

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

PRINTED: 07/01/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085047	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/16/2019
NAME OF PROVIDER OR SUPPLIER GILPIN HALL			STREET ADDRESS, CITY, STATE, ZIP CODE 1101 GILPIN AVENUE WILMINGTON, DE 19806		
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E 000	Initial Comments An unannounced annual, complaint and Emergency Preparedness survey was conducted at this facility beginning May 7, 2019 through May 16, 2019 by the State of Delaware Division of Health Care Quality, Office of Long Term Care Residents Protection in accordance with 42 CFR 483.73. The facility census the first day of the survey was 93. For the Emergency Preparedness survey, all contracts, operations plan, contact information, and annual emergency drills were up to date. No deficiencies were identified.	E 000			
F 000	INITIAL COMMENTS An unannounced annual and complaint survey was conducted at this facility from May 7, 2019 through May 16, 2019. 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 the first day of the survey was 93. The survey sample totaled 40 residents. Abbreviations/Definitions used in this report are as follows: AAROM - Active Assistive Range of Motion/caregiver assists resident with exercises for joints; Abrasion - wearing away of the skin through some mechanical process (friction or trauma) OR superficial wound caused by rubbing or scraping the skin; ADLs (Activities of daily living) - tasks needed for daily living, e.g. dressing, hygiene, eating, toileting, bathing Alzheimer's Dementia - a degenerative disorder	F 000			

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

TITLE

(X6) DATE

Electronically Signed

06/07/2019

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.

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F 000	Continued From page 1 that attacks the brain's nerve cells resulting in loss of memory, thinking and language; Bilateral - both sides; Bladder obstruction - a blockage at the base of the bladder that reduces or prevents the flow of urine; CNA - Certified Nurse's Aide Contracture - limited movement of a joint; Cymbalta - an antidepressant medication; Dermabond - wound adhesive; DON - Director of Nursing; Indwelling catheter - a tubular, flexible instrument, passed through body channels for withdrawal of fluids from a body cavity; Laceration - cut/tear in skin; MAR - Medication Administration Record; Maxillary - relating to the upper jaw; MDS - Minimum Data Set/standardized assessment tool used in long term care facilities; mg - milligram- a unit of weight; Nasal Fracture - broken nose; NHA - Nursing Home Administrator; Pandemic - an outbreak of a disease that occurs over a wide area and affects an exceptionally high proportion of the population; PRN - as needed; Prone - lying face downward; RNA - Restorative Nurse's Aide; Scabies - a highly contagious skin infestation caused by a tiny, burrowing mite; Seroquel- An antipsychotic medication; Shingles - a viral infection that causes a painful rash; Splint - device provided to people who need protection and support for painful, swollen or weak joints and their surrounding structures. Their designs make sure you position your wrist and hands correctly; Stand Up Lift- used to transfer residents from one seating surface to another; requires resident to	F 000		

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F 000	Continued From page 2 have some weight bearing capability; TB (Tuberculosis) - a serious infectious disease that affects the lungs; Tdap - tetanus, diphtheria, and pertussis vaccine; Urinalysis (UA) - diagnostic test used to detect and assess a disease or illness OR diagnostic test used to determine presence of infection; Urine culture and sensitivity (C&S) - a microscopic study of the urine culture performed to determine the presence of pathogenic bacteria in patients with suspected urinary tract infection; Urologist- physician that specializes in disorders of the urinary tract; Zostavax - vaccine that reduces the risk of developing shingles.	F 000			
F 688 SS=E	Increase/Prevent Decrease in ROM/Mobility CFR(s): 483.25(c)(1)-(3) §483.25(c) Mobility. §483.25(c)(1) The facility must ensure that a resident who enters the facility without limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and §483.25(c)(2) A resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. §483.25(c)(3) A resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable. This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interview, it was determined that the facility failed	F 688	1. R22's splint order was reviewed by OT, splint is in place. R58 has received range	7/5/19	

