DELAWARE HEALTH AND SOCIAL SERVICES
Division of Health Care Quality
Office of Long Term Care Residents Protection

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

STATE SURVEY REPORT

NAME OF FACILITY: Millcroft Assisted Living

DATE SURVEY COMPLETED: March 15, 2021

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	A Complaint Survey was conducted by the State of Delaware Division of Health Care Quality, Office of Long Term Care Residents Protection from March 10, 2021 through March 15, 2021. The facility was found to be out of compliance with the Title 16 Health and Safety Delaware Administrative Code, 3225 Assisted Living Facilities regulations. The sample size was three residents. The facility census on the first day of the survey was 18. Abbreviations/Definitions used in this report: AA – Activity Aide; AD – Activity Director; AL – Assisted Living; CN – Charge Nurse; DA – Dietary Aide; DHCQ – Division of Health Care Quality; DPH – Division of Public Health; DRC – Director of Resident Care; FSD – Food Service Director; LTC – Long Term Care; NHA – Nursing Home Administrator; POA – Power of Attorney; RDO – Regional Director of Operations; SNF – Skilled Nursing Facility. **Regulations for Assisted Living Facilities**		
3225.0 **2.0**	**Authority and Applicability** These regulations are promulgated in accordance with 16 Del.C. Ch. 11 and shall apply to any facility providing assisted living to elderly individuals or adults with disabilities.		
	General Requirements		

Provider's Signature [signature] Title Executive Director Date 4/7/21

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5.0 5.8	**An assisted living facility shall recognize the authority of a representative acting on the resident's behalf pursuant to Delaware law, as long as such representative does not exceed his/her authority. The facility shall request and keep on file any documents such as an advance directive, living will, do not resuscitate, and power(s) of attorney.** **This requirement was not met as evidenced by:** Based on interviews and review of a clinical record and facility documentation as indicated, it was determined that for one (R1) out of three sampled residents, the facility failed to recognize F1 as R1's representative by failing to notify F1 after R1 sustained an injury during a transfer. Findings include: Review of R1's clinical record revealed: F1 was listed as R1's responsible party, POA – Care and Emergency Contact #1 in the clinical record. 3/5/2021 at 3:30 PM – The facility's incident report stated that R1, the resident, was notified of the skin tear injury sustained during a transfer. The facility failed to recognize F1 as the responsible party and notify F1 of R1's injury. 3/10/2021 at 11:43 AM – During an interview, F1 stated that the facility did not notify her of R1's injury during a transfer. F1 stated that R1 informed her during a telephone conversation at a later time.	**5.0 (5.8) - General Requirements** A. R1 was not adversely affected by this alleged deficient practice, skin tear is healing without any further complications B. All residents have the potential for being affected by this alleged deficient practice C. Charge nurse (CN) involved has been education by DRC on 3/12/2021 regarding notifying the responsible party (POA) on any changes in residents. DRC will re-educate licensed staff on notification to POA regarding change in condition by 3/19/2021 Leadership team will be educated by ED/DRC on shift-to-shift communication review by 3/19/2021. D. DRC or designee will audit POA/family notification by utilizing shift-to-shift communication and reporting resident changes at stand-up. DRC/designee will review documentation in the medical record of POA/responsible party notifications within 24 hours of transfer to verify compliance by initialing shift-to-shift communication tool to achieve 100% compliance with notification. Results will be discussed during quarterly QAPI meeting	Completion Date: 5/7/21

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	3/15/2021 at 2:30 PM – During an interview, R1 stated that the facility did not notify F1 of the injury during transfer and they are supposed to call F1 regarding any incidents. R1 stated that she told F1 about the incident on the phone the next day. 3/15/2021 at 4:46 PM – Finding was reviewed during the Exit Conference with E1 (NHA) and E2 (DRC). The facility failed to recognize F1 as R1's representative by not notifying F1 of R1's injury sustained during a transfer on 3/5/2021. **Residents Rights** **Assisted living facilities are required by 16 Del.C. Ch. 11, Subchapter 11, to comply with the provisions of the Rights of Patients covered therein.** **§ 1121. Resident's Rights.** **(b) It is declared to be the public policy of this State that the interests of the residents shall be protected by a declaration of a resident's rights, and by requiring that all facilities treat their residents in accordance with such rights, which shall include the following:** **(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.**		
14.0 14.1			

