

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

PRINTED: 07/08/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 08A008	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/21/2016
NAME OF PROVIDER OR SUPPLIER JEANNE JUGAN RESIDENCE			STREET ADDRESS, CITY, STATE, ZIP CODE 185 SALEM CHURCH ROAD NEWARK, DE 19713		
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F 000	<p>INITIAL COMMENTS</p> <p>An unannounced annual survey was conducted at this facility from June 16, 2016 through June 21, 2016. The deficiencies contained in this report are based on observations, interviews, review of clinical records and other facility documentation as indicated. The facility census the first day of the survey was 40. The Stage 2 survey sample size was 17.</p> <p>Abbreviations/definitions used in this report are as follows:</p> <p>DON - Director of Nursing; ADON- Assistant Director of Nursing; RN - Registered Nurse; RNAC - Registered Nurse Assessment Coordinator; LPN-Licensed Practical Nurse; CNA - Certified Nurse's Aide; NHA - Nursing Home Administrator; CAA - Care Area Assessment Summary/part of the MDS assessment which assists in identifying and planning for potential problem care areas; Hx/hx - history; IDT - Interdisciplinary Team/professionals from different fields and departments who work together with the resident to develop and implement an individualized plan of care; MDS - Minimum Data Set/standardized assessment forms used in nursing homes; PCC - Point Click care/electronic documentation system used for medical records; r/t - related to; UTI - urinary tract infection; Continent/continence - control of bladder and bowel function; Dementia - loss of mental functions such as</p>	F 000			

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

TITLE

(X6) DATE

Cecile Zeringue

Administrator 7/15/16

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 memory and reasoning that is severe enough to interfere with a person 's daily functioning; e.g-for example; Frequently incontinent - seven (7) or more episodes of urinary incontinence, during the seven day review period, but at least one (1) episode of continent voiding; Incontinent/incontinence - loss of control of bladder &/or bowel function; Occasionally incontinent - less than seven (7) episodes of incontinence during the seven (7) day review period; ml- milliliter - volume measurements of liquid; hr-hour; Pericare - cleansing of the area between the thighs; PEG-Percutaneous endoscopic gastrostomy, a medical procedure in which a tube is passed into a patient's stomach through the abdominal wall most commonly to provide a means of feeding when an intake is not adequate.	F 000			
F 280 SS=D	483.20(d)(3), 483.10(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 three day Bowel and Bladder Tracking tool was initiated on 6/22/16 for Resident R17 and an individualized toileting plan developed from the findings. B. All Residents have the potential to be affected by an increase in incontinence and lack of comprehensive care plan and individualized toileting plan. All incontinent Residents will be reviewed. C. In the past the RNAC and her assistant completed the CAA's and made the nursing Care Plan decision.	7/29/16	

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F 280	<p>Continued From page 2</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 clinical record review and interview, it was determined that the facility failed to revise the comprehensive care plan for one (R17) out of 17 Stage 2 sampled residents. Findings include:</p> <p>Cross refer to F315 Review of R17's clinical record revealed:</p> <p>R17 was admitted to the facility on 12/23/15.</p> <p>The 3/22/16 significant change MDS assessment stated that during the seven (7) day review period R17 was frequently incontinent of bladder. This was a decline from the previous 12/29/15 admission MDS assessment.</p> <p>On 4/11/16 a care plan for urinary incontinence r/t confusion and dementia was initiated and included the intervention to establish voiding patterns. The facility failed to develop an individualized a toileting plan based on established voiding patterns and failed to revise R17's plan of care to include a toileting plan accordingly.</p> <p>Findings were confirmed by E2 (DON) during an interview on 6/21/16 at approximately 1:40 PM.</p>	F 280	<p>Going forward the Care Plan Decision will be completed by the RNAC and the newly formed MDS Risk Assessment Team, after review of the UI assessment, CNA documentation, look back reports generated from PCC and an Assessment Tracking Tool.</p> <p>See attachment A.</p> <p>After review the RNAC and the MDS Risk Assessment Team will determine if further assessment and/or interventions need to be initiated.</p> <p>D. RNAC and MDS Risk Assessment Team will review all Residents who are incontinent to ensure there has been no changes, to initiate a personalized toileting plan if appropriate and that their Care Plans reflect their needs. RNAC and the MDS Risk Assessment Team will then meet Weekly to review all Residents when their Care Plan is due. This will be ongoing. Findings will be reported to the QAA committee for further recommendations if necessary.</p>		
F 281	483.20(k)(3)(i) SERVICES PROVIDED MEET	F 281			

