date signed by her POA.</p> <p>These findings were reviewed with E1 (ED), E2 (RSD) and E3 (ARSD) on 1/16/2018 at approximately 4:15 PM.</p> <p>3. Review of R4's initial resident service agreement, dated 4/12/17, revealed the document was not signed or dated by R4.</p> <p>Findings were confirmed with E1 (ED), E2 (RSD), and E3 (ARSD) on 1/16/18 at approximately 4:30 PM during the exit conference.</p> <p>The facility shall be responsible for appropriate documentation in the service agreement for services provided or arranged by the facility.</p>	<p>to ensure compliance.</p> <p>D. The ED/designee will conduct Service Agreement audits monthly until 100% compliance is achieved over 3 consecutive evaluations. Finally the ED/designee will conduct an audit 1 month later. If 100% compliance is achieved, the community will conclude the deficiency has been corrected and the audit will occur quarterly as part of the QA monitoring plan.</p> <p>E. Completion Date: 4/01/18</p>



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	<p>This requirement is not met as evidenced by:</p> <p>Based on record reviews and interviews it was determined that the facility developed service agreements that failed to include measurable goals and specific interventions to address fall risk and actual falls sustained by two (R2 and R4) out of four (4) residents sampled. Findings include:</p> <p>1a. Review of R2's annual resident service agreement, dated 7/24/17, failed to reflect that the resident was receiving therapy services. Additionally, the resident service agreement failed to identify the therapy provider and the frequency of the service.</p> <p>1b. Review of R2's initial resident service agreement, dated 12/8/17, revealed it was noted that the resident was receiving therapy services, but failed to identify the therapy provider and the frequency of the service.</p> <p>Findings were reviewed with E1 (ED), E2 (RSD), and E3 (ARSD) on 1/16/18 at approximately 4:30 PM during the exit conference.</p> <p>2. Review of R4's initial service agreement, dated 4/14/17, failed to reflect that the resident began receiving therapy services on 9/26/17.</p> <p>Findings were reviewed with E1 (ED), E2 (RSD), and E3 (ARSD) on 1/16/18 at approximately 4:30 PM during the exit conference.</p>	<p><u>3225.13.4</u></p> <p>A. R2 – A review of the resident's Service Agreement was completed in order to accurately reflect the frequency of therapy services and identified provider.</p> <p>R4 no longer resides at the community.</p> <p>B. The Community completed an audit of current resident Service Agreements in order to identify any that lacked identified therapy provider/service information with corrective action taken if necessary.</p> <p>C. System for communication and documentation for residents receiving therapy services were evaluated. As a result of this evaluation systematic changes were implemented to ensure the appropriate documentation of services are reflected on Resident Service Agreements. A weekly report is generated by the therapy provider and review of resident's receiving therapy services is conducted by the nursing/therapy team to reflect therapy interventions, frequency and provider information.</p> <p>D. The ED/designee will conduct Service Agreement audits monthly until 100% compliance is achieved over 3 consecutive evaluations. Finally, the ED/designee will conduct quarterly audits until 100% compliance is achieved over 2 consecutive evaluations. If 100% compliance is achieved, the community will conclude the deficiency has been corrected and the audit will be randomly conducted annually to assess continued compliance with review time frames. The results of the audits will be reviewed and</p>



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reported to the community QA committee
quarterly

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3225.13.5	<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 incident reports and staff interviews it was determined that the facility failed to develop service agreements with measurable goals and specific interventions to address fall risk and actual falls sustained by four (R1, R2, R3, and R4) out of four sampled residents. Findings include:</p> <p>1. Clinical record review revealed that R1 had diagnoses of dementia, cognitive impairment, blindness and gait dysfunction. According to the initial UAI assessment dated 10/18/2017 R1 was alert and oriented to time, place and person but experienced short-term memory and long-term memory problems. The section of the above referenced UAI labeled "Fall Risk Assessment" also revealed that R1 sustained a fall within the last 30 days prior to admission to the assisted living facility. Further review of the clinical record revealed that a "Fall Reviews" form completed 10/18/2017 revealed that R1 was considered at risk for falls and recommended the</p>	<p>3225.13.5</p> <p>A. R1, R3 and R4 no longer reside at the community.</p> <p>R2 - A review of the resident's UAI and Service Agreement was completed in order to accurately reflect risk for falls as well as specific interventions and goals.</p> <p>B. The community completed a focus review of resident falls within the past 60 days in order to determine identified risks and required review/revision of UAI and associated service agreements addressing potential/actual falls and specific interventions and goals. Identified issues were immediately addressed and service agreements were updated to ensure identification of appropriate interventions.</p> <p>C. The community Fall Management Program Policies and Procedures were reviewed. As a result of this evaluation systematic changes were implemented in the documentation/review process in order to determine residents risk for falls and ensure implementation of appropriate interventions. In addition to the completion of an incident report, review/documentation changes for falls included the implementation of additional tools including a questionnaire, injury assessment form and a comprehensive post fall investigation form (QA purposes). A weekly review of resident falls is conducted by an interdisciplinary team to ensure appropriate interventions, measurable goals, and service agreement documentation of such.</p>



