

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

PRINTED: 06/15/2012
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085053 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 05/21/2012 |
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| NAME OF PROVIDER OR SUPPLIER CADBURY AT LEWES | STREET ADDRESS, CITY, STATE, ZIP CODE 17028 CADBURY CIRCLE LEWES, DE 19958 |
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| (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 |
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| F 000 | INITIAL COMMENTS An unannounced complaint survey was conducted at this facility from May 16, 2012 through May 21, 2012. The deficiencies cited in this report are based on observations, record review and staff interviews. The census the first day of survey was 40. The sample size included one active record and two closed records. | F 000 | | |
| F 329 SS=D | 483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above. Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs. This REQUIREMENT is not met as evidenced | F 329 | 1. With respect to resident R2, the facility is unable to retro-actively do a corrective action for the Behavior/ Intervention Monthly Flow Record (BIMFR); for the dates of 4/29/12 and 5/6/12. As of May 13, 2012, per re-admission, the BIMFR was put in place and maintained for R2 (Attachment A). 2. All residents on anti-anxiety agents, anti-depressants, antipsychotics, sedatives/hypnotics are at risk of not having a BIMFR. Audits completed on 5/21/12 on all residents on anti-anxiety agents, anti-depressants, antipsychotics, sedatives/hypnotics and all have the BIMFR in place (Attachment B). | 5/13/12 5/21/12 |

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Carol [Signature]</i> | TITLE <i>Account Executive Director</i> | (X6) DATE <i>6/21/12</i> |
|---|--|-----------------------------|

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 329 | Continued From page 2 PM. | F 329 | | |
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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: Cadbury at Lewes

DATE SURVEY COMPLETED: May 21, 2012

| SECTION | STATEMENT OF DEFICIENCIES Specific Deficiencies | ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED |
|---------------------------------------|--|---|
| <p>3201 3201.1.0 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 16, 2012 through May 21, 2012. The deficiencies cited in this report are based on observations, record review and staff interviews. The census the first day of survey was 40. The sample size included one active record and two closed records.</p> <p>Skilled and Intermediate Care Nursing 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 report date completed 5/21/12, F329.</p> | <ol style="list-style-type: none"> 1. With respect to resident R2, the facility is unable to retro-actively do a corrective action for the Behavior/ Intervention Monthly Flow Record (BIMFR); for the dates of 4/29/12 and 5/6/12. As of May 13, 2012, per re-admission, the BIMFR was put in place and maintained for R2 (Attachment A). 5/13/12 2. All residents on anti-anxiety agents, anti-depressants, antipsychotics, sedatives/hypnotics are at risk of not having a BIMFR. Audits completed on 5/21/12 on all residents on anti-anxiety agents, anti-depressants, antipsychotics, sedatives/hypnotics and all have the BIMFR in place (Attachment B). 5/21/12 3. The BIMFR was added to Admission Cheat Sheet #10. "Ascertain if the resident is on any psychotropic medication (anti-anxiety, anti-depressants, anti-psychotics, hypnotics, etc.). If they are, fill out a behavior flow sheet and a side effect flow sheet and place on MAR. Notify staff of tracking forms." (Attachment C - Revised Admission Cheat Sheet) (Attachment D - Revised Admission Checklist) A nurses meeting was held on the BIMFR for nurses on 5/31/12 and 6/1/12 to inservice on the revised Admission Cheat Sheet and revised Admission Checklist. (Attachment E - Nurses Meeting Agenda) (Attachment F - Revised Admission Cheat Sheet) (Attachment G - Revised Admission Checklist) (Attachment H - Nurses Sign-In Sheets) 7/6/12 4. Monthly review/audit will be reviewed on all residents on psychotropic medications and reported to Quarterly QI (Attachment I). 8/1/12 |

Provider's Signature

Title

Assistant Executive Director

Date

6/21/12