



**DELAWARE HEALTH
AND SOCIAL SERVICES**

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

DHSS - DHCQ
263 Chapman Road, Ste 200, Cambridge Bldg.
Newark, Delaware 19702
(302) 421-7400

STATE SURVEY REPORT

NAME OF FACILITY: Meadowcrest @ Middletown Senior Living

DATE SURVEY COMPLETED: August 28, 2023

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
<p>3225.0</p> <p>3225.13.0</p> <p>3225.13.1</p> <p>3225.13.5</p> <p>Reviewed for behavioral approaches.</p>	<p>An unannounced Complaint Survey was conducted at this facility on August 28, 2023. The deficiencies contained in this report are based on interview, record review and review of other facility documentation, as indicated. The survey sample totaled two reviewed residents.</p> <p>Abbreviations/definitions used in this state report are as follows:</p> <p>CNA – Certified Nursing Assistant;</p> <p>DON – Director of Nursing;</p> <p>NHA – Nursing Home Administrator.</p> <p>Assisted Living Facilities</p> <p>Service Agreements</p> <p>A service agreement based on the needs identified in the UAI shall be completed to or no later than the day of admission. The resident shall participate in the development of the agreement. The resident and 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>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.</p> <p>This requirement was not met as evidenced by:</p>	<p>3225.13.0</p> <p>A. For Resident R1 the Service Agreement was reviewed/updated as appropriate for identified behavior management interventions to include approaches to be taken by staff if/when resident exhibits identified behaviors that affect the provision of care. A family meeting was scheduled to review behavior management interventions.</p> <p>B. All residents who present with behaviors that impact the provision of care have the potential to be affected. Residents with behaviors will be identified and their Service Agreements modified as necessary. A focused review of Service Agreements for all residents was completed so that identified behavior</p>	<p>10/09/23</p>

Provider's Signature

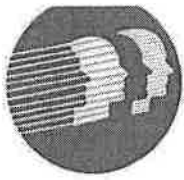
[Handwritten Signature]

Title

[Handwritten Title: Exec Director]

Date

[Handwritten Date: 10/5/23]



DELAWARE HEALTH AND SOCIAL SERVICES

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

DHSS - DHCQ
263 Chapman Road, Ste 200, Cambridge Bldg.
Newark, Delaware 19702
(302) 421-7400

STATE SURVEY REPORT

NAME OF FACILITY: Meadowcrest @ Middletown Senior Living

DATE SURVEY COMPLETED: August 28, 2023

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
<p>25.19.0</p> <p>25.19.6</p>	<p>Based on record review, interviews and review of other documentation it was determined that for one (R1) out of two residents reviewed for service agreements, the facility failed to follow R1's service agreement as indicated. Findings include:</p> <p>12/22/22 – R1 was admitted to the facility with diagnoses including vascular dementia.</p> <p>7/27/23 – A service agreement was revised and implemented for R1 when behaviors occur staff is to redirect as needed and when agitated leave alone and reapproach at least fifteen minutes later.</p> <p>8/28/23 – A review of video, which was recorded on 8/20/23, revealed R1 was kicking towards staff during care.</p> <p>8/30/23 – An interview with E3 (CNA) at approximately 9:15 AM revealed that R1 was agitated on 8/20/23 and was punching and kicking at staff attempting to provide care. E3 confirmed that the service plan indicated to reapproach after fifteen minutes when R1 is agitated. E3 stated that the plan of care was not followed at the time care was provided.</p> <p>The facility failed to follow and implement the service plan properly.</p> <p>Records and Reports</p> <p>Reportable incidents shall be reported immediately, which shall be within 8 hours of the occurrence of the incident, to the Division. The method of reporting shall be as directed by the Division.</p>	<p>management interventions and associated documentation were reflected.</p> <p>C. Nursing staff have received education, provided by the Resident Services Director or designee, on Service Agreement requirements as it relates to adherence to identified behavior management interventions/approaches. Education sign-in sheet provided.</p> <p><u>A Root Cause Analysis</u> of this deficiency revealed that employees had received timely and sufficient education, however some individuals exhibited a lack of commitment to the principles of following the Service Agreement and subsequently failed to report suspected abuse timely.</p> <p>D. The Resident Services Director or designee will conduct Service Agreement audits monthly until 100% compliance is achieved over 2 consecutive months. The Executive Director/designee will conduct an audit 1 month later and 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>	

ler's Signature

Title

Date



DELAWARE HEALTH AND SOCIAL SERVICES

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

DHSS - DHCQ
263 Chapman Road, Ste 200, Cambridge Bldg.
Newark, Delaware 19702
(302) 421-7400

