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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	085055		01/09/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTON SENIOR LIVING CENTER AT HIGHFIELD	4800 LANCASTER PIKE WILMINGTON, DE 19807

(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 000	INITIAL COMMENTS	F 000		
	POST IDR REPORT An unannounced annual survey was conducted at this facility from January 2, 2014 through January 9, 2014. The deficiencies contained in this report are based on observations, interviews, review of residents' clinical records and review of other facility documentation as indicated. The facility census the first day of the survey was 16. The stage 2 survey sample size was 13.			
F 253 SS=E	483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. This REQUIREMENT is not met as evidenced by: Based on observations, review of facility documents, and interviews, it was determined that the facility failed to provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. Findings include 1. On 1/2/14 at 8:46 AM, observation of the basement walk in refrigerator and walk in freezer revealed that the light bulbs were not working. During an interview with E6 (Chef/Cook) and E7 (Food Service Director) on 1/2/14 at approximately 8:48 AM, they confirmed this finding. E7 stated at the time that a work order, was written for maintenance staff to replace the light bulbs in both the refrigerator and freezer.	F 253	1. A. Bulb was replaced @11:30AM on 1/17/14. B. Dietary staff will write AVO (avoid verbal orders) and place in Maintenance Mgr. box. C. AVO (avoid verbal order) will be picked up from the box every morning by Maintenance Mgr. D .Maintenance Mgr. will follow up daily to ensure that all AVO (avoid verbal order) have been completed.	1/17/14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Joyce Winters, NHA
TITLE: Executive Director
(X6) DATE: 3/13/14

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.

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F 253	Continued From page 1 During an interview with E5 (Maintenance Staff) on 1/7/14 at approximately 11:15 AM, he confirmed he received the work order to replace the light bulbs on 1/2/14 and had replaced the bulbs. 2. Observations on 1/2/14 at 10:18 AM and during the environmental tour of the facility on 1/7/14 at approximately 10:30 AM revealed six (6) of 12 resident room walls and/or wall baseboards/coves were in disrepair, chipped, and/or loose and coming off the wall, as follows: - The wall behind the recliner in resident room 108A was badly damaged. In an interview with E4 (Certified Nurse's Aide) on 1/2/14 at 10:39 AM, he stated that the wall was damaged by the resident's recliner and had been patched up many times last year. E4 at the time stated he would write up a work order. - The walls behind the bed and the resident's recliner in room 110A was damaged and in disrepair. Additionally, an area of the wall baseboard cove was coming off the wall and was in disrepair in this room. - The wood baseboard in resident room 111 between A and B bed was heavily chipped, unpainted, and was coming off the wall. The wall behind B bed was damaged and in disrepair. Additionally, wall plaster under the corroded area of the sink in room 111 was in disrepair. - The wall behind the bed in resident room 112B was in disrepair. - The wood baseboard behind resident's beds in room 115A, 115C, and 115D were chipped and in disrepair. The cove baseboard near resident room 115D was loose and needed re-gluing. - The wall behind the bed in room 116B had chipped baseboard and paint and the wall was in	F 253	2. a. Rooms 108, 111, 112 have been repaired by 2/28/14. Rooms 110, 115 and 116 will be repaired by 3/10/14. b. Maint Mgr. will inspect rooms monthly for any needed repairs. c. Maint Mgr. will write AVO (avoid verbal order) for repairs as needed d. Maint Mgr. will ensure on a monthly basis that AVO(avoid verbal order) is completed.	3/10/14

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F 253	Continued From page 2 disrepair. Review of facility work orders from July 2013 through January 2014 revealed the lack of a work order for wall repairs. 3. Observations made during the environmental tour of the facility on 1/7/14 at approximately 10:30 AM, with E5 (Maintenance Staff) revealed bathroom wall and floor tiles that were loose, missing or pulling away from the wall as follows: - A tile on the wall of room 111's and 112's shared bathroom was off the wall and in disrepair. Other tiles on this same area of the wall were pulling away from the wall and were uncleanable. - A tile was missing on the back wall area of the toilet in room 113. This area was un cleanable. - A floor tile, under the window air conditioner unit, in room 116 was broken and was uncleanable. 4. On 1/7/14 at approximately 10:30 AM observation with E5 (Maintenance Staff) revealed heavily corroded areas under the sinks in resident rooms 111 and 112. 5. Observations made during the environmental tour of the facility on 1/7/14 at approximately 11:00 AM revealed electric wheelchairs, and resident furniture that were dusty, in disrepair, and uncleanable, as follows: - The top door hinges (of two) in room 112 was almost off the door and in disrepair. - The over bed tray table was dirty in room 113. - The upholstery of the recliner in room 113 was in disrepair. The armrest and shoulder areas were torn. Additionally, the bathroom ceiling vent of room 113 was dusty. - The resident's electric wheelchair frames in	F 253	3. a. Rooms 111, 112 and 113 bathroom tiles have been repaired and cleaned 1/24/14. Room 116 will be repaired by 3/10/14 b. Maint mgr will inspect rooms monthly for damaged floor tiles in bathrooms. c. Maint mgr will write AVO (avoid verbal order) for tile repairs and give to maint staff to complete. d. Maint mgr will ensure on a monthly basis that AVO (avoid verbal order) is completed. 4. a. Room 111 and 112 stainless under sinks repaired 1/24/14 b. Maint mgr will inspect monthly for stainless repairs below sinks in patient rooms. c. Maint mgr will write AVO (avoid verbal order) for repairs and give to maint staff to complete. d. Maint mgr will ensure on a monthly basis that AVO (avoid verbal order) is completed.	3/10/14 1/24/14

