STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085033	A. BUILDING _____ B. WING _____	C 06/02/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES - PIKE CREEK	5651 LIMESTONE ROAD 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 May 26, 2020 through June 2, 2020. The deficiencies contained in this report are based on interviews, review of resident's clinical records and review of other facility documentation as indicated. The facility's census the first day of the survey was 83. The survey sample size was eight (8). The abbreviations/definitions used in this report are as follows: CNA- Certified Nurse's Aide; COVID-19/Coronavirus - 'CO' stands for 'corona,' 'VI' for 'virus', and 'D' for disease. Formerly this disease was referred to as "2019 novel coronavirus" or "2019-nCoV". There are many types of human coronaviruses, including some that commonly cause mild to severe upper respiratory tract illness; Dialysis - cleansing of the blood by artificial means when the kidneys have failed; DON - Director of Nursing; Droplet precautions - precautions for individuals known or suspected to be infected with pathogens transmitted by respiratory droplets that are generated by an individual who is coughing, sneezing, or talking; End-Stage Renal Disease (ESRD) - disease where kidneys stop working; Hemodialysis - procedure to remove waste and fluid from the body; NHA- Nursing Home Administrator; LPN - Licensed Practical Nurse; RN- Registered Nurse; T - Transportation.	F 000		
F 656	Develop/Implement Comprehensive Care Plan	F 656		7/15/20

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

Electronically Signed | 06/24/2020

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 656 SS=D	Continued From page 1 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 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.	F 656		

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F 656	Continued From page 2 (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 interviews and record review, it was determined that the facility failed to develop a comprehensive care plan for one (R1) out of three sampled residents reviewed for dialysis. Findings include: The following was reviewed in R1's record: 3/12/2020 - R1 was admitted to the facility and required dialysis. 5/27/2020 - Review of R1's record lacked evidence of a care plan for dialysis. 6/1/2020 - E2 (DON) confirmed that the facility did not have a care plan for R1's dialysis. Findings were reviewed with E1 (NHA), E2 and E3 (Corporate Consultant) during the Exit Conference on 6/2/2020 at 10:00 AM.	F 656	1. Develop/Implement Comprehensive Care Plan: 1(a) R1 no longer resides in the facility, therefore unable to retroactively update the dialysis plan of care. 1b) Care plans have been reviewed and revised as indicated for residents currently residing in the facility that are receiving dialysis services. 1(c) A root cause analysis was performed and it was determined to be a knowledge deficit amongst the nurses to complete a care plan for dialysis residents. The procedure for care plan implementation has been reviewed, with no revisions needed at this time. The Staff Development Coordinator and/or designee will in-service licensed nursing staff on implementing Dialysis Care Plans upon admission for residents requiring dialysis services. New admission care plans will be reviewed at the Clinical Meeting daily to ensure Dialysis Care Plans are initiated upon admission. Care plans will be revised with changes of condition related to dialysis services. 1(d) The Director of Nursing and/or designee will complete audits of care plans for dialysis residents daily in the clinical meeting for 4 weeks to ensure care plans are initiated upon admission, and then weekly until 100% compliance is maintained. Results of the audits will be	

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F 656	Continued From page 3	F 656	brought forth to the QAPI Committee for further recommendations.	
F 698 SS=E	Dialysis CFR(s): 483.25(l) §483.25(l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on record review and interview, it was determined that the facility failed to provide dialysis care and services to meet the needs for two (R1 and R2) out of three sampled residents for dialysis review by not fully completing the facility's portion of the communication form to inform the dialysis center of pertinent clinical information. Findings include: Cross Refer to F880 1. Review of R1's clinical record revealed the following: 3/12/2020 - R1 was admitted to facility and required dialysis. 5/7/2020 2:25 PM - A progress note documented that R1 had a frequent cough and R1 was tested for COVID-19. 5/9/2020 - R1 was transported to dialysis and the Hemodialysis Communication form lacked communication of R1's COVID-19 status.	F 698	2. Dialysis 2(a) R1 no longer resides in the facility. R2 resides in the facility and unable to retroactively communicate initiation of Covid test orders on 4/28/2020. The dialysis center and transportation company were notified of the Covid results on 5/1/2020. 2(b) Residents receiving dialysis services have the potential to be affected by this deficient practice. Dialysis Communication forms and nursing notes are reviewed in the clinical meeting daily to ensure the dialysis center and transportation company are notified of Covid testing and results. 2(c) A root cause analysis was performed and it was determined to be a knowledge deficit amongst the nurses to notify the Dialysis Center and Transportation company of any resident who maybe suspected and/or Covid-19 positive. Dialysis Guidelines and Dialysis communication was reviewed, with no	7/15/20

