DELAWARE HEALTH AND SOCIAL SERVICES
Division of Long Term Care Residents Protection

DHSS - DLTCRP
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 577-6661

STATE SURVEY REPORT

NAME OF FACILITY: Emeritus at Dover

DATE SURVEY COMPLETED: February 26, 2014

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
	An unannounced complaint survey was conducted at this facility beginning January 6, 2014 and ending February 26, 2014. The facility census on the entrance day of the survey was 80 residents. The survey sample was composed of 10 residents. The survey process included observations, interviews and review of residents' clinical records, facility documents and facility policies and procedures.	**Administrators Plan for Correction** This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or the proposed administrative penalty (with right to correct) on the community. Rather, it is submitted as confirmation of our ongoing efforts to comply with all statutory and regulatory requirements. In this document, we have outlined specific actions in response to each allegation or finding. We have not presented all contrary factual or legal arguments, nor have we identified all mitigating factors.
3225.12.0	**Services**	
3225.12.1	**The assisted living facility shall ensure that:**	3225 **3225.0/3225.12.0/3225.12.1/3225.12.1.3 Food service complies with the Delaware Food Code**
3225.12.1.3	**Food service complies with the Delaware Food Code** **This requirement is not met as evidenced by:** Based on observations and interviews during the tour of the kitchen on 1/6/2014, it was determined that the facility failed to comply with section 3-305.11 (A) (2) and 3-305.11 (A) (3) of the State of Delaware Food Code. **3-3 Protection From Contamination After Receiving** **3-305 Preventing Contamination from the Premises** **3-305.11 Food Storage** **(A) Except as specified in ¶¶ (B) and (C) of this section, food shall be protected from contamination by storing the food:**	**I. Corrective Action** The fruit crisp was covered immediately upon discovery on 1/6/14. The cardboard boxes were removed immediately from the floor and put away on 1/6/14 **II. How to Identify Other Residents** A kitchen survey was completed for non-compliance with standards. **III. Systemic Changes** The Dining Services staff will be re-educated that food must be covered when cooling and that food storage must be off the floor even when delivery has just occurred.(Attachment A & B)

Provider's Signature Mary Drandoff, ED Title Executive Director Date 4/28/14

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	(2) Where it is not exposed to splash, dust, or other contamination. **This requirement is not met as evidenced by:** 1. An observation at 10:55 AM with E60 (Person in Charge) of a mobile rack revealed that a tray of fruit crisp was stored uncovered. E60 stated that the product was being cooled. **(3) At Least 15 cm (6 inches) above the floor.** **This requirement is not met as evidenced by:** 2. Observations of the walk-in refrigerator and freezer starting at 10:57 AM revealed that cardboard boxes of food were stored on the floor. E60 stated that the deliveries were recent. On page 3-7 of the facility policy and procedure entitled: "Receiving, Inventory and Storage," stated that all foods should be stored off the floor.	**IV. Monitoring/QA** The ED/DSD/designee will conduct weekly inspection utilizing the 10 Minute Sanitation Checklist (attachment C). These will be submitted to the Quality Assurance Committee for review to ensure no trends are noted and identified areas have been addressed. **V. Completion Date** March 4, 2014
3225.13.0 3225.13.5	**Service Agreement** **The service agreement shall be developed and followed for each resident consistent with that person's unique physical and psychosocial needs with recognition of his/her capabilities and preferences.** **This requirement is not met as evidenced by:** Based on clinical record review and staff interviews it was determined that the facility failed to either develop or review	3225 — **3225.13.0/ 3225.13.5 Service Agreements** **I. Corrective Action** Resident # 3 no longer resides at Emeritus at Dover. **II. How to Identify Other Residents** Audit of current resident's service agreements with wounds was completed.

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	and revise the service agreement to address impaired skin integrity with measurable goals and specific interventions for one resident (R1) out of 10 sampled. Findings include: Clinical record review revealed that R1 had diagnoses that included diabetes mellitus disease where sugar levels are high (DM), high blood pressure and heart problems. According to the annual Uniform Assessment Instrument (UAI) dated 6/3/2013 R1 was also oriented to self and experienced short-term and long-term memory problems. Additionally the annual UAI dated 6/3/2013 revealed that R1 required the physical assistance of staff for toileting and mobility and the complete assistance of staff for grooming, dressing and bathing. R1 also required two person physical assistance for transferring. Further review of the annual UAI dated 6/10/2013 revealed that R1 required normal skin care, including diabetic skin assessment and frequent lotioning. The above referenced UAI assessment also identified the risk of skin breakdown related to R1's incontinence of bowel and bladder and diagnosis of "(DM)". Review of the clinical record revealed a nurse's note dated 8/23/2013 and timed 9:10 AM that stated R1 had an "open blister to (left) medial heel...and "dark purplish discoloration under callus (left) medial bunion...". Review of the clinical record also revealed the presence of a "stage 2 wound (pressure ulcer) to the buttock" documented on 8/25/2013 at 9:20 PM. Further review of the nurse's notes between 8/27/2013 and 8/29/2013 revealed that R1 received treatments for the above referenced and diagnosed pressure ulcers and wounds at a wound	III. Systemic Changes RCD was re-educated on service agreement updates regarding wounds and appropriate interventions. RCD attended a Wound Care seminar on March 26,2014. Service agreements will be reviewed and updated every 6 months and as needed upon change in condition. IV. Monitoring/QA ED or designee will monthly audit 10% of records for residents with wounds to ensure interventions are noted on service agreement with wound changes/events. This audit will be reviewed at Quality Assurance meetings. V. Completion Date March 4,2014

