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

PRINTED: 01/24/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085054	A. BUILDING _____ B. WING _____	C 01/10/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CADIA REHABILITATION PIKE CREEK	3540 THREE LITTLE BAKERS BLVD WILMINGTON, DE 19808

(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	INITIAL COMMENTS An unannounced complaint survey was conducted at this facility from January 2, 2014 through January 10, 2014. The deficiencies contained in this report are based on interviews, review of the clinical records and other documentation as indicated. The facility census the first day of the survey was 122. The survey sample included (3) three active records and (3) closed records.	F 000		
F 309 SS=G	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.	F 309		
	This REQUIREMENT is not met as evidenced by: Based on record review, interviews and review of other documentation as indicated, it was determined that the facility failed to provide 1 (R3) out of 6 sampled residents with the necessary care and services to maintain their highest practicable physical, mental and psychosocial well-being. On 7/1/13, R3 developed a change in condition with respiratory symptoms (increased heart rate (HR), blood pressure (BP) and wheezing) at 2:20 PM. R3's condition worsened significantly over an approximate 2 ½ hour period when 911 was called. The facility failed to consistently monitor and assess R3's breathing, lung sounds, skin color and vital signs (BP, HR,		Preparation and/or execution of this Plan of Correction does not constitute admission or agreement of the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provisions of federal and state law. A. R3 was discharged from the facility 7/1/14 . B. All residents have the potential to be affected by this deficient practice.	3/10/2014

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

Administrator

Submitted: 1-31-14
Revised: 2-7-14

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085054	A. BUILDING _____ B. WING _____	C 01/10/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CADIA REHABILITATION PIKE CREEK	3540 THREE LITTLE BAKERS BLVD WILMINGTON, DE 19808

(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 309	Continued From page 1 and RR- respiratory rate) including PO2 (pulse oximetry- measures blood oxygen saturation levels; desired range is 94-100%) and they failed to recognize changes in respiratory status. Facility staff failed to provide a systematic hand off of R3 to the medics when they arrived. R3 was hospitalized with acute respiratory failure (condition that occurs when fluids build up in air sacs of lungs and then lungs are unable to release oxygen into the blood/organs) and congestive heart failure (CHF- heart unable to pump enough blood to meet the body's needs). Findings include: R3 was admitted to the facility on 6/13/13 for short term rehabilitation after hospitalization for a stroke (condition involving reduced blood supply to the brain usually from a blood clot or hemorrhage) with left sided weakness. R3 also had a history of diabetes (disease where blood sugar levels are too high), cardiac bypass surgery (for blocked/narrowed arteries) and atrial fibrillation (irregular heart rate). Review of R3's care plan for "alteration in cardiac status- related to atrial fibrillation", dated 6/13/13, listed interventions to "assess heart rate if any s/s (signs and symptoms) of c/p (chest pain), heart fluttering or SOB (shortness of breath)/dizziness." Another care plan, dated 6/13/13 for "potential for complications r/t (related to) hypertension (high blood pressure) disease process, stroke" listed interventions to "assess s/s of decreased cardiac output (the volume of blood pumped by the heart per minute)-tachycardia (abnormally fast heart rate), tachypnea (abnormally rapid breathing), cough, crackles (rales-abnormal lung sounds), hypoxia (deficiency in amount of oxygen reaching body tissues), edema (retained fluid in	F 309	C. 1. A rapid response team will be developed .The RRT will consist of a multi-disciplinary team(Nursing, Respiratory NP/ MD if in facility). The RRT will respond to an identified change in residents condition and will assist in the timely clinical interventions and transition to a higher level of care if needed . The Medical director working with the DON/ designee will develop a set of standard protocols to utilize for a Rapid Response Occurrence and a documentation form for assessments and treatment provided the nursing and respiratory staff will be inserviced on the protocols and the documentation forms. Until the RRT is complete , the facility will conduct daily shift huddles to remind nurses that if a patient presents with respiratory difficulty they are to page the supervisor and respiratory therapist "STAT". The nursing supervisor will contact the physician, medical director or initiate "911 services" if the condition warrants 2. a. The nursing staff will be instructed on respiratory assessments, with emphasis on signs and symptoms and monitoring for respiratory distress. Alert charting and documentation standards will be reviewed. 3.. The use of the RRT , enhanced	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085054	A. BUILDING _____ B. WING _____	C 01/10/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CADIA REHABILITATION PIKE CREEK	3540 THREE LITTLE BAKERS BLVD WILMINGTON, DE 19808

