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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085006	A. BUILDING _____ B. WING _____	C 06/19/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REGAL HEIGHTS HEALTHCARE & REHAB CENTER	6525 LANCASTER PIKE HOCKESSIN, DE 19707

(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 May 28, 2015 through June 19, 2015. The facility census on the entrance day of the survey was 165 residents. The survey sample totaled seven residents and was composed of six residents and a subset of one resident. The survey process included observations, interviews and review of clinical records and facility documents including facility policies and procedures. Abbreviations used in this 2567 are as follows: DON - Director of Nursing; LPN - Licensed Practical Nurse; RN - Registered Nurse; CNA Certified Nurse's Aide; NHA - Nursing Home Administrator; MDS - Minimum Data Set (standardized assessment forms used in nursing homes).	F 000		
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observations, review of facility documents and staff interview it was determined that the facility failed to ensure that one resident (RSS1) out of seven sampled was administered medications in accordance with facility policy. Findings include: Observation of medication administration on 6/17/2015 at approximately 10:10 AM revealed	F 281	F 281 A. The nurse E4 doing the medication pass on RSS1 while the surveyor was observing. E4 "saved" the medication documentation before administering the medication to the resident. E4 was immediately corrected to do the administration correctly per policy. B. No other residents were affected. E4 was on the observed medication pass with the surveyor at the time.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Terry Reardon, NHA — TITLE: Administrator — (X6) DATE: 7/15/15

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	Continued From page 1 that E4 (LPN/medication nurse) documented the administration of medications immediately after pouring the medications and prior to the actual administration of medications to RSS1. These findings were confirmed in an interview with E4 on 10/17/2015 at approximately 11:15 AM. The facility policy "Medication Administration" states "...Guidelines...23. The employee who administers medications to residents shall record and sign on the individual medication record of each resident the medication, dosage and time it was given. This shall be done as soon as possible after the medications have been given...". These findings were reviewed with E1 (NHA) and E2 (DON) on 6/19/2015 at approximately 2:30 PM.	F 281	C. The staff developer completed a medication observation and competency on 7/13/15 on E4 to evaluate whether medications were administered according to facility policy on medication administration. (attachment #2a) E4 was in-serviced on medication administration on 7/13/15 by the Staff developer.(attachment #2b) D. Staff developer will observe a Medication Administration on a random nurse on weekly basis until 100% compliance is met for three consecutive months. Then monthly X6 months. The QAPI committee will determine the need for further audits and action plan.	8/15/15
F 312 SS=D	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. This REQUIREMENT is not met as evidenced by: Based on review of the clinical record, facility documents and staff interviews it was determined that the facility failed to ensure that one resident (R1), out of seven sampled, who was dependent for care received scheduled showers to maintain personal hygiene and to comply with facility policy. Findings include:	F 312		

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F 281	Continued From page 1 that E4 (LPN/medication nurse) documented the administration of medications immediately after pouring the medications and prior to the actual administration of medications to RSS1. These findings were confirmed in an interview with E4 on 10/17/2015 at approximately 11:15 AM. The facility policy "Medication Administration" states "...Guidelines...23. The employee who administers medications to residents shall record and sign on the individual medication record of each resident the medication, dosage and time it was given. This shall be done as soon as possible after the medications have been given...". These findings were reviewed with E1 (NHA) and E2 (DON) on 6/19/2015 at approximately 2:30 PM.	F 281		
F 312 SS=D	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. This REQUIREMENT is not met as evidenced by: Based on review of the clinical record, facility documents and staff interviews it was determined that the facility failed to ensure that one resident (R1), out of seven sampled, who was dependent for care received scheduled showers to maintain personal hygiene and to comply with facility policy. Findings include:	F 312	F 312 A. R1 shower schedule is being followed. R1 also receiving bed baths frequently along with showers. Care Plan reviewed and revised to reflect a substitution of a bed bath instead of a shower as indicated. Con't	

