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

DHSS - DHCQ
Cambridge Building
263 Chapman Road Suite 200
Newark, DE 19702
(302) 421-7400

STATE SURVEY REPORT

NAME OF FACILITY: Complete Care at Hillside Center

DATE SURVEY COMPLETED: November 17, 2023

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	An unannounced annual survey was conducted at this facility from November 16, 2023 to November 17, 2023. The deficiencies contained in this report are based on observation, interviews, review of residents' clinical records and review of other facility documentation as indicated. The facility census the first day of the survey was 94. The survey sample totaled 3 residents.	Cross refer to CMS 2567-L survey completed November 17, 2023 for Plan for Correction for F657, F684, and F726.	12/20/2023
3201.0	**Regulations for Skilled and Intermediate Care Facilities**		
3201.1.0	**Scope**		
3201.1.2	**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.** This requirement was not met as evidenced by the following: Cross refer to CMS 2567-L survey completed November 12, 2023: F657, F684, and F726.		

Provider's Signature _____ Title NHA Date 12-21-2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085013	A. BUILDING _____ B. WING _____	C 11/17/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HILLSIDE LLC	810 SOUTH BROOM STREET WILMINGTON, DE 19805

(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 November 16, 2023 through November 17, 2023. The deficiencies contained in this report are based on interviews, review of clinical records and other facility documentation as indicated. The facility census on the first day of the survey was 94. The survey sample size was three. Findings include: Acute Respiratory Failure- fluid suddenly builds up in the lungs reducing oxygen to the body; Anemia - Reduced ability of red blood cells to carry oxygen to organs; Blood Glucose Test - Fingerstick test to determine the amount of sugar (glucose) in the blood; CNA - Certified Nursing Assistant; CPR (cardiopulmonary resuscitation) - emergency procedure when someone's breathing or heart has stopped; DNR - Do Not Resuscitate; an not to have Cardiopulmonary Resuscitation if the heart stops or if breathing stops; DON - Director of Nursing; Emergency Cart - A cart stocked with emergency treatment supplies that can be brought to the bedside; Heart Failure (congestive heart failure - CHF) - Condition where the heart is too weak to pump enough blood causing fluid build-up in the lungs, legs, feet, liver or and other internal organs; Hypoxia / Hypoxic - Not enough oxygen reaching body tissues; Nasal Cannula - A device used to deliver oxygen through a lightweight tube with two prongs which are placed in the nostrils; NHA - Nursing Home Administrator;	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		12/18/2023

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 Non-Rebreather Mask - mask used in to assist in the delivery of high concentration of oxygen; Pulse Oximetry (pulse ox) - measures blood oxygen levels - desired range 94% to 100%; RN - Registered Nurse.	F 000		
F 657 SS=D	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii)Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced by: Based on record review of one (R1) out three	F 657	R1's care plan was not updated since the	12/20/23

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F 657	Continued From page 2 residents sampled for care plans, the facility failed to implement a care plan for R1's use of oxygen. Findings include: 10/12/23 - R1 was admitted to the facility with diagnoses including acute respiratory failure with hypoxia (not enough oxygen reaching body tissues). R1's physician's orders included oxygen at 2-3 liters continuously every shift via nasal cannula (medical device used to provide supplemental oxygen therapy to people who have lower oxygen levels). 11/17/23 10:30 AM - A review of R1's care plans failed to show evidence of a care plan for the use of oxygen. The facility failed to implement a care plan for R1's continuous use of oxygen. Findings were reviewed with E1 (NHA), E2 (DON) E5 (Staff Educator) and E4 (Regional Clinical Consultant) on 11/17/23 at 5:00 PM.	F 657	resident no longer resides at the facility. All residents with a physician order for the use of oxygen have the potential to be affected. An audit of residents with a physician order for the use of oxygen was conducted on December 7, 2023 to validate that a care plan for the use of oxygen was in place. The root cause of the deficient practice was the facility failed to care plan the use of oxygen for R1. The New Admission Checklist used to review new admissions will now include care planning of the use of oxygen if applicable. Oxygen Care Plan Audit tool will be completed daily by the DON and/or designee until the facility consistently reaches 100% success over 3 consecutive evaluations. Then, the audit tool will be completed three times a week until the facility reaches 100% success at 3 consecutive evaluations. Then, the audit tool will be completed once a week until the facility consistently reaches 100% success over 3 consecutive evaluations. Finally, the facility will measure one more time a month later. If the facility reaches 100% success, the facility can conclude that it has successfully addressed the problem.	
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that	F 684		12/20/23

