

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

PRINTED: 07/02/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085041	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/04/2019
NAME OF PROVIDER OR SUPPLIER DELMAR NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 101 E. DELAWARE AVENUE DELMAR, DE 19940		
(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 Revised report following IDR held on May 1, 2019. An unannounced complaint survey was conducted at this facility from April 3, 2019 through April 4, 2019. The deficiencies cited in this report are based on observations, record reviews, staff interviews, and review of other facility documentation. The survey sample size was nine (9). The facility census the first day of the survey was 89. Abbreviations/definitions used in this report are as follows: ADON - Assistant Director of Nursing; Controlled Drug Administration Record Tablet (CDART) - A record containing the administration of controlled drugs; Clonazepam - medication to treat panic attacks, certain types of seizures, and short-term relief of the symptoms of anxiety; CNA - Certified Nurse's Aide; CP - Consultant Pharmacist; DON - Director of Nursing; LPN - Licensed Practical Nurse; FM1 - Family Member 1 Mg (Milligram) - unit of measurement; MS (Multiple Sclerosis) - a nervous system disease that affects your brain and spinal cord; NHA - Nursing Home Administrator; RN - Registered Nurse; UM - Unit Manager; XR - Extended release.	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,	F 610		6/4/19	

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

TITLE

(X6) DATE
05/16/2019

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.

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

PRINTED: 07/02/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085041	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/04/2019
NAME OF PROVIDER OR SUPPLIER DELMAR NURSING & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 101 E. DELAWARE AVENUE DELMAR, DE 19940		
(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 610	<p>Continued From page 1</p> <p>neglect, exploitation, or mistreatment, the facility must:</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 other facility documentation as indicated, it was determined that the facility failed to thoroughly investigate an allegation of misappropriation for one (R1) out of two sampled residents reviewed for allegations of misappropriation of resident property. Findings include: Cross refer to F755 example #1</p> <p>The facility policy titled, "Abuse, Neglect, Mistreatment and Misappropriation of Resident Property", with the most recent revision date of 1/2019, stated:</p> <p>"Definition... d. Misappropriation of resident property means the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident's belongings or money without the resident's consent."</p>	F 610	<p>R1 was reimbursed for her missing medications.</p> <p>There were no other residents affected. Facility Unit Managers completed a narcotic count for all residents. Counts were accurate. Facility completed a review of allegations of misappropriation for the last 60 days. (Exhibit 9)</p> <p>Immediately upon discovery, the facility implemented a system change for the narcotic count and reconciliation process. This change requires 2 nurses to sign when a count sheet is removed from the count. 100% education with staff members on this change occurred prior to the date of the survey.</p> <p>Stat order policy and emergency backup</p>	

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

PRINTED: 07/02/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085041	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/04/2019
NAME OF PROVIDER OR SUPPLIER DELMAR NURSING & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 101 E. DELAWARE AVENUE DELMAR, DE 19940		
(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 610	<p>Continued From page 2</p> <p>Additionally, "c. Investigation regarding misappropriation: complete an active search for missing item(s) including documentation of investigation. The investigation will consist of at least the following...An interview with the person or persons reporting the incident...Interviews with any witnesses to the incident...An interview with staff members having contact with the resident during the relevant periods or shifts of the alleged incident...A root cause analysis of all circumstances surrounding the incident. When an item is reported missing staff will notify the nursing supervisor...An incident report will be initiated...and protocol followed." "Additional Investigation Protocols:... The Administrator or designee will inform the resident and/or his/her representative of the findings of the investigation and the correction action."</p> <p>"Controlled Medications" are substances that have an accepted medical use (medications which fall under US Drug Enforcement Agency (DEA) Schedules II-V), have a potential for abuse, ranging from low to high, and may also lead to physical or psychological dependence. (drugs.com/schedule-2-drugs.html).</p> <p>"Adderall - Schedule 2 (II) Drugs. The drug has a high potential for abuse. The drug has a currently accepted medical use in treatment in the United States or a currently accepted medical use with severe restrictions." (drugs.com/schedule-2-drugs.html)</p> <p>Review of R1's clinical record revealed the following: Cross refer F755, example #1.</p> <p>1/15/19 - R1 was admitted to the facility from the hospital.</p>	F 610	<p>pharmacy verified with the pharmacy. Information related to backup pharmacy placed in Supervisor Book and staff educated on the need to attempt to get medications through the pharmacy as stat order or utilize the backup pharmacy prior to utilizing resident's medications from home.</p> <p>Staff re-educated on the acceptance of a 2 day supply, only if above attempts failed and resident health and safety would be effected by a delay in medication arrival. In addition, the education included education on a revised Medications Brought to the Facility by the Resident/Family Policy. The policy was revised to include process for validating medications, specifics for documentation and other specifics. (Exhibit 11)</p> <p>R1's family did not pick up the home medications during her stay. Based on facility policy Medications Brought Into Facility By The Resident/Family, which was in place prior to the survey (exhibit 1): "Medications brought into the facility that are not approved for the resident's use shall be returned to the family. If the family does not pick up the medications within thirty (30) days, the facility may destroy them in accordance with established policies".</p> <p>Staff members received additional education regarding this policy. (Exhibit 2). The facility also initiated at the time of discovery of the event, that the facility would only accept a 2 day home supply of medications to prevent this type of</p>	

