

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

PRINTED: 05/25/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085010	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/12/2016
NAME OF PROVIDER OR SUPPLIER MILFORD CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 700 MARVEL ROAD MILFORD, DE 19963		
(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	<p>INITIAL COMMENTS</p> <p>An unannounced complaint survey was conducted at this facility from May 11, 2016 to May 12, 2016. The deficiencies cited in this report are based on observations, record reviews, staff interviews, and review of other facility documentation. The survey sample size was ten including four closed records. The facility census the first day of the survey was one hundred and twenty-eight (128).</p> <p>Abbreviations/Definitions used in this report are as follows:</p> <p>DON- Director of Nursing; ADON- Assistant Director of Nursing; NPE- Nurse Practice Educator; RN- Registered Nurse; NP- Nurse Practitioner; DLTCRP- Division of Long Term Care Residents Protection; e.g.-for example; etc.-and so forth; Foley catheter- tube held in place by a small balloon to drain urine; Texas catheter- external condom-type catheter to manage urinary incontinence for males; Incontinence- loss of bladder and/or bowel function; Hoyer Lift- sling-type mechanical lift; Desaturated- blood oxygen levels drop; Peripheral edema- leg swelling, 3+ edema is considered severe; Respiratory Insufficiency- condition where not enough oxygen passes from the lungs to the blood; Diminished breath sounds- reduced air movement in the lungs;</p>	F 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Paul Lewin Administrator 6-2-16

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 Atrial fibrillation- abnormal heart rhythm; Culture & Sensitivity- test to identify microorganisms and which medications will effectively kill them; CCs- cubic centimeters- liquid measurement; BiPap- machine that helps an individual breath; Biofreeze- cold therapy menthol pain reliever (analgesic); Lansoprazole- a medication to reduce stomach acid; Lactulose- medication for constipation; mg.-milligram; Dilaudid- opioid medication used to treat moderate to severe pain; Sureprep- skin protectant; NutraShield- skin protectant.	F 000		
F 241 SS=E	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on observations and staff interview, it was determined that the facility failed to promote a dignified and homelike environment for at least 5 (R6, R7, R8, R9 and R10) of 10 residents sampled and others not in the sample. There were specific care need signs posted in bedrooms, some signs were visible from the hallways. The findings include the following:	F 241	R6, R7, R8, R9, R10 remain in the center. The care need signs were removed and/or covered in the resident rooms Current resident rooms were audited to determine other care needs signage requiring coverage or removal Nurse Practice Educator/designee will in service current employees on Health Information Management, including privacy of care needs information. Center Nurse Executive/designee will round on nursing units to determine care needs information is protected: Daily until 100% success over three consecutive evaluations, then three times a week until 100% success with three consecutive evaluations, then once a week until 100% success with 3 consecutive until 100% success with 3 consecutive evaluations, then in one month if 100% success, the problem will be resolved.	6-27-16

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F 241	<p>Continued From page 2</p> <p>Surveyor observations on 5/11/16 from 8:35 AM to 10:10 AM</p> <p>R7's room- sign posted above the headboard read splint for rt. (right) foot from 4 PM to 11 PM daily. Thank you.</p> <p>R6's room- 4 signs posted</p> <ol style="list-style-type: none"> 1. Clean razor after use 2. Please hand wash & hang dry resident's "texas cath strap"- "it can be reusable." 3. It is important to offer resident thickened beverages "FREQUENTLY" during working hours. "Position him correctly and use a straw." 4. Dining Assistance - "Please cut all dense foods (e.g. meats, canned fruits, etc.) into small pieces." The signs were posted in various locations on the walls in the room including above the headboard. <p>R8's room- 2 separate signs "Hoyer lift for transfers" next sign "Please allow Sureprep to dry before applying socks or boots" One sign visible from the doorway.</p> <p>Surveyor observations on 5/12/16 from 7:10 AM to 7:35 AM then again 9:40 AM- 9:52 AM.</p> <p>R9's room- 2 signs- "Latex Allergy" and Please no blood work in left arm.</p> <p>R10's room- there were two large signs visible from the doorway- "Boots are to be worn while in" wheelchair and Family will do laundry.</p> <p>Surveyor observations on 5/12/16 included rechecking to see if the signs were still up that were observed posted on 5/11/16 and those checked were still posted in the rooms.</p>	F 241	<p>Findings will be presented at the Quality Assurance Performance Improvement meeting for recommendations and evaluation.</p>		

