



**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: Windsor Place

DATE SURVEY COMPLETED: February 28, 2014

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
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3225	<p>An unannounced annual and complaint survey was conducted at this facility beginning February 19, 2014 and ending February 28, 2014. The facility census on the entrance day of the survey was 55 residents. The survey sample was composed of 10 residents and included a subsample of two additional residents to total twelve. The survey process included observations, interviews, review of resident clinical records, facility documents and facility policies and procedures.</p>	<p>The following is the Plan of Correction for Windsor Place regarding the Statement of Deficiencies dated February 28, 2014. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors. We remain committed to the delivery of quality health care services and will continue to make changes and improvement to satisfy that objective.</p>
3225.8.0	<p>Regulations for Assisted Living Facilities</p>	
3225.8.0	<p>Medication Management</p>	
3225.8.8	<p>Concurrently with all UAI-based assessments, the assisted living facility shall arrange for an on-site medication review by a registered nurse, for residents who need assistance with self-administration or staff administration of medication, to ensure that:</p>	
3225.8.8.1	<p>Medications are properly labeled, stored and maintained;</p> <p>This requirement is not met as evidenced by:</p> <p>Based on observations of the assistance with self-administration of medications, staff interview and review of the clinical record it was determined that the facility failed to ensure medications were properly labeled and maintained for two residents (R4 and RSS1) and assistance with self-administration of medications</p>	