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

PRINTED: 07/02/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085041	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/04/2019
NAME OF PROVIDER OR SUPPLIER DELMAR NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 101 E. DELAWARE AVENUE DELMAR, DE 19940		
(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 610	Continued From page 3 1/15/19 and timed 2:50 PM - A Physician Order, stated, "Adderall XR 10 mg capsule, extended release...give 5 capsules (50 mg) by oral route once daily at 8 a.m..." This medication was ordered for the treatment of R1's Multiple Sclerosis. 1/16/19 and timed 11:28 AM - A Physician Order, stated, "May give adderall from home until supply arrives from pharmacy...Automatic D/C Service on 1/17/19 at 9:01 AM." 1/16/19 and timed 11:34 AM - A Progress Note, by E4 (UM, RN) documented, "Adderall has not arrived from pharmacy and will not be delivered ...until tomorrow afternoon. (Name of the Nurse Practitioner) made aware and wanted the facility to contact family to see if they could bring in the supply from home. Adderall obtained and (Name of ADON, E3) verified medication with this writer." 1/18/19 through 1/30/19 - The "Controlled Drug Administration Record Tablet" (CDART) for Adderall XR 10 mg, give 5 capsules daily was received by the facility from the contracted pharmacy. 30 capsules were sent. R1's first administration of Adderall XR was documented as having been given on 1/18/19 at 8:00 AM, then daily as ordered. 1/18/19 through 1/30/19 - The MAR revealed, on a daily basis, that R1 was administered Adderall XR 50 mg as ordered. There were a total of five different licensed nurses who administered the medication during this period of time; E4 (UM, RN), E6 (RN), E7 (LPN), E8 (UM, LPN), and E9 (RN). 1/30/19 - R1 was transferred to the hospital due	F 610	occurrence in the future. This education was also completed prior to the survey. Education was provided to staff members responsible for completing abuse/misappropriation investigations on the importance of writing individual interview records vs summarizing the resident interviews. (Exhibit 5) Based on the investigation, Adderrall 20mg and 30mg tabs were found in the facility sharps box. Review of all resident medications over the last 90 days indicated that no other residents received Adderrall at the facility. The facility did not state that all medications were discovered, and implemented the system changes prior to the survey to prevent loss of the narcotic count sheets that would have provided the number of pills in possession of the facility, which would have allowed the facility to determine how many, if any of the pills were missing. (Exhibit 3) The staff member that documented inaccurately is no longer employed by the facility. Staff will be educated in reference to importance of accurate documentation as well as obtaining an order prior to administering "home" medications. (Exhibit 2 & 5) Facility Administrator or designee will complete audits of facility misappropriation investigations to ensure that individual interview records are obtained for each encounter with the resident, that documentation is accurate,		

