

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085003	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2024
NAME OF PROVIDER OR SUPPLIER Willowbrooke Court at Country House		STREET ADDRESS, CITY, STATE, ZIP CODE 4830 Kennett Pike Wilmington, DE 19807	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0712</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that the resident and his/her doctor meet face-to-face at all required visits.</p> <p>32545</p> <p>Based on record review and interview, it was determined that for one (R8) out of five residents reviewed for physician services, the facility failed to ensure the resident was seen for the required physician visits. Findings include:</p> <p>R8's clinical record revealed:</p> <p>12/5/23 - R8 was admitted to the facility.</p> <p>Review of R8's clinical record revealed the absence of an initial comprehensive visit by the Physician.</p> <p>2/8/24 at 2:03 PM - During a combined interview, finding was confirmed with E1 (NHA) and E3 (Regional Clinical Director).</p> <p>2/9/24 at 3:30 PM - Finding was reviewed at the exit conference with E1 (NHA), E2 (DON), E3 (Regional Clinical Director), E4 (RN Unit Manager) and E5 (ADON).</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>32545</p> <p>Based on observation and interview during the initial kitchen tour, it was determined that the facility failed to ensure food was stored in accordance with professional standards for food service safety. Findings include:</p> <p>2/5/24 from 8:22 AM to 8:35 AM, observation of the kitchen with E1 (NHA) revealed the following:</p> <ul style="list-style-type: none"> - observed 1/4 tray of cake (vanilla with chocolate icing) and a full tray of sloppy joe were undated in the refrigerator; - observed a full tray of frozen dough that was not covered completely and undated, a plate with two pieces of cooked chicken was uncovered and undated and a clear bag of chicken nuggets was undated in the walk-in freezer. Finding was immediately confirmed with E1 (NHA). <p>2/9/24 at 3:30 PM - Finding was reviewed at the exit conference with E1 (NHA), E2 (DON), E3 (Regional Clinical Director), E4 (RN Unit Manager) and E5 (ADON).</p>

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>47621</p> <p>Based on record review and interview it was determined that for one (R4) out of five residents reviewed for clinical records, the facility failed to ensure that R4's medical records were complete and readily accessible as evidenced by the failure to upload the attending physician notes in the EMR (electronic medical record). Findings include:</p> <p>5/21/20 - R4 was admitted to the facility.</p> <p>1/23/23 - R4 was seen by E6 (MD) for R4's required 60 day visit.</p> <p>3/27/23 - R4 was seen by E6 for R4's required 60 day visit.</p> <p>5/6/23 - R4 was seen by E6 for R4's required 60 day visit.</p> <p>6/26/23 - R4 was seen by E6 for R4's required 60 day visit.</p> <p>8/28/23 - R4 was seen by E6 for R4's required 60 day visit.</p> <p>10/23/23 - R4 was seen by E6 for R4's required 60 day visit.</p> <p>2/8/24 - There was no evidence in R4's EMR of the 1/23/23, 3/27/23, 5/6/23, 6/26/23, 8/28/23 and 10/23/23 encounter or the subsequent progress note by E6.</p> <p>2/9/24 3:30 PM - Findings were reviewed at the Exit conference with E1 (NHA), E2 (DON), E3 (Regional Clinical Director), E4 (RN Unit Manager) and E5 (ADON).</p>