



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Health Care Quality

Office of Long-Term Care
Residents Protection

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

STATE SURVEY REPORT

Page 1 of 1

NAME OF FACILITY: Delaware Hospital for the Chronically III

DATE SURVEY COMPLETED: February 24, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	<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 February 19, 2025, through February 24, 2025. The deficiencies contained in this report are based on observations, interviews, review of residents' clinical records and review of other facility documentation as indicated. The facility census on the first day of the survey was sixty-nine (69). The investigative sample totaled four (4) residents.</p>		
3201	Regulations for Skilled and Intermediate Care Nursing Facilities		
3201.1.0	Scope		
3201.1.2	<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 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:</p> <p>Cross Refer to the CMS 2567-L survey completed February 24, 2025: F689.</p>	<p>3201.1.2</p> <p>Cross Refer to the CMS 2567-L survey completed February 24, 2025: F689.</p>	<p>03/12/25</p>

Provider's Signature Gualdine Stewart

Title Director

Date 3/12/2025

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

PRINTED: 03/13/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085035	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/24/2025
NAME OF PROVIDER OR SUPPLIER DELAWARE HOSPITAL F/T CHRONICALLY ILL (DHCI)			STREET ADDRESS, CITY, STATE, ZIP CODE 100 SUNNYSIDE ROAD SMYRNA, DE 19977		
(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	<p>INITIAL COMMENTS</p> <p>An unannounced Complaint Survey was conducted at this facility from February 19, 2025 through February 24, 2025. The deficiencies contained in this report are based on observations, interviews, review of residents' clinical records and review of other facility documentation as indicated. The facility census on the first day of the survey was sixty-nine (69). The sample totaled four (4) residents.</p> <p>Abbreviations/definitions used in this report are as follows:</p> <p>CNA - Certified Nurse's Aide; ADON - Assistant Director of Nursing; LPN - Licensed Practical Nurse; NHA - Nursing Home Administrator; NP - Nurse Practitioner;</p> <p>Abatement - end, reduce or terminate; Activities of Daily Living (ADL) - tasks needed for daily living, e.g. dressing, hygiene, eating, toileting, bathing; ADLs - Activities of Daily Living; BIMS - (Brief Interview for Mental Status) - assessment of the resident's mental status. The total possible BIMS Score ranges from 0 to 15 with 15 being the best. 0-7: Severe impairment (never/rarely made decisions); 08-12: Moderately impaired (decisions poor; cues/supervision required); 13-15: Cognitively intact (decisions consistent/reasonable); Dementia - loss of mental functions such as memory and reasoning that is severe enough to interfere with a person's daily functioning; Hematoma - collection of blood as a result of trauma;</p>	F 000			

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

TITLE

(X6) DATE

Electronically Signed

03/12/2025

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 000	Continued From page 1 Hoyer Lift - sling-type mechanical lift; Intra cranial traumatic hemorrhage - bleeding within the skull as a result of trauma.	F 000			
F 689 SS=J	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that for one (R1) out of three residents reviewed for accident hazards and falls, the facility failed to ensure that R1 received adequate hands-on assistance and supervision to prevent a fall to the extent possible. R1, a cognitively impaired and dependent resident sustained a fall on 2/14/25 when two staff members improperly used a mechanical lift to perform a transfer. The facility's failure caused R1 to suffer a subdural hematoma and two (2) lacerations to her scalp. R1 was sent emergently to the hospital. Due to this failure, an Immediate Jeopardy (IJ) was called at 10:30 AM on 2/20/25. Findings include: The facility's fall policy dated 2023 and titled, "Fall Prevention", included, "...The facility will ensure that the resident environment is safe and free of hazards. That each resident receives adequate supervision to prevent falls or minimize the risk for fall related injuries ..."	F 689	A. The facility failed to provide the recommended use of two-person hands-on assistance for a resident during the transfer from the bed to the wheelchair with the use of a mechanical lift on 02/14/2025. Both staff involved in the transfer of the resident received a refresher training on using the proper techniques and the requirement of two-person assistance with hands-on the resident while in the air when transferring residents using a mechanical lift on 02/18/2025. All nursing staff completed a mandatory in-service training on the proper use of a mechanical lift and the requirement for two-person assistance with hands-on the resident while in the air when transferring residents by the Nurse Trainer Educator III or designee on 02/22/2025. B. All residents requiring two-person		3/12/25