(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 309	Continued From page 2 tissues causing swelling), increased anxiety (general term for several disorders that cause nervousness, fear, apprehension and worrying), etc and report any s/s to MD." A 14 day Minimum Data Set (MDS) assessment, dated 6/26/13, listed R3 as able to make own decisions. He was independent in wheeling himself around the facility in his wheelchair. On 6/30/13 at 12:28 PM R3's skilled daily assessment listed the following: temperature (T) 97.8 degrees F (Fahrenheit); HR 97; RR 18; BP 118/78; PO2 96% (normal 96-100%) on room air (without additional oxygen). R3's lungs were clear (normal). A nurse's note dated 7/1/13 and timed 8:01 AM stated, "Resident is alert and oriented x (times) 3 (to person, place and time) Pt (patient) was noted with elevated blood sugar 299 at 0600 (6 AM) NP (nurse practitioner) made aware...". An untimed progress note, dated 7/1/13, written by E3 (NP- nurse practitioner) stated, "Asked to see pt for elevated blood sugar... this AM... states sugar has never been this high. Reports feeling dizzy and out of breath c (with) AM care today. At time of exam pt states he feels better. 0 (no) dizziness...". Vital signs were listed as: T 97.0 F; HR 74; RR 16; BP 118/68 (all within normal limits). R3's lungs were clear. Review of R3's July MAR (medication administration record) revealed that Lasix (medication to rid the body of excess fluid) 20 mg (milligrams) po (by mouth) was given on 7/1/13 at 3:50 PM.	F 309	assessment skills and improvement in documentation will: • Provide a standard ized means of assessment and documentation(per new forms and protocols) • Utilize a mullti- disciplinary assessment and monitoring approach • Improve on the technique and documentation to communicate information during transitions of care D. The DON or designee will review 100% of patients on alert charting for assessment, monitoring and MD notification of changes . Theses audits will be conducted daily until there is 100% compliance for 3 days in a row, then the audits will be conducted 3 times a week until there is 100% compliance x 3 weeks in a row. Then the audits will be conducted weekly until there is 100% compliance x4 weeks . Audits will then be conducted monthly . All results will be brought to the QAA committee monthly	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085054	A. BUILDING _____ B. WING _____	C 01/10/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CADIA REHABILITATION PIKE CREEK	3540 THREE LITTLE BAKERS BLVD WILMINGTON, DE 19808

(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 309	Continued From page 3 At 4:06 PM telephone orders were received from E3 (NP) for "STAT (immediate) BMP (basic metabolic panel)/ CBC (complete blood count-blood tests), STAT CXR (chest x-ray) r/t (related to) SOB (shortness of breath), STAT u/a c/s (urinalysis and culture/sensitivity), STAT Lasix 10 mg po now." These orders were written after the Lasix was given at 3:50 PM. The facility failed to administer the 10 mg. dosage of Lasix ordered; and instead gave 20 mg although 10 mg was ordered. A nurse's note, dated 7/1/13 and timed 4:11 PM, listed R3's vital signs as T 99.0 F; HR 114; RR 22; BP 151/91; PO2 96%. The note stated, "... Participating in therapy services. A&O (alert and oriented) x 3... Resident c/o (complained of) SOB and not feeling well... Lungs with expiratory (upon exhalation) wheeze. MD (medical doctor) called at 1515 (3:15 PM); awaiting call back...". This nurse's note was written after the MD was called. A nurse's note dated 7/1/13 and timed 4:21 PM stated, "New orders; Resident c/o SOB (name of physician) called new orders were stat cbc/bmp/ua/c&s stat CXR... (name of unit manager) spoke with daughter...". This note referenced physician orders timed 4:06 PM which were written after Lasix was administered at 3:50 PM) and the note was incorrect. Facility staff stated the physician called in the orders; they were called in by E3 (NP). The Lasix given at 3:50 PM was the only Lasix ordered and administered by the facility. At 4:46 PM an order was written to send R3 to the hospital for evaluation and treatment. The order did not say who it was from (NP or MD).	F 309		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085054	A. BUILDING _____ B. WING _____	C 01/10/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CADIA REHABILITATION PIKE CREEK	3540 THREE LITTLE BAKERS BLVD WILMINGTON, DE 19808

