DELAWARE HEALTH AND SOCIAL SERVICES
Division of Health Care Quality
Office of Long Term Care Residents Protection

DHSS - DHCQ
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 421-7400

STATE SURVEY REPORT

NAME OF FACILITY: Kentmere Rehab & Healthcare Center **DATE SURVEY COMPLETED:** August 26, 2021

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	The State Report incorporates by reference and also cites the findings specified in the Federal Report. An unannounced COVID-19 Focused Infection Control and Complaint surveys were conducted by the State of Delaware Division of Health Care Quality, Office of Long Term Care Residents Protection on August 23, 2021 through August 26, 2021. The facility was found to not be in compliance with 42 CFR §483.80 infection control regulations and has not implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. The facility census on the first day of the survey was 94. The survey sample totaled seven (7) residents.		
3201	**Regulations for Skilled and Intermediate Care 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 requirements for skilled and regulatory 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.** This requirement is not met as evidenced by: Cross Refer to the CMS 2567-L survey completed August 26, 2021: F656, F690, and F880.	Cross Reference to CMS 2567-L F656, F690, and F880.	9/30/2021

Provider's Signature Eileen Mallo Title Administrator Date 9/17/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085001	A. BUILDING _____ B. WING _____	08/26/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KENTMERE REHABILITATION AND HEALTHCARE CENTER	1900 LOVERING AVENUE WILMINGTON, DE 19806

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F 000	INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control and Complaint surveys were conducted by the State of Delaware Division of Health Care Quality, Office of Long Term Care Residents Protection on August 23, 2021 through August 26, 2021. The facility was found to not be in compliance with 42 CFR §483.80 infection control regulations and has not implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. The facility census on the first day of the survey was 94. The survey sample totaled nine (9) residents. Abbreviations and Definitions used in this report are as follows: DON - Director of Nursing; FDON - Former Director of Nursing; ICP - Infection Control Preventionist; NHA - Nursing Home Administrator; NP - Nurse Practitioner; RN - Registered Nurse; UOS - Urology Office Staff; Bladder scanned - medical device used to measure the amount of urine left in the bladder after urinating; CDC - Centers for Disease Control and Prevention; Flank - area between the ribs and the hip; Foley catheter - thin, sterile tube inserted into the bladder to drain urine; ml (milliliter) - a unit of measure; Suprapubic (SP) catheter - a hollow flexible tube inserted into the bladder through a cut in the abdomen to drain urine;	F 000		

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

Electronically Signed | 09/17/2021

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 000	Continued From page 1 Urinary retention - inability to completely empty the bladder; Urinary Tract Infection - an infection in any part of your urinary system.	F 000		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for	F 656		9/30/21

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F 656	Continued From page 2 future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. This REQUIREMENT is not met as evidenced by: Based on record review and interview, it was determined that for one (R4) out of three sampled residents reviewed, the facility failed to develop comprehensive care plans for identified resident care areas. Findings include: Cross refer F690. Review of R4's clinical records revealed the following: 9/9/19 - R4 was admitted to the facility with an indwelling Foley catheter for a diagnosis of urinary retention. 3/27/20 - R4 was readmitted from the hospital after a surgical procedure and a new insertion of a Suprapubic (SP) catheter on 3/25/20. 3/27/20 - The readmission Physician's Orders included to complete a bladder scan if R4 did not void (urinate) each shift and if the amount of the urine in the bladder was greater than 350 ml, then to connect the SP catheter to the urinary bag to drain. 4/9/20 - The Care Plan for the SP catheter stated a goal that the catheter would remain patent	F 656	F656 Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) 1. R4 no longer resides at the facility. 2. All residents with Supra Pubic catheters have the potential to be affected by the alleged deficient practice. 3. Residents admitted to the facility with Supra Pubic catheters will have orders reflecting care and maintenance of insertion site to include cleaning of insertion site. These orders will be specifically included in the comprehensive care plan as reflected in the revised policy for Supra Pubic care (Attachment 1). Clinical staff will be educated regarding updated Supra Pubic policy and procedure as well as specific information to be included in the comprehensive care plan no later than September 30, 2021. 4. DON/Designee will review supra pubic care and maintenance orders with Interdisciplinary Team (IDT) following admission to ensure compliance with the standard of care as reflected in the revised Policy and Procedure and to ensure the comprehensive care plan	