STATE SURVEY REPORT

NAME OF FACILITY: Meadowcrest @ Middletown Senior Living

DATE SURVEY COMPLETED: August 28, 2023

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
3225.19.7	Reportable incidents include: These requirements were not met as evidenced by:		
3225.19.7.1	Abuse as defined in 16 Del.C. §1131.		
3225.19.7.1.1	Physical abuse.		
3225.19.7.1.1.1	Staff to resident with or without injury.		
3225.19.7.1.1.1	These requirements were not met as evidenced by:		10/09/23
	Based on interviews and review of clinical records and the State Agency's Incident Reporting System, it was determined that for one (R1) out of two residents reviewed, the facility failed to report physical and verbal abuse for R1 by a staff member within 8 hours as required. Findings include:		
	Cross refer to 16 Delaware Code, Chapter 11, Subchapter III - Abuse, Neglect, Mistreatment, Financial Exploitation, or Medication Diversion of Patients or Residents. (81 Del. Laws, c. 206, § 31; 83 Del. Laws, c. 22, § 1.) example 1.		
	2/22/22 – R1 was admitted to the facility with a diagnosis including vascular dementia.		
	8/25/23 – Video footage dated 8/20/23 from a camera in R1's room revealed E3 (CNA) and E4 (CNA) putting R1 to bed. The video footage at approximately 9:51 PM revealed that an incident of staff to resident abuse occurred and one staff witnessed the incident.	<p><u>3225.19.7.1.1.1</u> Cross refer to 16 Delaware Code, Chapter 11, Subchapter III</p> <p>A. Resident R1 – Upon notification by The Division of Health Care Quality Director and Investigator, facility interviewed resident and conducted an assessment. No negative outcome was identified.</p> <p>B. All residents have the potential to be affected.</p> <p>C. <u>Root Cause Analysis</u> revealed that a confusion existed regarding reporting, as the State notified Meadowcrest of the allegation of abuse and allowed the individuals involved to remain at the facility.</p>	

Director's Signature

Title

Date



DELAWARE HEALTH AND SOCIAL SERVICES

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

DHSS - DHCQ
263 Chapman Road, Ste 200, Cambridge Bldg.
Newark, Delaware 19702
(302) 421-7400

STATE SURVEY REPORT

NAME OF FACILITY: Meadowcrest @ Middletown Senior Living

DATE SURVEY COMPLETED: August 28, 2023

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
<p>16 Del. C., Ch. 11, Subchapter III.</p>	<p>E4 failed to recognize, and report witnessed abuse of R1. The facility failed to report an allegation of abuse within eight hours of being notified of the event.</p> <p>8/24/23 at approximately 3:50 PM – The Division of Health Care Quality Director and Investigator presented video and notified E1 (NHA) and E2 (DON) of the allegation of abuse.</p> <p>8/25/23 at 4:21 PM – The facility submitted a report to Division of Health Care Quality for an allegation of abuse.</p> <p>8/28/23 - Findings reviewed with E1 and E2 at the exit conference beginning at approximately 3:45 PM.</p> <p>Abuse, Neglect, Mistreatment, Financial Exploitation, or Medication Diversion of Patients or Residents</p> <p><u>(81 Del. Laws, c. 206, § 31; 83 Del. Laws, c. 22, § 1.)</u></p> <p>"Abuse" means the infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish and includes all of the following: "Physical abuse" means the unnecessary infliction of pain or injury to a patient or resident. "Physical abuse" includes hitting, kicking, punching, slapping, or pulling hair. If any act constituting physical abuse has been proven, the infliction of pain is presumed.</p> <p>The requirement was not met as evidenced by:</p> <p>Based on interviews and review of clinical records, facility documentation and other</p>	<p>Reports for all current residents was completed to identify any deficiencies related to reporting requirements. There were no findings based on the review.</p> <p>A review of applicable policies and procedures was conducted with no required changes identified. A review of the community policy/procedure for identifying potential allegations of abuse and reporting requirements will be conducted.</p> <p>D. The Resident Services Director or designee will conduct incident audits weekly until 100% compliance is achieved over 3 consecutive weeks. The Resident Services Director or 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>10/09/23</p>

16 el. C., Ch. 11, Subchapter III.

