

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

PRINTED: 09/16/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085012	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/06/2020
NAME OF PROVIDER OR SUPPLIER REGENCY HEALTHCARE & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 801 N. BROOM STREET WILMINGTON, DE 19806	
(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 February 19, 2020 through March 6, 2020. The deficiencies contained in this report are based on observations, interviews, review of clinical records and other documentation as indicated. The facility census the first day of the survey was 95. The survey sample size was five residents. Abbreviations/definitions used in this report are as follows: ADON - Assistant Director of Nursing; CNA - Certified Nurse's Aide; DON - Director of Nursing; DOR - Director of Rehabilitation; eMAR - electronic Medication Administration Record; eTAR - electronic Treatment Administration Record; LPN - Licensed Practical Nurse; MD - Medical Doctor; MDS assessment - Minimum Data Set/standardized assessment tool used in Long Term Care; mg - milligram; NHA - Nursing Home Administrator; NP - Nurse Practitioner; PRN - as needed; RN - Registered Nurse.	F 000		
F 610 SS=D	Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:	F 610		5/6/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

04/30/2020

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 610	<p>Continued From page 1</p> <p>§483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated.</p> <p>§483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on record review, interview and review of facility documents as indicated, it was determined that for one (R154) out of five sampled residents for abuse investigation, the facility failed to identify an allegation of abuse and consequently, failed to thoroughly investigate the alleged violation, and failed to prevent further potential abuse while the investigation was in progress. Findings include: The facility's policy titled Abuse Investigation and Reporting, with a revision date of 7/2017, stated: "...Role of the Administrator: 1. If an incident or suspected incident of resident abuse...is reported, the Administrator will assign the investigation to an appropriate individual... 4. The Administrator will suspend immediately any employee who has been accused of resident abuse pending the outcome of the investigation. 5. The Administrator will ensure that any further potential abuse...is prevented. 6. The Administrator will inform the resident and his/her representative of the status of the</p>	F 610	<p>F 610</p> <p>A. Investigation of incident cannot be completed retroactively. B. Residents who alleged abuse could potentially be effected by the deficient practice. DON and director of social services will monitor all grievances and incidents reported to identify alleged abuse. C. Staff will be educated on incident reporting, occurrences and time frame of which incidents need to be reported to the state agency. The policy in effect was not adhere to by the present staff. Re education on all staff regarding immediately notification of any abuse allegations. Staff developer will educate all nursing staff of our abuse policy and state reporting requirements. D. DON/designee will audit all incidents, occurrences, and allegations of abuse for five days per week until three consecutive 100% compliance is achieved. Then,</p>		

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F 610	<p>Continued From page 2</p> <p>investigation and measures taken to protect the safety and privacy of the resident... Role of the Investigator...</p> <p>1. The individual conducting the investigation will, as a minimum...</p> <p>e. Interview the resident (as medically appropriate)...</p> <p>h. Interview the resident's roommate...</p> <p>i. Interview other residents to whom the accused employee provided care or services... Reporting...</p> <p>5. The Administrator, or his/her designee, will provide the appropriate agencies or individuals listed above with a written report of the findings of the investigation within five (5) working days of the occurrence of the incident."</p> <p>Review of 154's clinical record revealed the following:</p> <p>7/12/2019 6:30 PM - R154 was admitted to the facility from an acute care hospital.</p> <p>7/13/2019 7 AM to 3 PM Shift - A Resident/Family Grievance Concern Form, completed by E20 (RN) documented: "...Grievance: Pt. (patient) states 2 staff members went to her room around 4 AM and tried to undress her. She states they roughed her up. Pt. very agitated, and stated she was afraid and scared (Pt. is a new admit, was reassured that she will be safe and calmed down). Pt. states she does not want to be taken care by those 2 staff members...</p> <p>Grievance Summary Statement: Resident voiced concerned about 2 staff being rough around 4 a.m...</p> <p>Conclusion: Unsubstantiated regarding 11-7 shift staff...Date the written decision was issued:</p>	F 610	<p>three times a week until we consistently reach 100% compliance over three consecutive evaluations. Then, once a week, until we consistently reach 100% compliance over three consecutive evaluations. Then, one more time a month later, if we are still at 100% compliance we will conclude that we have successfully addressed the deficient practice. Results will be analyzed in the QA meetings to ensure regulatory compliance.</p>		

