

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085017	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/29/2025
NAME OF PROVIDER OR SUPPLIER Willowbrooke Court at Cokesbury Village		STREET ADDRESS, CITY, STATE, ZIP CODE 726 Loveville Road Hockessin, DE 19707	

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 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home.</p> <p>Based on interview, the facility failed to designate an onsite Infection Control Preventionist at the facility from 6/3/25 to 7/13/25. Findings include:7/28/25 1:30 pm - During an interview, E2 (DON) stated [E7] is working from home. I started on 7/14/25. I have a certification for Infection Prevention training.7/28/25 1:50 pm - During an interview, E7 (ADON, Infection Preventionist) stated, I have been working from home since 6/3/25. I will be back on 7/30/25.7/29/25 11:35 am - During an interview, E2 stated, I don't know that anyone was here between 6/3/25 and 7/13/25 that has an Infection Preventionist certification.7/29/25 2:00 pm - Findings were reviewed during the Exit Conference with E1 (NHA), E2 (DON), E3 (Regional Clinical Director) and E4 (Executive Director) during the 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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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>Based on record review and interview, it was determined that for one (R5) out of five residents reviewed for infection control, the facility failed to offer and document pneumococcal immunization. Findings include: The facility policy dated 2023 and titled, COVID-19, Influenza, and Pneumococcal Education and Consent for Residents included, . Upon admission the licensed nurse will obtain consent from the resident or legal responsible party using the COVID-19, Influenza, or Pneumococcal Vaccine Consent Form. This form will then be stored in the residents' primary care electronic health record. An immunization history is documented and maintained for each resident in the electronic health record in the immunization section.7/8/25 - R5 was admitted to the facility with diagnoses including traumatic subarachnoid hemorrhage and anemia. 7/21/25 - A comprehensive MDS assessment documented R5 had a BIMS score of 14, indicating intact cognition. 7/29/25 11:40 am - During an interview, E2 (DON) stated We don't have any vaccine documentation for [R5]. 7/29/25 2:00 pm - Findings were reviewed during the Exit Conference with E1 (NHA), E2 (DON), E3 (Regional Clinical Director) and E4 (Executive Director) during the Exit Conference.</p>		

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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p>Based on record review and interview, one (R5) out of five residents reviewed for infection control, the facility failed to offer and document COVID-19 immunization. Findings include: The facility policy dated 2023 and titled, COVID-19, Influenza, and Pneumococcal Education and Consent for Residents included, . Upon admission, the licensed nurse will obtain consent from the resident, or legal responsible party, using the COVID-19, Influenza, or Pneumococcal Vaccine Consent Form. This form will then be stored in the residents' primary care electronic health record. An immunization history is documented and maintained for each resident in the electronic health record in the immunization section.7/8/25 - R5 was admitted to the facility with diagnoses including traumatic subarachnoid hemorrhage and anemia.7/21/25 - A comprehensive MDS assessment documented R5 had a BIMS score of 14, indicating intact cognition.7/29/25 11:40 am - During an interview, E2 (DON) stated We don't have any vaccine documentation for [R5].7/29/25 2:00 pm - Findings were reviewed during the Exit Conference with E1 (NHA), E2 (DON), E3 (Regional Clinical Director) and E4 (Executive Director) during the Exit Conference.</p>		

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<p>F 0943</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give their staff education on dementia care, and what abuse, neglect, and exploitation are; and how to report abuse, neglect, and exploitation.</p> <p>Based on record review and interview, it was determined that for two (E5 and E6) out of ten employees reviewed for training, the facility failed to have records of abuse, neglect and exploitation training for the contracted employees. Findings include: 7/28/25 11:30 AM- During the review of the staff training worksheet, E1 (NHA) stated that she did not have any documentation of E5 (NP) and E6 (MD)'s abuse, neglect and exploitation training. E1 stated that the facility did not keep a file on the consultant employees and relied on their companies to supply that information. She stated that she had reached out to each consultant's [medical practice] and requested that they send over the documentation of his abuse/neglect/exploitation training. 7/29/25 10:45 AM - During an interview, E1 stated that she had not received any documentation regarding E5 or E6's training for abuse, neglect and exploitation. 7/29/25 2:00PM - Findings were reviewed during the Exit Conference with E1 (NHA), E2 (DON), E3 (Regional Clinical Director) and E4 (Executive Director) during the Exit Conference.</p>