

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

PRINTED: 04/10/2015
FORM APPROVED
OMB NO. 0938-0391

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 04/02/2015
NAME OF PROVIDER OR SUPPLIER WILLOWBROOKE COURT AT COUNTRY HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 4630 KENNETT PIKE WILMINGTON, DE 19807		
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F 000	<p>INITIAL COMMENTS</p> <p>An unannounced annual survey was conducted at this facility from March 26, 2015 through April 2, 2015.. 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 39. The Stage two (2) survey sample was 22.</p> <p>Abbreviations used in this 2567 are as follows: DON - Director of Nursing; ADON - Assistant Director of Nursing; RN - Registered Nurse; RNAC - Registered Nurse Assessment Coordinator; LPN - Licensed Practical Nurse; UM - Unit Manager; CNA - Certified Nurse's Aide; EMR - Electronic Medical Record; POS - Physician's Order Sheet; MAR - Medication Administration Record; MRR - Medication Regimen Review, monthly review conducted by the consultant pharmacist; Recapitulation (Recap) - monthly facility review of physician's orders to ensure completeness and accuracy before the orders are signed by the resident's physician; MDS - Minimum Data Set -standardized assessment form used in nursing homes; CAA - Care Area Assessment; Psychosis-an abnormal condition of the mind involving a loss of contact with reality; Antipsychotic - class of medications used to treat psychosis and other mental and emotional conditions; Red blood cells-blood cells that carry oxygen to the body tissues;</p>	F 000			

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

TITLE

(X6) DATE

Pertha A. White *Executive Director, NHA* *5/19/15*

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 000	Continued From page 1 Anemia - a condition where there is not enough healthy red blood cells to carry adequate oxygen to the tissues; Void - urinate, empty one's bladder; Continance - control or bladder and/or bowel function; Incontinent - loss of control of bladder [urine] and/or bowel function; Frequently incontinent - 7 or more episodes of urinary incontinence, but at least one episode of continent voiding in the past 7 days; Occasionally incontinent - less than 7 epsodes of urinary incontinence in the past 7 days; Coffee ground emesis - vomiting blood; BM - bowel movement; Polycystic kidney disease (PKD) - an inherited kidney disorder. Causes fluid-filled cysts to form in the kidneys which may impair kidney function and cause kidney failure; Pneumonia-inflammatory condition of the lung; Acute Kidney Failure - the kidneys suddenly become unable to filter waste products from the blood which can be fatal/deadly; AIMS-Abnormal Involuntary Movement Scale - a rating scale to measure involuntary movements of the face, mouth, trunk, or limbs known as tardive dyskinesia [TD] that sometimes develops as a side effect of long-term treatment with antipsychotic medications; Dementia - loss of mental functions such as memory and reasoning that is severe enough to interfere with a person's daily functioning; Hospice - service that provides care to the terminally ill/dying; Lethargy - an abnormal state or disorder characterized by overpowering drowsiness or sleep; Urinary retention - an inability to completely empty the bladder.	F 000			

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F 272 SS=D	<p>483.20(b)(1) COMPREHENSIVE ASSESSMENTS</p> <p>The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.</p> <p>A facility must make a comprehensive assessment of a resident's needs, using the resident assessment instrument (RAI) specified by the State. The assessment must include at least the following: Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions; Activity pursuit; Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS); and Documentation of participation in assessment.</p>	F 272	<p>A. The MDS was resubmitted by 4/14/15. Attachment# <u> 1 </u>.</p> <p>B. All other residents' admission MDS submitted since 2/1/15 will be reviewed for oral assessment accuracy. Attachment# <u> 2 </u>. Nurses will be educated on the necessity of documenting the oral assessment on admission. Attachment# <u> 3 </u>.</p> <p>C. Audits for accuracy on all oral MDS assessment submissions will be completed weekly prior to transmission by the RNAC-in-training and will begin on 4/20/15. Attachment# <u> 4 </u>.</p> <p>D. The results of the above audits will be reported to the DON monthly in the QI committee meeting starting in May 2015 to ensure compliance until 100% accuracy is reached for three months.</p>	4/30/15	