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F 312	Continued From page 2 Clinical record review revealed that R1, admitted to the skilled facility on 1/15/2013, had diagnoses that included traumatic brain injury, tracheostomy (an opening in the throat to assist breathing), and jejunostomy (a feeding tube which is inserted into the small intestine). Review of the MDS assessments completed upon reentry to the skilled facility and dated 7/21/2014, the MDS completed 2/2/2015 for a significant change in condition and the quarterly MDS dated 4/19/2015 revealed assessments of R1 as comatose and dependent upon the physical assistance of staff for hygiene and bathing. A review of the "Shower Schedule" and the corresponding list of actual administration of showers/tub baths provided to R1 while residing on a previous nursing unit revealed no documentation of showers scheduled for every Tuesday and Friday on the 7-3 shift during November 2014. Further review of the above referenced forms also revealed that six out of nine showers scheduled for R1 were documented as given during December 2014. Although R1 was scheduled for showers on Tuesdays and Fridays during December, 2014 on the 7-3 shift documentation revealed that the six showers were administered on Wednesdays, 12/3/2014 and 12/10/2014, Saturdays, 12/13/2014, 12/20/2014 and 12/27/2014 and one Tuesday, 12/31/2014. Additionally four out of five showers recorded between February 4, 2015 and February 14, 2015 revealed that R1 received a shower on Wednesdays, 2/4/2015 and 2/11/2015, and Saturdays, 2/7/2015 and 2/14/2015, on the 3-11 shift prior to transfer to another nursing unit on 2/19/2015.	F 312	CONT B. The Assistant Director of Nursing reviewed the care tracker for compliance of other resident's showers to evaluate whether showers were being completed as scheduled. No other residents were affected. The POC (Certified Nursing Assistant documentation) Task Tile was added to identify exact scheduled days for showers on each resident by the Unit managers. The Unit Managers updated the care plans to reflect the shower may be substituted with a bed bath as indicated. Supportive documentation must be completed by the nurse in the progress notes with justification of the bed bath at that time. C. Staff developer will in-service the Certified Nursing Assistants on POC documentation related to bed baths/ showers on the POC dashboard for attention of compliance of scheduled showers. CONT	

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F 312	Continued From page 3 Review of the current "Shower Schedule" and the listing of actual showers administered to R1 on the nursing unit where he currently resides revealed the documentation of one shower recorded as scheduled on Tuesday, 2/14/2015, on the 3-11 shift. Documentation was absent of any other showers administered between February 25, 2015 and February 28, 2015. Documentation during March 2015 revealed that R1 received 2 out of nine scheduled showers on Tuesday, 3/10/2015 and 3/17/2015. The facility policy "Shower/Tub Bath" states "the purposes of this procedure are to promote cleanliness, provide comfort to the resident and to observe the condition of the resident's skin. Residents will have baths or showers at least two times each week...". These findings were reviewed with E1 (NHA) and E2 (DON) on 6/19/2015 at approximately 2:30 PM.	F 312	Cont D. The Unit Managers will audit (Attachment #1) the shower Schedule for compliance and related documentation daily until 100% compliance is met for three consecutive months. Then monthly X6 months. The QAPI committee will determine the need for further audits and action plan.	8/15/15

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

DHSS - DLTCRP
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 577-6661

STATE SURVEY REPORT

NAME OF FACILITY: Regal Heights Health Care and Rehab Center DATE SURVEY COMPLETED: June 19, 2015

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	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 May 28, 2015 through June 19, 2015. The facility census on the entrance day of the survey was 165 residents. The survey sample totaled seven residents and was composed of six residents and a subset of one resident. The survey process included observations, interviews and review of clinical records and facility documents including facility policies and procedures.	3201.1.2 F 281 - refer to CMS 2567 A. The nurse E4 doing the medication pass on RSS1 while the surveyor was observing. E4 "saved" the medication documentation before administering the medication to the resident. E4 was immediately corrected to do the administration correctly per policy. B. No other residents were affected. E4 was on the observed medication pass with the surveyor at the time.	
3201	**Regulations for Skilled and Intermediate Care Facilities**	C. The staff developer completed a medication observation and competency on 7/13/15 on E4 to evaluate whether medications were administered according to facility policy on medication administration.	8/15/15
3201.1.0	**Scope**	E4 was in-serviced on medication administration on 7/13/15 by the Staff Developer.	
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.**	D. Staff developer will observe a Medication Administration on a random nurse on weekly basis until 100% compliance is met for three consecutive months. Then monthly X6 months. The QAPI committee will determine the need for further audits and action plan.	

Provider's Signature Terry Reardon Title Administrator Date 15 July 15

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	This requirement is not met as evidenced by: Cross Refer Cross to the CMS 2567-L survey completed June 19, 2015 F281 and F312	3201.1.2 F 312 – refer to CMS 2567 A. R1 shower schedule is being followed. R1 also receiving bed baths frequently along with showers. Care plan reviewed and revised to reflect a substitution of a bed bath instead of a shower as indicated. B. The ADON reviewed the care tracker for compliance of other resident's showers to evaluate whether showers were being completed as scheduled. No other residents were affected. The POC (CNA documentation) Task tile was added to identify exact scheduled days for showers on each resident by the Unit managers. The Unit managers updated the care plans to reflect the shower may be substituted with a bed bath as indicated. Supportive documentation must be completed by the nurse in the progress notes with justification of the bed bath at that time.	

Provider's Signature _____ Title _____ Date _____

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		C. Staff developer will in-service the CNAs on POC documentation related to bed baths/ showers on the POC dashboard for attention of compliance of daily showers by D. The Unit managers will audit the shower/ bed bath schedule for daily compliance and related documentation on a daily basis until 100% compliance is met for three consecutive months. Then monthly X6 months. The QAPI committee Will determine the need for further audits and action plan.	8/15/15

Provider's Signature _____ Title _____ Date _____