Provider's Signature

Susan D. Barnes

Title

Executive Director

Date

April 11, 2014



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	<p>was received in a timely manner for one resident (RSS2) out of 12 residents sampled. Findings include:</p> <p>1. During observations conducted of assistance with self-administration of medication on 2/28/2014 at 9:37 AM E3 (designated care provider/DCP) assisted with the self-administration of eye drops from a vial with a label that differed from the MAR (Medication Administration Record) dated February 2014. Review of the medication label read "Artificial Tears 1.4% drops instill 2 drops into each eye twice a day". However review of the MAR dated February 2014 revealed that the medication order stated "Artificial Tears, 2 drops twice a day in both eyes". Observations also revealed that R4 was assisted with the self-administration of the above referenced medication despite the inconsistency between the medication label and the MAR dated February 2014.</p> <p>Clinical record review also revealed that the facility "Physician Order Sheet" dated February 2014 included the order "Artificial Tears, 2 drops twice a day in both eyes." The facility failed to ensure that a medication prescribed by the physician was properly labeled prior to assistance with self-administration of the medication to R4. According to the facility policy, Medications and Treatments – Labeling policy "...medications...(including over-the-counter and sample medications) should be labeled with the necessary information to provide safe medication management and administration...The label should be consistent with a physician's order...".</p> <p>These findings were reviewed on 2/28/14 with E1 (Executive Director), E2</p>	<p>3225.8.1 Medication 1 and 2</p> <p>A. Two residents were affected by this practice. The orders for Artificial Tears for resident R4 and Lorazepam for Resident RSS1 were reconciled with the Medication Administration Record (MAR) and the medication label.</p> <p>B. All residents have the potential to be affected by this practice. The Health and Wellness Director (HWD) or designee will audit current medications and their respective labels, MAR entry, and physician orders to verify accuracy.</p> <p>C. The HWD or designee will re-train nurses and AWSAMs as to the proper procedure for checking in new medications before placing them on the medication cart.</p> <p>D. The HWD or designee will conduct monthly MAR to cart audits for three months. Following three months of 100% compliance, the HWD or designee will conduct random audits thereafter to verify compliance.</p>
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	<p>(Regional nurse) and E4 (Health and Wellness Coordinator).</p> <p>2. Observation of assistance with self-administration of medications on 2/28/2014 revealed a difference between a medication label and the MAR (Medication Administration Record) dated February 2014 for one medication prescribed for RSS1. Review of the medication label read "Lorazepam 1mg (milligram) tablet, 1 tablet po (by mouth) three times a day prn (when needed) for anxiety". However review of the MAR dated February 2014 revealed that the medication was written as "Lorazepam 1 mg, one tablet po three times a day".</p> <p>Review of the physician order form dated February 2014 also revealed a written order that read "Lorazepam 1mg tablet, 1 tablet po three times a day." Further observations revealed that E3 (designated care provider/DCP) assisted RSS1 with the self-administration of a medication whose label was inconsistent with the MAR dated February 2014. The facility failed to ensure that a medication was properly labeled and in accordance with the physician order prior to assistance with self-administration of medications.</p> <p>According to the facility policy, Medications and Treatments – Labeling policy "...medications... (including over-the-counter and sample medications) should be labeled with the necessary information to provide safe medication management and administration...The label should be consistent with a physician's order...". These findings were reviewed on 2/28/14 with E1 (Executive Director), E2 (Regional nurse) and E4</p>	
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<p>3225.12.0</p> <p>3225.12.1</p> <p>3225.12.1.3</p>	<p>(Health and Wellness Coordinator).</p> <p>3. Observation of assistance with self-administration of medications on the morning of 2/28/2014 revealed that RSS2 received six medications beginning at 8:35 AM. Although review of the Medication Administration Record (MAR) dated February 28, 2014 revealed all six medications were scheduled for administration at 8:00 AM, E3 (DCP/designated care provider), prepared the above referenced medications and was ready to offer RSS2 assistance with self-administration of medications at 8:35 AM. The facility failed to ensure that RSS2 received assistance with self-administration of six medications within a half hour after 8:00 AM as documented on the MAR dated February 28, 2014.</p> <p>According to the "Guidelines for AWSAM (assistance with self-administration of medications)" the "Facility must ensure that medications given by DCPs are within ½ hour before or ½ hour after time documented on MAR."</p> <p>These findings were reviewed on 2/28/14 with E1 (Executive Director), E2 (Regional nurse) and E4 (Health and Wellness Coordinator).</p> <p>Services</p> <p>The assisted living facility shall ensure that:</p> <p>Food service complies with the Delaware Food Code</p> <p>This requirement is not met as evidenced by:</p>	<p>Medication 3.</p> <p>A. One resident was affected by this deficient practice.</p> <p>B. Residents on the second floor have the potential to be affected.</p> <p>C. The HWD or designee will review the medication pass guidelines for AWSAMS with E3 and all appropriate staff to include timeliness of the medication passes. The HWD or designee will review the 2nd floor MARs to verify that the AWSAM can complete the pass within the required time period.</p> <p>D. The HWD or designee will audit AWSAM E3's medication pass weekly for the first four weeks. Once 100 % compliant, the HWD or designee will conduct quarterly medication pass audits to verify compliance.</p>
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<p>16 Del., C., Chapter 11, Subchapter II, §1121.</p>	<p>Based on observations and interviews during the tour of the kitchen on 2/19/2014, it was determined that the facility failed to comply with section 6-501.12 (A) and 6-501.110 (B) of the State of Delaware Food Code.</p> <p>6-501.12 Cleaning, Frequency and Restrictions.</p> <p>(A) Physical facilities shall be cleaned as often as necessary to keep them clean.</p> <p>1. Observations at 10:07 AM of the wall mounted condiment rack revealed food spills on the horizontal shelf. E50 (lead cook) confirmed the finding.</p> <p>6-501.110 Using Dressing Rooms and Lockers.</p> <p>(B) Lockers or other suitable facilities shall be used for the orderly storage of employee clothing and other possessions.</p> <p>1. Observations at 10:03 AM of the dry food storage room revealed two articles of personal clothing were stored in the room. E50 stated that the personal clothing should have been stored in the provided staff lockers.</p> <p>Rights of Patients</p> <p>It is the intent of the General Assembly, and the purpose of this section, to promote the interest and well-being of the patients and residents in sanatoria, rest homes, nursing homes, boarding homes and related institutions. It is declared to be the public policy of this state that the interests of the patient shall be protected</p>	<p>3225.12.1.3 Services, Food</p> <p>6-501.12</p> <p>A. The area affected was a condiment rack.</p> <p>B. The shelf was immediately cleaned by the Dietary Services Manager at time of survey.</p> <p>C. The Dining Service Manager is creating a new cleaning schedule for the kitchen to be instituted by April 15th 2014. Current dietary staff participated in the cleaning of the kitchen to create a baseline for all areas.</p> <p>D. The new cleaning schedule will include daily, weekly and monthly routine cleanings. The Executive Director or designee will monitor on a monthly basis to verify compliance.</p> <p>6-501.110</p> <p>A.No resident was affected by this practice.</p> <p>B. All residents have the potential to be affected by this practice.</p> <p>C. Personal items were removed from the dry storage area at the time of the inspection. All appropriate staff have received reminders to utilize the lockers in the associate break room for storage of personal items.</p> <p>D. The Dietary Services Manager or designee will monitor the dry storage area daily to verify compliance.</p>
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	<p>by a declaration of a patient's rights, and by requiring that all facilities treat their patients in accordance with such rights, which shall include but not be limited to the following:</p> <p>(24) Every patient and resident shall be free from verbal, physical or mental abuse, cruel and unusual punishment, involuntary seclusion, withholding of monetary allowance, withholding of food and deprivation of sleep. This requirement is not met as evidenced by:</p> <p>Based on review of the clinical record, review of facility documents and staff interview it was determined that the facility failed to ensure that one resident (R1) out of 12 sampled was free from an incident of substantiated abuse. Findings include:</p> <p>Review of a facility incident report dated 2/1/2014 and timed 9:16 PM revealed "E5 (Certified Nurse's Aide/CNA) entered R1's room and found his wheelchair tied to the bed frame with Oxygen tubing. When E5 asked E6 (licensed staff member) about it, E6 admitted to tying the wheelchair so that R1 wouldn't wander while she (E6) did (medication) pass."</p> <p>Further review of the facility report also revealed that E6 was promptly removed from "clinical duties pending an investigation" of the incident. Review of a documented interview dated 2/1/2014 and obtained during the investigative process of the above referenced incident revealed that E6 confirmed she "tied R1's bottom of wheelchair to bottom of bed post". As a result of this substantiation of abuse directed toward R1 on 2/1/2014, E6 was</p>	<p>Rights of Patients Del Chapter 11, Subchapter II: 1121</p> <p>A. One resident was affected by this practice.</p> <p>B. All residents have the potential to be affected by this practice.</p> <p>C. Employee E6 was immediately suspended. Upon the conclusion of our internal investigation, the employee was terminated.</p> <p>D. The community's training on abuse, neglect, and exploitation will be provided to all active employees by April 20, 2014. The Executive director or designee will verify that newly hired employees receive this training prior to direct contact with residents. Further, the community's training on abuse, neglect, and exploitation is conducted annually for active employees. The Executive Director or designee will quiz 5 employees weekly for one month on the community's policy on abuse, neglect, and exploitation. If 100% compliant, the Executive Director or designee will conduct monthly quizzes thereafter to verify compliance by May 4, 2014.</p>
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	<p>terminated from facility employment.</p> <p>These findings were reviewed and confirmed on 2/28/14 by E1 (executive director), E2 (regional nurse) and E4 (health and wellness coordinator) on 2/28/2014.</p>	