



**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

Page 1 of 7

NAME OF FACILITY: Ingleside Assisted Living

DATE SURVEY COMPLETED: June 11, 2012

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
---------	--	--

<p>3225.8.0 3225.8.1</p>	<p>An annual and complaint survey was conducted at this facility beginning June 5, 2012 and ending June 11, 2012. The facility census on the entrance day of the survey was 49 residents. The survey sample was composed of 10 residents and included 5 selected residents and an additional subset of 5 residents. The survey process included observations, interviews and review of resident clinical records, facility documents and facility policies and procedures.</p> <p>Medication Management</p> <p>An assisted living facility shall establish and adhere to written medication policies and procedures which shall address:</p>	<p>3225.8.1.4</p> <ol style="list-style-type: none"> 1. Unable to correct deficient practice for Resident #2 and Resident #SS1. Unable to retroactively change the timeframe medications were administered. 2. All Residents have the potential to be affected by this deficient practice. 3. System changes: <ul style="list-style-type: none"> • The DON shall in-service licensed nursing staff on the Standards of Nursing Practice Acts by July 31, 2012.
<p>3225.8.1.4</p>	<p>Administration of medication, self-administration of medication, assistance with self-administration of medication, and medication management by an adult family member/support person.</p> <p>This requirement is not met as evidenced by:</p> <p>Based on observation of medication administration, staff-interviews and review of facility documents it was determined that the facility failed to ensure that three residents (Resident #2, Resident #SS1, and Resident #SS2) out of 10 sampled received medications within one hour of the scheduled time of administration. Findings include:</p> <ol style="list-style-type: none"> 1. Observations of medication administration conducted on 6/6/2012 	<p>4. Impact of the system changes:</p> <ul style="list-style-type: none"> • The DON shall observe and monitor 3 consecutive medication passes of licensed nursing staff by July 31, 2012. • The evaluation data and any follow-up shall be forwarded to the ED within 5 business days of the observation. • All audit information will be forwarded to QI via the ED. The Executive Director will evaluate the information and present it to the QI committee. • Upon review of the audits, the QI committee will determine any need for further tracking.

Provider's Signature *Heith G. Raska* Title *Executive Dir.* Date *07-25-12*



**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

Page 2 of 7

NAME OF FACILITY: Ingleside Assisted Living

DATE SURVEY COMPLETED: June 11, 2012

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
	<p>revealed that Resident #2 received two medications, Levetiraceta tablet, 500mg, 1 tablet by mouth twice a day and Resperidone 0.25mg tablet, 1 tablet by mouth three times a day, at approximately 3:45 PM. However review of the MAR dated June 2012 (and physician orders) revealed that each of the above referenced medications was scheduled for administration at 5:00 PM.</p> <p>The facility failed to ensure that Resident #2 received two prescribed medications scheduled for administration at 5:00 PM. These findings were reviewed with E1 (executive director) and E2 (RN/DON) on 6/11/2012.</p>	<p>3225.8.8.1</p> <ol style="list-style-type: none"> 1. On 6/12/12, the physician was notified for Resident #SS3 and the medication was not administered until the physician and staff confirmed that Vitamin D is no longer in existence and Vitamin D3 is the only kind of this vitamin. It was rectified 7/11/12 with a new order and a prescription. Resident #SS5's physician was notified and script was requested for routine order of Tylenol. 2. All Residents have the potential to be affected by this deficient practice. 3. System changes: <ul style="list-style-type: none"> • The DON shall in-service all licensed nursing staff on Ingleside Assisted Living medication administration policy by July 31, 2012.
	<p>2. Observation of medication administration on 6/6/2012 revealed that Resident #SS1 received a prescribed medication, Acetaminophen 325mg tablet, 2 tablets by mouth three times a day, at a time earlier than the scheduled hour of administration as indicated by the MAR (medication administration record) dated June 2012.</p> <p>Although review of the MAR dated June 2012 revealed the above referenced medication was scheduled for administration at 5:00 PM, E3 (assigned licensed staff member) proceeded to pour then administer the medication to Resident #SS1 at 3:40 PM. The facility failed to ensure that Resident #SS1 received a prescribed medication scheduled for administration at 5:00 PM.</p> <p>This finding was reviewed with E1 (executive director) and E2 (RN/DON) on 6/11/2012.</p> <p>3. Observation of medication</p>	<ol style="list-style-type: none"> 4. Impact of the system changes <ul style="list-style-type: none"> • The DON shall observe and monitor 3 consecutive medication passes of licensed personnel by July 31, 2012. • The evaluation data and any follow-up shall be forwarded to the ED within 5 business days of the observation. • All audit information will be forwarded to QI via the ED. The Executive Director will evaluate the information and present it to the QI committee. • Upon review of the audits, the QI committee will determine any need for further tracking.



