

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

PRINTED: 01/15/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/06/2018
NAME OF PROVIDER OR SUPPLIER KENTMERE REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1900 LOVERING AVENUE WILMINGTON, DE 19806		
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F 000	<p>INITIAL COMMENTS</p> <p>An unannounced annual and complaint and emergency preparedness survey was conducted at this facility from November 27, 2018 through December 6, 2018. The deficiencies contained in this report are based on observations, interviews, review of clinical records and other documentation as indicated. The facility census the first day of the survey was 98. The survey sample size was 54.</p> <p>Abbreviations / definitions used in this report are as follows: 1:1 Supervision - one staff person assigned direct supervision of a resident; Abate - lessen, reduce, or remove; ADON - Assistant Director of Nursing; Advance Directive - a written statement of a person's wishes regarding medical treatment, often including a living will, made to ensure those wishes are carried out should the person be unable to communicate them to a doctor; Altercation - a noisy argument or disagreement, especially in public; Alzheimer's disease - degenerative disorder that attacks the brain's nerve cells resulting in loss of memory, thinking and language; Ambulate - walk, move around; Ammonia level - a blood test that lets your doctor measure how much ammonia is in your blood. Bacteria in your gut and in your cells create ammonia when your body breaks down protein. Ammonia is a waste product that leaves your body in your urine. In certain health conditions, like liver failure, your body cant get rid of of the waste product and ammonia builds up. This can cause a number of problems, like confusion, extreme tiredness, and in some cases, coma or</p>	F 000			

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

TITLE

(X6) DATE
12/24/2018

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	<p>Continued From page 1</p> <p>even death;</p> <p>Anemia - a condition that develops when your blood lacks enough healthy red blood cells or hemoglobin (Hgb). Hemoglobin is a main part of red blood cells and binds oxygen. If you have too few or abnormal red blood cells, or your hemoglobin is abnormal or low, the cells in your body will not get enough oxygen;</p> <p>Anticoagulant - medication that work to prevent the coagulation (clotting) of blood;</p> <p>Anxiety Disorder - general term for several disorders that cause nervousness, fear, apprehension and worrying;</p> <p>Ativan - medication used to treat anxiety;</p> <p>Atrial Fibrillation - irregular and often rapid heart rate that commonly causes poor blood flow to the body OR irregular heart rhythm;</p> <p>B12 - Vitamin B12 is essential in the development of healthy blood cells, nerve cells, and proteins in the body;</p> <p>Bipolar Disorder - mood disorder;</p> <p>Blood Transfusion - the process of receiving blood or blood products into one's circulation intravenously;</p> <p>BMP - set of eight tests that measure blood sugar and calcium levels, kidney function, and chemical and fluid balance;</p> <p>BUN- blood urea nitrogen;</p> <p>Cardiology - a branch of medicine dealing with disorders of the heart as well as parts of the circulatory system;</p> <p>CBC - complete blood count is a test that evaluates the cells that circulate in blood. Blood consists of three types of cells suspended in fluid called plasma: white blood cells, red blood cells, and platelets;</p> <p>CNA - Certified Nurse's Aide;</p> <p>Code Status - refers to the level of medical interventions a patient wishes to have started if</p>	F 000		

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F 000	Continued From page 2 their heart or breathing stops; Cognition/cognitive - mental process; thinking; Colonoscopy - an exam used to detect changes or abnormalities in the large intestine (colon) and rectum; Contingency - a provision for an unforeseen event or circumstance; Corporal punishment - physical punishment intended to cause physical pain on a person; Covered Individuals - anyone who is an owner, operator, employee, manager, agent or contractor of the facility; CPR - Cardiopulmonary resuscitation, an emergency procedure that is done when someone's breathing or heartbeat has stopped in hopes of providing time for first responders to arrive; Delusions - a belief held with strong conviction despite evidence to the contrary; Dehydration - a condition in which the body has less than normal fluid; Diuretics - medicines that help reduce the amount of water/excess fluid in the body; DON - Director of Nursing; Dorsal aspect - surface of a body viewed from the back; DNR - A do-not-resuscitate order, or DNR order, is a medical order written by a doctor. It instructs health care providers not to do cardiopulmonary resuscitation (CPR) if a patient's breathing stops or if the patient's heart stops beating; ED - Emergency Department; EGD - Esophagogastroduodenoscopy/an endoscopic examination of the esophagus, stomach and duodenum (the uppermost part of the small intestine) for hiatal hernias, ulcers, bleeding sources, tumors or other problems; Empathetic - showing an ability to understand and share the feelings of another;	F 000			