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F 689	<p>Continued From page 2</p> <p>Review of R1's clinical record revealed:</p> <p>12/29/16 - R1 was admitted to the facility with diagnoses including dementia, chronic kidney disease and weight loss.</p> <p>8/3/24 - R1's fall care plan (revised 2/10/25) documented, "Transfer with the help of 2 people using a mechanical lift, using the appropriate size sling ..."</p> <p>11/13/24 - R1's quarterly MDS documented a BIMS score of 00, indicating a severe cognitive impairment. R1's MDS also documented, "Complete dependence on the staff for all activities of daily living, including eating, dressing and transfers."</p> <p>2/14/25 - E5 (CNA) documented in a facility's investigative document titled and timed 12:30 PM, "Employee Interview Statement", "After I provided care for [R1] Me and the nurse (R4 LPN) were putting her [R1] in the chair, and she slid from her sling to the floor."</p> <p>2/14/25 - E4 documented in a facility's investigative document titled and timed 12:30 PM, "Employee Interview Statement", "...I was in the room ...and started (the roommate's) tube feeding. After starting the feeding, I noticed [R1's] CNA come with a lift to get her up for lunch. I told her that since I'm already in the room, I will watch her while she put [R1] in her wheelchair. I watched [E5] connect all 4 hooks to the Hoyer lift. Then she lifted her (R1) up. I saw both of [R1's] legs of out of the sling, and I told [E5] that I will hold both legs so that they don't hit the wheelchair. I was not able to get to them in time. I</p>	F 689	<p>assistance for transfers while using a mechanical lift have the potential to be affected by this deficient practice. A full review of care plans for all residents requiring two-person assistance for transfers while using a mechanical lift was completed and updated by each RN Unit Manager, Charge Nurse, or designee. All nursing staff completed a mandatory in-service training on the proper use of a mechanical lift and the requirement for two-person assistance with hands-on the resident while in the air when transferring residents.</p> <p>C. The root cause of this deficient practice is staff's failure to follow the facility's protocols and training related to two-person transfers with a mechanical lift. All nursing staff completed a mandatory review of the facility's protocols for safe transfers using a mechanical lift. The training included the risks and potential injuries caused by improper transfers, the importance of following the care plan for each resident and using the required number of staff for transfers. It also included training on the proper use of a mechanical lift and the requirement for two-person assistance with hands-on the resident while in the air when transferring residents.</p> <p>D. Weekly observation rounds will be conducted by the RN Unit Managers and RN Nursing Supervisors where they will closely monitor resident transfers, ensuring that all nursing staff adhere to</p>		

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F 689	<p>Continued From page 3</p> <p>heard [R1] fall on the floor. I ran immediately and called the unit manager in the dayroom."</p> <p>2/14/25 1:30 PM - E6 (NP) documented in R1's clinical record, "Resident fell from the Hoyer lift a few minutes before we were called to the unit staff reports the fall was due to slipping while being transferred. Resident has bleeding of head, left hand, left leg pain ...she repeated mumbled in distress ...limited exam to her head because of diffuse bleeding and need to apply pressure to the laceration..."</p> <p>2/14/25 2:44 PM - E4 (LPN) documented in R1's nursing progress notes, "Resident fell at 1244 [12:44 PM] during 2 people transfer from her bed to her chair. She was noted with blood on the back of her head and her right shin. She was alert, treatment was provided. 911 was activated and was sent to the hospital."</p> <p>Of note, both E5 and E6's investigative statements documented that the fall occurred at 12:30 PM.</p> <p>2/18/25 12:15 PM - The facility's immediate action plan included training of E4 and E5 on the use of the mechanical lift.</p> <p>2/19/25 1:30 PM - During an interview, E5 (CNA) stated, "The fall happened so sudden and fast. I provided her care, and she was ready to get up in the chair. The nurse (E4) was in the room was taking care of the other patient. The nurse said, "I am already here, I will help you." The pad was under the resident [R1] and I hooked up the sling to the lift. The nurse was on the other side of bed. I raised the sling to get her [R1] off the bed and tried to straighten myself and it happened</p>	F 689	<p>the two-person lift requirement while using a mechanical lift using the Vancare Skills Observation Assessment (Attachment #1). Any deficient findings will be immediately addressed and forwarded to the Director of Nursing (DON) or designee for appropriate corrective action. Additionally, the Continuous Quality Improvement Nurse (CQI RN III) or designee will conduct weekly random observations of 30 percent of residents who require transfers using a mechanical lift on all nursing units to ensure compliance using the Vancare Skills Observation Assessment (Attachment #1). The CQI RN III or designee will also conduct weekly random audits of all residents requiring two-person assistance for transfers to ensure the use of the appropriate sling type and size, using the Resident Transfer Audit Tool (Attachment #2). Both audits will be completed for ten (10) consecutive weeks, and then monthly until the facility reaches 100 percent compliance for four (4) consecutive months. The results of these audits will be reviewed at the quarterly QAPI Steering Committee meetings. If it is determined that 100 percent compliance is achieved for (4) four consecutive months, then the facility will conclude that we have successfully addressed this deficient practice.</p>		