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F 272	Continued From page 3 This REQUIREMENT is not met as evidenced by: Based on record review and interview, it was determined that for one (R62) out of 22 Stage 2 sampled residents the facility failed to ensure the accuracy of the comprehensive assessment. Findings include: R62 had an admission Resident Status Information assessment completed 10/21/14. Under the section "Mouth," "broken teeth" was checked off as being present. R62's admission MDS assessment, dated 10/27/14, stated there were no identified dental problems. During an interview with R62 on 3/25/15 at approximately 3:50 PM, he stated that he had a permanent upper bridge which had fallen out. In an interview on 4/1/15 at approximately 11:55 AM with E4 (ADON/RNAC), she stated that during completion of the MDS assessment she will question the residents regarding any problems they may have with their teeth, she looks into their mouth if they allow her to do so, and she reviews the Resident Status Information sheet which is completed by the admitting nurse. E4 was not able to recall any specific dental concerns for R62, but stated that she believed he did not allow her to examine his mouth and denied having broken teeth or dental problems. When asked if E4 had spoken with the nurse who completed the 10/21/14 Resident Status Information sheet, she stated she asked her about it but didn't recall getting a response. E4 acknowledged that based on the 10/21/14	F 272			

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F 272	Continued From page 4 Resident Status Information sheet, the 10/27/14 MDS was inaccurately coded for Dental.	F 272		
F 274 SS=D	483.20(b)(2)(ii) COMPREHENSIVE ASSESS AFTER SIGNIFICANT CHANGE A facility must conduct a comprehensive assessment of a resident within 14 days after the facility determines, or should have determined, that there has been a significant change in the resident's physical or mental condition. (For purpose of this section, a significant change means a major decline or improvement in the resident's status that will not normally resolve itself without further intervention by staff or by implementing standard disease-related clinical interventions, that has an impact on more than one area of the resident's health status, and requires interdisciplinary review or revision of the care plan, or both.) This REQUIREMENT is not met as evidenced by: Based on record reviews and interviews, it was determined that for two (R12 and R40) out of 22 Stage 2 sampled residents, the facility failed to identify the need to conduct a significant change MDS assessment for these residents. Findings include: 1. Review of R12's clinical record revealed the following: R12 was readmitted to the facility on 9/30/14. On 10/7/14, an admission MDS was completed. On 3/31/15 at 2:48 PM, in an interview, E4 (ADON/RNAC), stated the admission MDS,	F 274	A. A significant change will be submitted for the two residents (R12 and R40). Attachment # <u>5</u> pg. 1 & 2. B. RAI education related to readmission vs. significant change criteria will be done for the RNAC by 4/14/15. Attachment # <u>6</u> . Residents with readmission MDS submitted from February 1, 2015 to present will reviewed to identify any who should have been a significant change and those found will be resubmitted. Attachment # <u>7</u> . C. Going forward readmitted residents will be reviewed by the RNAC-in-training to determine the appropriateness of MDS readmission vs. significant change choice before the MDS is submitted by the RNAC. Attachment # <u>8</u> . D. The results of the above audits will be reported to the DON monthly in the QI committee meeting starting in May 2015 to ensure compliance until 100% accuracy is reached for three months.	4/14/15 4/14/15 4/15/15 8/15/15

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F 274	Continued From page 5 dated 10/7/14, was an error and should have been entered as a significant change. Findings were reviewed with E1 (NHA) and E2 (DON) on 4/2/15 at approximately 2:15 PM. 2. R40 was admitted to the facility on 8/28/14. A combined admission MDS assessment and a Discharge Return Anticipated (discharged to the hospital and return expected) was completed on 9/3/14. R40 re-entered the facility from the hospital on 9/27/14. Review of the EMR revealed that an admission MDS, dated 10/4/14, was again completed for R40. During an interview with E4 on 3/31/15 at 2:45 PM, she stated that the 10/28/14 MDS assessment should have been coded as a Significant Change, not an admission MDS.	F 274			
F 280 SS=D	463.20(d)(3), 463.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of	F 280	A. R26's bowel and bladder care plan was evaluated and revised with appropriate individualized approaches. Attachment #__9 pg. 1 & 2__. B. All present residents' bowel and bladder care plans were evaluated and revised as needed. Attachment #_10 pg. 1 & 2__. C. Going forward residents with a significant documented change in bowel or bladder will be identified by a bi-weekly audit completed by the Restorative Nurse using documentation of bowel/bladder activity in the Caretracker.	4/10/15 4/10/15 8/15/15	