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F 688	<p>Continued From page 3</p> <p>to ensure that a resident with limited range of motion (ROM) receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion for two (R22 and R58) out of two (2) residents investigated. Findings include:</p> <p>1. Review of R22's clinical record revealed:</p> <p>6/14/17 - R22 was admitted to the facility.</p> <p>6/27/17 - A care plan was developed for "has a contracture to the left hand as evidenced by keeping his/her left hand closed with potential for new contracture formation related to decreased mobility." Interventions included: "Resident is to wear left hand splint during waking hours and off at bedtime."</p> <p>12/1/18 - A physician's order stated R22 was to have a left hand splint applied during waking hours and taken off at bedtime.</p> <p>The following observations were made of R22:</p> <p>5/13/19 10:45 AM - seated in a wheelchair at a table during an activity. R22 did not have the left hand splint in place.</p> <p>5/13/19 12:15 PM - seated in a wheelchair outside the dining room. R22 did not have the left hand splint applied.</p> <p>5/16/19 10:53 AM - Finding was reviewed with E2 (DON) during an interview.</p> <p>5/16/19 at approximately 3:00 PM - Findings was reviewed with E1 (NHA) and E2 during the exit conference.</p> <p>2. Review of R58's clinical record revealed:</p>	F 688	<p>of motion.</p> <p>2. Documentation will be reviewed for all residents in restorative program for completion.</p> <p>3. A checklist (Attachment 0688-1) has been created by DON which will list all residents in the restorative program along with their current orders. Nursing Supervisor will review items on Restorative Checklist daily for completion. CNA and Restorative Aide staff will be trained by DON or designee on following through for all restorative orders.</p> <p>4. DON or designee will review a sampling of 3 residents in the restorative program daily until 3 consecutive days are found to be 100% compliant. Next, DON or designee will review a sampling of 3 residents in the restorative program weekly until 3 consecutive weeks are found to be 100% compliant. Finally, DON or designee will review a sampling of 3 residents in the restorative program monthly until 3 consecutive months are found to be compliant. Results will be reported to QAPI via PIP(performance improvement plan).</p>	

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F 688	Continued From page 4 9/22/17 - R58 was admitted to the facility. 10/18/17 - A care plan was developed for "alteration in musculoskeletal status related to contractures of bilateral hands. Interventions included: "RNA to provide resident gentle AAROM to bilateral upper extremities in all planes as tolerated two (2) times a week." Review of CNA documentation from January 1, 2019 through April 30,2019 lacked evidence that AAROM was completed on the following dates: - January 4, 18, 28; - February 1, 11, 15; - March 1, 4, 8, 11, 15, 18, 25, 29; - April 1, 12, 15, 29. 5/16/19 10:54 AM - Findings were reviewed with E2 (DON) during an interview. 5/16/19 at approximately 3:00 PM - Findings were reviewed during the exit conference with E1 (NHA) and E2.	F 688		
F 689 SS=G	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 clinical record review, interview, and review of facility documentation, it was determined that for one (R47) out of three	F 689	1. R47 was treated and has recovered from the fall. 2. DON or designee will review all	7/5/19

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F 689	Continued From page 5 residents sampled for accidents, the facility failed to ensure that R47 received adequate supervision and assistance to prevent an accident that resulted in harm to R47. R47 was harmed when the facility failed to ensure the care planned interventions were followed for transfers, resulting in R47 falling from his/her bed sustaining a nasal fracture, facial laceration, and lip abrasion. Findings include: Review of R47's clinical record and facility documents revealed: 1/9/14- R47 was admitted to the facility. 1/21/14- A care plan was initiated stating that R47 had an ADL self-care performance deficit due to cognitive impairment related to Alzheimer's dementia. On 9/29/18, an intervention was revised stating that for transfers R47 required extensive assistance of two staff using a stand up lift. 12/9/18- An annual MDS assessment documented that R47 required extensive assistance of two staff members for bed mobility and transfers. 12/31/18 at 8:00 AM - Review of an incident report revealed that the nurse was called into R47's room by the CNA (E4) who stated R47 was on the floor. R47 was found lying in a prone position with the right side of his/her face on the floor. There was noted to be a pool of blood by R47's face that appeared to be coming from R47's nose. R47 was awake and alert to person. Staff were unable to fully assess R47 due to keeping R47 immobilized after the fall. R47 had some moaning and facial grimacing noted. Emergency Medical Services arrived and left the	F 689	residents identified on both floors as requiring 2 persons for transfer that may be affected. 3. DON revised Supervisor Checklist (attachment 0689-1) to include the Nursing Supervisor observing a sampling of 3 residents per day who require 2 person for transfer. Administrator and DON or designees' will jointly observe (3) 2 person resident transfers per month to elevate the level of importance among staff of the cultural change. Additionally, nursing staff will be in-serviced by DON or designee on safe transfer procedures. 4. DON or designee will review a sampling of 3 Supervisor Checklists daily until 3 consecutive days are found to be 100% compliant. Next, DON or designee will review a sampling of 3 Supervisor Checklists weekly until 3 consecutive weeks are found to be 100% compliant. Finally, DON or designee will review a sampling of 3 Supervisor Checklists monthly until 3 consecutive months are found to be compliant. Results will be reported to QAPI via PIP(performance improvement plan).		