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F 253	Continued From page 3 rooms 114 and 115C were dusty. - An electrical outlet cover was broken behind the bed in room 115C. - Room 117's TV stand/dresser was dusty. During an interview with E5 (Maintenance Staff) on 1/7/14 at approximately 11:15 AM, he confirmed these findings.	F 253		
F 329 SS=D	483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above. Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs. This REQUIREMENT is not met as evidenced	F 329	F253 5. a. Door hinges in 112, bed tray cleaned in 113, recliner discarded in 113, ceiling vent cleaned on 1/30/14. Electric wheelchair frame dusted in 114 and 115c and 117 tv stand and dresser dusted 1/10/14. 115c outlet cover replaced on 1/10/14. b. Housekeeping Leader will inspect rooms and equipment monthly for cleanliness and disrepair. c. Housekeeping Leader will write AVO (avoid verbal order) for any cleaning or repair to equipment or furniture and give to housekeeper for the healthcare unit to be completed . d. Housekeeping Leader will ensure on a monthly basis that all AVO (avoid verbal order) have been completed.	1/30/14

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F 329	Continued From page 4 by: Based on record review and interview, it was determined that the facility failed to ensure that two (R16 and R18) out of 13 Stage 2 sampled resident's drug regimens were free from unnecessary drugs. R16's antipsychotic medication, Seroquel, was increased from 25 milligrams (mg) to 50 mg without providing an indication for the increase in dosage. R18 was prescribed Macrobid (antibiotic) 100 mg daily as a preventative medication for urinary tract infections (UTIs) since 11/20/13 without documentation of risk/benefits of an excess duration. Findings include: 1. R16 was admitted to the facility on 12/10/13 from the hospital for short-term rehabilitation from the hospital. According to a hospital record entitled "Medication Reconciliation Order Sheet for Extended Care Facilities or Rehabilitation Facilities", dated 12/10/13 and timed 11:40 AM, R16 was discharged from the hospital on Seroquel (antipsychotic medication) 25 mg once daily. Review of the facility's physician order sheet, dated 12/10/13, revealed Seroquel 25 mg daily was ordered for R16 with a diagnosis of depression (mental disorder with feelings of sadness) with psychosis (loss of contact/touch with reality). On 12/11/13, a physician's order was written to change Seroquel from 25 mg to 50 mg daily. Review of nurse's notes and behavior sheets from 12/10/13 through 12/11/13 revealed a lack	F 329		

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F 329	Continued From page 5 of evidence of any increased behaviors warranting the increase in the antipsychotic medication, Seroquel. Record review revealed that during a medication review and in a communication to the facility's medical staff on 12/16/13, E10 (Pharmacist) stated "... Seroquel 25mg daily in admission orders 12/10 was increased to 50mg daily 12/11/13. Please provide psychotropic progress note addressing use of antipsychotic medication... ". On 12/17/13, E9 (Physician) stated "Per Psych Rx (prescription)" as the medical staff response to the 12/16/13 pharmacy communication. Review of R16's clinical record revealed the absence of a progress note addressing the increase in dosage of Seroquel (antipsychotic). During an interview on 1/8/14 at 11:35 AM, E3 (Assistant Director of Nursing/ADON) acknowledged the absence of a progress note for increasing Seroquel from 25 mg to 50 mg in R16's clinical record. During the exit conference on 1/9/14 at approximately 11:45 AM, E3 (ADON) stated that R16's daughter showed E9 (Physician) a prescription bottle for R16 from home for Seroquel 50 mg daily. However, R16's clinical record did not reflect this information. The facility failed to ensure that R16's medication regimen was free from unnecessary medications as the clinical record lacked indication for an increase in R16's Seroquel dose.	F 329	The Policy and Procedure, Antipsychotic Medication Orders was implemented on 2/27/14 after In-Serviced to staff. **D. Success Evaluation** Audits will be done by the DON or ADON to ensure F Tag 329 compliance for any Antipsychotic Medication Orders and supportive documentation. Daily audits, Mon. through Fri. to be done, until consistently reached 100% success over 3 consecutive evaluations, then weelky x3 until reached 100% success, and finally one more time a month later.	