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F 000	Continued From page 3 EMR - Electronic Medical Record: Enulose/lactulose - used by mouth or rectally to treat or prevent complications of liver disease (hepatic encephalopathy). It does not cure the problem, but may help to improve mental status. Lactulose is a colonic acidifier that works by decreasing the amount of ammonia in the blood. The goal is to have 2-3 soft stools each day. Dosage is based on your medical condition and response to therapy (i.e., the number of soft stools each day); ER - emergency room; Exploitation - the action or fact of treating someone unfairly in order to benefit; Flank - area between the ribs and the hip; Folic acid - one of the B vitamins used to treat anemia; Forensic Team - trained medical specialists using technology or science to collect evidence and prove something legally; Full Code - Full Code - is a designation that means to intercede if a patient's heart stops beating or if the patient stops breathing; Gastritis - an inflammation, irritation, or erosion of the lining of the stomach; GI - gastrointestinal; Groin - an area of your hip between your stomach and thigh. It is located where your abdomen ends and your legs begin; Guaiac - stool guaiac test looks for hidden (occult) blood in a stool sample. It can find blood even if you cannot see it yourself; when positive confirms there is blood in the stool; Hematochezia - also called rectal bleeding, refers to the passing of blood from the anus mixed with stools or sometimes blood clots; Hematocrit (HCT)- ratio of red blood cells to the total volume of blood; blood test that determines the percentage of red blood cells in the blood;	F 000			

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F 000	Continued From page 4 Hemoglobin (Hgb) - protein in red blood cells that carries oxygen from the lung's to the body's tissues; Hepatic failure - liver failure/a life-threatening condition that demands urgent medical care. Most often, liver failure occurs gradually and over many years; Hgb - hemoglobin/the protein molecule in red blood cells that carries oxygen from the lungs to the body's tissues and returns carbon dioxide from the tissues back to the lungs; H&H - shorthand for hemoglobin and hematocrit, two very common and important blood tests; IDT - Interdisciplinary Team/professional from different fields and departments who work together with the resident to develop and implement an individualized plan of care; Immediate Jeopardy (IJ) - situation in which the provider's noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment or death to a resident; Iron deficiency anemia - may be caused by blood loss from the GI tract; symptoms of iron-deficiency anemia are related to decreased oxygen delivery to the entire body and may include: unexplained fatigue or lack of energy; shortness of breath or chest pain, especially with activity; unexplained generalized weakness; or rapid heartbeat; Iron study - a set of blood tests to measure and estimate the amount of elemental iron carried in the blood and stored in the body tissues. Iron is an essential component of hemoglobin, and iron deficiency is a common cause of anemia (low blood count); Lab Form - document where ordered lab work was listed by the facility and where the lab technician signs off when the blood is drawn;	F 000			

