

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

PRINTED: 11/03/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085034	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/16/2017
NAME OF PROVIDER OR SUPPLIER HARBOR HEALTHCARE & REHAB CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 301 OCEAN VIEW BLVD LEWES, DE 19958		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS An unannounced complaint survey was conducted at this facility from October 9, 2017 through October 16, 2017. The deficiencies contained in this report are based on interviews, review of clinical records, and a review of other facility documentation. The facility census the first day of the survey was one hundred fifty (150). The resident sample size was eight (8) . Abbreviations used in this report are as follows: NHA - Nursing Home Administrator; DON - Director of Nursing; ADON - Assistant Director of Nursing; LPN - Licensed Practical Nurse; PT - Physical Therapy	F 000			
F 281 SS=D	483.21(b)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS (b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on record review, interview and review of facility documentaion it was determined that for one (R5) out of 8 sampled residents, the facility failed to ensure that the professional standards were adhered to during the administration of medications. Findings include: RIGHTS OF MEDICATION ADMINISTRATION - According to Lippincott's Nursing 2016 Drug Handbook, the 8 rights of medication	F 281	F-000 This plan of correction received on October 24, 2017, constitutes my written allegation of compliance for the alleged deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This plan is submitted to meet requirements	11/17/17	

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

TITLE

(X6) DATE

Electronically Signed

10/30/2017

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 281	<p>Continued From page 1</p> <p>administration are as follows: 1. Right patient, 2. Right medication, 3. Right dose, 4. Right route, 5. Right time, 6. Right documentation, 7. Right reason, and 8. Right response. (Reference: Nursing 2016 Drug Handbook. (2016). Lippincott Williams & Wilkins: Philadelphia, Pennsylvania.).</p> <p>The facility policy entitled General dose preparation and medication administration, last updated 1/1/13 indicated staff is to: Observe the residents consumption of the medications Dispose of unused medication portions Discard any used medication supplies.</p> <p>10/2/17 - E5 (PT) documented in a therapy note that R5's "medicine was left by nursing without PT's knowledge, spoke to nurse about it."</p> <p>10/9/17 - According to facility documents, E4 (LPN) received education from the facility on administration of medication which included the following: "never leave medication with a resident unattended."</p> <p>During an interview on 10/10/17 at 2:04 PM with R5 it was stated that E4 "left the pills in therapy and put them down on a table." R5 further explained that E4 "brought the pills without pudding and she went to get pudding which took several minutes because I was almost done with therapy when she came back." R5 confirmed that other residents were in the PT room at this time.</p> <p>During an interview on 10/10/17 at 2:45 PM with E5 it was reported that R5's medications were left unattended in the PT department "a good 15 - 20 minutes." E5 further explained, "I saw the cup there and I looked in it and it was medications in</p>	F 281	<p>established by State and Federal law.</p> <p>F - 281 Compliance Date: November 17, 2017</p> <p>A.) R3 was discharged from facility October 11, 2017 without harm and in accordance with Care Plan and Resident's Admission goals.</p> <p>B.) Recognizing that the alleged single incident was isolated and self identified, correctional and educational action was implemented immediately with the nurse; and no other residents were identified as being at risk.</p> <p>C.) An in-service will be provided to all medication administration, new and currently licensed, nurses on the proper process to complete a medication administration. In-service will be mandatory and include 100% of all medication administering nurses. 100% of defined staff will be educated by November 17, 2017. Additionally, the orientation of all new hire nurses, new and currently licensed, who are educated and observed for medication administration will include situational scenarios as part of their orientation, including the elements of this episode as a teachable moment.</p>		

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F 281	<p>Continued From page 2</p> <p>there, I don't know how many medications but it was not just one. Then, R5 grabbed it and she took them. So I went to E4 and told her she cannot leave medications on me."</p> <p>During an interview on 10/11/17 at 9:30 AM with E4 it was denied that medications were left unattended in PT department. E4 confirmed receiving education and stated "education is the policy, they have to educate regardless."</p> <p>During an interview on 10/11/17 at 11:26 AM with E3 (ADON) it was reported that PT confirmed that medications were left in the PT department.</p> <p>These findings were reviewed with E1 (NHA) and E2 (DON) at exit conference on 10/16/17 at 1:00 PM</p>	F 281	<p>D.) Staff Developer and/or Pharmacy Consultant will conduct random shift, random employee medication administration passes, weekly, until facility consistently reaches 100% compliance over four (4) weekly observations. Based on employment status, employee E5, mentioned in section B, will be one of the observed staff. Then conduct random shift, random employee medication administration passes, twice a month, for three (3) months. If 100% compliance has been reached at the end of the three (3) consecutive months, then the facility will conclude that compliance has been obtained and maintained. Evaluation success will be reviewed at Quarterly Quality Assurance meeting.</p>		



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Long Term Care
Residents Protection

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

STATE SURVEY REPORT

Page 1 of 1

NAME OF FACILITY: Harbor Healthcare

DATE SURVEY COMPLETED: October 16, 2017

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. An unannounced complaint survey was conducted at this facility from October 9, 2017 through October 16, 2017. The deficiencies contained in this report are based on interviews, review of clinical records, and a review of other facility documentation. The facility census the first day of the survey was one hundred fifty (150). The resident sample size was eight (8).</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 on October 16, 2017: F281</p>	<p>Cross refer to CMS 2567-L, received on October 24, 2017</p> <p>Related Plan of Correction for the above addresses: F-281.</p> <p>This plan of correction received on October 24, 2017, constitutes my written allegation of compliance for the alleged deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This plan is submitted to meet requirements established by State and Federal law.</p>	

Provider's Signature J. Alan Byrd Title Administrator Date 10-30-2017