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F 610	<p>Continued From page 3 7/15/2019...</p> <p>Date/time/name of the resident and/or resident representative notified of grievance: msg (message) left 7/15/19 at 10:07." This document was signed by E1 (NHA) and E7 (SS).</p> <p>There was lack of evidence that the facility identified the above as an allegation of abuse, they failed to thoroughly investigate the alleged violation, and failed to prevent potential for further abuse.</p> <p>7/18/2019 - A witness statement by E7 (SS) was completed which documented after a care plan meeting, both R154 and her daughter requested to speak with E7. R154 discussed the concerns she reported on 7/13/2019 at 4 :00 AM. Per R154, 2 black female staff in regular clothes were rude to her and R154 yelled at them to stop.</p> <p>7/18/2019 5:09 PM - The complaint made by R154 and her daughter to E7 after the care plan meeting was an allegation of abuse and it was reported to the State Agency.</p> <p>Despite the fact that a complaint was made on 7/18/2019, this was the second time that R154 made the allegation, with the first time being on 7/13/2019. The facility assumed incorrectly with the first complaint that the incident occurred prior to R154's admission to the facility on 7/12/2019. When the second complaint was received by the facility on 7/18/2019, the facility correctly identified the complaint as an allegation of abuse, however, they failed to investigate the allegation and failed to prevent further abuse.</p> <p>7/26/2019 - A Follow Up was submitted to the State Agency, which documented, "In conclusion,</p>	F 610			

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F 610	Continued From page 4 Resident no longer feels fearful. Interviewed staffs (sic) from that night. Resident reported concerns of staff stating staff from last night. She was in (Name of the hospital) that night. Staff also reported this concern to the supervisor. Staff were educated on approach during the 11-7 shift. Resident felt staff were loud when walking in her room. No further concerns voiced...allegation unsubstantiated...". The facility failed to provide the findings within 5 working days. Findings were reviewed with E1 (NHA) and E2 (DON) during the Exit Conference on 3/6/2020 at 2:25 PM.	F 610			
F 635 SS=D	Admission Physician Orders for Immediate Care CFR(s): 483.20(a) §483.20(a) Admission orders At the time each resident is admitted, the facility must have physician orders for the resident's immediate care. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, it was determined that for one (R154) out of three sampled residents for medication investigation, the facility failed to ensure at the time of admission that the facility obtained physician orders for the residents immediate care. Findings include: Cross refer F755 Cross refer F760 The following was reviewed in R154's clinical record:	F 635	F635 A. Resident admissions orders/process is unable to be corrected retroactively. B. Residents admitted to the facility have the potential to be affected by the deficient practice. Admitted nurse will ensure that the physician orders are started at the correct time. To ensure that occurs the pharmacy needs to receive the admitted orders by cut off times. The RCA showed that it was an education issue, the admitted nurse was not aware of the pharmacy cut off times for medications	5/6/20	

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F 635	Continued From page 5 7/12/2019 6:30 PM - R154 was admitted to the facility from an acute care hospital. 7/12/2019 - The hospital's discharge list of medications documented the following medications: - Amiodarone (heart medication) 400 mg. by mouth with dinner for 1 week then 200 mg. by mouth with dinner daily thereafter. - Apixaban (blood thinner) 5 mg by mouth twice a day. - Metoprolol Tartrate (for blood pressure) 75 mg by mouth every 12 hours. - Omeprazole (to reduce acid in the stomach) 40 mg by mouth daily. - Docusate Sodium (stool softener) 100 mg by mouth twice a day. - Fluconazole (antifungal) 100 mg by mouth one time a day. 7/13/2019 9:36 AM - A progress note by E20 (RN) documented that the admission medications were verified with E27 (NP). This was approximately 15 hours after R154 was admitted to the facility. 2/21/2020 3:00 PM - An interview with E2 (DON) confirmed that the facility failed to have evidence of physician orders for immediate care when R154 was admitted to the facility on 7/12/2020. Findings were reviewed with E1 (NHA) and E2 (DON) during the Exit Conference on 3/6/2020 at 2:25 PM.	F 635	deliveries. No changes to our Policy and Procedure this was a failure to follow our policy and procedures. C. Staff developer will educated all nurses on Admission policy and procedures to include but not limited to verification of medication in a timely manner and pharmacy cut off times for prompt delivery. Night shift will check the chart for accuracy and UM will complete a follow up chart check the next working day. D.DON/designee will audit all admissions to the facility for five days per week until three consecutive 100% compliance is achieved. Then, three times a week until we consistently reach 100% compliance over three consecutive evaluations. Then, once a week, until we consistently reach 100% compliance over three consecutive evaluations. Then, one more time a month later, if we are still at 100% compliance we will conclude that we have successfully addressed the deficient practice. Results will be analyzed in the QA meetings to ensure regulatory compliance.		
F 755 SS=D	Pharmacy Srvc/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services	F 755		5/6/20	