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F 656	Continued From page 3 (open) and that R4 would not develop a preventable urinary tract infection (UTI). Interventions included to monitor urine output for changes in color, consistency, odor, and report to Nurse/MD; monitor for signs or symptoms of UTI including flank (area between the ribs and the hip) pain, pain in the lower abdomen, fever, change in mental status and report to Nurse/MD; obtain urine sample as ordered; promote/assist with fluid intake and 100% of meals and offer between meals. There was a lack of evidence of a comprehensive care plan for the maintenance and care of the SP catheter to include cleaning of the SP insertion site. 8/26/21 4:30 PM - Findings were reviewed during the Exit Conference with E1 (NHA), E2 (DON), and E3 (ICP).	F 656	reflects the same. DON/designee will report findings through the QAPI process until 100% compliance is achieved.	
F 690 SS=E	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2)For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that	F 690		9/30/21

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F 690	Continued From page 4 catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible. §483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible. This REQUIREMENT is not met as evidenced by: Based on clinical record review, interview, and review of other documents as indicated, it was determined that for one (R4) out of one sampled resident reviewed for catheter care, that the facility failed to ensure that a resident with a urinary catheter received appropriate treatment and services to prevent urinary tract infections. Findings include: Review of the National Institute of Health, Medline reference, dated August 5, 21, titled Suprapubic Catheter Care stated, "...The catheter will need to be changed every 4 to 6 weeks...Wash the area around your catheter every day with mild soap and water. Gently pat it dry...". (http://medlineplus.gov/ency/patientinstructions/000145.htm)	F 690	F690 Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) 1. R4 no longer resides at the facility. 2. All residents with indwelling catheters have the potential to be affected by the alleged deficient practice. 3. Residents admitted to the facility with indwelling catheters will have appropriate orders reflecting care and maintenance of the indwelling catheter. These orders will be specifically included in the comprehensive care plan as reflected in the revised policy for indwelling catheter care (Attachment 2). Clinical staff will be educated regarding revised indwelling catheter policy and procedure no later	

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F 690	Continued From page 5 Cross refer F656. Review of R4's clinical records revealed the following: 9/9/19 - R4 was admitted to the facility with an indwelling Foley catheter for a diagnosis of urinary retention. 3/27/20 - R4 was readmitted from the hospital after a surgical procedure and a new insertion of a Suprapubic catheter on 3/25/20. 3/27/20 - The readmission Physician's Orders included to complete a bladder scan if R4 did not void each shift and if the amount of the urine in the bladder was greater than 350 ml , then to connect the SP catheter to the urinary bag to drain. Although R4 had a new SP catheter inserted on 3/25/20, there was lack of evidence of orders for the maintenance and care of the SP catheter, including cleaning the area around the catheter, as well as how often the catheter was to be changed in the Urologist's Office. 4/9/20 - The Care Plan for SP catheter stated a goal that the catheter would remain open and that R4 would not develop a preventable urinary tract infection (UTI). Interventions included to monitor urine output for changes in color, consistency, odor, and report to Nurse/MD; monitor for signs or symptoms of UTI including flank pain, pain in the lower abdomen, fever, change in mental status and report to Nurse/MD; obtain urine sample as ordered; promote/assist with fluid intake and 100% of meals and offer between meals.	F 690	than September 30, 2021. 4. DON/Designee will review indwelling catheter care and maintenance orders with Interdisciplinary Team (IDT) following admission to ensure compliance with the standard of care as reflected in the revised Policy and Procedure and to ensure the comprehensive care plan reflects the same. DON/designee will report findings through the QAPI process until 100% compliance is achieved.	