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	<p>implementation of appropriate interventions. However review of the initial service agreement dated 10/18/2017 revealed an attachment labeled "history of falls" without measurable goals and specific interventions that addressed fall risk sustained by R1.</p> <p>Further review of the clinical record also indicated that R1 sustained a fall on 12/26/2017 at approximately 12:15 PM when observed by staff laying on the floor beside her bed. When questioned by staff R1 stated that she rolled out of bed. Following assessment of a hematoma to the forehead and a skin tear of the left shin, R1 was sent to an acute care facility for evaluation and treatment. R1 was diagnosed with a "Type II odontoid (a small toothlike, upward projection from the second vertebra of the neck around which the first vertebra rotates). As of January 16, 2018, R1 remains on leave from the assisted living facility</p> <p>These findings were reviewed with E1 (ED), E2 (RSD) and E3 (ARSD) on 1/16/2018 at approximately 4:15 PM.</p> <p>2. Review of R2's clinical record revealed the following:</p> <p>6/24/15 - R2 moved in to the facility with diagnoses that included dementia (loss of mental functions such as memory and reasoning that is severe enough to</p>	<p>D. The ED/designee will conduct Service Agreement audits monthly until 100% compliance is achieved over 3 consecutive evaluations. Finally, the ED/designee will conduct quarterly audits until 100% compliance is achieved over 2 consecutive evaluations. If 100% compliance is achieved, the community will conclude the deficiency has been corrected and the audit will be randomly conducted annually to assess continued compliance with review time frames.</p> <p>The results of the audits will be reviewed and reported to the community QA committee.</p> <p>E. Completion Date: 4/01/18</p>



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	<p>interfere with a person's daily functioning), ambulatory dysfunction (change in normal walking pattern), and muscle weakness.</p> <p>6/24/15 - R2's service agreement noted the resident was a fall risk and only included the interventions of every 2 hour safety checks and Fall Risk assessment quarterly and as needed.</p> <p>6/25/15 - A Fall review was completed and noted that R2 had confusion, cognitive impairment and poor safety awareness. Despite these findings there was no evidence that the facility included any additional interventions to R2's service agreement for the risk for falls.</p> <p>7/24/15-The 30 day UAI was completed and stated R2 required supervision, cuing and coaching during mobility (walking) and standby assistance during transfers. The UAI also stated that R2 had short and long term memory problems and under the Fall Risk Assessment section stated that R2 had impaired balance. Again, there was no evidence that the facility included any additional interventions to R2's service agreement for the risk for falls.</p> <p>8/8/15 through 12/31/15- R2 sustained three (3) falls, one of which required suturing of a laceration. There was no evidence that the facility reviewed and revised R2's service agreement to address potential and actual falls with specific interventions and goals.</p> <p>1/21/16 -A Fall Review was completed which stated that staff would continue to monitor R2 during transfers and ambulation, and that R2 remained a high fall risk. There was no evidence that the facility implemented any additional</p>	
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	<p>interventions for R2's potential for and actual falls.</p> <p>February 2016 through December 2016 - R2 sustained three (3) falls, one of which resulted in admission to the hospital for surgical repair of a broken hip.</p> <p>7/24/16 - An annual UAI was completed and stated that R2 had impaired balance and confusion and was a Fall Risk. An undated page with no resident name listed was found attached to R2's 7/24/16 service agreement. It stated "Actual Falls" and listed all of R2's falls occurring from 8/8/15 through 8/29/16. This page listed interventions such as, "low bed, personal items within reach, clutter removed, grab bars, proper fitting shoes, referral to therapy, remind to use assistive device, refer to physician for evaluation, medication review by pharmacist, and assist with toileting as needed."</p> <p>10/24/16, 1/20/17, 4/20/17, 7/20/17, 12/8/17 - The facility completed Fall Reviews, all of which identified R2 as a high risk for falls.</p> <p>April 2017 through January 12, 2018 - Record review revealed that R2 sustained five (5) falls, one of which resulted in hospitalization for surgical repair of a broken hip and subsequent admission to a rehabilitation facility.</p> <p>7/24/17 -An annual UAI was completed and was virtually unchanged from the prior annual UAI, dated 7/24/16. The 7/24/17 Service Agreement was also unchanged including the page titled "Actual Falls," with the exception of an updated listing of R2's falls. There was no evidence that the facility implemented any additional interventions for R2's potential for and actual falls.</p>	