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F 755	<p>Continued From page 6</p> <p>The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>§483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on record review and interview, it was determined that for one (R154) out of three sampled residents for medication investigation, the facility failed to ensure that the pharmaceutical services provided included the accurate dispensing and administration of medications. Findings include:</p>	F 755	<p>F755 A. Resident was admitted to the facility 7/12/2019 and the dispensing of her medications could not be corrected retroactively. B. Residents admitted to the facility have the potential to be affected by the deficient</p>		

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F 755	Continued From page 7 Cross refer F635 Cross refer F760 The following was reviewed in R154's clinical record: 7/12/2019 6:30 PM - R154 was admitted to the facility from an acute care hospital. 7/12/2019 - The hospital's discharge list of medications documented the following medications: - Amiodarone (heart medication) 400 mg. by mouth with dinner for 1 week then 200 mg. by mouth with dinner daily thereafter. - Apixaban (blood thinner) 5 mg by mouth twice a day. - Metoprolol Tartrate (for blood pressure) 75 mg by mouth every 12 hours. - Omeprazole (to reduce acid in the stomach) 40 mg by mouth daily. - Docusate Sodium (stool softener) 100 mg by mouth twice a day. - Fluconazole (antifungal) 100 mg by mouth one time a day timed at 9:00 AM. 7/13/2019 9:36 AM - A progress note by E20 (RN) documented that the admission medications were verified with E27 (NP). This was approximately 15 hours after R154 was admitted to the facility. 7/13/2019 through 7/14/2019 - Admission orders and the correlating electronic Medication Administration Record (eMAR) documented the following medications, as well as the scheduled time(s) of administration: - Amiodarone 400 mg timed 5:00 PM. - Apixaban 5 mg by mouth twice a day timed at	F 755	practice. Admitted nurse will ensure that the physician orders are started at the correct time. To ensure that occurs the pharmacy needs to receive the admitted orders by cut off times. The RCA showed that it was an education issue, the admitted nurse was not aware of the pharmacy cut off times for medications deliveries. No changes to our Policy and Procedure this was a failure to follow our policy and procedures. C. Staff developer will educate all nurses on pharmacy procedures as it relates to new order delivery. Admitting nurse will ensure all new orders are placed by cut off times and will be monitored by Nursing supervisor/unit manger. D.DON/designee will audit all admissions in relation to medication availability and delivery of medications to the facility for five days per week until three consecutive 100% compliance is achieved. Then, three times a week until we consistently reach 100% compliance over three consecutive evaluations. Then, once a week, until we consistently reach 100% compliance over three consecutive evaluations. Then, one more time a month later, if we are still at 100% compliance we will conclude that we have successfully addressed the deficient practice. Results will be analyzed in the QA meetings to ensure regulatory compliance.	

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F 755	<p>Continued From page 8 9:00 AM and 5:00 PM. - Metoprolol Tartrate 75 mg by mouth every 12 hours timed at 9:00 AM and 9:00 PM. - Fluconazole 100 mg by mouth one time a day timed at 9:00 AM.</p> <p>7/13/2019 9:00 AM - A review of the eMAR lacked evidence that the scheduled 9:00 AM medications Apixaban, Metoprolol Tartrate, and Fluconazole were administered.</p> <p>7/13/2019 5:00 PM - A review of the eMAR lacked evidence that the scheduled 5:00 PM medication Amiodarone 400 mg was administered.</p> <p>7/13/2019 7:47 PM - A progress note documented "Medication not available pending delivery from pharmacy, call placed to pharmacy. Per pharm rep (representative) medication will be delivered on next run. Call placed to MD to notify of medication delivery status. Return call pending."</p> <p>7/13/2019 8:39 PM - A progress note documented "Return call received from MD, new order, administer medication when it comes in, will notified (sic) 11-7 shift."</p> <p>There was lack of evidence when the facility received the medications.</p> <p>7/14/2019 5:00 PM - A review of the eMAR lacked evidence that the scheduled 5:00 PM medication Amiodarone 400 mg was administered.</p> <p>7/15/2019 5:00 PM - A review of the eMAR revealed that R154 was administered her first</p>	F 755			