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	care center by wound care specialists. However review of the annual service agreement dated 6/10/2013 revealed that it was absent measurable goals and specific interventions to address the issue of R1's impaired skin integrity. These findings were reviewed with E1 (facility administrator) and E2 (Resident Care Director) on 2/26/2014.	
3225.17.0	**Environment and Physical Plant**	**3225.17.0/3225.17.2/3225.17.2.1 Environment and Physical Plant**
3225.17.2	**Assisted living facilities shall:**	
3225.17.2.1	**Be in good repair.** **This requirement is not met as evidenced by:** Based on observations and interview it was determined that the facility failed to provide maintenance services necessary to maintain an orderly interior. Findings include: 1. An observation on 1/6/2014 at 10:30 AM of the dining room revealed that the ceiling was leaking. E61 (Maintenance Director) stated that an estimate of repair was due in a few weeks. 2. An observation on 1/14/2014 at 8:30 AM of resident room # 9 revealed a hole in the bedroom wall about the size of the bathroom door knob. E61 confirmed the finding. 3. An observation on 1/14/20124 at 9:20 AM of resident room # 38 revealed that the night light was not working. E61 confirmed the finding.	**I. Corrective Action** 1.)The facility received 3 quotes for repair to the roof above the dining room where the ceiling is leaking.(Attachment D). Completion date 5/4/14. 2.) The hole in the wall in room #9 was repaired on 3/8/14. 3.) The bulb in the night light in room #38 was changed on 2/28/14. **II. How to Identify Other Residents** A physical plant survey was completed for non-compliance with maintenance standards. **III. Systemic Changes** The facility will conduct physical plant inspections quarterly using the Self Evaluation Quarterly Physical Plant Inspection Form. ED, MD or their designees will also complete as needed to maintain compliance.
3225.17.2	**Assisted living facilities shall:**	

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3225.17.2.2	**Be clean.** **This requirement is not met as evidenced by:** Based on an observation and interview, it was determined that the facility failed to provide housekeeping services necessary to maintain a clean interior. Finding includes: 1. An observation on 1/14/2014 at 8:40 AM of resident room # 47 revealed that the carpet was soiled. E62 (Housekeeping) confirmed the finding.	**IV. Monitoring/QA** The Self Evaluation Quarterly Physical Plant inspections will be included in Quality Assurance Committee review to ensure no trends are noted and identified areas have been addressed. **V. Completion Date** 3/8/14 **3225.17.2.2** **Be Clean**
3225.17.0	**Environmental and Physical Plant**	**I. Corrective Action** The carpet in room #47 has been cleaned.
3225.17.8	**Hot water at resident bathing and hand-washing facilities shall not exceed 120 degrees Fahrenheit.** Based on interview and observations of resident rooms on 1/14/2014, it was determined that the facility failed to maintain hot water temperatures at a safe level. Findings include: 1. Bathroom sink hot water temperature in resident room # 9 at 8:30 AM was 130 degrees Fahrenheit. 2. Bathroom sink hot water temperature in resident room # 47 at 8:40 AM was 130 degrees Fahrenheit. 3. Bathroom sink hot water temperature in resident room # 3 at 9:00 AM was 127 degrees Fahrenheit. 4. Bathroom sink hot water temperature in resident room # 32 at 9:05 AM was 129 degrees Fahrenheit. 5. Bathroom sink hot water temperature in resident room # 38 at 9:20 AM was 128°	**II. How to Identify Other Residents** The Maintenance Director will complete a survey of resident rooms to ensure the carpet is clean by March 4.2014. **III. Systemic Changes** The facility will conduct a physical plant inspection quarterly to check the cleanliness of the carpets. Carpets will be shampooed as needed. The housekeeping staff will be in-serviced to notify the Maintenance Director if carpets in resident rooms are soiled and need shampooing.