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

PRINTED: 07/02/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085041	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/04/2019
NAME OF PROVIDER OR SUPPLIER DELMAR NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 101 E. DELAWARE AVENUE DELMAR, DE 19940		
(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 610	<p>Continued From page 4</p> <p>to an increase in severity of Multiple Sclerosis symptoms.</p> <p>2/1/19 and timed 3:54 PM - A Physician Order, stated, "Adderall XR 10 mg. capsule, extended release...give 5 capsules (50 mg) by oral route once daily at 8 a.m..."</p> <p>2/2/19 through 2/28/19 - The CDART, for Adderall XR 10 mg, give five capsules daily was documented as given on a daily basis, with the exception of two days; 2/7/19 and 2/19/19.</p> <p>2/2/19 through 2/28/19 - The MAR documented, on a daily basis that R1 was administered Adderall XR 50 mg as ordered with the exception of 2/19/19, as R1 was out of the facility for an office visit. There were a total of eight different licensed nurses who administered the medication during this period of time; E6 (RN), E7 (LPN), E9 (RN), E10 (LPN), E11 (UM, RN), E12 (LPN), E13 (RN), and E14 (LPN).</p> <p>3/1/19 through 3/18/19 - The MAR and corresponding CDART documented on a daily basis that R1 was administered Adderall XR 50 mg.</p> <p>3/8/19 - The facility's "Investigative Summary", regarding R1's missing two bottles of Adderall, brought from R1's home, documented: "Page 1..."How was event discovered? Resident questioned where (R1's) home medication were (sic)." "List of residents interviewed 1. (R1's name) Date 3/8/19 and Time 16:00 (4:00 PM)...Describe significant information gathered from these residents...States that (R1) is missing her medication. States that (R1) did not take the medication home with her." Footer of this page</p>	F 610	<p>and root cause is identified. Education also provided on the need to use qualifiers in summary of investigations such as "few", "some" or "all". The audits will occur on the following schedule: daily x 5 days until 100% compliance is noted for 5 consecutive days then three times a week until 100% compliance is noted for three weeks then weekly until 100% compliance is noted for three weeks then monthly for a minimum of three months, or until such time the facility feels that it has reached substantial compliance. The audits will be forwarded to the facility QAPI committee. (Exhibit 4)</p> <p>There were no other residents on Adderall 20mg or 30mg tabs, or any dose of Adderrall. The facility did locate Adderrall 20mg and 30mg tabs in the sharps box. The facility indicated that they were unable to determine if diversion occurred based on the fact that there was no count to verify how many capsules were missing. DON or designee will complete audits of the facility Narcotic Tracking Sheet logs to ensure that the counts are correct, and the system implemented for tracking the count sheets is accurate and correct. Audits will occur on the following schedule; daily x 5 days until 100% compliance is noted for 5 consecutive days then three times a week until 100% compliance is noted for three weeks then weekly until 100% compliance is noted for three weeks then monthly for a minimum of three months, or until such time the facility feels that it has reached substantial compliance. The audits will be forwarded</p>		

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

PRINTED: 07/02/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085041	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/04/2019
NAME OF PROVIDER OR SUPPLIER DELMAR NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 101 E. DELAWARE AVENUE DELMAR, DE 19940		
(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 610	Continued From page 5 documented "Page 1 of 6." "Page 2...Significant information related to incident:...The pharmacy services was unable to provide medication at needed time, so an order was obtained to use home supply of medication . Medication was counted and placed in the narcotic drawer of the medication cart. It was later discovered that the medication were (sic) no longer in cart. An investigation was initiated at this time. Staff statements were obtained. Staff members were interviewed and are unaware of the location of the missing medication." The footer of this page documented "Page 3 of 6", thus, it is unclear if there was a "Page 2 of 6" of this investigative summary that was missing. "Page 3. The Conclusion...Inspection of the facility indicates that the location of the narcotic sheet is unknown. Further inspection of the facility grounds indicates that Adderall 20 mg and 30 mg capsules have been located in the facility narcotic box. It appears that the medications were wasted and the narcotic count sheet have been (sic) misplaced. (Signature of E2, DON) and date of 3/13/19)." The footer of this page indicated "Page 4 of 6." "Page 4...Follow-Up Actions: ...(Name of R1) will be reimbursed for his/her Rx (prescription)...Signature and title of primary investigator: (Signature of E2) and dated 3/15/19...Administrator Signature: (Signature of E1, NHA) and date of 3/18/19...Record any follow-up...DOH (Department of Health/State Agency) date 3/13/19...Law Enforcement Delmar PD (Police Department) 3/8/19...Other follow-up information." Footer of this page documented "Page 5 of 6." "Review of the medication room on 3/15/19 indicates that the Adderall is located in sharps container. It appears that the medication had been wasted, and the sheet missing. A review of	F 610	to the facility QAPI Committee. (Exhibit 7) Facility to monitor compliance with the policy: Medications Brought Into Facility By The Resident/Family. Audits will occur on the following schedule; daily x 5 days until 100% compliance is noted for 5 consecutive days then three times a week until 100% compliance is noted for three weeks then weekly until 100% compliance is noted for three weeks then monthly for a minimum of three months, or until such time the facility feels that it has reached substantial compliance. The audits will be forwarded to the facility QAPI Committee. (Exhibit 10)		