(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 309	Continued From page 4 Review of the BLS (basic life support) Prehospital Care Report revealed that the ambulance was dispatched at 4:44 PM on 7/1/13 and they entered R3's room at 4:48 PM. Vital signs by BLS upon arrival were: HR 112; RR 32; BP 180/100; PO2 92% on room air. BLS wrote, " Dispatched... for... difficulty breathing... Arrived on scene to find... (resident) conscious and alert, having obvious signs of troubled breathing with belly breathing and wheezing. PT (patient) was on room air and stated that difficulty breathing began earlier in the day. PT stated staff denied giving oxygen stating that PT's (patients) pulse ox (PO2) reading was within acceptable limits. PT was noted to have wheezing with rhales (sic). PT was placed on O2 (oxygen) @ (at) 15 lpm (liters per minute) via non-rebreather (mask). " At 4:54 PM an ALS (advanced life support) ambulance crew arrived. Vital signs at 5 PM were: HR 116- RR 32- BP 180/90- PO2 94% on high concentration... ALS wrote in their Prehospital Care Report "... Found pt (patient) in bed. Pt stated he had been short of breath increasing all day. Pt had room air saturation (PO2) of 92% with both rales and wheezing. Pt had accessory muscle use... pale and diaphoretic (profuse sweating)... hypertensive and tachycardic... no prior history of CHF (congestive heart failure- heart unable to pump enough blood to meet the body's needs. Found history of CHF in hospital records after R3 was sent out) but nursing staff... got order today of 40 mg of Lasix and administered it (the physician order stated to give 10 mg and the facility documented they gave 20 mg)... pulmonary edema protocol was followed... oxygen saturation (PO2) increased to 98% and patient stated he felt some relief... breathing still remained labored and faster than	F 309		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085054	A. BUILDING _____ B. WING _____	C 01/10/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CADIA REHABILITATION PIKE CREEK	3540 THREE LITTLE BAKERS BLVD WILMINGTON, DE 19808

(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 309	Continued From page 5 normal." ALS gave R3 an Albuterol (medication used to open airways to make it easier to breathe) nebulizer treatment (changes liquid medication into fine mist to breathe medication directly into lungs) at 5:04 PM which improved R3's breathing. BLS and ALS left the facility at 5:07 PM. A nurse's note, dated 7/1/13 and timed 5:30 PM (after R3 was sent to hospital) stated, "Resident received having SOB, labored breathing with sig (significant abd (abdominal) retractions. Wheezing heard on b/l (bilateral- both sides) lungs. BP 170/100; P (HR) 120; T 99.2; R (RR) 32; sPO2 (same as PO2)= 89-92%. MD [Medical Director] paged with new order to send resident to ER (emergency room) for eval (evaluation). Daoughter (sic) with patient and accompanied patient to ER." A nurse's note dated 7/2/13 and timed 3:42 PM stated, "Late entry for 7/1/13: Resident stated he had felt SOB when getting dressed in the morning but that it was normal for him. After sitting for a few minutes, he felt fine. His blood sugar per report from 11-7 nurse was 299. Resident stated he had never had one that high... proceeded to participate with therapy services. Blood sugar was checked again at 1150 prior to lunch and was 180... stated he felt okay at that time. After lunch, approximately 1420 (2:20 PM) unit manager informed me of resident's increased (sic) in BP of 151/91 & HR of 114... also had mild temp of 99.0... lungs where (sic) noted to have expiratory wheeze. Unit manager then made call to MD on call service." The vital signs and assessment at 2:20 PM on 7/1/13 were the same ones that were listed in the nurse's note dated 7/1/13 and timed 4:21 PM.	F 309		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085054	A. BUILDING _____ B. WING _____	C 01/10/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CADIA REHABILITATION PIKE CREEK	3540 THREE LITTLE BAKERS BLVD WILMINGTON, DE 19808