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	Fahrenheit. High hot water temperatures were confirmed by E61 (Maintenance Director).	IV. Monitoring/QA The Maintenance Director and or designee will report compliance to the Safety Committee monthly for 6 months and then quarterly to the Quality Assurance compliance meeting.
3225. 16.0	Staffing	
3225.16.12	The Director of Nursing (DON) shall comply with the provisions of 24 Del. C., Ch. 19 and the rules and regulations of the Board of Nursing. The facility failed to ensure the DON complied with 24 Del. C., Chapter 19 as referenced below.	V. Completion Date March 4, 2014 3225.17.0.17.8 Hot Water Temperatures
24 Del. C., Chapter 19, § 1901	Professions and Occupations Nursing Declaration of legislative intent. The General Assembly hereby declares the practice of nursing by competent persons is necessary for the protection of the public health, safety and welfare and further finds that the levels of practice within the profession of nursing should be regulated and controlled in the public interest. In order to safeguard life and health, the general administration and supervision of the education, examination, licensing and regulation of professional and practical nursing is declared essential, and such general administration and supervision is vested in the Board of Nursing. Section 1918 Renewal of license; lapse of license; late renewal; penalties; retirement from practice; temporary permit to practice. (c) A license may be renewed up to 60 days past the license's expiration date,	I. Corrective Action The hot water heater temperature was turned down on 1/14/14. Rooms #9,#47,#3,#32, and #38 were rechecked on 4/15/14 and found to be between 110 and 118. II. How to Identify Other Residents Resident room water temperatures will be checked by 4/17/14. III. Systemic Changes 20% of resident room hot water temperatures and 20% of night light bulbs will be checked randomly during the Quarterly Physical Plant inspection by the Maintenance Director.(Attachment E) IV. Monitoring/QA Hot water temperatures will be reported to the Safety Committee monthly.

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	by submitting to the Division of Professional Regulation payment of the penalty fee referred to in subsection (b) of this section and proof of completion of continuing education requirements. The license of a nurse who fails to renew on time is considered lapsed and the nurse is not permitted to work until the license is renewed. Licensees who fail to renew during the renewal period or during the 60-day late renewal must apply for reinstatement. **This requirement is not met as evidenced by:** Based on staff interviews and review of facility documents it was determined that the facility failed to ensure that one licensed staff member (E2) was removed from active duty for practicing without a current nursing license. Findings include: In an interview that occurred on 1/14/2014 at approximately 3:00 PM E1 (facility administrator) confirmed that E2 (Resident Care Director/RCD) was issued a temporary permit during the reinstatement process that began 12/12/2013 as a result of the expiration of her current nursing license. Review of the temporary permit issued to E2 revealed it was effective 1/13/2014 through 4/13/2014. During the above referenced interview E1 also stated that E2 was relieved of duties as the director of nursing and instead was assigned to fulfill the facility's vacant position of marketing director effective 12/12/2013. On 1/30/2014 at approximately 11:05 AM this surveyor conducted an interview with E2 who stated she was unaware of the	**V. Completion Date** March 4,2014 **3225.16.0/3225.16.12** **24 Del. C., Chapter 19 1901** **Staffing/Professional Occupations** **I. Corrective Action** E2 license was reinstated 1/21/14 . **II. How to Identify Other Residents** The facility reviewed the license of nurses employed at our community on 12/12/13 and licenses are current. **III. Systemic Changes** The Assistant Executive Director has re-organized the licensure book and placed licenses by month of expiration, will be reviewing them monthly, and notifying staff members of upcoming renewal prior to the renewal month. **IV. Monitoring / QA** The Assistant Executive Director will report results monthly at QA meeting.

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	lapse of her nursing license until 12/11/2013, 72 days after it expired on 9/30/2013. Next E2 stated she immediately notified the Delaware Board of Nursing on 12/12/2013 and began the reinstatement process for licensure. Review of the current nursing license received by E2 on 1/30/2014 also revealed full reinstatement of her license that included the initial date of licensure beginning 8/8/2000 through 9/30/2015. During a telephone interview conducted on 2/26/2014 and beginning 11:43 AM with E1 and E2 it was confirmed that E2 was performing tasks as the Resident Care Director throughout the 60-day late renewal period, 10/1/2013 through 11/29/2013 and continued to do so for an additional 12 days, 11/29/2013 through 12/11/2013, until she discovered the lapse of her nursing license on 2/11/2013. However E2 failed to renew her license on time and was not permitted to work due to a lapsed license. These findings were reviewed with E1 and E2 on 2/26/2014.	