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

PRINTED: 07/02/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085041	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/04/2019
NAME OF PROVIDER OR SUPPLIER DELMAR NURSING & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 101 E. DELAWARE AVENUE DELMAR, DE 19940		
(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 610	<p>Continued From page 6</p> <p>facility residents was completed over the past 60 days. There have been no other residents in the facility with an Adderall order. The facility is confident that the Adderall in the sharps container is that of (R1)." Footer of this page documented "Page 6 of 6."</p> <p>There was a lack of evidence, of a root cause analysis of all circumstances surrounding the incident, specifically, related to the lack of removal of R1's home supply of Adderall, when the order was discontinued for the use after 48 hours. In addition, the facility incorrectly documented, on "Page 3 The Conclusion that "capsules have been located in the facility's narcotic box."</p> <p>The above investigative file included interviews with 10 licensed staff members, who reported they were involved when R1's home medications were given to the facility on 1/15/19 and/or worked from 2/7/19 through 2/11/19. Staff interviewed included: E3 (ADON), E4 (UM, RN), E6 (RN), E8 (UM, LPN), E9 (RN), E11 (UM, RN), E12 (LPN), E13 (RN), E15 (LPN), and E16 (LPN).</p> <p>Of note, E9's (RN) telephone interview obtained by E3 (ADON) at 5:00 PM, documented, "I remember seeing the medication when I worked on 2/7/19. I actually used the resident's medication when I administered the Adderall during medication pass and the resident and provider was aware...I put the medication back in the narcotic drawer."</p> <p>4/4/19 at approximately 10:00 AM - An interview with E2 (DON), the primary investigator was conducted. E2 verbalized that upon interview with the facility's Consultant Pharmacist (CP/E5) on or after 3/8/19, the determination was made to</p>	F 610		

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

PRINTED: 07/02/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085041	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/04/2019
NAME OF PROVIDER OR SUPPLIER DELMAR NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 101 E. DELAWARE AVENUE DELMAR, DE 19940		
(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 610	<p>Continued From page 7</p> <p>interview licensed staff who had access to the medication cart between 2/7/19 and 2/11/19. E2 confirmed that a statement was not obtained from E5, however, it was E2's understanding that E5 observed both bottles of Adderall 20 mg and 30 mg during the Pharmacy Consultant's Monthly Pharmacist inspection conducted on 2/7/19. In addition, the date that the bottles were missing was based on an interview with E13 (RN), who was out of the facility prior to 1/15/19 and returned to the facility on 2/11/19. E13 reported that upon his/her return on 2/11/19, there were no bottles of Adderall. During this interview, E2 provided a Sharps container, in which multiple tablets of Adderall were observed on the bottom of the container by the surveyor. Surveyor inquired if E2 had interviewed R1 during the investigation and E2 replied that R1 was not interviewed, subsequent to R1 inquiring about her missing medication.</p> <p>4/4/19 at approximately 2:00 PM - An interview with E13 (RN) was conducted. E13 verbalized on 2/7/19, R1 had questioned where R1's home medications were. E13 verbalized that the medications were not in the narcotic box. E13 subsequently contacted R1's mother (F1) telephonically to inquire if F1 had the two bottles of the Adderall. F1 verbalized to E13 "why are you calling me, ask R1." E13 verbalized F1 denied having the medications.</p> <p>4/4/19 at approximately 2:45 PM - The surveyor was provided the following typed statement by E5 (CP), from E2 (DON): "On February a medication Station Inspection was completed on Station One. During this inspection I noted a vial of Adderall was locked in the narcotic drawer, in the medication cart. I asked the nurse why they were storing a</p>	F 610			