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F 281 SS=D	<p>Continued From page 3 PROFESSIONAL STANDARDS</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, observation and interview, it was determined that the facility failed to ensure that services provided to one (R12), out of 17 Stage 2 sampled residents, met the standard of quality as related to tube feeding administration. Findings include:</p> <p>According to the Department of Health and Human Services Center for Medicare and Medicaid Services Tube Feeding Status Critical Element Pathway, "Medications are administered via the tube and follow physician's orders and standards of practice. Staff verify the amount of fluid and feeding administered independent of the flow rate established on a feeding pump, if used (e.g., labeling the formula with the date and time the formula was hung and flow rate).</p> <p>Review of R12's clinical record revealed:</p> <p>On 6/16/16 at approximately 12:20 pm, it was observed that R17 had an ongoing continuous tube feeding with the formula contained in a "Kangaroo" plastic feeding bag. The plastic feeding bag's label was blank. It did not contain appropriate information such as R12's name, the type of formula being administered, the date and time it was started, the rate per hour of the drips and the staff's signature. The only identification written on the label was the date 6/16.</p>	F 281	<p>A. Immediately following exit interview a sign was hung on the kangaroo in R12's room. See attachment B</p> <p>B. No other Residents have the potential to be affected but not including product to be administered on feeding bag as no other Residents are on tube feedings.</p> <p>C. The Tube feeding policy was reviewed and revised to include "Feeding bag has label attached which is to include Residents name, formula being administered, date and time feeding initiated, rate to run per hour and Resident's initials." See attachment C New policy and procedure will be reviewed with nurses at nurses meeting on July 29.</p> <p>D. ADON or her designee will check label on feeding bag Monday thru Friday for 3 weeks until label is 100% accurate, then three times a week for 3 weeks until label is 100% accurate then weekly for 3 weeks until label is 100% accurate then monthly for 3 months until 100% accuracy is achieved.</p>	7/29/16
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F 281	Continued From page 4 On 6/21/16 at approximately 2:00 PM, R12's tube feeding was again observed and again it was not appropriately labeled and only contained the date 6/21/16. Review of R12's clinical record revealed that the physician had prescribed the tube feeding formula of Jevity 1.5 calorie via PEG at 40 ml/hr x 20 hours. This finding was discussed and acknowledged by E2 (DON) on 6/21/16 at 2:00 PM.	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 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. This REQUIREMENT is not met as evidenced by: Based on clinical record review, interviews and review of other facility documents as indicated, it was determined that for one (R17) out of 17 Stage 2 sampled residents, the facility failed to ensure that a resident who was incontinent of bladder receives appropriate treatment and services to restore as much normal bladder function as possible. The facility failed to develop	F 315	A. A new 3 day Bowel and Bladder Diary was initiated for R17 on 6-22-16 and a personalized toileting plan developed. B. All incontinent Residents have the potential to have an increase in incontinence due to the lack of an personalized toileting plan. All incontinent Residents will be reviewed. C. RNAC and her assistant will report to the MDS Risk Assessment Team any changes in continence, this will be ongoing. This will be determined by review of UI assessment and Continence look back reports.	7-29-16	