DOH Plan of Correction Template
Violations

Section	Violation	Administrators Plan for Correction
		This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or the proposed administrative penalty (with right to correct) on the community. Rather, it is submitted as confirmation of our ongoing efforts to comply with all statutory and regulatory requirements. In this document, we have outlined specific actions in response to each allegation or finding. We have not presented all contrary factual or legal arguments, nor have we identified all mitigating factors.
3225	**3225.0/3225.12.0/3225.12.1/3225.12.1.3 Food service complies with the Delaware Food Code**	**I. Corrective Action** The fruit crisp was covered immediately upon discovery on 1/6/14. The cardboard boxes were removed immediately from the floor and put away on 1/6/14 **II. How to Identify Other Residents** A kitchen survey was completed for non-compliance with standards. **III. Systemic Changes** The Dining Services staff will be re-educated that food must be covered when cooling and that food storage must be off the floor even when delivery has just occurred.(Attachment A & B) **IV. Monitoring/QA** The ED/DSD/designee will conduct weekly inspection utilizing the 10 Minute Sanitation Checklist (attachment C). These will be submitted to the Quality Assurance Committee for review to ensure no trends are noted and identified areas have been addressed. **V. Completion Date** March 4, 2014

3225	3225.13.0/ 3225.13.5 Service Agreements	**I. Corrective Action** Resident # 3 no longer resides at Emeritus at Dover. **II. How to Identify Other Residents** Audit of current resident's service agreements with wounds was completed. **III. Systemic Changes** RCD was re-educated on service agreement updates regarding wounds and appropriate interventions. RCD attended a Wound Care seminar on March 26,2014. Service agreements will be reviewed and updated every 6 months and as needed upon change in condition. **IV. Monitoring/QA** ED or designee will monthly audit 10% of records for residents with wounds to ensure interventions are noted on service agreement with wound changes/events. This audit will be reviewed at Quality Assurance meetings. **V. Completion Date** March 4,2014
	3225.17.0/3225.17.2/3225.17.2.1 Environment and Physical Plant	**I. Corrective Action** 1.)The facility received 3 quotes for repair to the roof above the dining room where the ceiling is

		leaking.(Attachment D). Completion date 5/4/14. 2.) The hole in the wall in room #9 was repaired on 3/8/14. 3.) The bulb in the night light in room #38 was changed on 2/28/14. **II. How to Identify Other Residents** A physical plant survey was completed for non-compliance with maintenance standards. **III. Systemic Changes** The facility will conduct physical plant inspections quarterly using the Self Evaluation Quarterly Physical Plant Inspection Form. ED, MD or their designees will also complete as needed to maintain compliance. **IV. Monitoring/QA** The Self Evaluation Quarterly Physical Plant inspections will be included in Quality Assurance Committee review to ensure no trends are noted and identified areas have been addressed. **V. Completion Date** 3/8/14
	3225.17.2.2 **Be Clean**	**I. Corrective Action** The carpet in room #47 has been cleaned.

		II. How to Identify Other Residents The Maintenance Director will complete a survey of resident rooms to ensure the carpet is clean by March 4.2014. **III. Systemic Changes** The facility will conduct a physical plant inspection quarterly to check the cleanliness of the carpets. Carpets will be shampooed as needed. The housekeeping staff will be in-serviced to notify the Maintenance Director if carpets in resident rooms are soiled and need shampooing. **IV. Monitoring/QA** The Maintenance Director and or designee will report compliance to the Safety Committee monthly for 6 months and then quarterly to the Quality Assurance compliance meeting. **V. Completion Date** March 4, 2014
	3225.17.0.17.8 **Hot Water Temperatures**	**I. Corrective Action** The hot water heater temperature was turned down on 1/14/14.

		Rooms #9,#47,#3,#32, and #38 were rechecked on 4/15/14 and found to be between 110 and 118. **II. How to Identify Other Residents** Resident room water temperatures will be checked by 4/17/14. **III. Systemic Changes** 20% of resident room hot water temperatures and 20% of night light bulbs will be checked randomly during the Quarterly Physical Plant inspection by the Maintenance Director.(Attachment E) **IV. Monitoring/QA** Hot water temperatures will be reported to the Safety Committee monthly. **V. Completion Date** March 4,2014
	3225.16.0/3225.16.12 **24 Del. C., Chapter 19 1901** **Staffing/Professional Occupations**	**I. Corrective Action** E2 license was reinstated 1/21/14 . **II. How to Identify Other Residents** The facility reviewed the license of nurses employed at our community on 12/12/13 and licenses are current. **III. Systemic Changes** The Assistant Executive Director has re-organized the licensure book and placed licenses by month of expiration, will be reviewing them monthly, and notifying staff members of upcoming renewal prior to the renewal month. **IV. Monitoring / QA** The Assistant Executive Director will report

		results monthly at QA meeting. **V. Completion** 12/12/13.