

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  02/26/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on interview and record review, it was determined that for one (R1) out of five residents reviewed for unnecessary medications, the facility failed to ensure that R1's physician order for weekly blood pressure (BP) monitoring on Mondays was completed. Findings include:</p> <p>Review of R1's clinical record revealed:</p> <p>5/22/24 - R1 had a physician's order for blood pressure every week on Mondays for diagnosis of high blood pressure.</p> <p>According to the monthly electronic MARs, R1 was receiving the following medications for a diagnosis of high blood pressure from December 1, 2024 through February 18, 2025:</p> <p>-</p> <p>Cardizem daily;</p> <p>-</p> <p>Hydrochlorothiazide daily; and</p> <p>-</p> <p>Atenolol twice a day.</p> <p>Review of the R1's clinical record for the weekly blood pressures revealed that 10 out of 12 scheduled opportunities, R1's blood pressure was not checked per the physician's order.</p> <p>2/25/25 11:30 AM - During a combined interview with E2 (DON) and E3 (RNAC/Supervisor), finding was reviewed and acknowledged. No further information was provided to the Surveyor.</p> <p>2/26/25 3:30 PM - Findings were reviewed during the exit conference with E1 (NHA), E2, E13 (ED) and a representative from the Ombudsman's office.</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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