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F 315	<p>Continued From page 5</p> <p>an individualized toileting plan and failed to re-assess R17 when a decline in bladder continence occurred. Findings include:</p> <p>The facility policy titled "Bowel And Bladder Management," dated 7/15/15, stated "...PROCEDURE: 1. Upon admission, residents are screened for incontinence using a three-day Bowel and Bladder Diary...2. At the conclusion of the three-day elimination tracking period, the resident will be assessed, by the licensed nurse for bowel and bladder continence and the Urinary Incontinence Assessment is completed. 3. Thereafter, residents will be assessed via an (sic) Three day Bowel and Bladder diary, existing flow sheet of PCC documentation, quarterly, annually, with significant change in status, and as needed, as deemed necessary by the licensed nurse. 4. If a resident is identified with incontinence, he/she will be evaluated by a licensed nurse to determine the reason for incontinence and appropriateness for participation in a bowel and/or bladder re-training program. 5. The licensed nurse will initiate or update the residents' Plan of Care for incontinence and notify the IDT of the resident's incontinence. 6. The IDT will determine if the resident is appropriate for a bowel and bladder program by reviewing the elimination pattern tool and Bowel and Bladder Assessment. 7...the IDT will update the Plan of Care and recommend to nursing staff an individualized toileting plan for the resident. The individualized toileting plan will be based on the data collected during the three-day bowel and bladder tracking and the Urinary Incontinence Assessment...8....the IDT will re-evaluate the resident weekly until the individualized plan is considered effective...9. The IDT will re-evaluate the bowel and bladder status of the resident with each MDS..."</p>	F 315	<p>D. RNAC and the MDS Risk Assessment Team will review Personalized Toileting Plans for incontinent Residents weekly for three weeks until Toileting plan is appropriate and continence is maintained at the highest level possible. RNAC and MDS Risk Assessment Team will then review Personalized Toileting Plans bi-weekly for six weeks until Toileting Plan is considered effective and highest level of continence is maintained. Personalized Toileting Plans will then reviewed monthly for three months until toileting plan is considered effective and highest level of continence is maintained.</p>		

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F 315	<p>Continued From page 6</p> <p>Review of R17's clinical record revealed the following:</p> <p>12/23/15 - R17 was admitted to the facility with diagnoses that included dementia, stroke and a history of UTIs.</p> <p>12/23/15 - A care plan for potential for UTI and urinary incontinence r/t hx of UTIs was initiated. Interventions included: Observe for fever, new or increased urinary incontinence; lab testing promptly and provide pericare after each incontinent episode.</p> <p>12/24/15 through 12/26/15 - A Bowel and Bladder Diary was completed and revealed R17 had one (1) episode of urinary incontinence on each of the three (3) days (total of 3 episodes).</p> <p>12/28/15 - The Urinary Incontinence Risk Assessment was completed. Instructions stated: "assessment will be performed on admission, after significant change and no less than quarterly to assess the resident's status, and that scores above 15 shall be considered at moderate or high risk for potential urinary incontinence and are referred to the Care Plan Team for further assessment". The Urinary Incontinence Risk Assessment stated R17 had intermittent confusion, occasional incontinence, was ambulatory with assistance only, demonstrated good bed mobility, and always recognized the urge to urinate. R17's score was 7.[Score of 7 is not moderate-high risk]</p> <p>12/29/15 - The admission MDS assessment stated that during the seven (7) day review period R17:</p>	F 315		

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F 315	<p>Continued From page 7</p> <ul style="list-style-type: none"> - had minimal hearing difficulty and no hearing aide; - had unclear speech; - had short and long term memory problems; - daily decision making skills were moderately impaired (decisions poor; cues/supervision required); - required extensive assist of one (1) staff for bed mobility, transfers, and walk in room; - required limited assist of one (1) staff for toilet use and hygiene; - was occasionally incontinent of bladder; - had a trial of a toileting program attempted, the response was decreased wetness, and that a current toileting program was being used to manage the urinary incontinence. <p>The CAA portion of the 12/29/15 admission MDS assessment triggered incontinence as a potential problem area and was checked off to proceed with care planning. Review of the clinical record, however, lacked evidence that an individualized toileting plan was developed based on the three (3) day bowel and bladder diary.</p> <p>12/31/15 - The physician's admission History and Physical stated, "...Continent mostly - but wears Depends...Hx of frequent UTIs in past..."</p> <p>Review of the electronic Documentation Survey Report, completed by CNAs, for bladder continence revealed the following: 12/23/15 through 12/31/15 - two (2) episodes incontinent/approximately 47 episodes continent. 1/1/16 through 1/31/16 - approximately 43 episodes incontinent/approximately 131 episodes continent. 2/1/16 through 2/29/16 - approximately 36 episodes incontinent/approximately 153 episodes continent.</p>	F 315		