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F 689	<p>Continued From page 6</p> <p>facility with R47 at 8:25 AM to the emergency department (ED).</p> <p>12/31/18 1:57 PM- A progress note documented that R47 returned from the ED and was diagnosed with a nasal fracture, facial laceration, and a lip abrasion. R47's nose laceration was repaired with dermabond, and R47 had a Tdap vaccine administered in the ED.</p> <p>1/2/19- Review of the facilities incident summary revealed that the fall that occurred on 12/31/18 was witnessed by a staff member in R47's room. According to the assigned CNA (E4), R47 received AM care and E4 was ready to transfer R47 to his/her wheelchair. E4 stated that she sat R47 on the side of the bed and turned around to get R47's wheelchair. E4 heard R47 hit the floor and saw him/her lying face down (Incident report dated 12/31/18 stated R47 fell on the right side of his/her face).</p> <p>1/7/19- Review of the facility's incident investigation revealed the root cause of R47's fall on 12/31/18 was that E4 (CNA) did not follow R47's care plan. E4 stated that she sat R47 on the bed by herself prior to this incident and sometimes she used the stand up lift and sometimes she did not use a lift at all. E4 stated when not using the lift, she lifts R47 and transfers him/her from the bed to the wheelchair. E4 stated that she never communicated to anyone that she transferred R47 without a lift and that she was the only staff member in the room when R47 fell on 12/31/18. E4 was suspended for not following R47's care planned interventions to have two staff assist with bed mobility and transfers, resulting in R47 falling on to the floor and injuring his/her face.</p>	F 689		

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F 689	Continued From page 7 5/16/19 9:20 AM- Findings were reviewed and confirmed with E2 (DON). The facility failed to ensure that R47 received adequate supervision and assistance to prevent an accident on 12/31/18. The facility failed to ensure that R47's care plan interventions were followed, stating that R47 required extensive assistance of two staff using a stand up lift. This resulted in harm to R47 when he/she fell from his/her bed sustaining a nasal fracture, facial laceration, and lip abrasion.	F 689			
F 756 SS=D	Drug Regimen Review, Report Irregular, Act On CFR(s): 483.45(c)(1)(2)(4)(5) §483.45(c) Drug Regimen Review. §483.45(c)(1) The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. §483.45(c)(2) This review must include a review of the resident's medical chart. §483.45(c)(4) The pharmacist must report any irregularities to the attending physician and the facility's medical director and director of nursing, and these reports must be acted upon. (i) Irregularities include, but are not limited to, any drug that meets the criteria set forth in paragraph (d) of this section for an unnecessary drug. (ii) Any irregularities noted by the pharmacist during this review must be documented on a separate, written report that is sent to the attending physician and the facility's medical director and director of nursing and lists, at a minimum, the resident's name, the relevant drug, and the irregularity the pharmacist identified. (iii) The attending physician must document in the resident's medical record that the identified irregularity has been reviewed and what, if any,	F 756		7/5/19	

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F 756	<p>Continued From page 8</p> <p>action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident's medical record.</p> <p>§483.45(c)(5) The facility must develop and maintain policies and procedures for the monthly drug regimen review that include, but are not limited to, time frames for the different steps in the process and steps the pharmacist must take when he or she identifies an irregularity that requires urgent action to protect the resident. This REQUIREMENT is not met as evidenced by:</p> <p>Based on clinical record review and interview, it was determined that the facility failed to ensure that the pharmacist reported an irregularity to the attending physician, the facility's medical director and the director of nursing, and failed to ensure the attending physician acted upon a reported irregularity for one (R42) out of five sampled residents. Findings include:</p> <p>Review of R42's clinical record revealed:</p> <p>A. On 2/28/19, the facility pharmacist documented on R42's monthly Medication Regimen Review (MRR) that there was a new recommendation.</p> <p>Review of R42's clinical record lacked evidence of any pharmacist irregularity reports for 2/28/19.</p> <p>During an interview on 5/16/19 at 9:15 AM, findings were reviewed with E2 (DON). E2 stated that the pharmacist forgot to send the recommendation on 2/28/19.</p> <p>B. On 8/21/19, the facility pharmacist documented on R42's monthly Medication</p>	F 756	<ol style="list-style-type: none"> 1. Pharmacy recommendations for R42 from 2/28/19 were received and addressed by physician on 5/20/19. Pharmacy recommendations from 8/21/19 will be reviewed by prescribing Nurse Practitioner. 2. DON will review the most recent Medication Regimen Review forms for all residents to identify any residents who may be affected. 3. Physicians/Nurse Practitioner will be educated by DON or designee on the timeliness of responding to MRR and how to appropriately respond to recommendations. DON or designee will review the Medication Regimen Review form for all residents monthly to assure that recommendations written on the Medication Regimen Review within the chart are included on the monthly Pharmacy Recommendation report and that Physician responds to Pharmacy recommendation within 30 days. 4. DON or designee will review a sampling of 3 Medication Regimen Review forms and compare to Pharmacy Consultant 		