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F 690	Continued From page 6 4/1/20 through 6/7/20 - Review of the Progress Notes and Treatment Administration Records (TARs) lacked evidence of washing the area around the SP catheter daily. Additionally, there was lack of evidence that the facility consulted the urologist to determine when the SP catcher was to be changed. 6/8/20 - A Physician's Order was written to cleanse the SP catheter insertion site with normal saline solution, pat dry, and to apply a clean dressing daily. 6/8/20 through 6/30/20 - Review of Progress Notes and TARs revealed that the SP insertion site was cleansed daily as ordered, however, there was lack of evidence that the SP catheter was changed. 7/1/20 through 7/20/20 - Review of Progress Notes and the TARs revealed that the SP insertion site was cleansed daily as ordered, however, there was lack of evidence that the SP catheter was changed. 7/21/20 1:12 PM - Review of the Progress Note and Urology Note documented that R4's SP catheter was changed in the Urology Office by the Urologist and the next follow-up appointment was scheduled for 8/21/20. Due to the facility's failure to ascertain when R4's SP catheter was to be changed by the Urologist or his/her designee, resulted in a delay of the first catheter change being completed until 7/21/20 as above; approximately four months after the initial insertion of the SP catheter on 3/25/20.	F 690		

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F 690	Continued From page 7 8/1/20 through 8/25/20 - Review of the TAR revealed the SP catheter site was cleaned daily as ordered. 8/26/20 - Review of the Urology Note documented that R4's SP catheter was changed during the office visit and R4 was to return to the office in one month for the next catheter change. 8/26/20 through 10/23/20 - Review of the TARs revealed the SP catheter site was cleaned as ordered. 10/23/20 9:13 PM - R4 was admitted to the hospital with respiratory symptoms and a temperature of 99.0 F. 10/24/20 - An Infectious Disease (ID) Consultation completed during the hospitalization stated, "...ID following for 'UTI.' I am not sure about this 'UTI' diagnosis. UA (urinalysis) and urine culture are not reliable as it was obtained via dirty old SPT (suprapubic tube?) ...". 8/25/21 11:30 AM - An interview with staff at R4's Urology Office, UOS1, revealed that R4 had an appointment on 9/25/20 to have his SP catheter changed, however, the facility called to cancel due to a COVID-19 outbreak at the facility. UOS1 stated the facility did not call back to reschedule the appointment. 8/25/21 2:40 PM - An interview with another staff member at the Urology Office, UOS2, revealed that telephone calls have been received in their office related to R4, however, not related to routine maintenance and care of the SP catheter. UOS2 stated the area around the catheter should be cleaned daily and the SP catheter was to be	F 690		

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F 690	Continued From page 8 changed every 30 days. UOS2 confirmed the first time that the catheter was changed was on 7/21/20 and then on 8/26/20. In addition, the 9/25/20 appointment was canceled by the facility and no additional catheter changes were performed. 8/25/21 4 PM - A co-interview with E3 (ICP) and E4 (FDON) was done. E3 revealed that the facility did not have written guidance or a policy and procedure related to the care and maintenance of urinary catheters and it was her opinion that licensed nurses would know the standards of care. E4 (FDON) revealed that she would expect that the SP catheter insertion site be monitored and the area cleaned by a licensed nurse. E4 confirmed that the TARs from 3/27/20 through 6/7/20 lacked evidence that the facility cleansed the area of the SP catheter daily and confirmed that the catheter was not changed until 7/21/21, although her understanding was that it would be changed every 30 days. No specific reason was given as to why the facility failed to make arrangements for the SP catheter to be changed every 30 days. E4 added that the COVID-19 pandemic may have contributed to R4's SP catheter not being changed every 30 days due to a staffing shortage, which was a hardship for the facility. During this interview, it was revealed R4 was not positive for COVID-19 from 3/27/20 to 10/27/20. 8/26/21 4:30 PM - Findings were reviewed during the Exit Conference with E1 (NHA), E2 (DON), and E3 (ICP).	F 690		
F 880 SS=F	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)	F 880		9/30/21