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F 280	<p>Continued From page 6</p> <p>the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined that the facility failed to revise the bowel and bladder care plan for one (R26) out of 22 Stage 2 sampled residents. Findings include:</p> <p>The facility's undated policy and procedure entitled, "Resident Care Conference C-01WB", included, "To initiate and review the interdisciplinary care plan of each resident in order to identify resident needs, establish obtainable goals and enable the resident to attain/maintain his/her optimal level of physical, mental and psychosocial functioning... 4. Ensure that the interdisciplinary care plan team members follow through with their responsibilities as follows: ...Specific approaches for each resident problem/need... Review the interdisciplinary care plan with staff members on the unit. Update the care plan on a continuous basis..."</p> <p>R26 was sent to the hospital and admitted on 2/23/15 due to pneumonia and coffee ground emesis. R26 was readmitted to the facility on 2/27/15.</p> <p>Review of the EMR from 2/28/15 through 3/5/15, revealed that R26 was incontinent of urine seven (7) times during that period.</p>	F 280	<p>The results of this audit will be used to check if the existing care plan is appropriate. If the existing care plan is inappropriate it will be changed at that time. Attachment # _11_.</p> <p>D. The results of the audit will be reported to the DON monthly in the QI committee meeting to ensure compliance starting May 2015 until 100% compliance is reached for three months.</p>	8/10/15	

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F 280	Continued From page 7 R26's care plan entitled, "I am now continent of bowel and bladder but remain at risk for occasional incontinency relating to my recent hospitalization and a gradual decline in my ability" had a start date of 3/5/15. This care plan was not revised to address the resident's "frequent" urinary incontinence and had an inappropriate goal which stated, "I want to remain continent of bowel and bladder during the next 90 days". Approaches included, "Monitor me for occurences (sic) of incontinency, evaluate me quarterly for changes in my voiding, notify my physician of changes in my continency, I might need staff to assist me as needed, keep call light within my reach and answer as soon as possible". R26 had a significant change MDS, dated 3/6/15, in which he was coded as frequently incontinent of bladder. On 03/31/2015 at 11:00 AM, in an interview E3 (UM) stated that the bowel and bladder care plan was not revised to address R26's incontinence. The facility failed to revise R26's bowel and bladder care plan with individualized approaches to the resident's recent incontinence post [after] hospitalization.	F 280			
F 281 SS=E	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record	F 281	A. Resident's MAR was immediately changed to separate iron and calcium administration by at least two hours. Attachment #_12 pg. 1 & 2_. B. All present residents receiving both iron and calcium will be audited by the Nurse Manager to ensure the two medications are separated by at least two hours when administered. Attachment #_13_.	3/26/15 4/14/15	

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F 281	<p>Continued From page 8</p> <p>review it was determined that the facility failed to meet professional standards of quality, on multiple occasions, for one (R41) out of 22 Stage 2 sampled residents related to administration of Iron (Ferrous Sulfate) and Calcium with Vitamin D without separating these medications by two hours. R41 was incorrectly administered both of the medications at the same time for approximately 2 months. Calcium with Vitamin D can interfere with Iron absorption. Findings include:</p> <p>The facility's policies included: "Medication Administration & (and) Management", dated 3/12 stated, "Medication Administration - All authorized community staff should adhere to the following guidelines... Follow manufacturer's medication administration guidelines..."; "Guidelines for Nurse 24 Hour Chart Checks", undated, stated, "...Residents will have a chart check completed by a minimum of one 11-17 nurse, which consists of reviewing all orders given by a physician within the last 24 hours..."; "Recaps", undated, stated, "Purpose: To make sure that all new orders written for the month ending have been accurately noted and transcribed...end of month, starting around the 25th...".</p> <p>According to Drugs.com, "Using calcium carbonate (calcium/vitamin D) together with ferrous sulfate together may decrease the effects of ferrous sulfate. Separate the administration of ferrous sulfate at least two hours apart from calcium carbonate".</p> <p>R41 was admitted to the facility on 12/15/15 with diagnoses that included a broken left hip with surgical repair and acute blood loss anemia post [after] surgery. Review of R41's 12/15/14 lab</p>	F 281	<p>C. Nurses transcribing, completing 24hr. checks , or recaps will be educated on the necessity to plan administration of iron and calcium at least two hours apart. Attachment #_14__.</p> <p>A weekly audit starting April 20 will be completed by the Nurse Manager on all new medication orders to ensure that new orders containing iron and calcium have administration times at least two hours apart. Attachment #_15__.</p> <p>D. The results of the above audit will be reported to the DON monthly in the QI committee meeting to ensure compliance starting May 2015 until 100% compliance is reached for three months.</p>	4/30/15	8/15/15