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F 756	Continued From page 9 Regimen Review (MRR) that there was a new recommendation. The 8/21/19 pharmacist recommendation stated that R42 had been on Seroquel 150 mg daily since 5/18 and recommended to evaluate the current dose and consider a gradual taper to ensure R42 was using the lowest possible effective dose. The physician did not respond to the pharmacist's recommendation until 10/15/18 and did not check whether they agreed or disagreed with the recommendation. The physician wrote on the recommendation to decrease Cymbalta (a medication that the pharmacist did not address). On 5/16/19 at approximately 3:00 PM, findings were reviewed during the exit conference with E 1 (NHA) and E2 (DON).	F 756	report monthly until 3 consecutive months are found to be 100% compliant. Results will be reported to QAPI via PIP(performance improvement plan).	
F 757 SS=E	Drug Regimen is Free from Unnecessary Drugs CFR(s): 483.45(d)(1)-(6) §483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used- §483.45(d)(1) In excessive dose (including duplicate drug therapy); or §483.45(d)(2) For excessive duration; or §483.45(d)(3) Without adequate monitoring; or §483.45(d)(4) Without adequate indications for its use; or §483.45(d)(5) In the presence of adverse consequences which indicate the dose should be	F 757		7/5/19

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F 757	<p>Continued From page 10 reduced or discontinued; or</p> <p>§483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. This REQUIREMENT is not met as evidenced by: Based on record reviews and staff interviews, it was determined that for one (R58) out of five (5) residents reviewed for unnecessary drugs, and for one (R87) out of two (2) residents reviewed for urinary tract infections, the facility failed to ensure that each resident's drug regimen was free from unnecessary drugs. For R58, the facility failed to adequately assess the resident's pain level post administration of PRN medications by not using the same pain assessment scale consistently for pre and post assessments. For R87, the facility failed to ensure R87's drug regimen was free from unnecessary antibiotics. Findings include:</p> <p>1. The facility nursing policy and procedure titled "Pain Management," last reviewed on 10/3/18, stated, "...Assess Pain...3. Ask the resident to rank his pain on a scale of 0 to 10, with 0 denoting lack of pain and 10 denoting the worst pain level...Reporting and Documentation...3. If medication was given...document resident's response to PRN medication on his/her PRN MAR..."</p> <p>Review of R58's clinical record revealed:</p> <p>10/6/17 - A care plan problem for pain (last revised 3/28/19) included the intervention to administer medications as ordered.</p> <p>12/21/18 - A quarterly MDS assessment stated R58 was cognitively intact (decisions consistent/reasonable).</p>	F 757	<p>1.1 R58 will have a full pain assessment completed. 1.2 R87 antibiotic order has been completed. 2.1 DON or Designee will review a report for post pain responses to identify anyone else who may be affected. 2.2 Infection Preventionist will review all residents currently on antibiotics to verify that labs and symptoms correlate. 3.1 Pharmacy has revised software system for follow-up questions for PRN pain medications to clarify appropriate responses to capture effectiveness of pain medicine for both floors. Nursing staff will be in-serviced by DON or designee on changes to the software. 3.2 Infection Preventionist will be in-serviced by DON or designee on the proper use of the monthly infection control log with special attention to resident signs and symptoms of infection and appropriate lab results. 4.1 DON or designee will review a sampling of the effectiveness of 2 residents on PRN pain medication on each floor daily until 3 consecutive days are found to be 100% compliant. Next, DON or designee will review a sampling of the effectiveness of 2 residents on PRN pain medication on each floor weekly until 3 consecutive weeks are found to be 100% compliant. Finally, DON or</p>		