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F 880	Continued From page 9 §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation,	F 880		

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F 880	Continued From page 10 depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on interview, review of the facility policy and procedure, and review of other documents as indicated, it was determined that the facility failed to thoroughly screen all visitors and employees for COVID-19. Findings include: The CDC published on their website, dated 2/22/21, "Symptoms of Coronavirus" that stated, "...People with these symptoms may have COVID-19: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or	F 880	F880 INFECTION PREVENTION & CONTROL CFR(s): 483.80(a)(1)(2)(4)(e)(f) Example 1: 1. No untoward effect resulted from the alleged deficient practice. 2. All residents have the potential to be affected by the alleged deficient practice. 3. The employee screening tool has been clarified and revised to more concisely reflect visitor response to symptomatology questions as per CDC	

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F 880	Continued From page 11 smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea ...". 1. Visitor Screening: 8/23/21 9:25 AM - The Surveyor arrived at the facility and was instructed by E12 (Receptionist) to answer the questions from the facility's screening log, "Do you have signs or symptoms of COVID-19 or a respiratory infection including fever, cough, shortness of breath, sore throat, muscle pain, nausea, vomiting, diarrhea, or loss of taste or smell?" The Surveyor was not asked about symptoms of chills, headache, congestion and a runny nose. 8/23/21 10 AM - An interview with E2 (NHA) confirmed that the facility's COVID-19 screening for visitors lacked evidence of screening for all of the symptoms as indicated in the CDC list of symptoms, dated 2/22/21. 2. Staff Screening: a. 8/2/21 6:45 AM to 7:05 AM - Review of the facility's COVID-19 symptom screening form revealed a total of 10 employees from various departments answered no to whether they had cough, sore throat, shortness of breath, body ache, gastrointestinal symptoms, or loss of taste or smell. The facility's screening form failed to include symptoms of headache, congestion, running nose, and fatigue. b. 8/9/21 5:45 AM to 6:52 AM - Review of the facility's COVID-19 symptomology screening form revealed total of 10 employees, from various departments answered no to whether they had cough, sore throat, shortness of breath, body	F 880	guidelines (attachment 3). All clinical staff will be educated regarding the revised tool as of September 30, 2021. 4. The Infection Preventionist/designee will review the visitor screening tool daily x 7, weekly x 3, then monthly x 2 to ensure compliance until 100% accuracy is achieved. Results will be reported through the QAPI process. Example 2: 1. No untoward effect resulted from the alleged deficient practice. 2. All residents have the potential to be affected by the alleged deficient practice. 3. The employee screening tool has been clarified and revised to more concisely reflect employee response to symptomatology questions as per CDC guidelines (attachment 4). All clinical staff will be educated regarding the revised tool as of September 30, 2021. 4. The Infection Preventionist/designee will review the employee screening tool daily x 7, weekly x 3, then monthly x 2 to ensure employee compliance until 100% accuracy is achieved. Results will be reported through the QAPI process.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085001	A. BUILDING _____ B. WING _____	08/26/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 880	Continued From page 12 ache, gastrointestinal symptoms, or loss of taste or smell. The facility's screening form failed to include symptoms of headache, congestion, running nose, or fatigue. 8/23/21 10 AM - An interview with E3 (ICP) confirmed that the facility's COVID-19 screening for employees lacked evidence of screening for all of the symptoms, as indicated in the CDC list of symptoms, dated 2/22/21. 8/26/21 4:30 PM - Findings were reviewed during the Exit Conference with E1 (NHA), E2 (DON), and E3 (ICP).	F 880		