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F 281	<p>Continued From page 9</p> <p>report from the hospital for red blood cells revealed the result was low at 2.91 (normal range from 3.8 to 5.3).</p> <p>On 1/7/15, R41's physician ordered an iron supplement, Ferrous Sulfate twice a day due to anemia which was transcribed and timed for 8 AM and 8 PM on the MAR.</p> <p>The 24 hour chart check, done on 1/8/15 failed to identify the need to separate calcium and iron by at least 2 hours.</p> <p>Review of R41's 1/15 MAR revealed the resident incorrectly received Calcium at 8 AM with Ferrous Sulfate at 8 AM from 1/8/15 through 1/17/15 rather than at least 2 hours separating the administration of these medications.</p> <p>R41 was discharged to home in independent living of the facility on 1/17/15.</p> <p>However, on 2/5/15, R41 was readmitted to the facility due to an increased need for help from staff. R41's physician initially ordered Ferrous Sulfate every 12 hours which was transcribed and timed for 8 AM and 8 PM on the MAR and Calcium with Vitamin D twice a day was transcribed and timed for 8 AM and 4 PM on the MAR. However, later on 2/5/15, R41's physician reduced Ferrous Sulfate to daily which was transcribed and timed for 8 AM on the MAR.</p> <p>The 24 hour chart check, done on 2/6/15 failed to identify the need to separate calcium and iron by at least 2 hours.</p> <p>Review of R41's 2/15 MAR revealed the resident incorrectly received Calcium at 8 AM and 4 PM</p>	F 281			

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F 281	Continued From page 10 with Ferrous Sulfate at 8 AM from 2/6/15 through 2/28/15 rather than at least 2 hours separating the administration of these medications. During the recap of R41's 3/15 POS, the facility failed to identify that iron and calcium needed to be separated by at least 2 hours. Review of R41's 3/15 MAR revealed the resident incorrectly received Calcium at 8 AM and 4 PM with Ferrous Sulfate at 8 AM from 3/1/15 through 3/25/15 rather than at least 2 hours separating the administration of these medications when it was brought to the facility's attention by the surveyor. On 3/25/15 at 8:52 AM, during a medication pass observation, E5 (LPN) was observed pouring and administering Calcium and Ferrous Sulfate to R41. The facility failed to follow professional standards of practice when the facility administered to R41 both calcium and iron at the same time of 8 AM for approximately 2 months. In an interview on 3/26/15 at 2:45 PM, E3 (UM) confirmed the findings. In an interview on 3/30/15 at 7:50 AM, E2 (DON) confirmed the findings.	F 281			
F 315 SS=D	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the	F 315	A. R28 had the "Health History" bowel and bladder assessment completed. Attachment #_16_. B. All present residents' charts were checked for completed bowel and bladder assessments. Attachment #_17 pg. 1 & 2_	4/2/15 4/14/15	