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F 315	<p>Continued From page 8</p> <p>3/1/16 through 3/31/16 - approximately 39 episodes incontinent/approximately 101 episodes continent.</p> <p>3/21/16 - The Urinary Incontinence Risk Assessment was completed. The assessment stated R17 had intermittent confusion, frequent incontinence, was ambulatory with assistance only, demonstrated good bed mobility, occasionally recognized the urge to urinate, and had leakage when changing position, coughing, or sneezing. R17's score was 16 (moderate-high risk).</p> <p>3/22/16 - A significant change MDS assessment stated that during the seven (7) day review period R17: - required limited assist of one (1) staff for bed mobility, transfer, walk in room, toilet use and hygiene; - daily decision making skills were moderately impaired (decisions poor; cues/supervision required); - required limited assist of one (1) staff for toilet use and hygiene; - was frequently incontinent of bladder; - had a trial of a toileting program attempted, the response was decreased wetness, and that a current toileting program was being used to manage the urinary incontinence. The CAA portion of the 3/22/16 significant change MDS assessment triggered incontinence as a potential problem area and was checked off to proceed with care planning.</p> <p>4/11/16 - A care plan for urinary incontinence r/t confusion and dementia was initiated. An intervention listed was to establish voiding patterns.</p>	F 315			

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F 315	<p>Continued From page 9</p> <p>Although a care plan was developed, the facility failed to identify R17's decline in urinary continence, they failed to re-assess R17, and failed to develop an individualized toileting plan based on established voiding patterns. Additionally, the facility failed to revise R17's plan of care to include a toileting plan.</p> <p>Review of the electronic Documentation Survey Report, completed by CNAs, for bladder continence revealed the following: 4/1/16 through 4/30/16 - approximately 45 episodes incontinent/approximately 70 episodes continent. 5/12/16 through 5/31/16 - approximately 43 episodes incontinent/approximately 78 episodes continent. 6/1/16 through 6/20/16 - approximately 21 episodes incontinent/approximately 48 episodes continent.</p> <p>5/24/16 - clinical record review revealed R17 was ordered to receive an antibiotic twice a day for seven (7) days for treatment of a UTI.</p> <p>6/13/16 - The Urinary Incontinence Risk Assessment was completed. The assessment stated R17 had intermittent confusion, frequent incontinence, was ambulatory with assistance only, demonstrated good bed mobility, occasionally recognized the urge to urinate, was receiving stool softeners, and had leakage when changing position, coughing, or sneezing. R17's score remained at 16 (moderate-high risk).</p> <p>6/14/16 - A quarterly MDS assessment stated that during the seven (7) day review period R17 was now back to being occasionally incontinent of</p>	F 315			

