STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085009	A. Building B. Wing	06/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Willowbrooke Court Skilled Center at Manor House	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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. 46988 Based on record review and interview, it was determined that for three (R1, R7, and R114) out of twelve residents reviewed for care plans, the facility failed to meet professional standards of the Delaware Board of Nursing Scope of Practice by having LPNs complete admission assessments and admission or progress notes. Findings include: Delaware State Board of Nursing - RN, LPN and NA/UAP Duties 2023 . Admission Assessments * - RN . *= Once a care plan is established, the LPN may do assessments . 1. Review of R1's clinical record revealed: 5/1/24 - R1 was admitted to the facility. 5/2/24 - A review of R1's admission assessments revealed that a bowel and bladder assessment, functional abilities assessment, wandering risk, and skilled evaluation assessment were completed by E4 (LPN). 6/3/24 12:10 PM - An interview with E4 confirmed that the nurse assigned to a new admission resident is responsible to complete the admission assessments and progress note. E4 confirmed there are fourteen admission assessments to be completed. E4 confirmed she completed admission assessments for R1 on 5/2/24. 2. Review of R7's clinical record revealed: 5/10/24 - R7 was admitted to the facility. 5/10/24 - A review of R7's admission assessments revealed that the long term care evaluation, functional abilities assessment, side rail assessment, and Covid-19 admission screening were completed by E4 (LPN). 6/3/24 12:10 PM - An interview with E4 confirmed she completed admission assessments for R7 on 5/10/24. 3. Review of R114's clinical record revealed: 5/23/24 - R114 was admitted to the facility. (continued on next page)

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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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	5/24/24 - A review of R114's admission assessment revealed that the admission progress note, wandering risk assessment, long term care evaluation, and the functional abilities assessment were completed by E4 (LPN). 6/3/24 12:10 PM - An interview with E4 confirmed she completed admission assessments for R114 on 5/10/24. 6/3/24 2:00 PM - Findings were reviewed with E1 (NHA), E2 (ED), and E3 (Corporate) during the exit conference.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident's drug regimen must be free from unnecessary drugs. 46988 Based on record review and interview it was determined that for three (R1, R4, and R7) out of five residents reviewed for medication review, the facility failed to ensure adequate monitoring of adverse effects. Findings include: 1. Review of R1's clinical record revealed: 5/1/24 - R1 was admitted to the facility. 5/1/24 - A physician's order was written for apixaban oral tablet 2.5 mg (anticoagulant) give one tablet by mouth two times a day for atrial fibrillation. 5/2/24 - A care plan revealed that R1 was on anticoagulant therapy related to atrial fibrillation (heart condition) and interventions included but not limited to administer my anticoagulant medications as ordered by my physician. Monitor me (R1) for side effects and effectiveness every shift. 5/31/24 - A review of R1's medical record revealed no evidence of monitoring for side effects related to anti-coagulant use. 6/3/24 10:55 AM - An interview with E1 (NHA) confirmed that facility did not have monitoring in place related to R1's use of anticoagulants. 2. Review of R4's clinical record revealed: 5/18/23 - R4 was admitted to the facility. 5/19/23 - A care plan revealed that R4 was on an anticoagulant for atrial fibrillation (heart condition) and interventions included but not limited to monitor me (R4) and document/report any adverse reactions of my anticoagulant therapy 7/14/23 - A physician's order was written for Eliquis (anticoagulant) oral tablet 5mg give one tablet two times a day for paroxysmal atrial fibrillation (heart condition). 5/30/24 - A review of R4's medical record revealed no evidence of monitoring for side effects related to anti-coagulant use. 6/03/24 10:55 AM - An interview with E1 (NHA) confirmed that facility did not have monitoring in place related to R1's use of anticoagulants. 3. Review of R7's clinical record revealed: 5/10/24 - R7 was admitted to the facility. (continued on next page)

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	5/12/24 - A care plan revealed that R7 was on anticoagulant therapy related to clot prevention and interventions included but not limited to monitor me (R7) and document/report any adverse reactions of my anticoagulant therapy 5/12/24 10:45 AM - A physician's order was written Lovenox injection (anticoagulant) prefilled syringe solution 3mg/ 0.3mL: inject one dose subcutaneously every evening shift for prevention of blood clotting. 5/31/24 - A review of R7's medical record revealed no evidence of monitoring for side effects related to anti-coagulant use. 6/3/24 10:55 AM - An interview with E1 (NHA) confirmed that facility did not have monitoring in place related to R7's use of anticoagulants. 6/3/24 2:00 PM - Findings were reviewed with E1 (NHA), E2 (ED), and E3 (Corporate) during the exit conference.