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	<p>10/5/17 - A nursing progress note stated that fall prevention measures, that the facility was considering, were discussed with R2's POA (Power of Attorney). The progress note stated that lowering the bed was considered but not possible due to the type of bed it was. Despite this the facility continued to identify a low bed as an intervention on the "Actual Falls" plan. Additionally, the note stated that a fall mat was considered to be a fall risk for R2 and a bed alarm was declined by the POA. The facility failed to re-evaluate, develop, and implement resident specific interventions to address R2's falls and potential for falls.</p> <p>Findings were reviewed with E1 (ED), E2 (RSD), and E3 (ARSD) during the exit conference on 1/16/18 at approximately 4:30 PM.</p> <p>3. Review of the clinical record revealed that R3 was admitted on 7/3/2017 to the assisted living facility with diagnoses that included Alzheimer's Disease (degenerative disorder that attacks the brain's nerve cells resulting in loss of memory, thinking and language). According to the initial UAI assessment dated 6/23/2017 R3 was oriented to person only and had short-term memory problems. The above referenced UAI also revealed that R3 was at risk for falls due to a gait problem and the occurrence of a fall within the last 30 days. Further review of the clinical record revealed that a "Fall Review" form with unknown date was completed and indicated that R3 was at high risk for falling. The implementation of appropriate interventions was</p>	
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	<p>recommended to address R3's risk for falls.</p> <p>Further review of the clinical record revealed that R3 sustained approximately six falls between July 21, 2017 and August 18, 2017. The initial service agreement dated 7/3/2017 revealed an attachment labeled "actual falls" and included the dates of the actual falls sustained by R3 with assigned interventions selected from a prepared list of interventions.</p> <p>Review of six out of seven interventions documented to address five out of six falls revealed that the facility failed to develop and implement measurable goals and specific interventions after each fall sustained by R3 between 7/21/2017 and 8/15/2017. On 8/18/2017 R3 was admitted to an acute care facility following a fall at 6:51 AM that resulted in a fracture of the right hip and was discharged from the assisted living facility on 9/30/2017..</p> <p>These findings were reviewed with E1 (ED), E2 (RSD) and E3 (ARSD) on 1/16/2018 at approximately 4:15 PM.</p> <p>4. Review of R4's clinical record revealed the following:</p> <p>4/12/17 - The initial UAI stated under the Fall Risk Assessment that R4 had a gait problem and was unstable transitioning from seated to standing position. This UAI also stated R4 was oriented to person, place and time, and exhibited short term memory problems.</p> <p>4/14/17 - R4 moved in to the facility with</p>	



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<p>3225.17.0</p> <p>3225.17.2</p> <p>3225.17.2.3</p>	<p>a diagnosis of osteoporosis (a disease where increased bone weakness increases the risk of a broken bone). 4/14/17 - R4's resident service agreement noted the resident was a fall risk and only included the interventions of every 2 hour safety checks and Fall Risk assessment quarterly and as needed. 4/15/17 - A Fall Review was completed which stated that R4 was not a fall risk at the time of move in. This is the opposite of what the service agreement, dated 4/14/17, identified R4 as a fall risk. 9/13/17 - R4 had a fall and sustained a fracture. 9/26/17 - R4 began receiving therapy services due to the fall sustained on 9/13/17. 10/11/17 through 1/2/18 - The clinical record revealed that R4 had a total of four (4) falls. Although R4 continued to receive therapy services during this time frame there was no evidence that the facility reviewed and developed specific interventions that addressed falls sustained by R4 between 10/11/17 and 1/2/18.</p> <p>Findings were reviewed with E1 (ED), E2 (RSD), and E3 (ARSD) during the exit conference on 1/16/18 at approximately 4:30 PM.</p> <p>Environment and Physical Plant</p> <p>Assisted living facilities shall:</p> <p>Have a hazard-free environment;</p> <p>This requirement is not met as evidenced by:</p>	