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

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OMB NO. 0938-0391

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F 757	<p>Continued From page 11</p> <p>1/11/19 - A physician's order stated R58 was to receive Tramadol (pain medication) PRN every 8 hours for moderate pain.</p> <p>April 2019 - Review of the MAR revealed that Tramadol was administered a total of 14 times: 4/1, 4/2, 4/4, 4/5, 4/6, 4/9, 4/10, 4/11, 4/12, 4/13, 4/17, 4/18, 4/20, and 4/21. Documentation did not include a numeric pain assessment post administration. The facility instead documented that the medication was "E" (effective).</p> <p>May 1 through May 10, 2019 - review of the MAR revealed that Tramadol was administered three (3) times: 5/4, 5/5, and 5/10. Documentation did not include a numeric pain assessment after administration. The facility instead documented that the medication was "E" (effective).</p> <p>The facility failed to adequately assess R58's pain following administration of PRN pain medication as evidenced by failing to consistently use the same pain assessment scale pre and post assessment.</p> <p>5/16/19 at approximately 10:55 AM - During an interview with E2 (DON), findings were reviewed. E2 confirmed that for an alert and oriented resident (like R58), staff are to be utilizing the numeric scale to assess the effectiveness of PRN pain medication.</p> <p>5/16/19 at approximately 3:00 PM - Findings were reviewed during the exit conference with E1 (NHA) and E2. Cross refer to F773 and F881</p> <p>2. Review of R87's clinical record revealed:</p>	F 757	<p>designee will review a sampling of the effectiveness of 2 residents on PRN pain medication on each floor monthly until 3 consecutive months are found to be compliant. Results will be reported to QAPI via PIP(performance improvement plan).</p> <p>4.2 DON or designee will review a sampling of 3 residents (if available) on antibiotic medication weekly until 3 consecutive weeks are found to be 100% compliant. Finally, DON or designee will review a sampling of 3 residents (if available) on antibiotic medication monthly until 3 consecutive months are found to be compliant. Results will be reported to QAPI via PIP(performance improvement plan).</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 757	<p>Continued From page 12</p> <p>1/20/15 - R87 was admitted to the facility on 1/20/15.</p> <p>10/9/18- A care plan was initiated stating that R87 had an indwelling catheter related to bladder obstruction.</p> <p>4/18/19- A telephone order was entered from R87's urologist, for R87 to have urine collected for a urinalysis and urine culture and sensitivity. There was no documentation indicating that R87 had any signs or symptoms of a urinary tract infection (UTI).</p> <p>4/24/19- An order was faxed to the facility from R87's urologist for R87 to have a urine culture completed. There was still no documentation indicating that R87 had any signs or symptoms of a urinary tract infection (UTI).</p> <p>4/25/19 - R87's urine sample was sent to the lab and R87's urinalysis lab result was received by the facility at 9:10 AM.</p> <p>4/27/19 - R87's urine culture and sensitivity lab result was received by the facility. R87 was found to have two types of bacteria in his/her urine.</p> <p>4/27/19- A telephone verbal order by E6 (Medical Director) was entered for R87 to receive Keflex (antibiotic) 500 mg orally twice daily for 7 days. Keflex was not an antibiotic that was tested for sensitivity to ensure the antibiotic would be effective against the identified organisms on R87's urine culture and sensitivity.</p> <p>5/1/19- E6 wrote to discontinue R87's Keflex and ordered for R87 to receive Cipro (antibiotic) 250 mg twice daily for one week and Ampicillin (antibiotic) 250 mg four times a day for one week.</p>	F 757			

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F 757	Continued From page 13 5/2/19- E6 wrote to discontinue R87's Ampicillin order and ordered for R87 to receive Amoxicillin (antibiotic) 500 mg three times a day for 7 days. 5/16/19 at 1:40 PM- During an interview, E6 (Medical Director) stated that on 4/27/19 when he ordered Keflex for R87 he was only aware of R87's urinalysis results and was not notified of R87's urine culture and sensitivity results. E6 stated that when he came to the facility on 5/1/19 and saw R87's urine culture and sensitivity results, he discontinued R87's Keflex and ordered Cipro and Ampicillin. E6 found out that Ampicillin was unavailable, so the order was changed to Cipro and Amoxicillin. E6 stated when he wrote the above antibiotic orders he was unaware that R87 had an indwelling catheter and stated that if he knew that, he would have never ordered any antibiotics for R87. The facility failed to ensure R87's drug regimen was free from unnecessary drugs as evidenced by R87 being prescribed unnecessary antibiotics. On 5/16/19 at approximately 3:00 PM- Findings were reviewed during the exit conference with E1 (NHA) and E2 (DON).	F 757		
F 773 SS=D	Lab Svcs Physician Order/Notify of Results CFR(s): 483.50(a)(2)(i)(ii) §483.50(a)(2) The facility must- (i) Provide or obtain laboratory services only when ordered by a physician; physician assistant; nurse practitioner or clinical nurse specialist in accordance with State law, including scope of practice laws. (ii) Promptly notify the ordering physician, physician assistant, nurse practitioner, or clinical nurse specialist of laboratory results that fall	F 773		7/5/19