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

PRINTED: 07/02/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085041	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/04/2019
NAME OF PROVIDER OR SUPPLIER DELMAR NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 101 E. DELAWARE AVENUE DELMAR, DE 19940		
(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 610	<p>Continued From page 8</p> <p>resident's home medication in the medication cart. I was told that the medication was not yet available from the provider pharmacy and they had discussed this with the medical staff and received authorization to administer the residents home medication until the medication was received from the provider pharmacy. I was also told that they had initiated a count sheet on receipt of this resident's home medication for accountability purposes. There was not a discrepancy noted at this time, and documented (sic) was not required. Addendum: On my visit on March 7th I do not recall if the vial of Adderall was still in the narcotic drawer at the time. I do not recall if there was an active order on 2/7/19 to use (R1's) home medication in the chart/computer."</p> <p>4/4/19 at approximately 3:15 PM - A telephonic interview with R1 revealed that she/he asked for her medication bottles of Adderall to be returned to her on 3/8/19. This request was made to E13 (RN). R1 confirmed that she/he was not interviewed while the facility was conducting their investigation.</p> <p>4/5/19 at approximately 1:00 PM - An interview with E5 (CP) was conducted. E5 revealed that when he/she conducted the inspection on 2/7/19, he/she recalled "a vial of Adderall." The surveyor inquired if there was one or two containers of Adderall and E5 verbalized that he/she did not recall if there was more than one container of Adderall.</p> <p>The facility failed to have evidence of a thorough and concise investigation of an allegation of misappropriation of R1's personal property, as evidenced by:</p> <ul style="list-style-type: none"> - Lack of evidence of a root cause analysis of all 	F 610			

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

PRINTED: 07/02/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085041	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/04/2019
NAME OF PROVIDER OR SUPPLIER DELMAR NURSING & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 101 E. DELAWARE AVENUE DELMAR, DE 19940		
(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 610	Continued From page 9 circumstances surrounding the incident. - Lack of evidence, of an additional interview with R1, subsequent to R1 inquiring about her own medication on 3/8/19. - Incorrectly documenting in the conclusion of the investigation that R1's home medication was located in the facility's narcotic box.	F 610		
F 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services 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. §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. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate	F 755		6/4/19

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

PRINTED: 07/02/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085041	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/04/2019
NAME OF PROVIDER OR SUPPLIER DELMAR NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 101 E. DELAWARE AVENUE DELMAR, DE 19940		
(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 755	Continued From page 10 reconciliation; and §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, interview, and review of other facility documentation as indicated, it was determined that for one (R1) resident, the facility failed to ensure a resident's personal supply of narcotic medication was accounted for and secure. In addition, based on observation, record review, interview, and review of other facility documentation as indicated, it was determined that for one (Station 2) cart out of four carts observed, the facility failed to have an effective system to ensure the timely removal and destroying of discontinued controlled substances. Findings include: The facility's policy and procedure titled, "Medication Dispensing: Controlled Substance", with an effective date of 2/2009, stated: "Discontinuation of Controlled Substances: Controlled medications, which have been discontinued due to order discontinuation or resident expiration or discharge must be destroyed per facility policy." The facility's policy and procedure titled, "Medication Returns and Disposition: Disposal of Medications", with an effective date of 2/2009, stated: "Discontinued medications that are not returnable to the pharmacy for credit will be removed from the medication area and destroyed." "Procedure:...Authorized personnel only will handle disposal of medication in the facility. The facility Director of Nurse's and/or Administrator	F 755	R2's medications that were discontinued on 1/28/19 and 3/12/19 were removed and destroyed.. There was no negative outcome to resident affected. All resident have the potential to be effected by the deficient practice. Facility Unit Managers completed an audit to ensure that discontinued narcotics have been removed/destroyed. (Exhibit 6) At the time of discovery, prior to the survey, the facility completed education with all nursing staff that a nursing manager must be present as the witness for narcotic destruction. Nursing staff members have been educated that a facility narcotic must be destroyed as soon as possible after order discontinuation, no greater than 3 days. (Exhibit 2) Immediately upon discovery, the facility implemented a system change for the narcotic count and reconciliation process. This change requires 2 nurses to sign when a count sheet is removed from the count. 100% education with staff members on this change occurred prior to		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085041	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/04/2019
NAME OF PROVIDER OR SUPPLIER DELMAR NURSING & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 101 E. DELAWARE AVENUE DELMAR, DE 19940		
(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 755	<p>Continued From page 11</p> <p>will determine which personnel are authorized to handle the disposal of medications at the facility..."</p> <p>"Controlled Medications" are substances that have an accepted medical use (medications which fall under US Drug Enforcement Agency (DEA) Schedules II-V), have a potential for abuse, ranging from low to high, and may also lead to physical or psychological dependence. (drugs.com/schedule-2-drugs.html).</p> <p>"Adderall - Schedule 2 (II) Drugs. The drug has a high potential for abuse. The drug has a currently accepted medical use in treatment in the United States or a currently accepted medical use with severe restrictions." (drugs.com/schedule-2-drugs.html)</p> <p>1. Review of R1's clinical record revealed the following: Cross refer F610.</p> <p>1/15/19 - R1 was admitted to the facility from the hospital.</p> <p>1/15/19 and timed 2:50 PM - A Physician Order, stated, "Adderall XR 10 mg capsule, extended release...give 5 capsules (50 mg) by oral route once daily at 8 a.m..." This medication was ordered for the treatment of R1's Multiple Sclerosis.</p> <p>1/16/19 and timed 11:28 AM - A Physician Order, stated, "May give adderall from home until supply arrives from pharmacy...Automatic D/C Service on 1/17/19 at 9:01 AM."</p> <p>1/16/19 and timed 11:34 AM - A Progress Note, by E4 (UM, RN) documented, "Adderall has not</p>	F 755	<p>the date of the survey.</p> <p>Licensed staff were provided with subsequent education regarding facility policy related to removing/destroying discontinued medications as soon as possible, but not greater than 3 days.</p> <p>R1's family did not pick up the home medications during her stay. Based on facility policy Medications Brought Into Facility By The Resident/Family, which was in place prior to the survey (exhibit 1): "Medications brought into the facility that are not approved for the resident's use shall be returned to the family. If the family does not pick up the medications within thirty (30) days, the facility may destroy them in accordance with established policies". Staff members received additional education regarding this policy. (Exhibit 2)</p> <p>DON or designee will complete an audit of facility medication carts to ensure that discontinued narcotics have been destroyed in a timely manner and are absent of home medications. The audit will occur on the following schedule: daily x 5 days until 100% compliance is noted for 5 consecutive days then three times a week until 100% compliance is noted for three weeks then weekly until 100% compliance is noted for three weeks then monthly for a minimum of three months, or until such time the facility feels that it has reached substantial compliance. The audits will be forwarded to the facility QAPI Committee. (Exhibit 8)</p>	