(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 309	Continued From page 6 A review of R3's vital signs from admission to the facility (6/13/13) through 7/1/13 by the facility revealed the following: T- 99.2 on 7/1 was the highest (usually 97-98) HR- 120 on 7/1 was the highest (varied from 64-104) RR- 32 on 7/1 was the highest (usually 18-20) BP- 170/100 was the highest (varied from 98/73 to 142/89) PO2- 89% was the lowest (usually 96-98% on room air) A practice standard for medics entitled, Clinical Practice Procedures Version 1-September 2011 (<http://ambulance.qld.gov.au/docs/03_cpp_assessment_300812.pdf>), stated, "... Perfusion is the ability of the cardiovascular system to supply the body tissues with an adequate blood supply to meet their functional demands... Early vital sign assessment is crucial... to patient care, which considers perfusion as a time critical determinant of management... Vital signs- assess respirations for rate, rhythm and effort... inadequate perfusion- skin: cool, pale, clammy; Pulse: < (less than) 50 bpm (beats per minute) or > (greater than) 100 bpm ... grossly inadequate perfusion- ... Pulse > 120... lowest criterion determines the overall perfusion status... Respiratory Distress- ... Distressed, anxious, struggling to breathe, exhausted... Ventilatory rate (RR)... > 18... Ventilatory effort... Marked chest movement, use of accessory muscles... Skin... Pale and sweaty... Pulse rate (HR)... Tachycardia (normal HR 60-80)... Breath sounds... Bronchospasm: wheeze... crackles with possible wheeze... SPO2 (PO2)... usually 94-100%... Pulse oximetry is not a complete measure of respiratory or circulatory sufficiency."	F 309		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085054	A. BUILDING _____ B. WING _____	C 01/10/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CADIA REHABILITATION PIKE CREEK	3540 THREE LITTLE BAKERS BLVD WILMINGTON, DE 19808

(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 309	Continued From page 7 Record review indicated that R3 had inadequate perfusion and that ongoing monitoring of vital signs, including PO2 and thorough resident assessments were lacking. The record revealed that R3 had vital signs done on 7/1/13 at 2:20 PM and then around 4:40 PM before 911 was called. ER physician notes dated 7/1/13 and timed 6:05 PM stated that R3 received Lasix 40 mg (milligrams) intravenously (through the vein), oxygen, an albuterol nebulizer treatment and 1 inch of nitropaste (medication used to increase blood supply to heart) by ALS prior to arrival. Vital signs were listed as: HR 132; RR 30; BP 162/90; PO2 100% on nebulizer treatment. R3 remained SOB at this time. A cardiology consultation done in the hospital on 7/2/13 stated, "... clearly has a significant component of congestive heart failure... exam is consistent with this... will be treated for probable aspiration pneumonia (inflammation of lungs and bronchial tubes by inhaling foreign matter such as food or vomit- leads to bacterial infection) as well but CXR (chest x-ray) unrevealing in this regard...". A hospital physician progress note, dated 7/4/13, stated, "... Hypoxemic respiratory failure (insufficient oxygen for body tissues to function)- better..." R3 was discharged from the hospital to a different rehabilitation facility on 7/5/13. Review of an article entitled What Is Respiratory Failure? published by The National Institute of Health (<http://www.nhlbi.nih.gov/health-topics>), dated 12/19/11, stated, "... Acute respiratory failure can develop quickly and may require	F 309		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085054	A. BUILDING _____ B. WING _____	C 01/10/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CADIA REHABILITATION PIKE CREEK	3540 THREE LITTLE BAKERS BLVD WILMINGTON, DE 19808

(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 309	Continued From page 8 emergency treatment... Signs and symptoms... may include shortness of breath, rapid breathing, and air hunger (feeling like you can't breathe in enough air)... One of the main goals of treating respiratory failure is to get oxygen to your lungs and other organs... Acute respiratory failure usually is treated in an intensive care unit...". Despite R3's signs of acute respiratory failure and CHF in the facility, the facility failed to provide the main goal of getting oxygen into his lungs and other organs. There was no O2 administered in the facility until medics applied it. E2 (Director of Nursing) was interviewed on 1/7/14 at 2:15 PM. When asked if the facility had a policy for the application of O2 for symptomatic residents/ low PO2's, she stated, "no", that a physician order was needed. E2 stated that she and the Assistant Director of Nursing looked for a standard for this because of the events that took place on 7/1/13 for R3 and they were unable to find one. E2 further stated, "you and I know there should be one." When asked what to do when the facility does not get a return call from the physician in a timely manner, E2 stated that staff should call the Medical Director (E4) or "one of us" indicating herself. E2 stated she could have "justified" the use of O2 for R3 if she was called. E5 (Staff Development Nurse) was interviewed on 1/8/14 at 12:20 PM. Events of 7/1/13 were reviewed with E5 as she stated she was unfamiliar with R3. E5 confirmed she was unable to determine what dosage of Lasix R3 got on 7/1/13 because orders by E3 (NP) stated to give Lasix 10 mg, R3's MAR revealed that Lasix 20 mg was administered and paperwork from medics stated R3 received Lasix 40 mg. E5	F 309		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085054	A. BUILDING _____ B. WING _____	C 01/10/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CADIA REHABILITATION PIKE CREEK	3540 THREE LITTLE BAKERS BLVD WILMINGTON, DE 19808

