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

DHSS - DLTCRP
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 577-6661

STATE SURVEY REPORT

NAME OF FACILITY: Methodist Country House Assisted Living DATE SURVEY COMPLETED: February 24, 2012

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
	An unannounced annual and complaint survey was conducted at this facility beginning February 17, 2012 and ending February 24, 2012. The facility census on the entrance day of the survey was 33 residents. The survey sample was composed of 4 residents and included 3 selected residents and an additional subsample of 1 resident. The survey process included observations, interviews and review of resident clinical records, facility documents and facility policies and procedures.	**3225.0, 3225.8.0, 3225.8.1, 3225.8.1.4** A. No action indicated, resident #SS1 received medications 15-20 minutes late without any adverse outcome B. No other residents affected, isolated incident. Last four resident sampled by surveyor during medication administration observation completed medication pass on 02/24/2012. Review of 30 minute rule and action (notification and medication administration by licensed nurse) with AWSAM trained DCPs completed.
3225.0	**Assisted Living Regulations**	
3225. 8.0	**Medication Management**	C. Medication time adjustments to be made in accordance with resident preference. Ongoing assessment and evaluation of medications administration times to be conducted by charge nurse and Director of Resident Nursing. Licensed Nurse to intervene if medication pass extends beyond 30 minute AWSAM guideline in accordance to policy and procedure.**(see attachment B)**
3225.8.1	**An assisted living facility shall establish and adhere to written policies and procedures which shall address:**	
3225.8.1.4	**Administration of medication, self-administration of medication, assistance with self-medication of administration, and medication management by an adult family member/support person.** **This requirement is not met as evidenced by:** Based on observation of assistance with self administration of medication conducted on 2/24/2012 it was determined that the facility failed to ensure that one resident (Resident #SS1) out of four sampled were assisted with the self-administration of medications in accordance with facility policy and procedure. Findings include:	D. Random medication pass observation will be conducted weekly on AWSAM trained DCP's for four weeks, then monthly for three additional months. Monthly random audits will be conducted until 100% compliance achieved and reported to Quality Improvement Committee. **(see attachment B)**

Provider's Signature Jerusha White Title Executive Director NHA Date 3/20/12

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	An unannounced annual and complaint survey was conducted at this facility beginning February 17, 2012 and ending February 24, 2012. The facility census on the entrance day of the survey was 33 residents. The survey sample was composed of 4 residents and included 3 selected residents and an additional subsample of 1 resident. The survey process included observations, interviews and review of resident clinical records, facility documents and facility policies and procedures.	**3225.0, 3225.8.0, 3225.8.1, 3225.8.1.4** A. No action indicated, resident #SS1 received medications 15-20 minutes late without any adverse outcome B. No other residents affected, isolated incident. Last four residents sampled by surveyor during medication administration observation completed medication pass on 02/24/2012. Review of 30 minute rule and action (notification and medication administration by licensed nurse) with AWSAM trained DCPs completed.
3225.0 **3225. 8.0** **3225.8.1** **3225.8.1.4**	**Assisted Living Regulations** **Medication Management** **An assisted living facility shall establish and adhere to written policies and procedures which shall address:** **Administration of medication, self-administration of medication, assistance with self-medication of administration, and medication management by an adult family member/support person.** **This requirement is not met as evidenced by:** Based on observation of assistance with self administration of medication conducted on 2/24/2012 it was determined that the facility failed to ensure that one resident (Resident #SS1) out of four sampled were assisted with the self-administration of medications in accordance with facility policy and procedure. Findings include:	C. Medication time adjustments to be made in accordance with resident preference. Ongoing assessment and evaluation of medications administration times to be conducted by charge nurse and Director of Resident Nursing. Licensed Nurse to intervene if medication pass extends beyond 30 minute AWSAM guideline in accordance to policy and procedure.**(see attachment B)** D. Random medication pass observation will be conducted weekly on AWSAM trained DCP's for four weeks, then monthly for three additional months. Monthly random audits will be conducted until 100% compliance achieved and reported to Quality Improvement Committee. **(see attachment B)** **COMPLETION DATE 03/30/2012**

Title Date

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	Observation of assistance with self administration of medication conducted on 2/24/2012 revealed that Resident #SS1 received nine prescribed medications approximately 45 to 50 minutes later than the scheduled hour of 8:00 AM as indicated by the MAR dated February 2012. Although review of the above referenced MAR revealed the nine medications were scheduled for administration at 8:00 AM, E3 (AWSAM staff member) proceeded to pour the medications and to assist Resident #SS1 with self administration of the above referenced medications between 8:45 AM and 8:50 AM. According to the section "Guidelines for AWSAM" of the "Trainer's Manual: Assistance With Self Administration of Medication II" the "Facility must ensure that medications given by the DCPs (designated care providers) are within ½ hour before or ½ hour after time documented on MAR". The facility failed to ensure that Resident #SS1 was assisted with self administration of medications at 8:00 AM as scheduled and in accordance with the MAR dated February 2012. These findings were reviewed at the survey exit conference attended by E1 (administrator) and E2 (RN/DRN) on 2/24/2012.	3225.13.0, 3225.13.2, 3225.2.9 A. Notification information was documented on the Service Agreements of Resident #1, #2, and #3 on 02/24/2012. **(see attachments C,D, and E)** B.. All current residents service plans reviewed and emergency contact information included on all service agreements. **(see attachment F)**
3225.13.0	**Service Agreements**	
3225.13.2	**The service agreement or contract shall address the physical, medical, and psychosocial services that the resident requires as follows:**	
3225.13.2.9	**Notification procedures when an incident occurs or there is a change in**	

