

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

PRINTED: 07/11/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 086040	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/10/2014
NAME OF PROVIDER OR SUPPLIER LOFLAND PARK CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 716 E. KING STREET SEAFORD, DE 19973		
(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	<p>INITIAL COMMENTS</p> <p>An unannounced complaint survey was conducted at this facility from July 9, 2014 through July 10, 2014. The investigation of the complaints included record reviews, staff interviews, other interviews and review of other facility documentation. The census the first day of the survey was 103. The sample size included six (6) records.</p> <p>No deficiencies were identified as a result of this survey.</p>	F 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

Lawrence Dennis, BDD, NHA

Administrator

7/21/14

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.



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: Lofland Park Center

DATE SURVEY COMPLETED: July 10, 2014

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
	<p>An unannounced complaint survey was conducted at this facility from July 9, 2014 through July 10, 2014. The investigation of the complaints included record reviews, staff interviews, other interviews and review of other facility documentation. The census the first day of the survey was 103. The sample size included six (6) records.</p> <p>No deficiencies were identified as a result of this survey.</p>	

Provider's Signature *Theresa A. Lewis, CEO, NHA* Title Administrator Date 7/21/14