(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 309	Continued From page 9 confirmed lack of assessments and monitoring of vital signs (including PO2) for R3, as well as lack of SBAR (situation, background, assessment and recommendation) charting which the facility was to implement when there was a change in resident status. E5 stated that a physician order was needed to initiate O2 (oxygen) and if the physician does not call back within a "few" minutes to follow the chain of command (requested copy of the chain of command for who to call in the event of a change in condition and the physician does not call back in a timely manner, but never received it) and call the Medical Director (E4) who was on call 24 hours a day. E5 stated she would have started O2 (oxygen) on R3 and sent him out, she would not have waited for an order, but would have gotten them afterwards. She further stated, "We don't just let them (residents) go down the tubes (continue to deteriorate)." E4 (Medical Director) was interviewed on 1/8/14 at 1:35 PM. E4 stated he did not know anything about R3 or the events that occurred on 7/1/13. After reviewing parts of R3's record and BLS and ALS documentation, E4 stated that the nurse's note, dated 7/1/13 and timed 4:11 PM, revealed that R3 was starting to decline. He stated O2 was not indicated at that time (vital signs in 4:11 PM note were the same ones documented at 2:20 PM; PO2 96%). E4 confirmed that R3 was "much more declined" in the 5:30 PM note (written after R3 was sent to ER) and stated, "I would hope" that the facility would have applied O2 with the respiratory distress R3 was in. E4 confirmed that the facility could have called respiratory therapy (the facility employs them around the clock) to assess/help and he stated if staff were unable to get a return phone call from the physician they	F 309		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085054	A. BUILDING _____ B. WING _____	C 01/10/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CADIA REHABILITATION PIKE CREEK	3540 THREE LITTLE BAKERS BLVD WILMINGTON, DE 19808

(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 309	Continued From page 10 can call him or E2 (Director of Nursing). E6 (RN-Registered Nurse) was interviewed on 1/8/14 at 2:30 PM. E6 reviewed documentation and confirmed she was the day shift nurse for R3 on 7/1/13. E6 stated she stayed late on 7/1/13 to write the 4:11 PM note. E6 confirmed she also wrote the late note written on 7/2/13. E6 stated that E10 (RN/Unit Manager) came to her and informed her that R3's T, HR and BP were elevated on 7/1/13 at 2:20 PM and that R3 had expiratory wheezing. E6 stated that E10 placed a call to the physician on call service at that time (no return call) and that R3 complained of SOB and not feeling well so she placed a second call to the physician on call service at 3:15 PM. It was unclear why there was lack of communication between staff caring for R3 when he was exhibiting respiratory wheezing. The facility failed to assess to evaluate what interventions were needed. E6 stated R3 was not in great distress at that time. E6 was asked what she would do if R3 was in respiratory distress as he was in the 5:30 PM note (labored breathing with significant abdominal retractions and PO2 89-92% on room air). E6 replied she would have placed him on O2 at 6 lpm via nasal cannula (nasal prongs) and if he was not better in 2 minutes she would have called 911 to have him sent to the ER. She stated she would tell the physician afterwards. When asked if she would leave a resident alone with respiratory distress as R3 was, she said "no" that she would "holler" for someone else to stay with the resident if she had to leave the room. E7 (RT-Respiratory Therapist) was interviewed on 1/9/14 at 11 AM. He confirmed that facility staff can call for an RT to help with any resident if needed. E7 stated that "tachycardia is the	F 309		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085054	A. BUILDING _____ B. WING _____	C 01/10/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CADIA REHABILITATION PIKE CREEK	3540 THREE LITTLE BAKERS BLVD WILMINGTON, DE 19808

(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 309	Continued From page 11	F 309		

hallmark of hypoxia." E7 stated that a physician order was needed for O2 because it was a medication, but O2 could be applied if there was an impending code blue (respiratory and/or cardiac arrest). When asked if R3 should have been on O2 prior to BLS arrival, E7 refused to answer. When asked if he thought R3 had potential to code after the events of the day reviewed he stated, "I don't know."

