



**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

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NAME OF FACILITY: Heritage at Dover

DATE SURVEY COMPLETED: February 5, 2013

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
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<p>3225</p> <p>3225.5.0</p> <p>3225.5.9</p> <p>3225.5.9.1</p>	<p>An unannounced annual survey was conducted at this facility beginning January 30, 2013 and ending February 05, 2013. The facility census on the entrance day of the survey was 64. The survey sample was composed of 6 residents. The survey process included observations, interviews and review of resident clinical records, facility documents and facility policies and procedures.</p> <p><b>Regulations for Assisted Living</b></p> <p><b>General Requirements</b></p> <p><b>An assisted living facility shall not admit, provide services to, or permit the provision of services to individuals who, as established by the resident assessment:</b></p> <p><b>Require care by a nurse that is more than intermittent or for more than a limited period of time;</b></p> <p><b>This requirement is not met as evidenced by:</b></p> <p>Based on clinical record review and staff interview it was determined that the facility failed to comply with Delaware State Assisted Living Regulations and admitted one resident (Resident #5) out of six sampled who required care of an indwelling urinary catheter by a nurse for more than an intermittent or for more than a limited period of time. Findings include:</p> <p>Review of the closed clinical record revealed that Resident #5 had diagnoses that included dementia, osteoporosis,</p>	
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Provider's Signature Beth Jarrell Title Executive Director Date 3-4-13



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	<p>hypothyroidism, COPD (chronic obstructive pulmonary disease), status post CVA (cerebrovascular accident), BPH (benign prostate hypertrophy) and indwelling urinary catheter for urinary retention. Review of the current UAI dated 11/20/2012 revealed that Resident #5 was alert and oriented to person only and experienced short-term and long-term memory problems. The above referenced UAI also revealed that Resident #5 was independent for eating, mobility and transferring. According to the same UAI dated 11/20/2012 Resident #5 required assistance for toileting and bathing and either supervision, cueing or coaching for grooming and dressing. Although further review of Resident #5's clinical record revealed the presence of an indwelling urinary catheter, the UAI dated 11/20/2012 revealed the facility failed to include its presence while completing the assessment form.</p> <p>In an interview conducted between this surveyor and E3 (RN/RSD) on 2/1/2013 she confirmed the presence of Resident #5's indwelling urinary catheter. E3 (RN/RSD) also confirmed that she reviewed regulatory requirements for admission to the assisted living facility but neither questioned Resident #5's eligibility for admission nor did she seek a waiver from the Division after the resident's admission. During the same interview E3 (RN/RSD) stated that the urinary catheter was changed monthly by licensed staff according to the physician's order. The facility failed to comply with state regulations for assisted living facilities that prohibited the admission of a resident who required care by a nurse for more than an intermittent basis or for more than a limited period of time.</p>	<ol style="list-style-type: none"> <li>1. Resident #5 no longer resides at the facility. Any new resident referrals needs will be reviewed prior to admission to determine compliance with level of care provided per regulation.</li> <li>2. In-servicing shall be completed on or before 3/31/2013, for facility management staff on admission criteria.</li> <li>3. Random audits shall be completed monthly over the next 90 days to determine compliance; this shall be the responsibility of the RCD/designee.</li> <li>4. The RCD shall report to the QA committee and Administrator monthly any variances in the data collected. The QA committee shall assess and evaluate the data and provide recommendations as necessary to obtain and maintain compliance.</li> </ol>
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3225.6.0	<p>This finding was reviewed with E1 (facility administrator), E2 (corporate nurse), E3 (RN/RSD) and E4 (RN/assistant RSD) on 02/05/2013.</p> <p><b>Resident Waivers</b></p>	
3225.6.1	<p><b>An assisted living facility may request a resident-specific waiver so that it may serve a current resident who temporarily requires care otherwise excluded in section 5.9. A waiver request shall contain documentation by a physician stating that the resident's condition is expected to improve within 90 days.</b></p> <p><b>This requirement is not met as evidenced by:</b></p> <p>Cross refer 3225. 5, 3225.5.9, 3225.5.9.1. Based on clinical record review and staff interview it was determined that the facility failed to request a waiver from the state survey agency that was specific to one resident (Resident #5) out of six sampled with an indwelling urinary catheter. Findings include:</p> <p>In an interview conducted on 02/1/2013 E3 (RN/RSD) acknowledged failure of the facility to request a waiver for Resident #5 who had an indwelling urinary catheter that required monitoring for drainage, placement and monthly changes.</p> <p>Although the facility was aware that Resident #5 had an indwelling urinary catheter in place upon admission it failed to submit a request for a waiver in order to provide services and to meet the needs of the resident who required care by a nurse for more than an intermittent basis</p>	<ol style="list-style-type: none"> <li>1. Resident #5 no longer resides at the facility. The facility will review new and current residents for the need for a waiver per regulation, and if necessary a waiver will be applied for.</li> <li>2. In-servicing shall be held on or before 3/31/2013 for facility management staff of State required waivers.</li> <li>3. Random audits shall be completed monthly over the next 90 days to determine compliance this shall be the responsibility of the RCD/designee</li> <li>4. The RCD shall report to the Administrator and QA committee monthly any variances in the data collected. The QA committee shall assess and evaluate the data and provide recommendations as necessary to obtain and maintain compliance.</li> </ol>



