

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/12/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085036	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/27/2014
NAME OF PROVIDER OR SUPPLIER DELAWARE HOSPITAL F/T CHRONICALLY ILL (DHCI)			STREET ADDRESS, CITY, STATE, ZIP CODE 100 SUNNYSIDE ROAD SMYRNA, DE 19877		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X6) COMPLETION DATE	
F 000	INITIAL COMMENTS An unannounced complaint survey was conducted at this facility from February 16, 2014 through February 27, 2014. The deficiency cited in this report is based on record reviews, staff interviews, observations and review of other facility documentation as indicated. The census the first day of the survey was 138. The sample size included four (4) active and one (1) closed records.	F 000 Individual/ Resident Impacted	F309 Provide Care/Services for Highest Well Being Resident 3 did not incur any injury due to deficient practice related to the delay in staff answering the alarm. The head nurse of R3's unit met with C.N.A. staff on 2/17/14 and instructed staff if beeping or buzzing is heard to not assume it is a feeding pump. On 2/17/14, the head nurse also contacted the supervisor of the adaptive equipment department and requested an alternative fall prevention system that would ring through the call bell system. The adaptive equipment staff went to R3's unit and set up the Passive Infra Red (PIR) alarm system so that her foot sensor would also activate the call light system. This was verified by the adaptive equipment supervisor via email (Attachment 1) on 2/20/14 that R3 was supplied on 2/17/14 with a PIR alarm which has a call bell transmitter and when activated will produce an audio alarm as well as transmit through the call system. On 2/17/14, R3's unit was tested several times by adaptive equipment department while on the unit and found to be functional.		
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on record review, observations, staff interviews, and review of other documentation as indicated, it was determined that the facility failed to provide the necessary care and services to maintain the highest practicable physical well-being for one (1) of four (4) residents reviewed (R3) in accordance with the comprehensive assessment and plan of care. An alarm device required by R3's physician orders and care plan to alert staff if R3 attempted to get out of or fall from her bed did not operate properly at times and, in addition, observation revealed that staff failed to respond to the alarming foot sensor in a timely manner. Findings include:	F 309	The surveyor returned on 2/21/14 and observed that the staff was unable to get the foot sensor to activate and efforts were underway to solve the problem. It was discovered that the volume had been turned down and the equipment had not been turned on in the correct sequence. Following this discovery, the adaptive equipment supervisor sent an email (Attachment 2) to the head nurse which included the Operating instructions for this resident's fall prevention system. This email was printed and shared with the 3-11 and the 11-7 staff so all staff would be informed of the operational instructions of the PIR alarm.		

LABORATORY DIRECTORS SUPPLIER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