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F 698	Continued From page 4 5/12/2020 12:33 PM - A lab report indicated R1 was positive for COVID-19. 5/12/2020 - R1 was transported to dialysis and the Hemodialysis Communication form lacked communication of R1's COVID-19 status. 5/16/2020 - R1 was transported to dialysis and the Hemodialysis Communication form was missing. 5/27/2020 9:48 AM - An interview with the D1 (Dialysis Staff) and D2 (Dialysis Staff) revealed that R1 had been to dialysis on 5/9, 5/12 and 5/16/2020. On 5/19/2020 the transportation driver let the dialysis center know that R1 was COVID positive. R1's dialysis was canceled and rescheduled for the next day. 5/28/2020 11:48 AM - During an interview with T1 (Transportation Staff) and T2 (Transportation Staff), it was revealed that on 5/9, 5/16, and 5/19/2020, R1 was transported to dialysis without notification that R1 was a person under investigation for COVID-19 or that R1 became COVID-19 positive on 5/12/2020. It was on 5/19/2020 when the transportation service was picking up R1, that the transportation staff learned of R1's COVID-19 status. The transportation staff called their dispatch and the dialysis center to notify them of R1's positive COVID-19 status. R1 was rescheduled for the next day at the appropriate COVID Dialysis facility. 5/28/2020 1:29 PM - During an interview, E2 (DON) confirmed that the facility did not have a process to communicate infectious diseases, including COVID-19 results with dialysis.	F 698	revisions made to Guidelines or Communication form. The Staff Development Coordinator and/or designee will in-service licensed nursing staff on the communication process to include completing the Communication form and notifying dialysis centers and transportation companies of potential Covid status prior to scheduled dialysis. The Director of Nursing will in service members of the clinical meeting on reviewing the 24-hour report/Dialysis Communication forms. 2(d) The Director of Nursing and/or designee will review the 24-hour report summary and Dialysis Communication form daily in the clinical meeting to ensure dialysis centers and transportation companies are aware of new potential Covid status until the facility reaches 100% compliance of communication. The results of the audit will be brought forth to the QAPI committee for further recommendations.	

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F 698	Continued From page 5 5/28/2020 1:47 PM - During an interview, E4 (LPN) revealed that she was not aware of a specific policy for communicating COVID-19 status' to the dialysis center. E4 further revealed if the resident was a person under investigation or positive for COVID-19, E4 would provide that information to the transport team. 5/28/2020 3:42 PM - An interview with E6 (RN) revealed that although the facility had a doctors order to call the dialysis center for monitoring R1's positive COVID-19 status daily, this wasn't done. 5/29/2020 10:30 AM - Review of the facility infection control policies lacked evidence to support that a process was in place to communicate infectious disease status' of residents to contracted agencies, including dialysis centers. 5/29/2020 - Review of the facility dialysis communication log lacked evidence that the dialysis facility was made aware of R1's COVID-19 status. There was no evidence that R1's COVID-19 positive status was communicated to dialysis by the facility, including when R1 was presumptive positive. 2. Review of R2's clinical record revealed the following: 2/3/2020 - R2 was admitted to the facility and received dialysis. 4/27/2020 - A care plan for R2 was initiated	F 698		