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	This requirement was not met as evidenced by: Based on observations and interviews, it was determined that for one (R1) out of three sampled residents, the facility failed to recognize each person's dignity and individuality by serving three daily meals using disposable products (plates, cups and utensils). Findings include: 3/10/2021 at 2:20 PM – The Surveyor was told by E2 (DRC) upon entrance to the facility that there were no active COVID-19 cases. 3/11/2021 from 8:35 AM to 9 AM – Observation of breakfast revealed that the facility served the meal using disposable products to R1's room. 3/11/2021 at 10:20 AM – During an interview, E5 (FSD) stated there were no current equipment (i.e. dishwasher) disrepair issues going on in the main kitchen that served the facility. 3/11/2021 at 12:20 PM – Observation of lunch revealed that the facility served the meal using disposable products to R1's room. 3/11/2021 at 12:36 PM – During an interview, when E7 (DA) was asked why the meals were being served with disposable products, E7 stated, "because of COVID." 3/11/2021 at 12:45 PM – During a follow-up interview, E5 (FSD) stated that they were using disposable products because	**14.1 ₴ 1121(b)(1) – Resident's Rights** A. R1 will be served meals on the appropriate dinnerware for all meals unless resident makes a specific request to do otherwise B. All the residents have the potential to be affected by this alleged deficient practice. C. FSD or designee will verify that all residents are served all three meals with appropriate dinnerware unless there is rationale that would preclude this (i.e. communicable disease outbreak). D. ED/FSD or designee, will observe meal service delivery daily to verify that appropriate dinnerware is in place prior to leaving kitchen x 2 weeks, then weekly x 2 weeks until 100% compliant and finding will be	Completion date 5/7/21

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	the facility was in "Phase 1 for COVID-19." 3/15/2021 at 2:30 PM – During an interview, R1 stated that she has not been to the dining room for months. R1 stated, "I don't like it. You try to eat lasagna on a styrofoam plate that was placed on a folding table in my room. It is difficult using a plastic knife to cut meat." 3/15/2021 at 4:46 PM – Finding was reviewed with E1 (NHA) and E2 (DRC). The facility failed to recognize R1's dignity and individuality by serving each meal using disposable products. **(14) a. Each resident may associate and communicate, including visits and visitation, privately and without restriction with persons and groups of the resident's own choice, on the resident's own or their initiative, at any reasonable hour.** **(31) Each resident shall be free to make choices regarding activities, schedules, healthcare, and other aspects of the resident's life that are significant to the resident, as long as such choices are consistent with the resident's interests, assessments, and plan of care and do not compromise the health or safety of the individual or other residents within the facility.** Based on interviews and review of facility documentation and the DHCQ/DPH reopening plan and visitation guidance document, dated 1/26/2021, it was determined that for one (R1) out of three resi-	discussed at quarterly QAPI meeting	

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	dents sampled, the facility failed to provide F1, R1's representative, with the requirements for and to facilitate the Support Person visitation with R1 after F1's repeated requests for detailed information. Findings include: 1/26/2021 – The COVID-19 Updated Reopening Plan in Long Term Care (LTC) Facilities stated, "...The DHCQ supports family engagement and has updated the guidance to permit designated support persons (SPs) in the facility regardless of the facility's COVID-19 status... The LTC facility reopening plan must be fluid, in line with facility-specific conditions, and under the direction of the Delaware Division of Health Care Quality (DHCQ), Division of Public Health (DPH), the Centers for Disease Control and Prevention (CDC), and the Centers for Medicare and Medicaid Services (CMS)... Implementation of SPs should be accompanied by preplanning and communications with facility staff, residents, and their designated representatives... It will also be important to share information on the COVID-19 status of the facility with the SPs...". 2/19/2021 at 11:05 AM – An email sent from E8 (AD in the SNF) to F1 stated, "... Please see below. Please call E3 (CN in the AL) or myself if we can answer any questions...". The following email was attached: 2/18/2021 at 3:48 PM – An email sent from E9 (RDO) to the residents' families stated, "... As promised..... (DHCQ) has made it possible for us to offer support services for the residents in our SNF. A support person (SP) is defined as a family member or outside caregiver who	**14.1 ₴ 1121(14)(31) – Resident's Rights** A. R1 was not adversely affected by the practice. B. All residents and family members have the potential to be affected by this alleged deficient practice. C. All residents will receive a printed copy of any communication addressed to them and responsible parties by the ED or designee. All families will receive communication via email regarding any changes in visitation requirements in the facility. E3 (CN in AL) and DRC re-educated on the facility policy regarding visitation as a support person and that family members should receive clarifications in a timely manner by 3/19/2021. ED obtained updated email address for R1's representative (F1) on 2/25/2021 and was added to the families email list by the ED BOM/designee will audit 100% of resident family members' emails to verify that the facility has the most current email on file by 4/16/2021.	Completion date 5/7/21

