**DELAWARE HEALTH AND SOCIAL SERVICES**

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

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

**STATE SURVEY REPORT**



**NAME OF FACILITY:** Shipley Living Health Care

**DATE SURVEY COMPLETED:** September 10, 2024

| SECTION | STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES | ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED |
|---|---|---|
| | An unannounced follow up for the Annual and Complaint survey that was completed on July 2, 2024, which was conducted at this facility from September 9, 2024 through September 10, 2024. The deficiencies contained in this report are based on observation, interviews, review of clinical records and other facility documentation as indicated. The facility census was fifty-six (56) on the first day of the survey. The survey sample was twenty-five (25). | |
| 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 September 10, 2024, cross refer: F684. | |

Provider's Signature Elizabeth A Bale Title Interim Executive Director Date 9/20/24

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 085031 | A. BUILDING _____ B. WING _____ | R-C 09/10/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SHIPLEY LIVING | 2723 SHIPLEY ROAD WILMINGTON, DE 19810 |

| (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 |
|---|---|---|---|---|
| {E 000} | Initial Comments | {E 000} | | |
| {F 000} | INITIAL COMMENTS<br><br>An unannounced Follow up for the Annual and Complaint survey that was completed on July 2, 2024, was conducted at this facility from September 9, 2024 through September 10, 2024. The deficiencies contained in this report are based on observation, interviews, review of clinical records and other facility documentation as indicated. The facility census was fifty-six(56) on the first day of the survey. The survey sample was twenty-five (25).<br><br>Abbreviations/definitions used in this report are as follows:<br><br>ADON- Assistant Director of Nursing;<br>CNA- certified nursing assistant;<br>CNS- clinical Nurse specialist;<br>DO - Doctor of Osteopathy;<br>DON- Director of Nursing;<br>LPN- Licensed Practical Nurse;<br>MD- medical doctor;<br>NHA- Nursing Home Administrator;<br>NP- Nurse practitioner;<br>RN- registered nurse;<br><br>EMR - electronic medical record;<br>GFR- glomerular filtration rate; a calculation used to estimate how well the kidneys ae functioning;<br>MDS- minimum data set;<br>ml/ min- milliliter per minute. | {F 000} | | |
| F 684 SS=D | Quality of Care<br>CFR(s): 483.25<br><br>§ 483.25 Quality of care | F 684 | | 9/23/24 |

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

Electronically Signed | 09/23/2024

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 684 | Continued From page 1<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 record review and interview, it was determined that for one (R18) out of twenty-five residents reviewed for Quality of Care, the facility failed to ensure the resident received treatment and care in accordance with professional standards as evidenced by ordering a regular diet when discharge instructions recommend a low potassium diet. Findings include:<br><br>5 STAGES OF KIDNEY DISEASE<br>Stage 1 CKD (chronic kidney disease): Mild kidney damage, GFR 90 or higher<br>Stage 2 CKD: Mild loss of kidney function, GFR 60-89<br>Stage 3a & 3b CKD: Mild to severe loss of kidney function, GFR 30-59<br>Stage 4 CKD: Severe loss of kidney function, GFR 15-29<br>Stage 5 CKD: Kidney failure or close to failure, GFR less than 15<br><br>Review of R18's clinical record revealed:<br><br>7/3/24 11:23 AM - The hospital Interagency Discharge orders stated, " ...Discharge diagnoses: ... CKD stage 4, GFR (glomerular filtration rate) 15-29 ml/min ....Diet: ...Soft and Bite-sized diet, Thin liquids, Low Potassium ...". | F 684 | F684 – D – Quality of Care<br>Corrective Action:<br>• There is no opportunity to correct the diet order for R18.<br>• An audit of all residents in the community under a skilled level of care was completed on 9/13/24 to ensure that the correct diet order was in place.<br>• The RN E5 who entered the verbal order for a regular diet as well as all other licensed staff members were educated regarding proper transcription of admission orders.<br><br>Identification of Other Residents:<br>• Current residents have the potential to be affected.<br>• In order to prevent a recurrence, all current licensed staff members have been educated regarding proper transcription of admission orders.<br><br>System Changes:<br>• The Root Cause of the concern was a failure to adhere to the facility policy "Admission Assessment and Follow Up: Role of the Nurse".<br>• The facility system for reviewing all admission orders has been revised. | |

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| F 684 | Continued From page 2<br>7/3/24 - R18 was admitted to the facility with diagnoses including but not limited to, chronic kidney disease with hypertensive heart failure and diabetes.<br><br>7/3/24 9:35 PM -E5 (RN) entered a verbal order from E4 (DO) for a regular diet in R18's electronic medical record (EMR). This order was electronically signed by E4 (DO).<br><br>7/10/24 - E7 (contracted dietician) completed R18's Dietary/Nutrition profile. This assessment failed to acknowledge R18's diagnosis of stage 4 kidney disease and his need for a low potassium diet.<br><br>7/17/24 - R18 was transferred to the hospital for heart failure and did not return to the facility.<br><br>9/10/24 2:10 PM - During an interview, E6 (dietician) stated, "I was on vacation at that time. [E7] was a contract dietician here to cover my vacation."<br><br>For the duration of R18's admission (7/3/24 to 7/17/24), the facility was unable to provide evidence that R18 was ever placed on a low potassium diet.<br><br>9/10/24 3:00 PM - The findings were reviewed with E1 (NHA), E2 (ADON) and E3 (Regional CNS) at the exit conference. | F 684 | • Admission orders will be reviewed by the nursing supervisor on the following shift following the admission.<br>• All new admission orders will also be verified by two nurses' during the morning clinical meeting.<br>• All new admission diet orders will be reviewed by the dietician the following workday post admission.<br><br>Success Evaluation:<br>• An audit of all current residents' diet orders under a skilled level of care has been completed.<br>• Audits will be completed weekly until 100% compliance is achieved for 3 consecutive evaluations, then every other week until 100% compliance is achieved for 3 consecutive evaluations, and then monthly until 100% compliance is achieved for 3 consecutive evaluations.<br>• The results of the audits will be provided to the QAPI Committee by the DON/ADON or Designee monthly for the next 3 months to determine the need for continued monitoring. | |