*DELAWARE HEALTH AND SOCIAL SERVICES*

Division of Health Care Quality
Office of Long Term Care Residents Protection

263 Chapman Road, Suite 200, Cambridge Bldg
Newark, Delaware 19702
(302) 421-7400

**STATE SURVEY REPORT**



**NAME OF FACILITY:** Seaford Center Nursing Home

**DATE SURVEY COMPLETED:** April 29, 2024

| SECTION | STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES | ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED |
|---|---|---|
| | An unannounced Complaint Survey was conducted by the State of Delaware Division of Heath Care Quality, Office of Long-Term Care Residents Protection from April 25th through April 29th, 2024. The deficiencies in this report are based on observations, interviews, record reviews and other facility documentation as indicated. The facility census on the first day of the survey was ninety-eight (98). The survey sample totaled 14 residents. | |
| 3201 | **Regulations for Skilled and Intermediate Care 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 reference.**<br><br>This requirement is not met as evidenced by:<br><br>Cross Refer to the CMS 2567-L survey completed April 22, 2024: cross refer: F580, F677 and F684. | |

Provider's Signature Jessica Conaway, RN Title DON Date 5/28/2024

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|---|---|---|---|
| | 085015 | A. BUILDING ______ B. WING ______ | C 04/29/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| **SEAFORD CENTER** | **1100 NORMAN ESKRIDGE HIGHWAY SEAFORD, DE 19973** |

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| F 000 | INITIAL COMMENTS<br><br>An unannounced Complaint Survey was conducted by the State of Delaware Division of Heath Care Quality, Office of Long Term Care Residents Protection from April 25th through April 29th, 2024. The deficiencies in this report are based on observations, interviews, record reviews and other facility documentation as indicated. The facility census on the first day of the survey was ninety eight (98). The survey sample totaled fourteen (14) residents.<br><br>Abbreviations/definitions used in the report are as follows:<br><br>ADON - Assistant Director of Nursing;<br>CNA - Certified Nurse Aide;<br>DON - Director of Nursing;<br>LPN - Licensed Practical Nurse;<br>MAR - Medication Administration Record;<br>NHA - Nursing Home Administrator;<br>RN - Registered Nurse;<br>UM - Unit Manager.<br>ADL - Activity of Daily Living;<br>NP - Nurse Practitioner;<br>RT - Respiratory Therapist.<br><br>BiPAP - machine that helps the patient breathe;<br>Chronic Obstructive Pulmonary Disease - (COPD) - a chronic inflammatory lung disease that causes obstructed airflow from the lungs. Symptoms include breathing difficulty, cough, sputum production and wheezing;<br>Dyspnea - difficulty breathing;<br>Emphysema - a disease of the lungs in which the air sacs in the lungs (alveoli) are permanently damaged;<br>Hypoxia / Hypoxic - inadequate cellular | F 000 | | |

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|
| Electronically Signed | | 05/16/2024 |

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<br>oxygenation OR deficiency in amount of oxygen reaching body tissues;<br>Medication Administration Record (MAR) - list of daily medications to be administered;<br>Minimum Data Set (MDS) - Federally mandated comprehensive, standardized, clinical assessment of all residents in Medicare/Medicaid nursing homes that evaluates functional capabilities and health needs;<br>Omnibus Budget Reconciliation Act (OBRA) - A law made by the government that has many different rules in it. It helps to make sure that the government spends money the way it said it would;<br>Panlobular emphysema - a type of emphysema that affects a specific part of the lungs;<br>Prednisone - a steroid medication used to treat many diseases and conditions, especially those associated with inflammation;<br>Prospective Payment System (PPS) - MDS assessment used in Long Term Care facilities which sets payment levels based on services being provided;<br>Pulse Oximetry - measures blood oxygen saturation levels - desired range 94% to 100%.<br>Respiratory failure - inability of the lungs to perform basic task of gas exchange; lack of oxygen and/or excess carbon dioxide (gas formed during breathing);<br>SOB - shortness of breath. | F 000 | | |
| F 580 SS=D | Notify of Changes (Injury/Decline/Room, etc.)<br>CFR(s): 483.10(g)(14)(i)-(iv)(15)<br><br>§483.10(g)(14) Notification of Changes.<br>(i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- | F 580 | | 5/30/24 |

