STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085060	A. Building B. Wing	04/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Encore at Foulk	1212 Foulk Road Wilmington, DE 19803

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on interview and observation it was determined that for one (R21) out of one resident reviewed for Activities of Daily Living, the facility failed to ensure that R21 was offered a meal or assistance with eating. Findings include:2/12/26 - R21 was admitted to the facility with diagnoses including paranoid schizophrenia and dementia.2/18/26 - R21's admission MDS assessment documented a BIMS score of 3, indicating that R21 was severely cognitively impaired. The assessment also documented that R21 was dependent on staff to provide assistance with eating.2/25/26 - R21's care plan documented, [R23] is at nutrition/hydration risk related to significant weight loss prior to admission. Intervention/Tasks.Assist with meals for optimal intake.monitor oral intake of food and fluid.4/9/26 8:39 AM - R21 was observed laying in bed sleeping.4/9/26 9:34 AM - R21 was observed laying in bed sleeping.4/9/26 9:47 AM - E6 (CNA) was observed entering R21's room.4/9/26 10:00 AM - During an interview, FM1, R21's family member, stated, [R21] should be up and dressed by now. I want to take her downstairs for the music activity that starts at 10:30 [am].4/9/26 10:07 AM - E6 was observed bringing R21 out of her room. During an interview, E6 stated, I'm assigned to the second floor, I just came to the third floor to assist [R21].4/9/26 10:15 AM - FM1 was observed pushing R21 in a wheelchair down the hallway.4/9/26 10:36 AM - R21's breakfast tray with a covered and untouched plate of food was observed sitting on a third floor dining room table.4/9/26 10:40 AM - During an interview, E5 (RN) stated, [R21]'s assigned CNA [E7, Agency] went home. Another CNA was called to come in.4/9/26 12:22 PM - During an interview FM1 stated, I took [R21] downstairs to the music activity. The Surveyor asked, Did [R21] eat breakfast downstairs or did anyone ask if [R21] ate breakfast? FM1 stated, No. It's time for lunch now anyway. I'm going to get her tray and I'll help [R23] eat in her room.4/13/26 10:30 AM - Finding was reviewed with E1 (ED) and E2 (DON).4/13/26 2:30 PM - Findings were reviewed with E1, E2, E3 (ADON) and E4 (MDSC) during the exit conference.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085060	A. Building B. Wing	04/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Encore at Foulk	1212 Foulk Road Wilmington, DE 19803

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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 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely, quality laboratory services/tests to meet the needs of residents. Based on interview and record review, it was determined that for one (R23) out of one resident reviewed for laboratory services, the facility failed to provide timely laboratory services. Findings include:Review of R23's clinical record revealed:11/15/21 - R23 was admitted to the facility with diagnoses including multiple sclerosis and mood disorder.3/16/23 - A physicians order entered in R23's clinical record documented, .Divalproex Sodium Give 1 capsule by mouth two times a day for mood disorder.7/24/24 - A physician's order entered in R23's clinical record documented, Monitor a Valproic Acid trough concentration in the next lab day and Q6months [every six months] starting on the 28th for 1 day(s) for Valproic level monitoring. 7/28/25 - R23's clinical record lacked evidence that the valproic acid levels were monitored as ordered.12/5/25 - A Pharmacy Consultation Report for R23 documented, [R23] receives Divalproex Sodium but does not have a trough concentration documented in the medical record.please monitor a valproic acid trough on the next convenient lab day.every 6 months thereafter. The report also contained a handwritten physician note documenting, Valproic trough today 1/5/2026.1/5/26 - A physician's order entered in R23's clinical record documented, Valproic acid trough one time.Start Date 01/05/2025 1400 [2:00 PM].1/29/26 - A laboratory results report for R23 documented, .Time/Date Collected 01/29/26 14:20 [2:20 PM].Test Name Valproic Acid.R23's clinical record lacked evidence of valproic acid trough level was laboratory tested as ordered. 4/9/26 2:45 PM - During an interview, E2 (DON) stated, [R23]'s July 2025 six month valproic acid trough lab results could not be found.4/13/26 10:30 AM - Findings were reviewed with E1 (ED) and E2.4/13/26 2:30 PM - Findings were reviewed with E1, E2, E3 (ADON) and E4 (MDSC) during the exit conference.