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F 329	Continued From page 6 2. R18 was readmitted to the facility on 7/8/13 with diagnoses including Chronic Obstructive Pulmonary Disease (lung disease that can limit airflow) and a history of urinary tract infections (UTIs- bacterial infections; usually of the bladder). A physician's order, dated 11/20/13, stated, "Macrobid 100 mg PO (by mouth) q (every) D (day) for UTI prophylaxis (prevention)." Record review revealed a communication to the facility's physician on 12/16/13 by E10 (Pharmacist) which stated, "Resident started nitrofurantoin (Macrobid) 100 mg as UTI prophylaxis. Please document risk/benefits of chronic use." On 12/17/13, E9 (Physician) replied, "established use as UTI prophylaxis" in response to the 12/16/13 pharmacy communication. According to the 2012 American Geriatrics Society's publication entitled, American Geriatrics Society Updated Beers Criteria for Potentially Inappropriate Medication Use in Older Adults, "Macrobid (antibiotic) had a strong recommendation to avoid for long-term use due to a potential for pulmonary (related to the lungs) toxicity...". (http://www.americangeriatrics.org/files/documents/beers/2012BeersCriteria_JAGS.pdf) During an interview on 1/8/14 at 11:35 AM, E3 (Assistant Director of Nursing) stated that R18 had five (5) UTI's in the past year. E3 stated that she brought it to E9's (Physician) attention and suggested a urology (specializing in the management of the urinary tract system) consultation. E3 stated that E9 declined the	F 329	**A. Individual Impacted** (R 18) was not adversely affected, the documentation was added to the clinical records as the Medical Director supports the treatment of choice to remain Macrobid. **B. Identification of other Residents** No other residents were affected. **C. Systems Changed** The Medical Director failed to document a validation note for the antibiotic treatment with Macrobid, in spite of recommendation of Pharmacy Consultant to be another antibiotic choice and the discussion with the daughter, of therapeutic interventions for a urology follow for (R 18). In-Services with nurses and the Medical Director 2/25/14 and 2/26/14 for education and review of F Tag 239 and development of the new Policy and Procedure, Antibiotic Medication Orders to ensure compliance with the follow up supportive documentation for a Drug Regimen Free from Unnecessary Drug requirements.	2/28/2014

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F 329	Continued From page 7 suggestion and ordered Macrobid 100 mg daily as a preventative medication for UTI instead. During the exit conference on 1/9/14 at approximately 11:45 AM, E3 (ADON) stated that R18's daughter refused the urology appointment. R18's clinical record did not reflect this information. The facility failed to ensure that R18's medication regimen was free from unnecessary medications by treating R18 with an antibiotic without documentation of risks/benefits for an excessive duration.	F 329	The Policy and Procedure, Antibiotic Medication Orders was implemented on 2/27/2014 after staff in-serviced **D. Success Evaluation** Audits will be done by the DON or ADON to ensure F Tag 329 compliance for any Antibiotic Medication Orders and supportive documentation. Daily audits, Mon. through Fri. to be done, until consistently reached 100% success over 3 consecutive evaluations, then weekly x3 until reached 100% success, and finally one more time a month later.	
F 371 SS=D	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation and interviews, it was determined that the facility failed to store, prepare, distribute and serve food under sanitary conditions. Findings include: An observation of the walk-in freezer on 1/2/14 at 8:46 AM with E6 (Chef/Cook) revealed two boxes containing food stored under the ventilation	F 371		

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F 371 SS=D	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation and interviews, it was determined that the facility failed to store, prepare, distribute and serve food under sanitary conditions. Findings include: An observation of the walk-in freezer on 1/2/14 at 8:46 AM with E6 (Chef/Cook) revealed two boxes containing food stored under the ventilation	F 371	F371 3-305.11 a. Two boxes of food were removed from under icicles and icicles removed on 1/2/14. McFoy Refrigeration checked freezer and found a leak and repaired on 1/09/14. b. FSD (Food Service Director) will inspect for icicles monthly. c. Food Service Director will write AVO (avoid verbal order) for any repairs that may be needed and give to maintenance mgr. d. Food Service Director will monitor monthly for any icicles that may form in the freezer and address any issues with the maint mgr.	1/9/14