**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

Page 3 of 7

NAME OF FACILITY: Ingleside Assisted Living

DATE SURVEY COMPLETED: June 11, 2012

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
	<p>administration on 6/6/2012 revealed that Resident #SS2 received a prescribed medication, Metoprolol Tartrate 25mg tablet, 1 tablet by mouth twice a day, earlier than the scheduled hour of administration of 5:00 PM as indicated by the MAR dated June 2012.</p> <p>At approximately 3:40 PM E3 (assigned licensed staff member) was observed pouring then administering the above referenced medication to Resident #SS2. The facility failed to ensure that Resident #SS2 received a prescribed medication scheduled for administration at 5:00 PM.</p> <p>This finding was reviewed with E1 (executive director) and E2 (RN/DON) on 6/11/2012.</p>	<p>3225.8.8.2</p> <ol style="list-style-type: none"> 1. Unable to correct deficient practice for Resident #SS4. Unable to retroactively correct. 2. All Residents have the potential to be affected by this deficient practice. 3. System changes: <ul style="list-style-type: none"> • The DON shall in-service all licensed personnel on the Ingleside Assisted Living medication policy by July 31, 2012. 4. Impact of the system changes <ul style="list-style-type: none"> • The DON shall observe and monitor 3 consecutive medication passes of licensed personnel by July 31, 2012. • The evaluation data and any follow-up shall be forwarded to the ED within 5 business days of the observation. • All audit information will be forwarded to QI via the ED. The Executive Director will evaluate the information and present it to the QI committee. • Upon review of the audits, the QI committee will determine any need for further tracking.
<p>3225.8.8</p> <p>3225.8.8.1</p>	<p>Concurrently with all UAI-based assessments, the assisted living facility shall arrange for an onsite medication review by a registered nurse, for residents who need assistance with self administration or staff administration of medication, to ensure that:</p> <p>Medications are properly labeled, stored and maintained;</p> <p>This requirement is not met as evidenced by:</p> <p>Based on observations of medication administration, staff interviews and review of facility documents it was determined that the facility failed to ensure that two medications were properly labeled and maintained for two residents (Resident #SS3 and Resident #SS5) out of 10 sampled. Findings include:</p> <p>1. Observation of medication</p>	<p>• The DON shall observe and monitor 3 consecutive medication passes of licensed personnel by July 31, 2012.</p> <p>• The evaluation data and any follow-up shall be forwarded to the ED within 5 business days of the observation.</p> <p>• All audit information will be forwarded to QI via the ED. The Executive Director will evaluate the information and present it to the QI committee.</p> <p>• Upon review of the audits, the QI committee will determine any need for further tracking.</p>