E3 (NP- Nurse Practitioner) was interviewed on 1/10/14 at 12 PM. After reviewing documentation, E3 recalled that she was at the nurse's station on the morning (did not recall time) of 7/1/13 when R3 wheeled himself up to her and stated he had mild SOB with morning care and that his blood sugar was high earlier in the AM. E3 stated that R3 " looked fine "when she saw him and then he left for therapy. E3 confirmed the orders timed 4:06PM on 7/1/13 were hers. When asked about the Lasix 10 mg and shown that 20 mg was documented in the MAR she stated that she usually orders 20-40 mg for resident's not already receiving Lasix (such as R3). E3 stated that R3 "clearly declined" after the 4:11 PM note, but she was unable to tell when it occurred. When asked if R3 should have had O2 implemented E3 stated it was hard to tell as she did not see him at that time, but "O2 at 2 liters would have been a comfort measure."

E2 (Director of Nursing) was interviewed on 1/10/14 at 1:30 PM. E2 stated that she recalled when making rounds on 7/1/13 at 4 or 4:30 PM that something was going on in R3's room. She stated that she saw either E8 (LPN assigned to resident on evening shift) or E10 (RN/Unit Manager) explaining tests that were ordered (Lasix administered at 3:50 PM and lab and CXR

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085054	A. BUILDING _____ B. WING _____	C 01/10/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CADIA REHABILITATION PIKE CREEK	3540 THREE LITTLE BAKERS BLVD WILMINGTON, DE 19808

(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 309	Continued From page 12 orders were received at the same time although written later). E2 stated that R3 was not in major distress at that time. RP (responsible party) was interviewed via telephone on 1/14/14 (post survey exit) at 3:55 PM. RP stated that she called R3 on 7/1/13 at approximately 9 AM and he sounded "winded" while either receiving or just finishing therapy (got both physical and occupational therapy- PT and OT). The 7/1/13 PT discharge summary stated that R3 was making progress and was discharged to the hospital. The 7/1/13 OT discharge summary stated R3 was discharged to the hospital with increased SOB (shortness of breath). RP stated about 1:30 PM R3 was wheeled out of therapy and was "clearly in distress". RP stated that R3 wanted to lay down afterwards. RP stated R3 continued to have difficulty breathing and did not feel well, but nothing was done until the 3-11 PM nurse (E8) came in and "took over." RP stated that E8 tried to apply O2 (described a nasal cannula) to R3, but E10 (RN/Unit Manager) "yelled at him" and told E8 that his PO2 was not low enough; it had to be < (less than) 90% (a nurse's note written by E8 on 7/1/13 timed 5:30 PM stated that R3's PO2 was 89-92%). RP stated that at this time R3 was pale, sweaty and "he couldn't breathe". RP stated she had her cell phone in her hand and stated to E10, "Are you going to call 911 or am I?" RP stated that E10 said he would call. RP stated that R3 did not get O2 (oxygen) until the medics applied it. RP stated that R3 was in intensive care in the hospital for 3-4 days before going to a regular room. He was discharged from the hospital to another rehabilitation facility. E8 (LPN) was interviewed on 1/15/14 (post	F 309		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	086054	A. BUILDING _____ B. WING _____	C 01/10/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CADIA REHABILITATION PIKE CREEK	3540 THREE LITTLE BAKERS BLVD WILMINGTON, DE 19808

(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 309	Continued From page 13 survey exit) at 11:27 AM. E8 confirmed he was the nurse assigned to R3 on the 3-11 PM shift on 7/1/13. E8 stated he usually got report from day shift about 3 or 3:30 PM. E8 did not recall who gave him report, but stated he first saw R3 with E10 (RN/Unit Manager) when he administered Lasix at 3:50 PM. E8 stated that E10 got the Lasix and he (E8) administered it. E8 stated R3 had "respiratory distress", but "not that many symptoms." E8 stated R3's lungs were initially clear (around 3:50 PM), but when he reassessed later R3 was "really struggling to breathe" and needed to be sent out (to ER). E8 stated R3's lungs were no longer clear (normal) so he told E9 (Nursing Supervisor) and E10 (Unit Manager) that they needed to call 911. E8 confirmed that E10 stopped him from applying O2 to R3 because his PO2 "wasn't low enough." E8 stated R3's PO2 was 92%. E8 stated his reassessment of R3 took place right before 911 was activated. E9 (Nurse Supervisor) was interviewed on 1/16/14 (post survey exit) at 9:30 AM. E9 confirmed she was the 3-11 PM supervisor on 7/1/13. E9 stated she recalled being told in report that a call had been made to the physician service for R3 and they were awaiting a call back. E9 did not recall who called, physician or NP, but stated she took the telephone orders. Did not recall if she wrote the Lasix order onto the MAR; stated she does sometimes. E9 stated she went with E8 (LPN) to evaluate after he gave Lasix (no documentation of this); unsure, but guessed about 20 minutes later as she stated that was how long it took Lasix to work. E9 stated that E8 came to her later and reported that R3's PO2 was 89%, so she went with him and used her own Pulse oximeter which revealed a PO2 of 92%. E9 confirmed R3's condition had "progressed", it was	F 309		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085054	A. BUILDING _____ B. WING _____	C 01/10/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CADIA REHABILITATION PIKE CREEK	3540 THREE LITTLE BAKERS BLVD WILMINGTON, DE 19808