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| F 580 | Continued From page 2<br>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;<br>(B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);<br>(C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or<br>(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).<br>(ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.<br>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-<br>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or<br>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.<br>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).<br><br>§483.10(g)(15)<br>Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various | F 580 | | |

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| F 580 | Continued From page 3<br>locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9).<br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and record review, it was determined that for one (R11) out of three residents reviewed for change in condition, the facility failed to immediately consult the Physician when R11 experienced a change in condition. Findings include:<br><br>Cross refer F684<br><br>Review of R11's clinical record revealed:<br><br>11/8/11 - R11 was admitted to the facility.<br><br>9/10/23 - R11 was diagnosed with panlobular emphysema, chronic obstructive pulmonary disorder (COPD), and chronic respiratory failure with hypoxia.<br><br>10/24/23 - A physician's order was written for oxygen at 6 liters per min continuously via nasal cannula.<br><br>1/6/24 7:40 AM - A progress note revealed that R11 was experiencing dyspnea (difficulty breathing) with labored breathing. R11's pulse oximetry was 85% on 6 liters of oxygen and R11 was requesting to be sent to the hospital.<br><br>4/26/24 2:40 PM - An interview with E6 (RN) confirmed that the aforementioned progress note on 1/6/24 was the care she performed for R11. There is no evidence that E6 contacted the provider regarding the change in condition for | F 580 | F580 Notify of Changes<br><br>Resident R11 was discharged from the Seaford Center on 1/13/2024 unable to correct deficient practice<br><br>Current residents have the potential to be affected by the deficient practice. The DON and or Desisgnee will review last 7 days clinical notes to identify change in condition and audit for notification .<br><br>Residents are reviewed in a clinical meeting 5 days a week to review clinical needs not limited to change in condition. Administrator and/or designee will re-educate the IDT team on identifying change in condition. DON/designee will audit current residents with changes in condition to identify status changes to ensure the physician was consulted immediately.<br><br>Root Causes: The center has determined current licensed nurses have the need for re-education on policy NSG122 change in condition notification with an increased focus on consulting the physician immediately of residents with change in condition.<br><br>NPE/designee will re-educate current licensed nursing staff, including agency | |

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| F 580 | Continued From page 4 <br> R11. <br><br> The facility records lacked evidence of immediately consulting the physician related to R11's change in respiratory status. <br><br> 4/29/24 2:40 PM - Findings reviewed with E1 (NHA), E2 (DON) and E3 (Corporate) during the exit conference. | F 580 | personnel, on policy NSG122 focusing on consulting the physician immediately when residents experience a change in condition. Licensed personnel will be lectured and provided a copy of policy NSG 122. <br><br> DON/designee will audit 100% of current residents experiencing changes in condition to ensure the physician has been immediately consulted. Audits will occur daily x 3 days or until 100% compliance is achieved then three times a week x 2 weeks or until 100% compliance is achieved the weekly x 2 weeks or until 100% compliance is achieved then monthly x 2 months or until 100% compliance is achieved. If there is a systemic failure in the system it will be immediately reported to the administrator and the medical director for review of the process. Results of the audits will be presented at the monthly QAPI meeting for review. | |
| F 677 SS=D | ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) <br><br> §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; <br> This REQUIREMENT is not met as evidenced by: <br> Based on observation and interviews, it was determined that for one (R14) out of three residents reviewed for ADLs, the facility failed to ensure ADLs were provided to dependent residents. Findings include: | F 677 | F677 ADL care provided for Dependent Residents <br><br> Resident R14 discharged from Seaford Center on 11/24/2023 unable to correct | 5/30/24 |

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F 677 Continued From page 5

Review of R14's clinical record revealed:

3/21/24 - R14 was admitted to the facility.

3/22/24 - A care plan revealed that R14 was dependent for ADL care including bathing, grooming, personal hygiene, dressing, eating, bed mobility, transfer, locomotion and toileting related to limited mobility.