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F 000	<p>Continued From page 5</p> <p>Labile - liable to change; easily altered; Lethargic - abnormal drowsiness; MAR - Medication Administration Record; Metabolic encephalopathy - an alteration of brain function or consciousness due to failure of other internal organs; MD - medical doctor; MDS - Minimum Data Set/standardized assessment tool used in Long Term Care; Mechanical Ventilation - method to mechanically assist or replace spontaneous breathing; Mg - milligrams- unit of weight; Misappropriation - the intentional, illegal use of the property or funds of another person for one's own use or other unauthorized purpose; mls - milliliter; NHA - Nursing Home Administrator; Nitroglycerin - medication given under the tongue used to treat or prevent attacks of chest pain; NP - Nurse Practitioner; OLTCRP - Office of Long Term Care Resident Protection; Packed red blood cells (PRBC) -are red blood cells that have been separated for blood transfusion. They are typically used in anemia that is either causing symptoms or when the hemoglobin is less than usually 70-80 g/L (7-8 g/dL); Peri area - area between the thighs, the external genitals and anus; POA - Power of Attorney/someone appointed to make decisions on your behalf; PRN- as needed; Prone - the body when lying face down; Pseudobulbar Affect (PBA) - a condition that is characterized by episodes of sudden uncontrollable and inappropriate laughing or crying. Typically occurs in people with certain neurological conditions or injuries, which might</p>	F 000		
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F 000	Continued From page 6 affect the way the brain controls emotion; Psychiatrist - a physician who specializes in the diagnosis and treatment of mental disorders; Psychologist - someone who studies the mind and behavior; Psychotropic (medication)- any medication capable of affecting the mind, emotions and behavior; QA - Quality Assurance; Resuscitate - revive (someone) from unconsciousness or apparent death; RN - Registered Nurse; SW - Social Worker; TAR - Treatment Administration Record; Topically - relating or applied directly to a part of the body; Transdermal - refers to medications applied directly to the skin or in time-release patches; Trazadone - a medication used to treat depression; Unsubstantiated - not supported or proven by evidence; x - times; Xanax - medication used to treat anxiety and panic attacks; Xarelto - anticoagulant/blood thinner; keeps blood from forming clots; 24 Hour Chart Check - a check to ensure that all orders have been accurately transcribed, entered and executed from the preceding 24 hours; & - and.	F 000		
F 558 SS=D	Reasonable Accommodations Needs/ Preferences CFR(s): 483.10(e)(3) §483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and	F 558		1/24/19

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F 558	Continued From page 7 preferences except when to do so would endanger the health or safety of the resident or other residents. This REQUIREMENT is not met as evidenced by : Based on observation and interview, it was determined that the facility failed to provide reasonable accommodation of an individual needs for one (R9) out of 54 sampled residents, by not having the call bell within reach. Findings include: Observation on 11/27/18 at 3:28 PM, revealed R9 seated in a wheelchair in her room near her bed. R9's call bell was observed clipped on the opposite side of her bed up against the wall where she was unable to reach it. E5 (LPN) was called into R9's room and confirmed that the resident was capable of using the call bell when requiring assistance. E5 confirmed that the call bell was out of reach and proceeded to place it within R9's reach. Findings were reviewed with E2 (DON) on 12/5/18 at 1:50 PM. On 12/6/18 at approximately 7:45 PM, findings were reviewed with E1 (NHA), E2, E3 (ADON), and E14 (QA) during the exit conference.	F 558	1. R9 was not negatively impacted by this deficient practice. 2. All residents have the potential to be impacted by this deficient practice. Future residents will be protected from this deficient practice by taking the corrective actions outlined below in #3. 3. The root cause of this deficient practice was determined to be that when the resident was placed in her wheelchair, the call bell was not maintained within reach. The Staff Educator/ designee will educate staff on placement of call bells. 4. The Unit Managers/ designee will randomly audit placement of 10 resident call bells to evaluate if call bells were accessible to the residents. The audits will be performed daily or until 100% compliance is achieved for 3 consecutive days. Random audits will continue once weekly or until 100% compliance is achieved for 3 consecutive weeks. Audits will continue monthly until 100% compliance is achieved for 1 month. Once 100% compliance is met, the deficient practice will be considered resolved. All audits will be reviewed by the Quality Assurance Committee.		
F 600 SS=G	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation	F 600		1/24/19	

