

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085009	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2025
NAME OF PROVIDER OR SUPPLIER  Willowbrooke Court Skilled Center at Manor House		STREET ADDRESS, CITY, STATE, ZIP CODE  1001 Middleford Road Seaford, DE 19973	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>Based on interview and record review, it was determined that for one (R8) out of five residents sampled for medication review, the facility failed to develop a comprehensive care plan for insomnia. Findings include:</p> <p>Review of R8's clinical record revealed:</p> <p>10/1/24 - R8 was admitted to the facility including a diagnosis of insomnia.</p> <p>10/1/24 - A physician's order was written for melatonin oral tablet 10 mg: give one tablet by mouth every twenty four hours as needed for insomnia.</p> <p>January 2025 - The MAR documented that R8 received several doses of melatonin.</p> <p>5/5/25 3:02 PM - An interview with E13 (RN) confirmed that she would attempt non-pharmacological interventions per the care plan. Additionally, E13 acknowledged that R8 did not have a care plan addressing insomnia during that timeframe.</p> <p>The facility lacked evidence of developing a care plan with goals and interventions related to insomnia.</p> <p>5/6/25 2:00 PM - Findings discussed with E1, E2 (DON), E3 (ADON), and E5 (ED) at exit conference.</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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