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 773	<p>Continued From page 14</p> <p>outside of clinical reference ranges in accordance with facility policies and procedures for notification of a practitioner or per the ordering physician's orders. This REQUIREMENT is not met as evidenced by:</p> <p>Based on clinical record review and interview, it was determined that for one (R87) out of two sampled residents, the facility failed to notify the ordering physician of laboratory results. For R87, the facility failed to notify the ordering physician of his/her urinalysis and urine culture and sensitivity lab results. Findings include:</p> <p>Review of R87's clinical record revealed:</p> <p>4/18/19- A telephone order was entered from R87's urologist, for R87 to have urine collected for a urinalysis and urine culture and sensitivity.</p> <p>4/24/19- An order was faxed to the facility from R87's urologist, for R87 to have a urine culture completed.</p> <p>4/25/19 - R87's urine sample was sent to the lab</p> <p>4/25/19- R87's urinalysis lab result was received by the facility at 9:10 AM.</p> <p>4/27/19 - R87's urine culture and sensitivity lab result was received by the facility at 12:58 PM.</p> <p>5/16/19- Review of R87's record lacked evidence that R87's urologist ever received R87's urinalysis and urine culture and sensitivity results.</p> <p>5/16/19 2:54 PM- During an interview with E5 (Staff Development/Infection Preventionist), it was confirmed that the facility never sent R87's urinalysis and urine culture and sensitivity results</p>	F 773	<ol style="list-style-type: none"> 1. R87 lab results were sent to ordering physician. 2. Infection Preventionist will review all current residents on an antibiotic to determine if the ordering physician was notified of the results. 3. Infection Control log (attachment 0773-1) has been amended to include verifying that ordering physician has been notified of results. Medical Records staff, Nurses and Infection Preventionist will be in-serviced by DON or designee about properly notifying physician of lab results. 4. DON or designee will review a sampling of 3 labs weekly until 3 consecutive weeks are found to be compliant. Finally, DON or designee will review a sampling of 3 labs per month until 3 consecutive months are found to be compliant. Results of the review will be reported to QAPI via PIP. 	

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 773	Continued From page 15 to R87's urologist (the ordering physician). The facility failed to notify the ordering physician of R87's laboratory results. On 5/16/19 at approximately 3:00 PM- Findings were reviewed during the exit conference with E 1 (NHA) and E2 (DON).	F 773			
F 791 SS=D	Routine/Emergency Dental Srvcs in NFs CFR(s): 483.55(b)(1)-(5) §483.55 Dental Services The facility must assist residents in obtaining routine and 24-hour emergency dental care. §483.55(b) Nursing Facilities. The facility- §483.55(b)(1) Must provide or obtain from an outside resource, in accordance with §483.70(g) of this part, the following dental services to meet the needs of each resident: (i) Routine dental services (to the extent covered under the State plan); and (ii) Emergency dental services; §483.55(b)(2) Must, if necessary or if requested, assist the resident- (i) In making appointments; and (ii) By arranging for transportation to and from the dental services locations; §483.55(b)(3) Must promptly, within 3 days, refer residents with lost or damaged dentures for dental services. If a referral does not occur within 3 days, the facility must provide documentation of what they did to ensure the resident could still eat and drink adequately while awaiting dental services and the extenuating circumstances that led to the delay;	F 791		7/5/19	

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 791	<p>Continued From page 16</p> <p>§483.55(b)(4) Must have a policy identifying those circumstances when the loss or damage of dentures is the facility's responsibility and may not charge a resident for the loss or damage of dentures determined in accordance with facility policy to be the facility's responsibility; and</p> <p>§483.55(b)(5) Must assist residents who are eligible and wish to participate to apply for reimbursement of dental services as an incurred medical expense under the State plan. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that for one (R58) out of one sampled residents, the facility failed to provide the opportunity for dental services. Findings include:</p> <p>Review of R58's clinical record revealed:</p> <p>R58 was admitted to the facility on 1/6/18.</p> <p>1/18/18 - A dental progress note stated that the Dentist "recommend extractions of 3, 4, 5, 6, 11, 12, 13, 14, 20, 21, 28 and 29, broken and root tips remaining, then maxillary denture. Need doctor consult in reference to stopping blood thinner prior to extractions."</p> <p>4/9/19 - A care plan update for oral/dental health problems and missing teeth had an intervention to coordinate arrangements for dental care and transportation as needed/as ordered.</p> <p>5/7/19 2:47 PM - During an interview, R58 stated he/she thought they might be getting dentures. R58 went to the dentist when he/she first arrived at the facility and was told he/she would get a</p>	F 791	<ol style="list-style-type: none"> 1. R58 went to a dental appointment on 6/6/19. 2. DON or designee will review a list of the most recent dental appointment dates for each resident and anyone who has not had a dental appoint within the previous year will be scheduled for an appointment unless the resident or family refuses. 3. Dental Care Procedure (attachment #0791-1) has been revised by DON or designee to include a mechanism to trigger a follow up and/or resolution to dental recommendations. Appointment scheduler will be in-serviced by DON or designee on revisions to the procedure. 4. DON or designee will review a sampling of 3 residents per week to ensure that dental recommendations have been addressed until 3 weeks are 100% compliant. Next, DON or designee will review a sampling of 3 residents per week to ensure that dental recommendations have been addressed until 3 consecutive months are found to be 100% compliant. Results of the review will be reported to QAPI via PIP. 		