(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 309	Continued From page 14 "worse." E9 stated that she called 911 and did the paperwork for R3's transfer. When asked if O2 was administered prior to the medics arrival, E9 stated that R3's PO2 was 92% which was "normal... only give O2 if PO2 90% or less." When asked if anyone from respiratory therapy was present, E9 stated she did not recall. R3's clinical record lacked ongoing assessments of R3 as he declined.	F 309		
F 501 SS=E	483.75(i) RESPONSIBILITIES OF MEDICAL DIRECTOR The facility must designate a physician to serve as medical director. The medical director is responsible for implementation of resident care policies; and the coordination of medical care in the facility. This REQUIREMENT is not met as evidenced by: Based on record review and interview it was determined that the Medical Director failed to coordinate medical care in the facility for one (R3) out of 6 sampled residents. On 7/1/13, R3 experienced severe respiratory distress that led to hospitalization. Facility staff did not get a return phone call from the physician's on call service in a timely fashion after calling twice for changes in R3's condition and the facility failed to notify the Medical Director so he could address and coordinate care for R3's medical concerns. Findings include: Cross refer F309	F 501	A. R3 was discharged from the facility 7/1/14 B. All residents have the potential to be impacted by this deficient practice. C. The Medical Director and DON will develop a protocol to guide staff decision making in regards to physician call back times when the resident has a change of condition. Staff will be educated to notify Supervisor , ADON or DON if unable to reach attending physician . The Supervisor on duty will attempt to contact the Medical Director for guidance or may initiate a 911 call if needed . The DON or designee will educate licensed nurses on documentation of change of condition including assessment, reassessment, Physician notification , treatment and management . Additionally education will be provided on physician call back protocol.	3/10/14

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085054	A. BUILDING _____ B. WING _____	C 01/10/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CADIA REHABILITATION PIKE CREEK	3540 THREE LITTLE BAKERS BLVD WILMINGTON, DE 19808

(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 501	Continued From page 15 Review of nurse's notes for R3 revealed that on 7/1/13 E10 (Registered Nurse/Unit Manager) placed a call to the on call physician service at 2:20 PM after changes in R3's condition were identified which included wheezing upon exhalation. During an interview with E6 (Registered Nurse) on 1/8/14 at 2:30 PM, she stated that she placed a second call to the physician on call service on 7/1/13 at 3:15 PM because R3 complained of shortness of breath and not feeling well. E6 confirmed there was no return call from the physician on call service from the first call as of 3:15 PM. The time of events was difficult to piece together due to late (written after the fact) nurse's notes and physician orders, however, an ordered medication was administered at 3:50 PM on 7/1/13; 1 1/2 hours after the physician on call service was first called. The facility called 911 at 4:44 PM after E8 (Licensed Practical Nurse) found R3 in severe respiratory distress with pale skin, profuse sweating and using his abdominal muscles to assist with breathing. During an interview with E2 (Director of Nursing) on 1/7/14 at 2:15 PM, she stated if the physician does not call back quickly enough staff could call E4 (Medical Director). During an interview with E5 (Staff Development) on 1/8/14 at 12:20 PM, she stated that if the physician did not call back within a "few" minutes staff should follow the chain of command and call E4 (Medical Director) next. E5 stated that E4 was on call 24 hours a day 7 days a week.	F 501	D. The DON or designee will review the 24 hour report and audit 5 of residents charts with a change in condition for documentation and physician call back . These audits will be conducted daily until compliance is reached x3days , then 3 times week until 100% compliance x3 weeks, then weekly until 100%compliance x 4 weeks then monthly. Results will be reported to the QAA committee monthly__	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085054	A. BUILDING _____ B. WING _____	C 01/10/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CADIA REHABILITATION PIKE CREEK	3540 THREE LITTLE BAKERS BLVD WILMINGTON, DE 19808