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

PRINTED: 07/02/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085041	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/04/2019
NAME OF PROVIDER OR SUPPLIER DELMAR NURSING & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 101 E. DELAWARE AVENUE DELMAR, DE 19940		
(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 755	<p>Continued From page 12</p> <p>arrived from pharmacy and will not be delivered ...until tomorrow afternoon. (Name of the Nurse Practitioner) made aware and wanted the facility to contact family to see if they could bring in the supply from home. Adderall obtained and (Name of ADON, E3) verified medication with this writer."</p> <p>3/8/19 - The facility's "Investigative Summary", regarding R1's missing two bottles of Adderall, brought from R1's home, documented: "Page 2...Significant information related to incident:...The pharmacy service was unable to provide medication at needed time, so an order was obtained to use home supply of medication . Medication was counted and placed in the narcotic drawer of the medication cart. It was later discovered that the medication were (sic) no longer in cart. An investigation was initiated at this time. Staff statements were obtained. Staff members were interviewed and are unaware of the location of the missing medication." "Page 3. The Conclusion...Inspection of the facility indicates that the location of the narcotic sheet is unknown. Further inspection of the facility grounds indicates that Adderall 20 mg and 30 mg capsules have been located in the facility narcotic box. It appears that the medications were wasted and the narcotic count sheet have been (sic) misplaced. (Signature of E2, DON) and date of 3/13/19)." "Page 4...Follow-Up Actions: ...(Name of R1) will be reimbursed for his/her Rx (prescription)...Signature and title of primary investigator: (Signature of E2) and dated 3/15/19...Administrator Signature: (Signature of E1) and date of 3/18/19...Record any follow-up...DOH (Department of Health/State Agency) date 3/13/19...Law Enforcement Delmar PD (Police Department) 3/8/19...Other follow-up information."</p>	F 755		