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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 04/02/2015
NAME OF PROVIDER OR SUPPLIER WILLOWBROOKE COURT AT COUNTRY HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 4830 KENNETT 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 315	<p>Continued From page 11</p> <p>resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined that the facility failed to ensure that a resident who is incontinent of bladder receives appropriate treatment and services to restore as much normal bladder function as possible for one (R26) out of 22 Stage 2 sampled residents. Findings include:</p> <p>Cross refer F280</p> <p>The facility's undated policy and procedure entitled, "Bowel/Bladder Continence Program B-02RS" included the following: "To strive to assess and evaluate resident's continence/incontinence status and restore as much normal function as possible... Bladder Rehabilitation/Retraining/Restoration Program... Assessment for Bowel and Bladder Rehabilitation/Retraining/Restoration Program, Minimum Data Set (MDS) and Care Area Trigger (CAT). Initial care plan or care plan review, Nursing staffs observation of resident's continence status upon... readmission, or with a change in bowel/bladder status... Upon completion of ...the assessment for bowel and bladder rehabilitation/retraining, the restorative nurse will determine if the resident is a candidate for the bladder rehabilitation/retraining restorative program... If it determined that the resident is a</p>	F 315	<p>C. Upon investigation for the root cause, the resident was a late-day admission on Friday, February 27th. The nurse who failed to complete R26 continence assessment missed completing that part of the assessment due to high level of activity on the unit, being called away frequently. Going forward all admission continence assessments will be reviewed for completion by the Restorative Nurse within 72 hours of admission. Attachment #_18_. Nurses will be educated on the necessity to complete the assessment on admission. Attachment # 19_____.</p> <p>D. The results of the above audit will be reported to the DON in the monthly QI committee meeting starting May 2015 until 100% compliance is reached for three months.</p> <p>A. The physician was updated on the resident's present bowel and bladder status. Attachment #_20_.</p> <p>B. The physician was updated on all residents' present bowel and bladder status. Attachment #_21_ <i>pg 1+2</i></p> <p>C. The Nurse Practitioner will attend residents' care conference weekly where residents' bowel and bladder status is discussed. An audit will be completed listing residents with changes and documentation completed indicating that the Nurse Practitioner is aware of any bowel and bladder changes. Attachment # 22.</p>	<p>4/30/15</p> <p>8/15/15</p> <p>4/14/15</p> <p>4/14/15</p>	

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 315	Continued From page 12 candidate for a bladder retraining toileting schedule, the professional nurse will... Initiate a program. Individualize the care plan with specific interventions to reflect the results of... the bladder assessment and adjust approaches as needed...". Per the EMR, R26 was incontinent of urine only once during the look back period from 12/11/14 through 12/17/14 for the quarterly MDS, dated 12/17/14, which correctly assessed R26 as "occasionally incontinent". R26's "Progress notes Bowel and Bladder", were last documented on 12/17/14 and stated, "Had 1 episode of bladder incontinence. The resident was unable to recall + (and) no documentation in chart. Will monitor to see if isolated case or needs toileting program". R26 was sent to the hospital and admitted on 2/23/15 due to pneumonia and coffee ground emesis. R26 was readmitted to the facility on 2/27/15. The readmission "Health History" form, dated 2/27/15, was blank regarding the R26's history of urinary incontinence. Review of the EMR from 2/28/15 through 3/5/15, revealed that R26 was incontinent of urine seven (7) times during that period. The "Assessment for Bowel and Bladder Rehabilitation/Retraining/Restorative Program", dated 2/28/15, was incomplete. The form was blank in the following areas: "Reason for Assessment"; "Onset of Incontinence, Duration and Incontinent prior to admission" and	F 315	D. The results of the above audit will be reported to the DON in the monthly QI committee meeting starting May 2015 until 100% compliance for three months.	3/15/15	

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F 315	<p>Continued From page 13</p> <p>"Evaluation" (where determination is made as to what program the resident needs to address the urinary incontinence).</p> <p>The readmission history and physical completed on 3/2/15, did not indicate that the facility had informed the physician of R26's urinary incontinence as per the plan of care.</p> <p>R26's care plan entitled, "I am now continent of bowel and bladder but remain at risk for occasional incontinency relating to my recent hospitalization and a gradual decline in my ability", with a start date of 3/5/15, was not revised to address the resident's "frequent" urinary incontinence</p> <p>The significant change MDS, dated 3/6/15, correctly assessed R26 as frequently incontinent of urine. This assessment also noted that R26 was not on a urinary trial toileting program.</p> <p>Review of R26's physician's progress notes on 3/6/15 revealed that there was no indication that the resident's physician was informed of R26's urinary incontinence as per the plan of care.</p> <p>R26's three day voiding diary was initiated beginning 3/12/15 to 3/14/15. This voiding diary was incomplete. Day shift only completed the diary and wrote, for the entire shift "continent, self toilet". The three day voiding diary was blank for 3:30 PM to 11:30 PM and 11:30 PM to 7:30 AM shifts.</p> <p>Review of the EMR from 3/25/15 through 3/31/15, documented that R26 was incontinent of urine once during that period.</p>	F 315			