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	the health status of the resident; **This requirement is not met as evidenced by:** Based on clinical record review and staff interview it was determined that the facility developed service agreements that failed to address all physical, medical, and psychosocial services required for three residents (Residents #1, #2 and #3) out of 4 sampled. Findings include: 1. Review of Resident #1's clinical record revealed that the current service agreement dated 11/21/2011 failed to include and to address the service described in 13.2.9 [Notification Procedures] as required in Section 3225.13, Service Agreements, of the Assisted Living Regulations. This finding was reviewed at the survey exit conference attended by E1 (administrator) and E2 (RN/DRN) on 2/24/2012. 2. Review of Resident #2's clinical record revealed that the current service agreement dated 12/6/2011 failed to include and to address the service described in 13.2.9 [Notification Procedures] as required in Section 3225.13, Service Agreements, of the Assisted Living Regulations. This finding was reviewed at the survey exit conference attended by E1 (administrator) and E2 (RN/DRN) on 2/24/2012. 3. Review of Resident #3's closed clinical record revealed that the initial service agreement dated 3/30/2011 failed to	(continue 3225.13.2.9) C. Resident General Service Plan template revised to include emergency contact information to be utilized in event of incident or change in health condition. **(See attachment G)** D. Monthly audits of all service agreements on admission, annually and with change in health condition times 4 months. **(see attachment H)** **COMPLETION DATE 03/30/2012**

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	include and to address the service described in 13.2.9 [Notification Procedures] as required in Section 3225.13, Service Agreements, of the Assisted Living Regulations. This finding was reviewed at the survey exit conference attended by E1 (administrator) and E2 (RN/ DRN) on 2/24/2012.	3225.13, 3225.13.6 A. Resident #2 Service Agreement updated to reflect care needs as indicated on the Uniform Assessment Instrument and addendum note of service agreement. (see attachment I for resident #2)
3225.13 3225.13.6	**Service Agreements** **The service agreement shall be reviewed when needs of the resident have changed and, minimally, in conjunction with each UAI. Within 10 days of such assessment, the resident and the assisted living facility shall execute a revised service agreement, if indicated.** **This requirement is not met as evidenced by:** Based on clinical record review and staff interview it was determined that the facility failed to review and to revise the service agreement in conjunction with the UAI when needs changed for one resident (Resident #2) out of four sampled. Findings include: Review of the clinical record revealed that Resident #2 was admitted to the assisted living facility on 7/14/2011with diagnoses which included dementia with delusional behavior, diabetes mellitus, type 2, hypertension, degenerative joint disease, and chronic venous insufficiency. Clinical record review also revealed that the initial UAI completed 7/12/2011 indicated Resident #2 was alert and oriented to person only. According to the same UAI,	B. No other resident affected, isolated incident. All resident records reviewed for identification and revision of service plans to include service needs indicated by Uniform Assessment Instrument. **(see attachment F)** C. Assisted Living Resident General Service Plan template revised and updated to correlate with format of Uniform Assessment Instrument to ensure consistent documentation of resident assessment and care needs. **(See attachment G)** D. Random weekly audits times 4, then monthly times 3 will be conducted to review the revised Uniform Assessment Instrument and the Resident General Service Plans, respectively. Audits will be conducted until 100% compliance achieved and reported to Quality Improvement Committee. **(see attachment H)** **COMPLETION DATE 03/30/2012**

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	Resident #2 exhibited short-term memory loss and resistance to care. Additionally the above referenced UAI revealed Resident #2 was independent for eating, mobility, bed mobility, transferring, grooming and dressing. However Resident #2 required assistance with toileting. Further review of the initial UAI revealed Resident #2 experienced a significant change in activities of daily living that was documented on 12/6/2011. Review of the UAI completed for a significant change on 12/6/2011 revealed that Resident #2 was dependent on staff for toileting, dressing and bathing. Additionally Resident #2 required physical assistance for mobility and cueing, standby assist or one person assistance for bed mobility, transferring and grooming. Review of the service agreement completed 12/6/2011 for a significant change revealed it was absent of any changes in Resident #2's activities of daily living and inconsistent with the UAI completed 12/6/2011 for significant changes. The facility failed to execute a revised service agreement review within ten days of a UAI reviewed and completed for changes in the needs of Resident #2. This finding was reviewed at the survey exit conference attended by E1 (administrator) and E2 (RN/ DRN) on 2/24/2012.	