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F 698	Continued From page 6 because of his potential COVID-19 status. 4/28/2020 - R2 was transported to dialysis and the Hemodialysis Communication form lacked communication of R2's COVID-19 status. 5/28/2020 1:29 PM - During an interview, E2 (DON) confirmed that there was not a process to communicate infectious diseases, including COVID-19 results with dialysis. 5/28/2020 1:47 PM - During an interview, E4 (LPN) revealed that she was not aware of a specific policy for communicating COVID-19 status' to the dialysis center. E4 further revealed if the resident was presumptive or positive for COVID-19, E4 would provide that information to the transport team. 5/29/2020 10:30 AM - Review of the facility infection control policies lacked evidence to support that a process was in place to communicate infectious disease status' of residents to contracted agencies, including dialysis centers. Findings were reviewed with E1 (NHA), E2 (DON) and E3 (Corporate Consultant) during the Exit Conference on 6/2/2020 at 10:00 AM.	F 698		
F 880 SS=E	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §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	F 880		7/15/20

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F 880	Continued From page 7 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, 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	F 880		

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F 880	Continued From page 8 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 interviews, record review and other documentation as needed, it was determined that the facility failed to implement appropriate infection control practices for two (R1 and R2) out of three sampled residents reviewed for transmission based precautions as evidenced by failure to communicate residents' COVID-19 status with the contracted dialysis facility. Findings include: The dialysis contract, dated 5/24/2011, documented, "1. The nursing facility shall ensure that all appropriate medical and administrative information accompanies all ESRD residents at the time of referral to the ESRD Dialysis Unit. 2. Interchange of information The Nursing Facility shall provide for the interchange of information useful or necessary for the care of the ESRD	F 880	3. Infection Prevention and Control 3(a) R1 no longer resides in the facility. R2 resides in the facility, although are unable to retroactively communicate initiation of Covid testing orders on 4/28/2020. The dialysis center and transportation company were notified of the Covid test results on 5/1/2020. 3(b) Residents receiving dialysis services have the potential to be affected be affected by this deficient practice. Dialysis Communication forms and nursing notes are reviewed in the clinical meeting daily to ensure dialysis centers and transportation companies are notified of Covid testing and results. 3(c) A root cause analysis was performed	

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F 880	Continued From page 9 Residents." Review of facility infection control policies lacked a process that described how the facility would communicate the presence of infectious diseases when residents were going to a dialysis facility. 1. The following was reviewed in R1's record: 3/12/2020 - R1 was admitted to the facility and required dialysis. There was no evidence of a care plan for dialysis in the medical record. 5/7/2020 2:25 PM - A progress note documented, "Resident noted with frequent cough, afebrile [no fever], seen by N/P [Nurse Practitioner] and new orders re/cd [received] for a COVID-19 test, abts [antibiotic] and labs, son made aware, tolerated COVID test well." 5/9/2020 - The Hemodialysis Communication form documented that R1 went to dialysis and there was no evidence that R1's COVID-19 status was communicated on that form. 5/9/2020 - Record review revealed that R1 went to dialysis and the COVID-19 infectious disease status was not reported to the dialysis facility. 5/12/2020 - Record review revealed that R1 was transported to the dialysis center and received dialysis at his usual, non-COVID dialysis facility. The facility failed to notify the dialysis center and the transportation service of R1's COVID-19 status. 5/12/2020 12:33 PM - A lab report indicated that	F 880	and it was determined to be a knowledge deficit amongst the nurses to notify the dialysis center and transportation company of the Covid-19 positive test results. Dialysis Guidelines and the Dialysis Communication form were reviewed with no revisions made. The Staff Development Coordinator and/or designee will in-service licensed nursing staff on the communication process to include completing the Communication form and notifying dialysis centers and transportation companies of potential Covid status prior to scheduled dialysis. The Director of Nursing will in-service members of the Clinical Meeting on reviewing the 24-hour Report/Dialysis Communication forms. 3(d) The Director of Nursing and/or designee will review the 24-hour report summary and Dialysis Communication form daily at the clinical meeting to ensure dialysis and transportation companies are aware of new potential Covid status until the facility reaches 100% compliance of communication. The results of this audit will be brought forth to the QAPI committee for further recommendations.	

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R1 was positive for COVID-19.

5/12/2020 - A care plan for being positive for COVID-19 was initiated.

5/14/2020 - Record review revealed a doctors order to call the dialysis center for monitoring of R1's COVID-19 positive status every day. The medical record lacked evidence that the dialysis facility was contacted about monitoring or R1's COVID-19 status.

5/16/2020 - Record review revealed that R1 was transported to the dialysis center and received dialysis at his usual, non-COVID dialysis facility.