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F 791	Continued From page 17 partial lower and a full upper denture. R58 had not heard anything since then. 5/13/19 2:00 PM - During an interview, E2 (DON) stated there was no record that a follow up appointment was scheduled. E2 stated that the scheduler spoke with R58 and would schedule him/her for a return dental appointment. The facility failed to ensure that R58 had a follow up dental appointments in order to receive dentures. Findings were discussed with E1 and E2 on 5/17/19 at approximately 3:00 PM during the exit conference.	F 791			
F 880 SS=E	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following	F 880		7/5/19	

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 880	Continued From page 18 accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review.	F 880			

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F 880	<p>Continued From page 19</p> <p>The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:</p> <p>Based on review of facility documents and interview it was determined that the facility failed to conduct an annual review of their Infection Control and Prevention Policies, and to update the program as necessary. Findings include:</p> <p>Review of facility policies revealed:</p> <p>The policy entitled: Handling Soiled Linen was created on 2/17/10 and last reviewed on 8/30/17; Infection Surveillance was created on 3/4/10 and last reviewed on 2/9/18; Isolation Precautions was created on "11/30/200" (sic) and last reviewed on 2/2/18; Pandemic Influenza Policy was created on 10/11/09 and last reviewed on 9/20/17; Reportable Diseases was created on 2/9/18 and last reviewed on 2/9/18; Standard Precautions was created on 8/1/07 and last reviewed on 2/9/18; Scabies was created on 7/31/12 and last reviewed on 9/12/17; Shingles was created on 2/7/12 and last reviewed on 12/6/17; TB testing was created on 5/20/06 and last reviewed on 3/22/18; Transmission Based Precautions was created on 4/19/18 and last reviewed on 4/19/18; Zostavax Immunization was created on 9/13/07, and last reviewed on 5/16/17.</p> <p>5/14/19 at 10:45 AM - During an interview, E2 (DON) confirmed that the policies had not been updated, but the facility was currently in the process of updating the Infection Control and</p>	F 880	<ol style="list-style-type: none"> 1. Overdue Policies have been reviewed by DON. 2. All infection control policies/procedures have been reviewed by DON. 3. DON or designee will review and/or revise infection control policies annually no later than August 31 of each calendar year. 4. Administrator or designee will verify that policy review/revisions have been completed no later than August 31 of each calendar year. Results will be reported to QAPI. 		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 880	Continued From page 20 Prevention Policies.	F 880		
F 881 SS=D	<p>Findings were reviewed with E1 (NHA) and E2 (DON) on 5/16/19 at approximately 3:00 PM during the exit conference.</p> <p>Antibiotic Stewardship Program CFR(s): 483.80(a)(3)</p> <p>§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(3) An antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use. This REQUIREMENT is not met as evidenced by: Based on record review, facility policy, and interview, it was determined that for one (R87) out of two sampled residents, the facility failed to implement their antibiotic stewardship program protocol for antibiotic use. Findings include:</p> <p>The facility's policy titled, "Antibiotic Stewardship Protocol," last reviewed on 9/25/18, stated, "The Medical Director will oversee the appropriate prescribing of antibiotics ...The Infection Preventionist will monitor the use of antibiotics and follow up with ordering physicians when concerns arise ...If a resident is started on an antibiotic prior to receiving the results of the clinical evidence, the infection preventionist will review the labs, if available, with the physician to determine appropriateness ...If an antibiotic is ordered without clinical evidence, the Infection Preventionist will conduct an investigation and consult the physician.</p>	F 881	<ol style="list-style-type: none"> 1. R87 antibiotic is complete. 2. Infection Preventionist will review all residents currently on antibiotics to verify documented symptoms and the presence of labs if appropriate. 3. Infection Preventionist will be in-serviced by DON or designee on the proper use of the monthly infection control log with special attention to resident signs and symptoms of infection and appropriate lab results. 4. DON or designee will review a sampling of 3 residents (if available) on antibiotic medication weekly until 3 consecutive weeks are found to be 100% compliant. Finally, DON or designee will review a sampling of 3 residents (if available) on antibiotic medication monthly until 3 consecutive months are found to be 100% compliant. Results will be reported to QAPI via PIP(performance improvement 	7/5/19