see attachment F371

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F 371	Continued From page 8 system of the freezer. Heavy icicles were observed on top of the freezer and were observed dripping onto the two boxes of food stored under it. This posed a contamination concern for the food. During an interview with E6 on 1/2/14 at 8:46 AM, he confirmed this finding and stated that the icicles were formed from condensation when the freezer was in the defrost mode and from the opening of the freezer doors. During an interview with E7 (Food Service Director) at 1/2/14 at 9:15 AM, she confirmed the defrost mode caused these icicles to form. On 1/9/14 at approximately 12:05 PM, E1 (Executive Director) acknowledged this finding.	F 371		
F 372 SS=D	483.35(i)(3) DISPOSE GARBAGE & REFUSE PROPERLY The facility must dispose of garbage and refuse properly. This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined that the facility failed to dispose of garbage and refuse properly. Findings include: Observation of the dumpster area outside the kitchen with E6 (Chef/Cook) on 1/2/14 at approximately 9:00 AM revealed the door to one of two refuse/garbage dumpsters was open, while it stored trash inside. This has the potential for pest harborage conditions at the facility.	F 372	F372 a. Dumpster was closed 1/2/14 b. Maint mgr will ensure daily that dumpster lid is closed. c. Maint mgr inserviced staff on the importance of dumpster closure on 1/30/14. d. Maint Mgr will monitor daily the closure of the dumpster lid. See attachment F 372	1/30/14

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(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 372	Continued From page 9 During an interview on 1/2/14 at approximately 9:00 AM, E6 (Cook) confirmed this finding. He stated that other staff other than Health Care use this dumpster.	F 372		

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
POST IDR

NAME OF FACILITY: Weston Senior Living at Highfield

DATE SURVEY COMPLETED: January 9, 2014

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
	An unannounced annual survey was conducted at this facility from January 2, 2014 through January 9, 2014. The deficiencies contained in this report are based on observations, interviews, review of residents' clinical records and review of other documentation as indicated. The facility census on the first day of survey was 16. The survey sample totaled 13 residents.	
3201	**Skilled and Intermediate Care Facilities**	
3201.1	**Scope**	
3201.1.2	**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 adopted and incorporated by reference.** **This requirement is not met as evidenced by:** Cross refer to the CMS 2567-L survey report dated 1/9/14, F253, F329, F371, F372.	
3201.7.5	**Kitchen and Food Storage Areas.** **Facilities shall comply with the 2011 Delaware Food Code.**	

Provider's Signature Joya Winters, NHA Title Executive Director Date 3/13/14

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	This requirement was not met as evidenced by: Based on the dietary observations during the survey, it was determined that the facility failed to comply with sections: 3-305.11, and 5-501.110/5-501.113 of the 2011 State of Delaware Food Code. Findings include: **This requirement was not met as evidenced by:** Cross-refer to CMS 2567-L Survey date completed 1/9/14, F371 and F372. **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:** **(1) In a clean, dry location;** **(2) Where it is not exposed to splash, dust, or other contamination; and** **This requirement was not met as evidenced by:** Cross-refer to CMS 2567-L Survey date completed 1/9/14, F371. **5-501.15 Outside Receptacles.** **(A) Receptacles and waste handling units for refuse, recyclables, and returnables used with materials containing food residue and used outside the food establishment shall be designed and constructed to have tight-fitting lids, doors, or covers.** **5-501.110 Storing Refuse, Recyclables, and Returnables.** **Refuse, recyclables, and returnables shall be stored in receptacles or waste handling units so that they are**	F371 3-305.11 a. Two boxes of food were removed from under icicles and icicles removed on 1/2/14. McFoy Refrigeration checked freezer and found a leak and repaired on 1/09/14. b. FSD (Food Service Director) will inspect for icicles monthly. c. Food Service Director will write AVO (avoid verbal order) for any repairs that may be needed and give to maintenance mgr. d. Food Service Director will monitor monthly for any icicles that may form in the freezer and address any issues with the maint mgr. Ref. attachment 371

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	inaccessible to insects and rodents. **5-501.113 Covering Receptacles. Receptacles and waste handling units for refuse, recyclables, and returnables shall be kept covered:** **(A) Inside the food establishment if the receptacles and units:** **(1) Contain food residue and are not in continuous use; or** **(2) After they are filled; and** **(B) With tight-fitting lids or doors if kept outside the food establishment.** **This requirement was not met as evidenced by:** Cross-refer to CMS 2567-L Survey date completed 1/9/14, F372.	5-501.113 F372 a. Dumpster was closed 1/2/14 b. Maint mgr will ensure daily that dumpster lid is closed. c. Maint mgr inserviced staff on the importance of dumpster closure on 1/30/14. d. Maint Mgr will monitor daily the closure of the dumpster lid. Ref attachment 372