(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 501	Continued From page 16 E4 (Medical Director) was interviewed on 1/8/14 at 1:35 PM. E4 stated he did not know anything about R3 and he confirmed if staff was unable to get a return call from physician they can call him.	F 501		
F 514 SS=D	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. 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. This REQUIREMENT is not met as evidenced by: Based on clinical record review and interview it was determined that the facility failed to have complete and accurately documented clinical records for one (R3) out of 6 sampled residents in accordance with accepted professional standards and practices. Findings include: Cross refer to F309 R3 experienced severe respiratory distress on 7/1/13 which led to hospitalization. Review of the events from 7/1/13 in the facility were difficult to follow due to time and data discrepancies in documentation. For example:	F 514	A. R3 was discharged from the facility 7/1/14. B .All residents have the potential to be affected by this deficient practice C. Licensed staff will be in-serviced by DON or designee on documentation to include actual time of events, assessment, reassessment, physician notification and treatment and management . D. The DON or designee will review the 24 hour report and audit 100% of residents charts with a change in condition for documentation and physician call back . These audits will be conducted daily until compliance is reached x3days , the 3 times week until 100% compliance x3 weeks, then weekly until 100%compliance x 4 weeks then monthly. Results will be reported to the QAA committee monthly	3/10/14

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085054	A. BUILDING _____ B. WING _____	C 01/10/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CADIA REHABILITATION PIKE CREEK	3540 THREE LITTLE BAKERS BLVD WILMINGTON, DE 19808

(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 514	Continued From page 17 a) Review of the 7/1/13 MAR (medication administration record) for R3 revealed that Lasix (medication to rid the body of excess fluid) 20 mg (milligrams) was administered at 3:50 PM. The order for Lasix was timed 4:06 PM; there was no documentation of the actual time the telephone orders were received. b) The prescriber's order was to give 10 mg of Lasix (20 mg was documented in the MAR) and medics reported they were told by facility staff that 40 mg was administered. c) When medics were given copies of R3's MAR, the page with documentation of the Lasix was missing. d) A nurse's note timed 4:11 PM listed vital signs (temperature, heart rate, respiratory rate, blood pressure and PO2 (pulse oximetry- measures blood oxygen saturation levels) that appeared to have been taken at that time. However nurse's notes, dated 7/2/13 and timed 3:42 PM (late note for 7/1/13), listed the same vital signs at 2:20 PM on 7/1/1/3. e) A nurse's note, dated 7/1/13 and timed 4:21 PM, listed the physician orders received earlier but did not list the actual time the orders were received. f) A nurse's note dated 7/1/13 and timed 5:30 PM (after R3 left for the hospital) did not record the actual times of events. g) There was no SBAR (Situation, Background, Assessment, and Recommendations) charting done on 7/1/13 for R3 as per facility policy when	F 514		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085054	A. BUILDING _____ B. WING _____	C 01/10/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CADIA REHABILITATION PIKE CREEK	3540 THREE LITTLE BAKERS BLVD WILMINGTON, DE 19808

(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 514	Continued From page 18 there was a change in status. Findings were confirmed with E5 (Staff Development Nurse) during an interview on 1/8/14 at 12:20 PM.	F 514		

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: Cadia Pike Creek

DATE SURVEY COMPLETED: January 10, 2014

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
	The State Report incorporates by reference and also cites the findings specified in the Federal Report. An unannounced complaint survey was conducted at this facility from January 2, 2014 through January 10,. 2014. The deficiencies contained in this report are based on interviews, review of the clinical records and other documentation as indicated. The facility census the first day of the survey was 122. The survey sample included (3) three active residents and (3) closed records.	
3201	**Regulations for Skilled and Intermediate Nursing Facilities**	
3201.1.0	**Scope**	
3201.1.2	**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**	

Submitted: 1-31-14
Revised: 2-7-14

Provider's Signature _____ Title Administrator Date _____

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: Cadia Pike Creek

DATE SURVEY COMPLETED: January 10, 2014

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
	reference. **This requirement is not met as evidenced by:** Cross refer to CMS 2567-L, survey date completed 1/10/14, F309, F501 and F514.	CROSS Refer. CMS 2567 F-309, F. 501, F. 514 3-10-14