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F 755	Continued From page 9 dose of Amiodarone 400 mg since admission, three days ago. 2/21/2020 3:00 PM - An interview with E2 (DON) confirmed that the previously documented medications were not administered to R154. The facility failed to ensure that the pharmaceutical services provided to R154 included the accurate dispensing and administration of medications. Findings were reviewed with E1 (NHA) and E2 (DON) during the Exit Conference on 3/6/2020 at 2:25 PM.	F 755			
F 760 SS=D	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, it was determined that the facility failed to ensure for one (R154) out of three sampled residents reviewed for medication review, that the resident was free from significant medication errors. Findings include: Cross refer F635 Cross refer F755 The following was reviewed in R154's clinical record: 7/12/2019 6:30 PM - R154 was admitted to the facility from an acute care hospital.	F 760	F760 A. Resident was admitted to the facility on 7/12/2019 and the missed medications could not be corrected retroactively. B. Residents admitted to the facility have the potential to be affected by the deficient practice. Admitted nurse will ensure that the physician orders are started at the correct time. To ensure that occurs the pharmacy needs to receive the admitted orders by cut off times. The RCA showed that it was an education issue, the admitted nurse was not aware of the pharmacy cut off times for medications deliveries. No changes to our Policy and	5/6/20	

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F 760	Continued From page 10 7/12/2019 - The hospital's discharge list of medications documented the following medications: - Amiodarone (heart medication) 400 mg. by mouth with dinner for 1 week then 200 mg. by mouth with dinner daily thereafter. - Apixaban (blood thinner) 5 mg by mouth twice a day. - Metoprolol Tartrate (for blood pressure) 75 mg by mouth every 12 hours. - Omeprazole (to reduce acid in the stomach) 40 mg by mouth daily. - Docusate Sodium (stool softener) 100 mg by mouth twice a day. - Fluconazole (antifungal) 100 mg by mouth one time a day timed at 9:00 AM. 7/13/2019 9:36 AM - A progress note by E20 (RN), documented that the admission medications were verified with E27 (NP), approximately 15 hours after R154 was admitted to the facility. 7/13/2019 through 7/14/2019 - Admission orders and the correlating electronic Medication Administration Record (eMAR) documented the following medications, as well as the scheduled time(s) of administrations: - Amiodarone 400 mg timed 5:00 PM. - Apixaban 5 mg by mouth twice a day timed at 9:00 AM and 5:00 PM. - Metoprolol Tartrate 75 mg by mouth every 12 hours timed at 9:00 AM and 9:00 PM. - Fluconazole 100 mg by mouth one time a day timed at 9:00 AM. 7/13/2019 9:00 AM - A review of the eMAR lacked evidence that the scheduled 9:00 AM	F 760	Procedure this was a failure to follow our policy and procedures. C. Staff developer will educate all nurses on pharmacy procedures as it relates to new order delivery. Admitting nurse will ensure all new orders are placed by cut off times and will be monitored by Nursing supervisor/unit manger. Staff will be educated on pharmacy service, cut off and delivery times, the First Dose Machine, and the use of back up pharmacy services. D.DON/designee will audit all admissions in relation to medication availability and delivery of medications to the facility for five days per week until three consecutive 100% compliance is achieved. Then, three times a week until we consistently reach 100% compliance over three consecutive evaluations. Then, once a week, until we consistently reach 100% compliance over three consecutive evaluations. Then, one more time a month later, if we are still at 100% compliance we will conclude that we have successfully addressed the deficient practice. Results will be analyzed in the QA meetings to ensure regulatory compliance.		

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

PRINTED: 09/16/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085012	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/06/2020
NAME OF PROVIDER OR SUPPLIER REGENCY HEALTHCARE & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 801 N. BROOM STREET WILMINGTON, DE 19806		
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F 760	<p>Continued From page 11</p> <p>medications Apixaban, Metoprolol Tartrate, and Fluconazole were administered.</p> <p>7/13/2019 5:00 PM - A review of the eMAR lacked evidence that the scheduled 5:00 PM medication Amiodarone 400 mg was administered.</p> <p>7/13/2019 7:47 PM - A progress note documented "Medication not available pending delivery from pharmacy, call placed to pharmacy. Per pharm rep (representative) medication will be delivered on next run. Call placed to MD to notify of medication delivery status. Return call pending."</p> <p>7/13/2019 8:39 PM - A progress note documented "Return call received from MD, new order, administer medication when it comes in, will notified 11-7 shift."</p> <p>There was lack of evidence when the facility received the medications.</p> <p>7/14/2019 5:00 PM - A review of the eMAR lacked evidence that the scheduled 5:00 PM medication Amiodarone 400 mg was administered.</p> <p>7/15/2019 5:00 PM - A review of the eMAR revealed that R154 was administered her first dose of Amiodarone 400 mg since admission.</p> <p>2/21/2020 3:00 PM - An interview with E2 (DON) confirmed that the previously documented medications were not administered to R154.</p> <p>The facility failed to be free of significant medication errors when R154 missed multiple</p>	F 760			

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F 760	Continued From page 12 doses of medications due to not obtaining the required medications timely. Findings were reviewed with E1 (NHA) and E2 (DON) during the Exit Conference on 3/6/2020 at 2:25 PM.	F 760			