Director

(X6) DATE

3/21/2014

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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/12/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085035	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/27/2014	
NAME OF PROVIDER OR SUPPLIER DELAWARE HOSPITAL F/T CHRONICALLY ILL (DHCI)		STREET ADDRESS, CITY, STATE, ZIP CODE 100 SUNNYSIDE ROAD SMYRNA, DE 19877		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 309	<p>Continued From page 1</p> <p>The physician's orders/plan of care for R3 required use of a "foot sensor" on R3's bed. This device was attached to the bed frame at the foot of the bed and projected a light beam along the bed so that if R3's legs went over the side of the bed breaking the beam, an alarm would sound to alert the staff. The care plan developed by the facility for R3's "potential for injury related to falls" also included use of the foot sensor (in addition to the physician's order).</p> <p>On 2/16/14 at 1:46 PM, the surveyor activated the foot sensor alarm while R3 was resting in her bed. The surveyor remained in R3's room waiting for staff to respond. At 1:49 PM when no staff had yet responded, the surveyor went to the door of R3's room and observed staff member E3 (Certified Nurse's Aide/CNA) exit a room across the hall from R3's room. E3 turned and went in the opposite direction towards the nursing station without responding to the alarm sound coming from R3's room. At 1:50 PM, the surveyor walked down the hall away from R3's room and observed that the beeping sound from the foot sensor could be faintly heard outside of the door to the nursing station where staff were present. The surveyor then returned to R3's room. At 1:52 PM, 6 minutes after the beeping sound of the alarm had started, E4 (CNA) responded to R3's room after hearing the beeping sound. E4 stated to the surveyor at 1:52 PM that she had heard the beeping alarm from the opposite end of the hall just past the nursing station.</p> <p>These findings were communicated to E5 (Licensed Practical Nurse / LPN) at 1:55 PM on 2/16/14 who agreed that 6 minutes was a delayed response time. E5 further stated that E6 (LPN)</p>	<p>F 309</p> <p>Identification of other residents with the potential to be affected</p> <p>System Changes</p>	<p>The adaptive equipment office supplied a list of all residents with a fall prevention system in place so a sweep could be completed to identify other residents who have the potential to be affected. A sweep was conducted by the Quality Assurance department.</p> <p>Nursing Policy #1504 Fall Prevention system was reviewed and it was determined that no revisions were needed. Nursing staff will receive a refresher on this policy and it will be completed by nursing administration.</p> <p>Adaptive Equipment staff will continue to test fall prevention devices on a monthly basis to ensure that they are operational and consistent with the residents' care plans. A log is maintained and updated monthly.</p> <p>The Quality Assurance Risk Manager met with the head nurses and demonstrated the PIR system at their scheduled Head nurse meeting on 3/13/14. Adaptive Equipment staff will present training for CB200 staff and RN Supervisors on the use of the PIR alarm system. In addition, C.N.A. Education day now includes a section on the fall prevention systems available at DHCI and their proper operation.</p> <p>An electronic memo (Attachment 3) addressed to the entire nursing department, was sent on 3/13/14 as a reminder of our expectations regarding the answering of alarms. The nursing supervisors will conduct random checks on a weekly basis and on all shifts to ensure that fall</p>	<p>04/18/14</p>

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/12/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085038	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/27/2014
NAME OF PROVIDER OR SUPPLIER DELAWARE HOSPITAL F/IT CHRONICALLY ILL (DHCI)			STREET ADDRESS, CITY, STATE, ZIP CODE 100 SUNNYSIDE ROAD SMYRNA, DE 19977	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 309	<p>Continued From page 2</p> <p>thought the beeping sound was another resident's tube feeding pump and that they (E5 and E6) didn't realize it was R3's foot sensor alarm.</p> <p>At 2:10 PM, also on 2/16/14, the foot sensor was identified by E7 (CNA) an E8 (LPN) as not functioning properly and efforts to restore function were attempted. E8 tried changing the battery and working with the sensor but was unable to get it to function properly.</p> <p>These findings and observations were reviewed with E11 (Registered Nurse/Supervisor) on 2/16/14 at approximately 3:30 PM.</p> <p>On 2/21/14 at approximately 1:05 PM the surveyor observed R3 resting in bed. At 1:15 PM, staff present in R3's room attempted to activate the foot sensor alarm, however, no sound / alarm was heard. E9 (CNA) then arrived and stated to the surveyor that the foot sensor alarm was not working that morning and efforts were underway to fix the problem.</p> <p>On 2/27/14 at 11:55 AM these findings were reviewed with E10 (Quality Assurance Administrator) who stated to the surveyor that the alarm setting had been set for a lower volume than it should have been and this was being addressed.</p> <p>All findings reviewed at exit conference on 2/27/14 at 2 PM with E1 (Administrator), E2 (Director of Nursing / DON), E12 (Assistant DON), and E13 (physician). E2 stated that during the survey, the foot sensor alarm was reconfigured to sound through the facility's call bell system to ensure that it was heard, however, staff may have mistakenly deactivated this new</p>	F 309	<p>prevention devices are operational and also staff's response time. DHCI's Risk Manager will also assist with these audits. Attached is an audit tool, Alarm Compliance Audit form (Attachment 4), that will be used to complete these checks. Data collected will be forwarded to the QA department. If the equipment is found to be non- operational, another will be obtained from supply and a work order sent to Adaptive equipment for repair of the malfunctioning unit.</p> <p>Regarding staff response time, if findings indicate a delay, the supervisors will report this finding to nursing administration for further review.</p> <p>Adaptive Equipment staff will continue their monthly checks of alarms devices and forward findings to the QA Administrator.</p> <p>Quality Assurance will receive the completed Alarm Compliance Audit forms completed by RN Supervisors and Risk Manager during their random checks. QA will review and verify that PIR sensors and other fall prevention devices are operational, activate audible sounds and, when capable, transmit signals through the call bell system. QA will also review staff's response times during the audit. This will be performed for the next three weeks until the facility reaches 100% success over three consecutive evaluations.</p>	