ler's Signature _____

Title _____

Date _____



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Health Care Quality

Office of Long-Term Care Residents Protection

DHSS - DHCQ
263 Chapman Road, Ste 200, Cambridge Bldg.
Newark, Delaware 19702
(302) 421-7400

STATE SURVEY REPORT

NAME OF FACILITY: Meadowcrest @ Middletown Senior Living

DATE SURVEY COMPLETED: August 28, 2023

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	<p>resources as indicated, it was determined that for one (R1) out of two residents reviewed for abuse the facility failed to prevent physical and verbal abuse by a staff member. Findings include:</p> <p>The facility policy on Abuse Prohibition and Prevention Policy dated 6/1/21 and revised on 3/14/22 revealed, "All employees who have reasonable cause to believe a resident has suffered abuse are responsible for reporting that information to the Executive Director or upon his/her absence, to a supervisor."</p> <p>12/22/22 – R1 was admitted to the facility with a diagnosis including vascular dementia.</p> <p>8/25/23 – Video footage from a camera in R1's room revealed staff E3 (CNA) and E4 (CNA) putting R1 to bed. The video footage dated on 8/20/23 at approximately 9:51 PM revealed that E3 and E4 forcefully pulled R1 up in the bed and E3 slapped the left leg. E3 was observed grabbing R1's foot and bending R1's toes downward forcefully. E3 can be heard stating that R1 called her a name and E3 then threatened to call the police on R1. E3 told R1 that he was "a devil from hell." E4 was heard in the background laughing during the incident. E3 was observed very close to R1's face and leaning over talking down to R1.</p> <p>8/24/23 at approximately 3:50 PM – Division of Health Care Quality Director and Investigator presented this video and notified E1 (NHA) and E2 (DON) of the allegation of abuse.</p> <p>8/28/23 at 2:15 PM – An interview with E1 and E2 revealed that upon review of the</p>	<p>A. Resident R1 – No negative outcome was identified by the deficient practice. Upon notification by The Division of Health Care Quality Director and Investigator, in accordance with facility policy on Abuse Prohibition and Prevention, facility initiated an investigation which included reporting allegation to local law enforcement and suspension of E3 (CNA) and E4 (CNA) pending investigation findings. Identified staff were subsequently discharged from employment based on findings.</p> <p>B. All residents have the potential to be affected. Random review of residents and care staff revealed no unidentified deficient occurrences.</p> <p>C. <u>A Root Cause Analysis</u> stated in prior deficiency does not indicate a systemic failure but rather an individual's failure to act appropriately upon their knowledge.</p> <p>Mandatory In-service/education training will be completed for all staff on the facility and State policy regarding Abuse Prohibition and Prevention including state regulations and related reporting requirements. Directed in-service education was conducted by the Department of Justice representative(s) on September 20, 2023. Attendance documents enclosed.</p> <p>D. The Executive Director/designee will conduct audits of incident reports and concern/complaint</p>	

Director's Signature _____

Title _____

Date _____



DELAWARE HEALTH AND SOCIAL SERVICES

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

DHSS - DHCQ
263 Chapman Road, Ste 200, Cambridge Bldg.
Newark, Delaware 19702
(302) 421-7400

STATE SURVEY REPORT

NAME OF FACILITY: Meadowcrest @ Middletown Senior Living

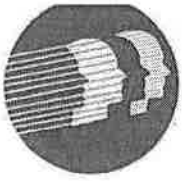
DATE SURVEY COMPLETED: August 28, 2023

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	<p>video that E3 and E4 were immediately removed from the schedule on 8/24/23, and both are being terminated from the facility. E1 stated that the investigation is still ongoing.</p> <p>The facility failed to protect R1 from physical and verbal abuse by staff.</p> <p>8/28/23 - Findings reviewed with E1 and E2 at the exit conference beginning at approximately 3:45 PM.</p>	<p>reports monthly until 100% compliance is achieved over 3 consecutive months. The RSD/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>	

er's Signature _____

Title _____

Date _____



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Health Care Quality

Office of Long-Term Care Residents Protection

DHSS - DHCQ
263 Chapman Road, Ste 200, Cambridge Bldg.
Newark, Delaware 19702
(302) 421-7400

STATE SURVEY REPORT

NAME OF FACILITY: Meadowcrest @ Middletown Senior Living

DATE SURVEY COMPLETED: August 28, 2023

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
nd			

Director's Signature Title Date