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F 315	<p>Continued From page 14</p> <p>On 3/31/15 at 11:00 AM, in an interview, E3 (UM) stated that the resident's are re-evaluated regarding bladder control on admission, readmission and quarterly. E3 also stated a 3 day voiding diary was done but was not kept on residents' charts. E3 stated she thought E2 (DON) had R26's 3 day voiding diary. E3 reviewed R26's assessment and confirmed it was not complete and the bladder care plan was not accurate nor revised to include individualized approaches to address urinary incontinence for R26.</p> <p>On 3/31/15 at 11:20 AM, in an interview, E6 (RN) stated, "It was difficult to complete this", referring to the "Assessment for Bowel and Bladder Rehabilitation/Retraining/Restorative Program" form upon admission/readmission, which she signed and dated 2/28/15. E6 further stated that she must have gotten pulled out of the room and did not complete it. When asked if the evaluation was completed based on the 3 day voiding diary, E6 stated, "No, but it should be".</p> <p>On 3/31/15 at 12:06 PM, in an interview, E7 (CNA) stated she was regularly assigned to R26 and that the resident is usually incontinent of urine into the incontinent pad first thing in the morning. E7 further stated that during day shift R26 will go to the bathroom on his own.</p> <p>On 3/31/15 at 2:10 PM, in an interview E2 confirmed that both the 3 day diary and the assessment were incomplete. E2 stated that she could check on the EMR for bladder continence/incontinence but that documentation was generally done once per shift. Discussion occurred regarding E7's interview regarding R26's incontinent brief usually being wet in the</p>	F 315		

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F 315	Continued From page 15 morning and then continent for the rest of day shift and the EMR which documented that the resident was only incontinent of bladder once on nightshift over the past week. E2 spoke with E7 and stated that the CNA was vague about how often R26 was incontinent of urine in the mornings. On 4/1/15 at 7:40 AM, an observation was made of R26 and he was continent of urine and voided in the toilet. His incontinent pad was dry. On 4/1/15 at 8:10 AM, in an interview E2 stated that she checked with nightshift and R26 had used the urinal overnight and was dry. The facility failed to ensure when R26 returned from the hospital and was incontinent of bladder that the resident was accurately and completely assessed and an appropriate bladder program was initiated. Despite this, the resident did return to his previous status of occasionally incontinent of urine.	F 315			
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	F 329	A. R39 is deceased. No correction of orders can be made. B. All residents presently with an antipsychotic medication were audited by nursing supervisor to ensure presence of appropriate DX. Attachment # 23. All present residents medication orders were reviewed for necessity by the Nurse Practitioner. Attachment # 24 p. 1, 2 & 3. C. Dr. Subbarraya (who is primary physician for 100% of our residents) has been reeducated and reminded of the need to review all newly written medication orders for both necessity and diagnosis. Attachment # 25.	4/16/15 5/1/15 5/19/15	

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F 329	Continued From page 16 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 by: Based on interview and record review, it was determined that the facility failed to ensure that each resident's drug regimen was free from unnecessary drugs including without adequate indications for its use for one (R39) out of 22 Stage 2 sampled residents. For R39, there was no adequate indication for use of the antipsychotic medication, Risperdal. Findings include: On 2/21/15, R39 was sent to the hospital for evaluation due to blood in the urine and urinary retention. On 3/4/15, R39 was readmitted from the hospital on hospice services with diagnoses including Polycystic Kidney Disease with Acute Kidney Failure and Dementia. Upon readmission, R39's doctor continued the antipsychotic medication, Risperdal, ordered for twice a day and a stronger dose at bedtime, started during his hospitalization. There was no	F 329	Country House has recently initiated as Standard of Practice a Nurse Practitioner on our staff, who will also review and address all new admission orders within 72 hours for the presence of diagnosis and any unnecessary meds. Attachment # 26 pg. 1, 2 & 3. An audit will be completed on 10% of all residents by our nurse Manager weekly to ensure the new practice is effective. Attachment # 27 pg. 1, 2 & 3. D. The results of the above audits will be reported to the DON monthly at QI committee meeting starting May 2015 to ensure compliance until 100% compliance is reached for 3 months and then quarterly x 2.	8/15/15	