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F 684	Continued From page 3 applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on interview and record review it was determined that for one (R1) out of three residents reviewed for care, the facility failed to ensure that R1 received treatment and care in accordance with professional standards of practice and physician orders. On the evening of 11/14/23 R1 had a change in condition and became unresponsive in the facility and was transported to an acute care hospital without a nursing assesment including vital signs. Findings include: A review of R1's clinical record revealed: 10/12/23 - R1 was admitted to the facility with multiple diagnoses including acute respiratory failure with hypoxia, anemia, high blood pressure, diabetes and congestive heart failure, and R1 took daily medications to address those diagnoses. 10/12/23 - A physician's order was written for low blood sugar protocol: if the resident became symptomatic and was difficult to arouse or unconscious ... . remain with patient., monitor vital signs, perform blood glucose, if blood glucose is above 70, notify practitioner of symptoms. If blood glucose equal to or below 70 immediately administer Glucagon (medication to raise blood sugar)	F 684	We were not able to correct this action for R1 since R1 no longer resides at the facility. Residents experiencing a change in condition have the potential to be affected by this deficient practice. The Root Cause Analysis is that E3 did not assess or document R1's blood pressure, pulse, blood sugar, temperature and lung sounds, and E3's knowledge deficit regarding emergency management. E3 was educated on change in condition, documentation, respiratory assessment, emergency cart (including the fact that a manual BP cuff is included in the emergency cart) emergency management and transferring a resident to the hospital. A review of resident transfers to the hospital on days E3 worked from date of hire to date was performed to ensure no other issues were identified. RN's and LPN's have been educated on Change in Condition Management. A Mock Code was held on November 21 and November 30, 2023. Mock Codes/Medical Emergencies will be conducted monthly by the Staff Educator. Resident change in condition and transfers to the hospital will	

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F 684	Continued From page 4 10/12/23 - A Physician's order was written for Do Not Resuscitate (DNR). 10/16/23 - A Physician's order was written for oxygen at 2-3 L/min via nasal cannula continuously. 11/14/23 1:30 PM - A progress note was written by E8 that revealed that R1's vital signs assessment, including blood pressure (121/78), pulse (80), temperature (97 F), respirations (18) blood sugar (123) and pulse ox (97%) were all within normal limits. 11/15/23 12:12 AM - A progress note was written by E3 (RN Supervisor) that revealed that at about 10:30 PM on 11/14/23 a CNA reported to her that R1 was not waking up; E3 rushed to R1's room, and R1 was found unresponsive. E3 attempted to get R1's blood pressure, but the blood pressure machine signaled "error" for the blood pressure reading. E3 then called 911 to send R1 to the hospital. 11/17/23 3:00 PM - During an interview, E3 stated that she checked on R1 at the beginning of her 3-11 shift, when R1 was sitting in the chair, and R1 interacted verbally with E3. At 5:00 PM, E3 gave R1 her 5:00 PM oral medications. E3 stated that she next saw R1 at 9:00 PM to administer R1 her bedtime medications, but that R1 was too sleepy to take the oral medications. Later in the evening, the CNA told E3 that R1 was not waking up, E3 then tried to get R1's blood pressure but could not as the machine kept saying error. E3 stated that R1's pulse ox was low and her pulse was very weak, so E3 called 911. E3 stated that she knew R1 was a DNR, but	F 684	be reviewed by the DON and/or designee to validate proper assessment/documentation and proper treatment and care received if applicable. Three residents with a change in condition assessment and residents transferred to the hospital will be reviewed daily by the DON and/or designee for validation of proper assessment and documentation until the facility consistently reaches 100% success over 3 consecutive evaluations. Then, three times a week until the facility consistently reaches 100% success at 3 consecutive evaluations. Then, once a week until the facility reaches 100% success over 3 consecutive evaluations. Finally, one more time a month later. If the facility still reaches 100% success, the facility will conclude that they have successfully addressed the issue.	

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F 684	Continued From page 5 she decided to call 911 because R1 needed help with her breathing. E3 stated that she did not utilize the facility's Emergency Cart. Observations to the three Emergency Carts in the facility revealed that each cart had the folllowing equipment to use in an emergency situations: - Oxygen delivery supplies, including a non-rebreather mask (mask used to deliver a higher concentration of oxygen) to use when a person with nasal cannula oxygen needs additional oxygen. - Manual blood pressure measuring equipment to be able to obtain a blood pressure without the use of a machine. Review of facility documentation on the evening of 11/14/23 revealed the lack of assessments for blood pressure, pulse, blood sugar, temperature and lung sounds after R1 was found unresponsive. Findings were reviewed with E1 (NHA), E2 (DON) E5 (Staff Educator) and E4 (Regional Clinical Consultant) on 11/17/23 at 5:00 PM.	F 684		
F 726 SS=D	Competent Nursing Staff CFR(s): 483.35(a)(3)(4)(c) §483.35 Nursing Services The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in	F 726		12/20/23

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F 726	Continued From page 6 accordance with the facility assessment required at §483.70(e). §483.35(a)(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. §483.35(a)(4) Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident's needs. §483.35(c) Proficiency of nurse aides. The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. This REQUIREMENT is not met as evidenced by: Based on record review and interview, it was determined that for one (R1) out of three residents reviewed for Staffing, the facility failed to provide competent nursing care that included assessments and interventions for a resident who experienced a change in respiratory condition. Findings include: A review of R1's clinical record revealed: 10/12/23 - R1 was admitted to the facility with multiple diagnoses including acute respiratory failure with hypoxia, anemia and congestive heart failure. R1 was hospitalized from 10/9/23 - 10/12/23 which included the treatment of respiratory wheezing, and R1 was started on oxygen at that time.	F 726	R1 no longer resides at the facility. Therefore, the facility was unable to correct the action. Residents experiencing a change in condition have the potential to be affected by this deficient practice. The Root Cause Analysis is E3's knowledge deficit regarding emergency management and the facility's new hire orientation for RN's and LPN's did not include a hands-on review/use of the facility emergency cart and the use of the equipment that the cart contains. E3 was educated on change in condition, documentation, respiratory assessment,	