NAME OF FACILITY: Ingleside Assisted Living

DATE SURVEY COMPLETED: June 11, 2012

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
	<p>administration conducted on 6/6/2012 revealed inconsistency in the labeling of a medication prescribed for Resident #SS3 and the MAR (medication administration record) dated June 2012. The label of the prescribed medication read "Calcium Citrate 500mg, Vitamin D3, Magnesium and Zinc, D3=800 IU (international unit)". However the physician order and the MAR dated June 2012 read "Calcium w/D 500mg/400 IU, one tablet by mouth daily". This finding was confirmed by E3 (assigned licensed staff member).</p> <p>Observations also revealed that Resident #SS3 was administered the above referenced medication despite inconsistency between the medication label and the MAR dated 2012. The facility failed to ensure that a medication prescribed by the physician was properly labeled and maintained for Resident #SS3. This finding was reviewed with E1 (executive director) and E2 (RN/DON) on 6/11/2012.</p>	<p>6-501.11</p> <ol style="list-style-type: none"> 1. Wall next to emergency door exit was repaired on 06-14-12. Wall was inspected by ED to verify repair on 06-15-12. 2. The entire facility has the potential to be affected by this deficient practice. 3. System changes: <ul style="list-style-type: none"> • Kitchen walls were inspected for any disrepair and no other areas were identified on 06-14-12. • Checking for penetrations in the kitchen walls was added to checklist used for monthly environmental rounds. • Any penetrations identified will be repaired as soon as possible.
	<p>2. During observation of medication administration conducted on 6/6/2012 inconsistency was revealed between the label of a medication prescribed for Resident #SS5 and the transcribed order of the MAR dated June 2012. Initial observation revealed that the medication label read "Acetaminophen 325mg tablet, 2 tablets (650mg) by mouth every 4 hours as needed". However the physician order transcribed to the MAR dated June 2012 read "Acetaminophen 325mg tablet, 1 tablet by mouth three times a day". In an interview with E3 (assigned licensed staff member) on 6/6/2012 she confirmed that the single blister pack was used for the administration of Acetaminophen dosages ordered three times a day and dosages</p>	<ol style="list-style-type: none"> 4. Impact of the system changes <ul style="list-style-type: none"> • Successful system changes shall result in absence of penetrations in the kitchen walls. • The evaluation data and any follow-up shall be forwarded to the ED within 5 business days of the observation. • Success = 3 months in row at 100%. • All audit information will be forwarded to QI via the ED. The Executive Director will evaluate the information and present it to the QI committee. • Upon review of the audits, the QI committee will determine any need for further tracking.



**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: Ingleside Assisted Living

DATE SURVEY COMPLETED: June 11, 2012

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
3225.8.8.2	<p>ordered on an as needed basis.</p> <p>Observations further revealed that Resident #SS5 was administered the above referenced medication on 6/6/2012 after it was poured and despite inconsistency between the medication label and the MAR dated June 2012. The facility failed to ensure that a medication prescribed by the physician was properly labeled and maintained for Resident #SS5.</p> <p>This finding was reviewed with E1 (executive director) and E2 (RN/DON) on 6/11/2012.</p> <p>Each resident receives the medications that have been specifically prescribed in the manner that has been ordered;</p>	
	<p>This requirement is not met as evidenced by:</p> <p>Based on observations, interviews and review of facility documents it was determined that the facility failed to ensure that one resident (Resident #SS4) out of 10 sampled received a prescribed medication as ordered. Findings include:</p> <p>During review of the MAR dated 6/6/2012 an observation of the MAR dated June 2012 revealed that Resident #SS4 was scheduled to receive a second dose of "Aprazolam 0.5mg tablet, 1 tab by mouth twice a day" at 5:00 PM. However E3 (assigned licensed staff member) stated that the second dose of the above referenced medication was scheduled for administration at a later hour during the evening shift and not 5:00 PM. Observation of the administration of medication revealed that E3 (assigned licensed staff member) administered one</p>	



**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

Page 6 of 7

NAME OF FACILITY: Ingleside Assisted Living

DATE SURVEY COMPLETED: June 11, 2012

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
---------	--	--

	<p>of two medications to Resident #SS4 that was scheduled for administration at 5:00 PM.</p> <p>Further review of the MAR dated June 2012 revealed that documentation of the 5:00 PM administration of Aprozalam had occurred with regularity and without documentation of administration at a later hour on the evening shift between June 1, 2012 and June 5, 2012. Additionally review of the facility physician order form dated June 2012 revealed that an order "Aprazolam 0.5mg tablet, one tab by mouth twice a day" was scheduled for administration at 9:00 AM and 5:00 PM. The facility failed to ensure that Resident #SS4 was administered a medication as prescribed by the physician.</p>	
<p>3225.12.0</p> <p>3225.12.1</p> <p>3225.12.1.3</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>Based on observations during the tour of the kitchen with the Chef Manager on 6/6/2012, it was determined that the facility failed to comply with section 6-501.11 of the State of Delaware Food Code.</p> <p>6-5 Maintenance and operation</p>	



**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: Ingleside Assisted Living

DATE SURVEY COMPLETED: June 11, 2012

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
	<p>6-501 Premises, structures, attachments, and fixtures – methods</p> <p>6-501.11 Repairing</p> <p>The physical facilities shall be maintained in good repair.</p> <p>Observations on tour of the kitchen with E50 (Chef Manager) at 8:17 AM revealed that the wall next to an emergency door exit was damaged. Length of the damage was approximately one foot. E50 stated that the wall was damaged by a mobile cart.</p>	