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<p>TITLE 16</p> <p>CHAPTER 11</p> <p>Subchapter III</p> <p>§ 1131</p>	<p>Based on observation and interview it was determined that the facility failed to ensure a hazard free environment on the ground floor memory care unit. Findings include:</p> <p>Observation on 1/3/18 at 2:29 PM revealed that the biohazard room and a storage/utility room, both of which had keypad entry, were left opened and unlocked.</p> <p>In an interview on 1/3/18 at approximately 2:35 PM, E3 (ARSD) confirmed that both doors should be locked.</p> <p>Health and Safety Regulatory Provisions Concerning Public Health</p> <p>Nursing Facilities and Similar Facilities</p> <p>Abuse, Neglect, Mistreatment or Financial Exploitation of Residents or Patients</p> <p>Definitions. (9) Neglect</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>These requirements were not met as evidenced by:</p> <p>Based on record review, interviews, and review of other documentation as indicated, it was determined that for two</p>	<p>3225.17.2.3</p> <p>A. No residents were identified as being affected by the deficient practice.</p> <p>B. All residents have the potential to be affected by the deficient practice.</p> <p>C. RSD/designee re-educated staff on the requirement for security of storage/utility and biohazard rooms when not in use</p> <p>D. RSD/designee will conduct daily audits until 100% compliance is reached over 3 consecutive evaluations. Then the RSD/designee will conduct audits weekly until 100% compliance is reached over 3 consecutive evaluations. Then the RSD designee will conduct audits monthly until 100% compliance is reached over 3 consecutive evaluations. Finally the RSD /designee will conduct an audit one month later.</p> <p>If 100% compliance is achieved, the facility will conclude the deficiency has been corrected and the audit will occur at least annually as part of the Environmental QA monitoring plan.</p> <p>E. Completion Date: 4/01/18</p>
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	<p>(R2 and R3) of four (4) residents reviewed, the facility failed to ensure that the residents' care and safety needs were met. Findings include: Cross refer to 3225.13.5, example #2 1. Review of R2's clinical record revealed the following: 6/24/15 - R2 moved in to the facility with diagnoses that included dementia (loss of mental functions such as memory and reasoning that is severe enough to interfere with a person's daily functioning), ambulatory dysfunction (change in normal walking pattern), and muscle weakness. 6/24/15 - R2's service agreement noted the resident was a fall risk and only included the interventions of every 2 hour safety checks and Fall Risk assessment quarterly and as needed. 6/25/15 - A Fall review was completed and noted that R2 had confusion, cognitive impairment and poor safety awareness. 7/24/15-The 30 day UAI was completed and stated R2 required supervision, cuing and coaching during mobility (walking) and standby assistance during transfers. The UAI also stated that R2 had short and long term memory problems and under the Fall Risk Assessment section stated that R2 had impaired balance. /8/15 through 12/31/15 - R2 sustained three (3) falls, one of which required suturing of a laceration. There was no evidence that the facility reviewed and revised R2's service agreement to address potential and actual falls.</p>	<p>Title 16, Ch 11, 1131</p> <p>A. R3 no longer resides at the community.</p> <p>R2 - A review of the resident's UAI and Service Agreement was completed in order to accurately reflect identification of safety risk(s) and identified interventions.</p> <p>B. The community completed a focus review of resident falls within the past 60 days in order to determine identified risks and required review/revision of UAI and associated service agreements addressing potential/actual falls and specific interventions and goals. Identified issues were immediately addressed and service agreements were updated to ensure identification of appropriate interventions.</p> <p>C. The community Fall Management Program Policies and Procedures were reviewed. As a result of this evaluation systematic changes were implemented in the documentation/review process in order to determine residents risk for falls and ensure implementation of appropriate interventions. In addition to the completion of an incident report, review/documentation changes for falls included the implementation of additional tools including a questionnaire, injury assessment form and a comprehensive post fall investigation form (QA purposes). A weekly review of resident falls is conducted by an interdisciplinary team to ensure documentation of actual/ potential for falls, appropriate interventions, measurable goals, and appropriate review/revision of service agreement documentation.</p>