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F 329	Continued From page 17 diagnosis or indication for use noted with the medication orders. On 3/10/15, the physician discontinued the Risperdal order for twice a day due to R39's lethargy but continued the bedtime dose. Again, there was no diagnosis or indication for use noted on the orders. Review of the 3/15 MAR revealed that the Risperdal administered both twice a day and at bedtime noted the diagnosis as "dementia" which was not an appropriate indication for use of this antipsychotic medication. On 3/10/15, the facility's consultant pharmacist conducted a monthly review which stated, "Please provide a supporting diagnosis with specific indication for use of antipsychotic in pt (patient) with dementia" related to Risperdal. However, there was no documented evidence that this was acted upon. On 3/12/15, R39's physician discontinued the bedtime dose of Risperdal due to lethargy. The facility failed to ensure that R39 was free of unnecessary medications when there was not an adequate indication for use of the antipsychotic medication, Risperdal. On 3/30/2015 at 3:09 PM, in an interview E3 (UM) confirmed the findings and stated that she usually got a baseline AIM's assessment but did not since it was such a small timeframe.	F 329			
F 428 SS=D	483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON	F 428			

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F 428	<p>Continued From page 18</p> <p>The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.</p> <p>The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined that the facility failed to ensure during the monthly consultant pharmacist review (MRR) that the pharmacist reported any irregularities to the attending physician and the director of nursing and that these reports were acted upon for one (R41) out of 22 Stage 2 sampled residents. The facility's consultant pharmacy failed to identify during those reviews done on 1/9/15, 2/18/15 and 3/9/15 that Iron (Ferrous Sulfate) and Calcium with Vitamin D should be separated by at least two hours since Calcium 600 with D can interfere with iron absorption. Findings include:</p> <p>Cross refer F281</p> <p>R41 was a resident who had been admitted on 12/15/14 due to a broken left hip that was surgically repaired and with acute blood loss, anemia after surgery.</p> <p>The MRR done on 1/9/15 noted, "NS" (No significant Irregularities).</p> <p>The MRR done on 2/18/15 noted, "PI" (Potential</p>	F 428	<p>A. Resident's MAR was changed to ensure iron and calcium was administered a minimum of two hours apart. Attachment #_28 pg. 1 & 2.</p> <p>B. All residents' orders were checked to ensure no other residents were ordered both iron and calcium. Attachment #_29.</p> <p>C. Pharmacy Consultant will be checking for combined iron and calcium on any resident at monthly visits and include the results on her monthly report. Attachment #_30.</p> <p>D. The results of the above audits will be reported to the DON monthly in the QI committee meeting starting in May 2015 to ensure compliance until 100% compliance is reached for three months.</p>	3/26/15	4/14/15

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F 428	<p>Continued From page 19</p> <p>Irregularities) but those Irregularities failed to identify the Iron absorption issue when Calcium with D was administered at the same time.</p> <p>The MRR done on 3/9/15 was just dated and signed. Again, it failed to identify the Iron absorption issue when Calcium with D was administered at the same time.</p> <p>The monthly MRRs, from January through March 2015, failed to identify the Irregularity and have it acted upon to have Iron and Calcium administration separated by at least two hours.</p> <p>In an interview on 3/26/15 at 2:45 PM, E3 (UM) confirmed the findings.</p> <p>In an interview on 3/30/15 at 7:50 AM, E2 (DON) confirmed the findings.</p>	F 428		



**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: WillowBrooke Court at Country House

DATE SURVEY COMPLETED: April 2, 2015

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
<p>3201</p> <p>3201.0</p> <p>3201.1.0</p>	<p>The State Report incorporates by reference and also cites the findings specified in the Federal Report.</p> <p>An unannounced annual survey was conducted at this facility from March 25, 2015 through April 2, 2015. 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 39. The Stage 2 survey sample size was 22.</p> <p>Regulations for Skilled and Intermediate Care 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 adopted and incorporated by reference.</p> <p>This requirement is not met as evidenced by:</p>	

Provider's Signature *Jessie White* Title *Executive Director* *NHA* Date *5/19/15*



**DELAWARE HEALTH
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3 Mill Road, Suite 308
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STATE SURVEY REPORT

Page 2 of 2

NAME OF FACILITY: WillowBrooke Court at Country House

DATE SURVEY COMPLETED: April 2, 2015

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
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	<p>Cross refer to the CMS 2567-L survey completed 4/2/15, F272, F274, F280, F281, F315, F329, and F428.</p>	<div style="border: 1px solid black; padding: 10px;"> <p>Refer to responses on the Federal POC: F272 F274 F280 F281 F329 F315 F428</p> </div>
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Provider's Signature *Jennifer White* Title *Executive Director* Date *5/1/15*