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F 241	Continued From page 3 There were white boards in resident rooms throughout the facility that were visible from the doorway with personal care information such as but not limited to the following bed mobility supervision to limited, toileting limited, no walking at this time, wheelchair for toileting, transfer extensive, mobility limited. In addition, the whiteboards were used to communicate occupational therapy, speech therapy as well as physical therapy appointments. All signs were posted on walls in the rooms of the residents and were visible to anyone entering the rooms and some as stated above were visible from the hallway. Interview with E4 (Nurse Practice Educator) and E5 (Assistant Director of Nursing) for the transitional care unit on 5/12/16 at 10:00 AM revealed that the posted signs had been a common practice for a number of years. Initially indicated that this practice was done more for the transitional unit, however, surveyor observations included other involved units as well. Findings were discussed during exit with E3 [ADON], E4, and E5 on 5/12/16 - 2:00 PM to 2:25 PM.	F 241		
F 514 SS=E	483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.	F 514	Resident R5 was discharged 2/1/2016 Physician services will audit and edit future progress notes to reflect patient's current status. F514 was discussed with medical director and medical team and deficient practice reviewed. Center Nurse Executive/designee will complete random audits of 10% of weekly physician progress notes x 4 weeks, then monthly x 2. If 100% success is achieved	6-27-16

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F 514	<p>Continued From page 4</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>This REQUIREMENT is not met as evidenced by: Based on a closed record review, it was determined that the facility failed to maintain accurate/complete progress notes and to document/initial medication as given on the medication/treatment administration records for 1(R5) of 10 sampled residents. The findings include the following:</p> <p>R5's closed record showed: On 1/26/16- physician's progress notes by E2 [Nurse Practitioner]. Review of Systems section - the foley catheter was removed on 1/21. Exam section- "Foley Catheter intact, clear yellow urine."</p> <p>On 1/28/16- physician's progress note (late entry) by E2 documented in the Review of Systems section- foley catheter was removed on 1/21 and in the Exam section- "Foley Catheter intact, clear, yellow urine."</p> <p>A late entry progress note by E2 on 1/29/16 again documented under the Review of Systems section - foley catheter removed 1/21. Exam section- "Foley Catheter intact, clear, yellow urine.</p> <p>1/30/16 nursing progress note for change in</p>	F 514	<p>problem will be resolved. Findings will be presented at the Quality Assurance Performance Improvement meeting for recommendations and evaluation.</p> <p>Resident R5 was discharged 2/1/2016. Center Nurse Executive/designee reviewed Change in Conditions initiated May 15-May 31 to determine documentation concerns. Nurse Practice Educator/designee will re-in-service current licensed staff on change in condition documentation, including but not limited to medication changes. Center Nurse Executive/designee will review 24 hour report for accuracy in change in condition documentation: Daily until 100% success over three consecutive evaluations, then three times a week until 100% success with three consecutive evaluations, then once a week until 100% success with 3 consecutive until 100% success with 3 consecutive evaluations, then in one month if 100% success, the problem will be resolved. Findings will be presented at the Quality Assurance Performance Improvement meeting for recommendations and evaluation.</p>	6-27-16	

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F 514	Continued From page 6 Aspirin Chewable 81 mg tab give 1 tab every day for atrial fibrillation-not documented or initialed as given on 1/27/16 and 1/28/16 at 8:00 AM. Apply Biofreeze for pain to back every shift - not documented or initialed as given on 1/27 and 1/28/16, the 7 AM to 3 PM shift. Dilaudid 2mg PO twice a day for pain - not documented or initialed as given at 10:00 AM on 1/27/16. Lansoprazole 30mg capsule not documented or initialed as given at 8:00 AM on 1/28/16. NutraShield to buttock area every shift- not documented or initialed as done 11 PM -7 AM shift on 1/27/16. NutraShield to both heels every shift- not documented or initialed as done on 11 PM - 7 AM on 1/27/16. Surveyor discussed the above general findings with E6 [DON] on 5/16/16 and the general findings were discussed at exit on 5/12/16 from 2:00 PM to 2:25 PM with E3[ADON], E4[Nurse Practice Educator], and E5.	F 514	signing Medication Administration Record/Treatment Administration Record when medications given and treatments completed. Each licensed staff will review his/her Medication Administration Record/Treatment Administration Record for completion prior to end of the shift. Center Nurse Executive/designee will audit Medication Administration Record/Treatment Administration Record for the previous day, for completion, using 10% of current census: Daily until 100% success over three consecutive evaluations, then three times a week until 100% success with three consecutive evaluations, then once a week until 100% success with 3 consecutive until 100% success with 3 consecutive evaluations, then in one month if 100% success, the problem will be resolved. Findings will be presented at the Quality Assurance Performance Improvement meeting for recommendations and evaluation.		



**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: Milford Center

DATE SURVEY COMPLETED: May 12, 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>The State Report incorporates by reference and also cites the findings specified in the Federal Report.</p> <p>An unannounced complaint survey was conducted at this facility from May 11, 2016 to May 12, 2016. The deficiencies cited in this report are based on observations, record reviews, staff interviews, and review of other facility documentation. The survey sample size was ten including four closed records. The facility census the first day of the survey was one hundred and twenty-eight (128)..</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 May 12, 2016: F241 and F514.</p>	<p>Please refer to the CMS 2567-L survey completed May 12, 2016: F241 and F514.</p>	<p>6-27-16</p>

Provider's Signature *Paul Lewin* Title Administrator Date 6-2-16