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F 689	<p>Continued From page 4</p> <p>suddenly. I was behind the lift and tried to open the legs of the lift to put the resident above the chair. The nurse was around the side of the bed, but the resident slid out of the bed before she could reach her." The Surveyor asked E5 if the nurse "Had hands" on the resident while she was being lifted from the bed. E5 stated, "The nurse was coming around the bed to reach the resident. It all happened so fast."</p> <p>2/20/25 12:30 PM - During an interview R4 (LPN) stated, "I was putting the feeding up for the roommate and the aide [E5] was helping [R1] to get up for lunch. She finished getting her ready to get up and I told her that I would help her with the lift. I was on one side of the bed, and the aide was on the other side. She started to bring her around to the chair, and I saw her [R1's] legs hanging out of the sling. I said, "Hold on, let me secure her legs so they don't hit the wheelchair." The resident was in the air already by the time I got around from the other side of the bed. And [E5] was backing up with the lift to put her in the chair. I came around to help put the resident in the chair, but she started to slide and fell before I could reach her. I did not get to reach her legs before she hit the floor."</p> <p>2/20/25 10:30 AM - An Immediate Jeopardy was called due to the seriousness of this incident.</p> <p>2/21/25 1:30 PM - A review of R1's hospital records revealed that she sustained the following:</p> <ul style="list-style-type: none"> - An intra cranial traumatic hemorrhage, - A 9 cm. laceration to the mid- scalp, - A 5 cm. laceration to the back of her scalp. <p>R1 was placed on comfort care and expired at</p>	F 689			

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F 689

Continued From page 5
the hospital.

The facility failed to provide the recommended use of two persons "hands on" assistance for R1 during the transfer from the bed to the wheelchair with the use of a mechanical lift. R1 sustained a traumatic fall which resulted in head injuries and expired at the hospital.

2/21/25 3:30 PM - The facility's abatement plan was accepted.

The facility's action plan included:

- All nursing staff will complete a mandatory in-service training on the proper use of mechanical lifts and the requirement for two-person assistance with hands on the resident while in the air when transferring residents.

- A review of the facility protocols for safe transfers, including the use of mechanical lifts, a detailed explanation of the risks and potential injuries caused by improper transfers, emphasis on the importance of following the care plan for each resident and using the required number of staff for transfers; and hands-on resident training while in the air, on proper techniques and safety protocols for lifting and transferring residents while using mechanical lifts.

- A full review of all residents' care plans requiring two-persons assistance for transfers.

2/24/25 1:00 PM - Based on the Surveyor's review of the facility's investigation, documented response, completion of audits from 2/20/25 to 2/22/25, staff interviews and no further mechanical lift fall or injuries, the IJ was

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NAME OF PROVIDER OR SUPPLIER

DELAWARE HOSPITAL F/T CHRONICALLY ILL (DHCI)

STREET ADDRESS, CITY, STATE, ZIP CODE

**100 SUNNYSIDE ROAD
SMYRNA, DE 19977**

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F 689	Continued From page 6 considered abated on 2/22/25 at 7:00 AM. 2/24/25 3:00 PM - Findings were reviewed at the exit conference with E1 (NHA), and E2 (ADON.)	F 689		