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F 315	<p>Continued From page 10 bladder.</p> <p>6/20/16 approximately 10:40 AM - During an interview, E4 (CNA) stated R17 can at times be combative and resistant to care. E4 stated that the resident will use the bathroom by herself at times without first calling for assistance. E4 stated that R17 was not on any scheduled toileting plan, however she was toileted or checked on (asked if needs to use the bathroom) every 1-2 hours. E4 stated that R17 will tell them, when asked, if she needs to use the bathroom. E4 was then observed asking the resident if she needed to use the bathroom and the resident shook her head no.</p> <p>6/21/16 at 9:10 AM - During an interview with E5 (CNA), she stated she was R17's regular CNA up until 3 weeks ago. E5 stated that the resident appears more confused than when she was first admitted and now requires more assistance. E5 stated the resident usually knows when she needs to use the bathroom and at times, will just stand up and try to go by herself. E5 stated R17 was not on a scheduled toileting plan, but she always took her to the bathroom in the morning upon arising (when washing up in the AM), after breakfast, and before and after lunch. E5 stated that R17 will not go to the bathroom if she doesn't need to go. E5 stated that the resident is usually incontinent first thing in the morning when she got her out of bed. E5 stated that she has also found R17 in the bathroom toileting herself at times.</p> <p>6/21/16 approximately 1:50 PM - In an interview, E2 (DON) confirmed that the facility failed to re-assess R17, failed to complete a new bladder diary, and failed to develop an individualized toileting plan based on established voiding</p>	F 315			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 08A006	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/21/2016
NAME OF PROVIDER OR SUPPLIER JEANNE JUGAN RESIDENCE			STREET ADDRESS, CITY, STATE, ZIP CODE 185 SALEM CHURCH ROAD NEWARK, DE 19713		
(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 F 520 SS=D	Continued From page 11 patterns. E2 stated "we missed it". 483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff. The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies. A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section. Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions. This REQUIREMENT is not met as evidenced by: Based on clinical record review, interview and review of facility documentation, it was determined that the facility failed to identify issues for one (R17), out of 17 Stage 2 sampled residents, in which quality assessment and assurance activities were necessary and to	F 315 F 520	A. R17 had a new 3 day Bowel and Bladder Diary initiated on 6/21/16 and a new Personalized Toileting Plan and Care Plan has been initiated. B. All Residents have the potential to be affected by increased incontinence, lack of a comprehensive care plan and individualized toileting plan. C. The RNAC, The MDS Risk Committee (All members of the QAA) will review all incontinent Residents to ensure that a comprehensive care plan is developed and an individualized toileting plan is in place, where appropriate, to ensure highest level of continence is maintained. The RNAC and the MDS Risk Committee will then meet weekly as each Residents Care plan is due to review Continence Look back reports, UI assessments, toileting plan and Care Plan to ensure highest level of functioning. This will be ongoing.	7/29/16	

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

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F 520	<p>Continued From page 12</p> <p>develop and implement appropriate plans of action to correct identified quality deficiencies related to bladder incontinence. Findings include:</p> <p>Cross refer F315</p> <p>During an interview with E2 (DON), on 6/16/16 at approximately 9:00 AM, and review of QAA (Quality Assessment and Assurance) quarterly meeting sign up sheets, the facility had an ongoing QAA committee that met at least quarterly to identify quality deficiencies to ensure that care practices were consistently applied.</p> <p>In an interview with E2 on 6/21/16 at approximately 1:35 PM, E2 stated that she was not aware of R17's declining urinary continence and nothing was done about it.</p> <p>The facility failed to ensure that quality deficiencies were identified for R17. Specifically, the facility failed to comprehensively re-assess R17's urinary incontinence; failed to complete a second voiding diary; failed to individualize toileting plans, resulting in the decline of her urinary continence; and failed to prevent UTI.</p> <p>The QAA committee failed to identify, develop and implement appropriate plans of action to correct the identified quality deficiencies to ensure that care practices were consistently applied to maintain as much normal bladder function as possible and prevent UTI. This finding was discussed with E1 (NHA), E2 on 6/21/16 at approximately 3:30 PM.</p>	F 520	<p>D. Members of the QAA Committee will review the MDS Risk Assessment Notes and Assessment Tracking Tool weekly for 3 weeks until highest level of urinary continence possible, then monthly for 3 months until highest level of urinary continence is achieved, then quarterly for six months until highest level of urinary continence is achieved and maintained.</p> <p>QAA will also review form 802 on a quarterly basis to ensure Residents achieve highest level of functioning possible to ensure quality of life. This will be ongoing.</p>	



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Long Term Care
Residents Protection

DHSS - DLTCRP
3 Mill Road, Suite 308
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STATE SURVEY REPORT

NAME OF FACILITY: Jeanne Jugan Residence

SURVEY COMPLETED: June 21, 2016

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
<p>3201</p> <p>3201.1.0</p> <p>3201.1.2</p>	<p>An unannounced annual survey was conducted at this facility from June 16, 2016 through June 21, 2016. The deficiencies contained in this report are based on observations, interviews, review of clinical records and other facility documentation as indicated. The facility census the first day of the survey was 40. The Stage 2 survey sample size was 17.</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: Cross Refer to the CMS 2567-L survey completed June 21, 2016: F280, F281, F315, and F520</p>	<p>Cross refer to CMS 2567 F280, F281, F315 and F520</p>	

Provider's Signature A Ceilo Zeringue Title Administrator Date 7/15/16