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	<p>The facility failed to ensure that the residents' safety needs were met.</p> <p>1/21/16 -A Fall Review was completed which stated that staff would continue to monitor R2 during transfers and ambulation, and that R2 remained a high fall risk.</p> <p>February 2016 through December 2016 - R2 sustained three (3) falls, one of which resulted in admission to the hospital for surgical repair of a broken hip.</p> <p>7/24/16 - An annual UAI was completed and stated that R2 had impaired balance and confusion and was a Fall Risk. An undated page with no resident name listed was found attached to R2's 7/24/16 service agreement. It stated "Actual Falls" and listed all of R2's falls occurring from 8/8/15 through 8/29/16. This page listed interventions such as, "low bed, personal items within reach, clutter removed, grab bars, proper fitting shoes, referral to therapy, remind to use assistive device, refer to physician for evaluation, medication review by pharmacist, and assist with toileting as needed."</p> <p>10/24/16, 1/20/17, 4/20/17, 7/20/17, 12/8/17-The facility completed Fall Reviews, all of which identified R2 as a high risk for falls.</p> <p>April 2017 through January 12, 2018 - Record review revealed that R2 sustained five (5) falls, one of which resulted in hospitalization for surgical repair of a broken hip and subsequent admission to a rehabilitation facility.</p> <p>7/24/17 - An annual UAI was completed and was virtually unchanged from the prior annual UAI, dated 7/24/16. The 7/24/17 Service Agreement was also unchanged including the page titled</p>	<p>The ED/designee will conduct Service Agreement audits monthly until 100% compliance is achieved over 3 consecutive evaluations.</p> <p>Finally, the ED/designee will conduct quarterly audits until 100% compliance is achieved over 2 consecutive evaluations. If 100% compliance is achieved, the community will conclude the deficiency has been corrected and the audit will be randomly conducted annually to assess continued compliance with review time frames.</p> <p>The results of the audits will be reviewed and reported to the community QA committee quarterly.</p> <p>D. Completion Date: 4/01/18</p>



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	<p>"Actual Falls," with the exception of an updated listing of R2's falls.</p> <p>10/5/17 - A nursing progress note stated that fall prevention measures, that the facility was considering, were discussed with R2's POA (Power of Attorney). The progress note stated that lowering the bed was considered but not possible due to the type of bed it was. Despite this the facility continued to identify a low bed as an intervention on the "Actual Falls" plan. Additionally, the note stated that a fall mat was considered to be a fall risk for R2 and a bed alarm was declined by the POA. Despite being identified as a fall risk and having sustained multiple significant injuries as a result of falls, the facility failed to ensure that R2's safety needs were met</p> <p>Findings were reviewed with E1 (ED), E2 (RSD), and E3 (ARSD) during the exit conference on 1/16/18 at approximately 4:30 PM.</p> <p>Cross refer to 3225.13.5, example #3</p> <p>2. Review of the clinical record revealed that R3 was admitted on 7/3/2017 to the assisted living facility with diagnoses that included Alzheimer's Disease (degenerative disorder that attacks the brain's nerve cells resulting in loss of memory, thinking and language). According to the initial UAI assessment dated 6/23/2017 R3 was oriented to person only and had short-term memory problems. The above referenced UAI also revealed that R3 was at risk for falls due to a gait problem and the occurrence of a fall within the last 30 days. Further review</p>	



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	<p>of the clinical record revealed that a "Fall Review" form with unknown date was completed and indicated that R3 was at high risk for falling. The implementation of appropriate interventions was recommended to address R3's risk for falls.</p> <p>Further review of the clinical record revealed that R3 sustained approximately six falls between July 21, 2017 and August 18, 2017. The initial service agreement dated 7/3/2017 revealed an attachment labeled "actual falls" and included the dates of the actual falls sustained by R3 with assigned interventions selected from a prepared list of interventions.</p> <p>On 8/18/2017 R3 was admitted to an acute care facility following a fall at 6:51 AM that resulted in a fracture of the right hip and was discharged from the assisted living facility on 9/30/2017.</p> <p>The facility failed to ensure that R3's safety needs were met.</p> <p>These findings were reviewed with E1 (ED), E2 (RSD) and E3 (ARSD) on 1/16/2018 at approximately 4:15 PM.</p>	