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<p>3225.8.0</p> <p>3225.8.1</p> <p>3225.8.1.4</p>	<p>or for more than a limited period of time.</p> <p>This finding was reviewed with E1 (facility administrator), E2 (corporate nurse), E3 (RN/RSD) and E4 (RN/assistant RSD) on 02/05/2013.</p> <p><b>Medication Management</b></p> <p><b>An assisted living facility shall establish and adhere to written medication policies and procedures which shall address:</b></p> <p><b>Administration of medication, self-administration of medication, assistance with self-administration of medication, and medication management by an adult family member/support person.</b></p> <p>Based on clinical record review, review of facility documents and staff interviews it was determined that the facility failed to ensure that prescribed medications were appropriately poured and administered to one resident (Resident #5) out of six sampled. Findings include:</p> <p>1a. Review of a facility incident report dated 11/26/2012 revealed that Resident #5 was administered the wrong medication at 6:05 AM. According to an investigation completed of the above referenced incident "...E5 (licensed staff member) stated she prepours her medications...". In an interview conducted with this surveyor by phone on 2/5/2012 E5 (licensed staff member) acknowledged that she has prepoured medications on the night shift at least six hours prior to the scheduled hour of administration of medications at 6:00 AM. However she did not confirm that medications were</p>	<ol style="list-style-type: none"> <li>1. Resident #5 no longer resides in the facility. Current residents have been reviewed and continue to receive their medications as ordered by their physician.</li> <li>2. In-servicing shall be completed on or before 3/31/2013 on medication administration for licensed nursing staff and AWSAM aides.</li> <li>3. Random audits shall be completed weekly for the next 90 days to determine compliance with medication administration; this shall be the responsibility of the RCD/designee.</li> <li>4. The RCD shall report to the Administrator and QA committee monthly any variances in the data collected. The QA committee shall assess and evaluate the data and provide recommendations as necessary to obtain and maintain compliance.</li> </ol>



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	<p>prepoured six hours prior to the administration of medications to Resident #5 at 6:05 AM on 11/26/2012. Additionally E5 (licensed staff nurse) stated that she was informed by facility staff that the prepouring of medications was permitted in the assisted living facility.</p> <p>These findings were reviewed during the exit conference with E1 (facility administrator), E2 (corporate nurse), E3 (RN/RSD) and E4 (RN/assistant RSD) on 02/05/2013. During this exit conference this surveyor was informed that the prepouring of medications by the assisted living facility was approved by the board of nursing.</p> <p>1b. Clinical record review revealed a nurse's note dated 11/27/2012 and timed 12:15 PM that stated "...Late entry for 11/26/12. Received call from E5 (licensed staff member)...stated she had given (Resident #5) another resident's medication during (AM) medication pass...E5 (licensed staff member) called (physician) and (family member) to notify of the incident...no changes noted (in Resident #5)...". Review of the facility report revealed that the incident occurred on 11/26/2012 at (6:00 AM) as a result of E5's (licensed staff member) "failure to double check medication pulled".</p> <p>In an interview conducted on 2/5/2013 with this surveyor E5 (licensed staff member) acknowledged that she failed to provide adequate lighting to either identify the resident or his poured medications prior to the administration of medications to Resident #5. According to the facility policy "...Medication Assistance/Admin: Oral...A licensed nurse or trained staff, per state regulations, will assist residents</p>	



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	<p>with oral medications. Accepted standards of practice will be followed." The facility policy further states "...2. Verify medication order on MAR with medication label for: Right: 2.1.1 Resident, 2.1.2 Drug, 2.1.3 Dose, 2.1.4 Route, and 2.1.5 Time..." before assistance or administration of medications.</p> <p>This finding was reviewed with E1 (facility administrator), E2 (corporate nurse), E3 (RN/RSD) and E4 (RN/assistant RSD) on 02/05/2013.</p>	