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

PRINTED: 07/02/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085041	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/04/2019
NAME OF PROVIDER OR SUPPLIER DELMAR NURSING & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 101 E. DELAWARE AVENUE DELMAR, DE 19940		
(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 755	<p>Continued From page 13</p> <p>"Review of the medication room on 3/15/19 indicates that the Adderall is located in sharps container. It appears that the medication had been wasted, and the sheet missing. A review of facility residents was completed over the past 60 days. There have been no other residents in the facility with an Adderall order. The facility is confident that the Adderall in the sharps container is that of (R1)."</p> <p>Of note, E9's (RN) telephone interview obtained by E3 (ADON) at 5:00 PM, documented, "I remember seeing the medication when I worked on 2/7/19. I actually used the resident's medication when I administered the Adderall during medication pass and the resident and provider was aware...I put the medication back in the narcotic drawer."</p> <p>4/4/19 at approximately 10:00 AM - An interview with E2 (DON), the primary investigator was conducted and confirmed that the use R1's Adderall from home was for a period of 48 hours and based on multiple licensed staff interviews, R1's Adderall remained in the narcotic box after the order was discontinued. E2 confirmed that the two CDARTs for the two bottles of Adderall, for purposes of accounting of the controlled substance was missing.</p> <p>The facility failed to ensure a system was in place and maintained for the records of receipt and disposition of R1's medication supplied from home. While the facility instituted a system to account for the Adderall, the facility failed to recognize when the system failed and failed to ensure the medication was returned to R1.</p> <p>2. 4/3/19 at approximately 1:45 PM - Observation</p>	F 755		

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

PRINTED: 07/02/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085041	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/04/2019
NAME OF PROVIDER OR SUPPLIER DELMAR NURSING & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 101 E. DELAWARE AVENUE DELMAR, DE 19940		
(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 755	<p>Continued From page 14 of Station 2's medication cart narcotics drawer was conducted with E10 (LPN). There were two, Controlled Drug Administration Record Tablet (CDART) with remaining medications:</p> <p>Review of R2;s clinical record revealed:</p> <p>2a. R2 was ordered Clonazepam 1 mg by mouth daily at bedtime on 1/8/19 and it was discontinued on 1/28/19. The CDART contained eight remaining tablets of this medication.</p> <p>2b. R2 was ordered Clonazepam 0.5 mg by mouth daily on 1/28/19 and it was discontinued on 3/12/19. The CDART contained one remaining tablet of this medication.</p> <p>4/3/19 at approximately 2:00 PM - An interview with E11 (UM, RN) confirmed that the above controlled substance medications should have been removed and destroyed when the medications were discontinued. E11 immediately removed the above two CDARTs and destroyed the remaining controlled substance medication.</p> <p>4/3/19 at approximately 3:20 PM - An interview with E2 (DON) revealed the process for destroying controlled substances was for the nurse manager to be present as one of the witnesses during destruction. E2 confirmed the facility failed to remove and destroy the above controlled substance medications.</p> <p>Findings were reviewed with E1 (NHA) and E2 (DON) during the exit conference on 4/4/19 at approximately 4:30 PM.</p>	F 755		



**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: Delmar Nursing and Rehab.

DATE SURVEY COMPLETED: April 4, 2019

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
<p>3201</p> <p>3201.1.0</p> <p>3201.1.2</p>	<p>The State Report incorporates by reference and also cites the findings specified in the Federal Report.</p> <p>An unannounced complaint survey was conducted at this facility from April 3, 2019 through April 4, 2019. The deficiencies cited in this report are based on observations, record reviews, staff interviews, and review of other facility documentation. The survey sample size was eight (9). The facility census the first day of the survey was 89.</p> <p>Abbreviations/definitions used in this report are as follows:</p> <p>ADON - Assistant Director of Nursing; CNA - Certified Nurse's Aide; DON - Director of Nursing; LPN - Licensed Practical Nurse; NHA - Nursing Home Administrator; RN - Registered Nurse;</p> <p>Regulations for Skilled and Intermediate Care Facilities</p> <p>Scope</p> <p>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</p>		

Provider's Signature *Doug Kravler* Title *Administrator* Date *April 18, 2019*



**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: Delmar Nursing and Rehab.

DATE SURVEY COMPLETED: April 4, 2019

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	<p>herein. All applicable code requirements of the State Fire Prevention Commission are hereby adopted and incorporated by reference.</p> <p>This requirement is not met as evidenced by: Cross refer to CMS 2567-L survey completed April 4, 2019: F610 and F755.</p>		

Provider's Signature *Alex Kussel* Title *Administrator* Date *April 18, 2019*