3/27/24 - An admission MDS revealed that R14 was cognitively intact and was dependent for eating, bathing, toileting, dressing, personal hygiene and transfers.

4/26/24 - A review of the CNA task sheet lacked evidence of care provided to R14 on the following dates on the 7AM - 3PM shift:
March 25, 2024;
March 26, 2024;
April 2, 2024;
April 9, 2024;
April 16, 2024;
April 17, 2024;
April 19, 2024;
April 22, 2024;
April 24, 2024;
April 25, 2024.

4/29/24 1:45 PM - An interview with E7 (CNA) confirmed that the CNA task flow sheet lacked evidence that care was provided to R14 for the following dates: 4/17, 4/22, 4/24, and 4/25. E7 was assigned to R14 and was unable to confirm if care was provided to R14 on the above dates.

4/29/24 2:00 PM - An interview with E4 (ADON) confirmed the aforementioned dates were not

F 677

deficient practice

Current dependent residents have the potential to be affected by the deficient practice. DON/designee will audit current dependent residents ADL documentation from the last 24 hours to ensure ADL care was provided to dependent residents

Root Cause: The facility determined current CNAs have the need for re-education on completion of ADL documentation prior to end of the shift to ensure documentation reflects care provided to dependent residents.

NPE/designee will re-educate current CNA□s, to include agency staff, on the importance of completing ADL documentation prior to shift end to ensure ADL care documentation reflects the care has been provided to current dependent residents

DON/designee will perform an audit of 20% of dependent resident□s ADL documentation, prior to the end of each shift to ensure completion of ADL documentation to reflect the care provided for dependent residents. Audits will occur daily x 3 days or until 100% compliance is achieved then 3 times a week for 2 weeks or until 100% compliance is achieved then weekly x 2 weeks or until 100% compliant then Monthly x 2 months or until 100% compliance. Any non-compliance will be immediately reported to the Administrator for review and recommendations. Audits will be presented at the monthly QAPI

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| F 677 | Continued From page 6<br>signed off on the CNA task flow sheet. E4 revealed that a staff member is responsible for audits of documentation and confirmed that staff are made aware of missing documentation. Staff are given twenty four hours to complete documentation or it is considered not completed.<br><br>The facility record and interviews lacked evidence that R14 received care for ten shifts on 7AM to 3PM shift.<br><br>4/29/24 2:40 PM - Findings reviewed with E1 (NHA), E2 (DON) and E3 (Corporate) during the exit conference. | F 677 | meeting to review for compliance and recommendations based on the results. | |
| F 684 SS=D | Quality of Care<br>CFR(s): 483.25<br><br>§ 483.25 Quality of care<br>Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.<br>This REQUIREMENT is not met as evidenced by:<br>Based on interviews and record review it was determined that for one (R11) out of three residents reviewed for quality of care, the facility failed to ensure treatment and care in accordance with professional standards of practice. R11 had a change in respiratory status that was unrecognized and hospital transfer was delayed. Findings include:<br><br>Cross refer F580 | F 684 | F684 Quality of Care<br><br>Resident R11 was discharged from the Seaford Center on 1/13/2024 unable to correct deficient practice<br><br>Current residents experiencing changes in condition including respiratory status have the potential to be affected by the deficient practice. DON/designee will audit current | 5/30/24 |

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**F 684** Continued From page 7

Review of R11's clinical record revealed:

11/8/11 - R11 was admitted to the facility.

9/10/23 - R11 had diagnoses including but not limited to panlobular emphysema, chronic obstructive pulmonary disorder (COPD), and chronic respiratory failure with hypoxia.

10/24/23 - A physician's order for R11 was written for oxygen at 6 liters per min continuously via nasal cannula.

January 2024 - R11's MAR revealed a baseline oxygen levels between 92 and 98 percent on 6 liters of oxygen.

1/5/24 1:45 PM - A progress note from a respiratory therapist revealed that R11 was ambulating to the bathroom and the pulse oximeter reading was 86% on 6 liters of oxygen. E5 assisted R11 back to bed, applied her Bipap mask and rechecked R11's pulse oximeter reading. The pulse oximeter reading increased to 92% on the Bipap machine.