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

PRINTED: 07/01/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085047	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/16/2019
NAME OF PROVIDER OR SUPPLIER GILPIN HALL			STREET ADDRESS, CITY, STATE, ZIP CODE 1101 GILPIN AVENUE 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 881	<p>Continued From page 21</p> <p>Review of R87's clinical record revealed:</p> <p>1/20/15 - R87 was admitted to the facility on 1/20/15.</p> <p>10/9/18- A care plan was initiated stating that R87 had an indwelling catheter related to bladder obstruction.</p> <p>4/18/19- A telephone order was entered from R87's urologist, for R87 to have urine collected for a urinalysis and urine culture and sensitivity. There was no documentation indicating that R87 had any signs or symptoms of a urinary tract infection (UTI).</p> <p>4/24/19- An order was faxed to the facility from R87's urologist for R87 to have a urine culture completed. There was still no documentation indicating that R87 had any signs or symptoms of a urinary tract infection (UTI).</p> <p>4/25/19 - R87's urine sample was sent to the lab and R87's urinalysis lab result was received by the facility at 9:10 AM.</p> <p>4/27/19 - R87's urine culture and sensitivity lab result was received by the facility. R87 was found to have two types of bacteria in his/her urine.</p> <p>4/27/19- A telephone verbal order by E6 (Medical Director) was entered for R87 to receive Keflex (antibiotic) 500 mg orally twice daily for 7 days. Keflex was not an antibiotic that was tested for sensitivity to ensure the antibiotic would be effective against the identified organisms on R87's urine culture and sensitivity.</p> <p>5/1/19- E6 wrote to discontinue R87's Keflex and ordered for R87 to receive Cipro (antibiotic) 250</p>	F 881	plan).		

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F 881	<p>Continued From page 22</p> <p>mg twice daily for one week and Ampicillin (antibiotic) 250 mg four times a day for one week.</p> <p>5/2/19- E6 wrote to discontinue R87's Ampicillin order and ordered for R87 to receive Amoxicillin (antibiotic) 500 mg three times a day for 7 days.</p> <p>5/16/19 at 1:40 PM- During an interview, E6 (Medical Director) stated that on 4/27/19 when he ordered Keflex for R87 he was only aware of R87's urinalysis results and was not notified of R87's urine culture and sensitivity results. E6 stated that when he came to the facility on 5/1/19 and saw R87's urine culture and sensitivity results, he discontinued R87's Keflex and ordered Cipro and Ampicillin. E6 found out that Ampicillin was unavailable, so the order was changed to Cipro and Amoxicillin. E6 stated when he wrote the above antibiotic orders he was unaware that R87 had an indwelling catheter and stated that if he knew that, he would have never ordered any antibiotics for R87.</p> <p>5/16/19 1:54 PM- During an interview, E5 (Staff Development/Infection Preventionist) stated that she never questioned or looked into the physician orders for R87's antibiotics that were prescribed on 4/27/19, 5/1/19, and 5/2/19 to R87. E5 did not realize that E6 (Medical Director) did not have access to R87's urine culture and sensitivity results prior to ordering Keflex on 4/27/19. E5 stated that she realized now that the urine culture results did not have a high bacteria count and the resident had a catheter, so the antibiotic orders should have been discussed with E6 (Medical Director).</p> <p>The facility failed to implement their antibiotic stewardship program protocol for antibiotic use when R87 was prescribed unnecessary</p>	F 881			

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F 881	Continued From page 23 antibiotics and the Medical Director and Infection Preventionist did not assess and determine the appropriateness. On 5/16/19 at approximately 3:00 PM- Findings were reviewed during the exit conference with E 1 (NHA) and E2 (DON).	F 881			



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Health Care Quality

Office of Long Term Care Residents Protection

DHSS - DHCQ
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 421-7400

STATE SURVEY REPORT

NAME OF FACILITY: Gilpin Hall

DATE SURVEY COMPLETED: May 16, 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 Annual, Complaint and Emergency Preparedness survey was conducted at this facility from May 7, 2019 through May 16, 2019. 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 the first day of the survey was 93. The survey sample totaled 40 residents.</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 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 the CMS 2567-L survey completed May 16, 2019: F688, F689, F756, F757, F773, F791, F880, and F881.</p>	<p>Cross Refer to the CMS 2567-L survey completed May 16, 2019: F688, F689, F756, F757, F773, F791, F880, and F881.</p>	<p>7/5/19</p>

Provider's Signature *[Signature]*

Title Administrator

Date 8/20/19