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	prior to visiting restrictions were regularly engaged with the resident at least once a week to provide companionship and/or assist with activities requiring one-on-one direction. The goal of a support person (SP) is to help high-risk residents who are missing care previously by a loved one or outside caregiver. We want to offer you the opportunity to gain additional information and guidance for our facility to elect a family member/companion as your loved ones designated support person(s), please contact (name of E8 in the SNF)... for requirements and scheduling for Healthcare and (name of E3 in the AL)...". 2/19/2021 at 12:45 PM – An email sent from F1 to E8 (AD in the SNF) stated, "Please provide the specific information via email communication. I want to get started as soon as possible. My (name of R1) is in AL (room #)...". 2/19/2021 at 5:25 PM – An email sent from E3 (CN) to F1 stated, "... Thank you for contacting us. We are in the process of coming up with a plan to best execute the support person visit in the safest way possible including COVID-19 testing requirement prior to the visitation. We will get back to you as soon as possible. Thank you for your understanding." The facility failed to follow up with F1 to provide the requirements for and to facilitate Support Person visitation. 2/25/2021 at 3:34 PM – An email sent from E1 (NHA) to the residents' families stated, "... Like everything else, reopening is in phases, and at the moment, we are	D. ED will review 10% of resident weekly x 4 weeks and then monthly x 2 months, until 100% compliance is achieved. Results will be discussed at quarterly QAPI meeting.	

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	allowing responsible visitation of support persons and visitors. We are carefully following guidelines from DHCQ and CDC towards the reopening of our communities. Effective immediately, support persons and visitors can visit their loved ones in the facility. The in-person visitation must be done through scheduling. Please contact (name of E8 – AD in the SNF)... (name of E4 – AD in AL)... (name of E3 – CN in AL). Families are encouraged to call the facility and received (sic) confirmation as to the date and time of their visitation. Support persons and visitors must wear a mask and maintain a 6ft social distance at all times. Facility staff will guide you through your visitation. Some other documentation will require completion through your visitation... To continue with our in-person reopening and to keep our residents and families safe, we must follow the guidelines outline (sic) to us through the DHCQ and CDC... We are thrill (sic) to open our doors to our residents' support persons, friends and family...". 3/1/2021 at 7:35 AM – An email sent from F1 to E3 (CN) regarding Support Person stated, "Please provide an update...". 3/1/2021 at 9:16 AM – An email sent from E3 (CN) to F1 regarding Support Person stated, "... You may please contact E2 (DRC) ... for any further updates at this time ...". 3/1/2021 at 9:51 AM – An email sent from F1 to E2 (DRC) regarding AL visit update request stated, "Please provide an update for visits to (name of R1 and room		

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	number)." 3/15/2021 at 2 PM – During a combined interview, E1 (NHA) confirmed that F1's email address was not updated on his family communication list that he used to provide updates on the facility's reopening plan and COVID-19 status. E1 immediately updated F1's email address. E2 (DRC) acknowledged that the facility failed to provide F1 the requirements for and to facilitate the Support Person visitation with her family member, R1. 3/15/2021 at 4:46 PM – Finding was reviewed with E1 (NHA) and E2 (DRC) during the Exit Conference. The facility failed to provide F1 with the requirements for and to facilitate the Support Person visitation with R1 despite F1's repeated requests to multiple staff members for detailed information.		

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