Success Evaluation

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/12/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 086036	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/27/2014
NAME OF PROVIDER OR SUPPLIER DELAWARE HOSPITAL FIT CHRONICALLY ILL (DHCI)			STREET ADDRESS, CITY, STATE, ZIP CODE 100 SUNNYSIDE ROAD SMYRNA, DE 19977		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 309	Continued From page 3 set-up.	F 309	<p>Next, Quality Assurance will continue to receive the completed Alarm Compliance Audit forms for the next two weeks until the facility reaches 100% success over three consecutive evaluations.</p> <p>Finally, the facility will measure our practices one more time a month later, if the facility is still 100%, then we will conclude we have successfully addressed the problem.</p> <p>Individual(s) Responsible for Action: Quality Assurance, Nursing Administration, and Adaptive Equipment</p>		



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Long Term Care
Residents Protection

DHSS - DLTCRP
3 Mill Road, Suite 308
Wilmington, Delaware 19808
(302) 577-6661

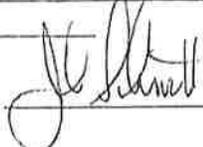
STATE SURVEY REPORT

NAME OF FACILITY: Delaware Hospital for the Chronically Ill

DATE SURVEY COMPLETED: February 21, 2014

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
---------	--	--

<p>3201</p> <p>3201.1.0</p> <p>3201.1.2</p>	<p>The State Report incorporates by reference and also cites the findings specified in the Federal Report.</p> <p>An unannounced complaint survey was conducted at this facility from February 16, 2014 through February 27, 2014. The deficiency cited in this report is based on record reviews, staff interviews, observations and review of other facility documentation as indicated. The census the first day of the survey was 138. The sample size included four (4) active and one (1) closed records.</p> <p>Regulations for Skilled and Intermediate Nursing Facilities</p> <p>Scope</p> <p>Nursing facilities shall be subject to all applicable local, state and federal code requirements. The provisions of 42 CFR Ch. IV Part 483, Subpart B, requirements for Long Term Care Facilities, and any amendments or modifications thereto, are hereby adopted as the regulatory requirements for skilled and intermediate care nursing facilities in Delaware. Subpart B of Part 483 is hereby referred to, and made part of this Regulation, as if fully set out herein. All applicable code requirements of the State Fire Prevention Commission are hereby</p>	
---	---	--

Provider's Signature  Title Director Date 3/21/2014



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Long Term Care
Residents Protection

DHSS - DLTCRP
3 Mill Road, Suite 308
Wilmington, Delaware 19808
(302) 577-6661

STATE SURVEY REPORT

NAME OF FACILITY: Delaware Hospital for the Chronically Ill

DATE SURVEY COMPLETED: February 21, 2014

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
	<p>adopted and incorporated by reference.</p> <p>This requirement is not met as evidenced by:</p> <p>Cross refer to the CMS 2567-L survey completed on February 27, 2014, F309.</p>	<p>3201.1.2 Cross referenced CMS 2567-L Survey report date completed 02/27/14, Tag F309</p>

Provider's Signature

Title

Director

Date

3/21/2014