1/6/24 Approximately 6:00 AM - R11 sent a text message to FM1 stating that she was having difficulty breathing and wanted to go to the hospital. R11 mentioned in the text message that she told E6 (RN) of her increased difficulty breathing.

The facility record lacked evidence of any respiratory assessments or monitoring related to R11's change in condition.

1/6/24 7:28 AM - Emergency services mobile

**F 684**

residents with changes in condition from the last 3 days. Residents are monitored for change of condition and residents will be transferred to hospital if requested, as well as when medically necessary.

Root Cause: The facility determined the licensed nursing staff and respiratory therapist have the need for re-education on performing respiratory assessments and communicating the findings of those assessments to the provider, in an effort to provide timely care and treatment according to professional standards of practice and granting request for hospital transfers timely to avoid delay in care. The education is to include the resident□s right for self determination of their care.

NPE/designee will re-educate current licensed nursing staff, to include agency staff, and respiratory therapists on performing respiratory assessments, and change in condition. The education will include reporting the findings of those assessments to ensure they provide treatment and care in accordance with professional standards of practice. The respiratory therapist will be educated on communicating a change in condition and communicating immediately to the nurse and clinical leadership. Education by lecture will also be completed on residents' right of self determination.

DON/designee will audit 20% of those residents with changes in condition including respiratory status changes, to

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| F 684 | Continued From page 8<br>application revealed that EMS dispatched to the facility.<br><br>1/6/24 7:40 AM - A progress note revealed that R11 was experiencing dyspnea (difficulty breathing) with labored breathing. R11's pulse oximetry was 85% on 6 liters of oxygen and R11 was requesting to be sent to the hospital. R11 was "assisted to high fowlers position, administered scheduled 0.75 mg xanax (anti-anxiety), and prn (as needed) breathing treatment."<br><br>1/8/24 - A grievance form documented from FM1 related to R11's change in condition documented that R11 was having difficulty breathing and E6 (RN) stated, "85% oxygen level is not a reason to be sent to the hospital." R11 and FM1 continued requesting a transfer to the hosital for R11.<br><br>4/26/24 11:30 AM - An interview with E1 (NHA) and E2 (DON) confirmed that R11 had experienced a changed in condition when her pulse oxygen level was 85% and should have been sent to the hospital immediately.<br><br>4/26/24 2:40 PM - An interview with E6 confirmed that the aforementioned progress note on 1/6/24 was the care she performed for R11. This included administering a breathing treatment but E6 failed to assess R11 and recognize a change in condition. E6 refused to discuss any further details regarding R11's change in condition and proceeded to hang up in the midst of the interview.<br><br>4/29/24 10:45 AM - An interview with FM1 confirmed that R11 was having difficulty breathing and wanted to go to the hospital. FM1 stated, "I | F 684 | ensure treatment and care is provided in accordance with professional standards of practice. Audit will include interviewing residents, by SW/designee, with change in condition for self-determination daily x 3 days or until 100% compliance is achieved then three times a week x 2 weeks or until 100 compliance is achieved the weekly x 2 weeks or until 100% compliance is achieved then monthly x 2 months or until 100% compliance is achieved. This process is monitored through a daily clinical meeting, where changes in conditions of all residents are reviewed. Any non-compliance will be immediately reported to the Administrator for review and recommendations. Results of the audits will be presented at the monthly QAPI meeting for review. | |

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| F 684 | Continued From page 9<br>had to make several phone calls to the unit before the nurse [E6] would listen and honor my mother's [R11] rights to send her to the hospital."<br><br>The facility record lacked evidence that R11's respiratory status was monitored after a change in baseline oxygen level occurred. The facility record also lacked evidence of recognizing a change in condition for R11 resulting in approximately one hour and forty minute delay in treatment.<br><br>4/29/24 2:40 PM - Findings reviewed with E1 (NHA), E2 (DON) and E3 (Corporate) during the exit conference. | F 684 | | |