5/19/2020 - Record review revealed that transportation arrived at the facility to pick up R1 and learned that R1 was COVID-19 positive. R1 was not transported, and dialysis was rescheduled for a COVID-19 designated facility.

5/19/2020 11:18 AM - A progress note documented, "Due to positive COVID 19 test, resident's dialysis location and chair time have changed. Resident to attend dialysis Tuesday, Thursday, and Saturday."

5/27/2020 9:48 AM - An interview with D1 (Dialysis Staff) and D2 (Dialysis Staff) revealed that R1 had been to dialysis on 5/9, 5/12 and 5/16/2020. On 5/19/20 the transportation driver let the dialysis center know that R1 was COVID positive. The dialysis center called the facility to follow up with the information and the resident was returned to the facility.

5/28/2020 11:48 AM -During an interview with T1 (Transportation Staff) and T2 (Transportation

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Staff), it was revealed that on 5/9, 5/16, and 5/19/2020, R1 was transported to dialysis without notification that R1 was a person under investigation for COVID-19. It was on 5/19/2020 when the transportation service was picking up R1, that the transportation staff learned of R1's COVID-19 status. The transportation staff called their dispatch and the dialysis center to notify them of R1's positive COVID-19 status. R1 was rescheduled for the next day at the appropriate COVID Dialysis facility.

5/28/2020 1:29 PM - During an interview, E2 (DON) confirmed that there was not a facility process to communicate infectious diseases, including COVID-19 results to dialysis.

5/28/2020 1:47 PM - During an interview, E4 (LPN) revealed that she was not aware of a specific policy for communicating COVID-19 status' to the dialysis center. E4 further revealed if the resident was under investigation or positive for COVID-19, E4 would provide that information to the transport team.

5/28/2020 3:42 PM - Interview with E6 (RN) revealed that the facility failed to follow the doctors order to call the dialysis center to monitor R1's COVID-19 positive status every day.

5/29/2020 10:30 AM - Review of the facility infection control policies lacked evidence to support a facility process to communicate infectious disease status' of residents to contracted agencies, including dialysis centers.

5/29/2020 - Review of the dialysis communication log lacked evidence that the dialysis facility was advised of R1's COVID-19 status

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F 880	Continued From page 12	F 880		

2. The following was reviewed in R2's record:

2/3/2020 - R2 was admitted to the facility and received dialysis.

4/27/2020 - A care plan for R2 was initiated because of his potential positive COVID-19 status.

4/27/2020 - The facility record documented that R2 had a room change for the management of COVID-19 like symptoms.

4/28/2020 10:38 AM - A progress note documented, "R2 remains under strict droplet precautions."

4/28/2020 4:00 PM - A progress note documented, "Picked up later this shift to go to dialysis."

4/28/2020 - A Hemodialysis Communication form was not completed for this day.

4/29/2020 - Record review revealed a COVID-19 test was conducted on R2.

4/30/2020 6:43 PM - A progress note documented, "Patient seen and examined. Nursing reports patient was not dialyzed today as he was picked up and brought back as dialysis center rescheduled patient for AM pending COVID test results."

4/30/2020 - A Hemodialysis Communication form was not completed for this day.

5/1/2020 2:25 PM - A progress note documented

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085033	A. BUILDING _____ B. WING _____	C 06/02/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 880	Continued From page 13 that a copy of the COVID-19 test result was sent to the dialysis center and transport was made aware of the results. 5/27/2020 10:30 AM - During an interview with D3 (Dialysis Staff) the surveyor was informed that R2 was brought to their facility and on arrival the transportation company notified them R2 was COVID-19 positive. The dialysis center returned R2 to the facility and new arrangements were made for R2 to attend the appropriate dialysis facility that treated COVID-19 patients. 5/28/2020 1:47 PM - During an interview with E4 (LPN), it was revealed that she was not aware of a specific policy for communicating infectious disease status' to the dialysis center. E4 further revealed if the resident was presumptive or positive for COVID-19, E4 would provide the resident status to the transport team. Findings were reviewed with E1 (NHA), E2 (DON) and E3 (Corporate Consultant) during the Exit Conference on 6/2/2020 at 10:00 AM.	F 880		