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F 726	Continued From page 7 10/12/23 - A Physician's order was written for Do Not Resuscitate. 10/16/23 - A Physician's order was written for Oxygen at 2-3 L/min via nasal cannula continuously. 11/9/23 - A Physician's order was written for 02 sats to keep oxygen saturation greater than or equal to 92%. Every Shift. 11/14/23 1:30 PM - A progress note was written by E8 that revealed that R1's blood pressure, and breathing were within normal limits and that R1's pulse ox measured 97% with oxygen being supplied by nasal cannula (plastic tubing with prongs that are placed at the nasal openings). 11/15/23 12:12 AM - A progress note was written by E3 (RN) that revealed that at about 10:30 PM a CNA reported to her that R1 was not waking up; E3 rushed to R1's room and R1 was not responsive. E3 attempted to get R1's blood pressure, but the blood pressure machine signaled "error" for the blood pressure reading. E3 then called 911 to send R1 to the hospital. 11/16/23 9:10 AM - Observations were made to the Emergency Carts on the three floors of the facility. Emergency respiratory supplies (non-rebreather masks) and manual blood pressure equipment were present on every cart. 11/16/23 3:10 PM - During an interview, E3 stated that when she was assessing R1, she could not get a blood pressure using the blood pressure machine. E3 stated that she was able to feel that R1 had a weak pulse, and R1 was still breathing,	F 726	emergency cart (including the fact that a manual BP cuff is included in the emergency cart) emergency management and transferring a resident to the hospital. RN's and LPN's have been educated on Change in Condition Management. Resident change in condition and transfers to the hospital will be reviewed by the DON and/or designee to validate proper assessment/documentation and proper treatment and care received if applicable. A Mock Code was held on November 21 and November 30, 2023. Mock Codes/Medical Emergencies will be conducted monthly by the Staff Educator and/or designee. New hire orientation for RN's and LPN's will include hands-on/review of the practical use of the facility emergency cart and the use of the equipment that the cart contains. Three residents with a change in condition assessment and residents transferred to the hospital will be reviewed daily by the DON and/or designee for validation of proper assessment and documentation until the facility consistently reaches 100% success over 3 consecutive evaluations. Then, three times a week until the facility consistently reaches 100% success at 3 consecutive evaluations. Then, once a week until the facility consistently reaches 100% compliance over 3 consecutive evaluations. Finally, one more time a month later. If the facility still reaches 100% success, the facility will conclude that they have successfully addressed the issue.	

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F 726	Continued From page 8 so E3 called 911 for additional emergency support. E3 stated that she did not utilize the facility's Emergency Cart prior to R1 leaving the facility.When E3 was questioned about her facility orientation and the use of the facility's Emergency Cart, E3 stated that she was aware of the contents of the Emergency Cart but that her orientation did not include a hands-on practical use of the facility Emergency Cart. E3 also stated that she had two new resident admissions on her 3-11 shift on 11/14/23. E3 stated that she has been a nurse for three months. 11/17/23 - A review of the staffing schedule for 11/14/23 revealed that E3 was the only RN in the building on the 3-11 shift. 11/17/23 4:00 PM - During an interview, E1 stated that the facility did not have a policy/procedure for the role of Registered Nurse Supervisor. E1 stated that during a work shift, if there are multiple RNs scheduled, that the RN with the most seniority would assume the RN Supervisor role for the building. If there was only one RN only on a shift, that RN would assume the role of RN Supervisor for the building. A review of the facility's Assessment Tool revealed: "Other, 1.7 - Describe other pertinent facts or descriptions of the resident population that must be taken into account when determining staffing and resource needs ... . We have daily discussions on unit-by-unit staffing ... . The conversation is revisited throughout the day based on planned admissions as well". E3, as the RN supervisor on the night of 11/14/23 and during R1's significant change in condition,	F 726		

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F 726	Continued From page 9 did not receive complete training by the facility prior to E3 independently providing services to residents in her role of an RN supervisor. 11/17/23 - A review of facility documentation revealed a lack of evidence that R1 was provided any additional assessments or respiratory interventions, specifically in the form of a manual blood pressure assessment or the placement of a non-rebreather mask, which would have supplied a higher oxygen flow to support R1's respiratory comfort. 11/17/23 10:00 AM - During an interview, E5 (RN Staff Educator) stated that the facility's nursing orientation process does not include a hands-on practical review of the facility's emergency cart and the use of the equipment that the cart contains. Findings were reviewed with E1 (NHA), E2 (DON) E5 (Staff Educator) and E4 (Regional Clinical Consultant).	F 726		