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F 600	<p>Continued From page 8</p> <p>The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.</p> <p>§483.12(a) The facility must-</p> <p>§483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by :</p> <p>Based on record review, observations, and review of other facility documentation as indicated, it was determined that for 2 (R31 and R 52) out of 54 sampled residents, the facility failed to ensure that residents were free from abuse. For R31, the facility failed to ensure R31 was free from potential physical, emotional and verbal abuse and for R52, the facility failed to ensure R 52 was free from actual physical, emotional and verbal abuse from resident to resident altercations. For R31, another resident in the same hallway (R15), has wandered into R31's room during the night which has the potential for abuse. R52, who resides in the same hall as R31 and R15, has been emotionally, verbally and physically abused by R15 as evidenced by cursing, yelling, hurtful remarks, hitting, and being accused of things. As a result of this abuse, R52 has experienced feeling fearful, upset, sad, anxious, and at times, R52 isolates herself in her room to avoid R15. This is a harm level deficiency for R52. Findings include:</p> <p>Review of the facility policy entitled Abuse,</p>	F 600	<ol style="list-style-type: none"> 1. R31 has not sustained any injuries related to this deficient practice. Immediate corrective action will include discussion with resident to assure that he is not feeling fearful, upset or anxious at this time. Resident will be followed by Licensed Social Worker for one month to assure that he is free from feelings of upset or worry related to other residents behavior. Late entry note was written by contract Psychiatric provider documenting visit with R52 on Nov. 28, 2018. 2. All residents have the potential to be impacted by this deficient practice. Future residents will be protected from this deficient practice by taking the corrective actions outlined below in #3. 3. The root cause of this deficient practice revealed the facility failed to adequately monitor and supervise the wandering behavior of R15 which could have negatively impacted R31. R15 is currently at an inpatient psychiatric facility for evaluation and treatment. Upon return, 	
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F 600	<p>Continued From page 9</p> <p>Neglect, Mistreatment, Misappropriation, and Exploitation, effective April 2017, stated, "... Purpose: To ensure that all patients and residents will be free from abuse, neglect, mistreatment, misappropriation and exploitation of funds and resources... a. Physical abuse by unnecessarily inflicting pain or injury to a patient or resident. This includes but is not limited to, hitting, kicking, punching, slapping, pulling hair, or corporal punishment of any kind... c. Emotional Abuse which includes, but is not limited to, ridiculing, demeaning, humiliating, or cursing at a patient or resident, or threatening a patient or resident with physical harm.... Staff Responsibilities... b. If an act of abuse, neglect, mistreatment or property misappropriation is witnessed, the witness must act to first remove the source of the act, whether it is a staff member or a visitor, and then take steps to protect the resident..."</p> <p>1. Review of R52's clinical record revealed the following:</p> <p>R52 was admitted to the facility in 2015.</p> <p>A quarterly MDS assessment, dated 10/4/18, coded R52 on a scale of 0-15, with 0 being never/ rarely made decisions and 15 being the highest level of cognition (decisions consistent/ reasonable), as a 15.</p> <p>Review of an incident report for R52, dated 11/25/ 18 and timed 3:30 PM, stated, "Resident involved in incident with another Resident (R15) in which she was slapped on right arm... Resident (R15) noted verbally aggressive/physically aggressive towards another Resident (R52)." The incident occurred in the lounge near the nurses station.</p>	F 600	<p>R15 will be moved to the secured dementia unit for closer monitoring and a sleep diary will be initiated. Facility's Resident Council will address Resident's Right to be free from abuse and encourage reporting to the appropriate staff member. Staff Educator/ designee will educate staff on reporting requirements and signs and symptoms of potential abuse, reporting requirements identifying potential abuse and protecting possible victims. Both R31 and R 52 will be followed weekly for one month by Licensed Social Worker to monitor for emotional upset or fear of other residents behavior. this follow up will continue beyond one month if the resident complains of any feelings of fear or emotional upset.</p> <p>4. The Director of Nursing/ designee will complete resident interviews and/or observational audits to monitor for signs and symptoms of potential abuse. The audits will be performed, including R31 and 52 daily or until 100% compliance is achieved for 3 consecutive days. Random audits of 10 residents weekly will continue once weekly or until 100% compliance is achieved for 3 consecutive weeks. Included in the audit will be any concerns or reported allegations of abuse, neglect or mistreatment. Units will be rotated to assure that entire facility is audited. Audits will continue monthly until 100% compliance is achieved for 1 month. Once 100% compliance is met, the deficient practice will be considered resolved. All audits will be reviewed by the Quality Assurance Committee.</p>		

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F 600	<p>Continued From page 10</p> <p>Review of a CNA statement on 11/25/18 and timed 3:30 PM, stated, "I witnessed (R15) come out of her room yelling at (R52). I walked over as she (R15) was hitting (R52) [she (R15) smacked her (R52) on her arm once]."</p> <p>A progress note, dated 11/25/18 and timed 5:05 PM, was written for R15 (the resident involved in the incident) and it was included in the incident report. The progress note, written by a nurse, stated, "At approx. (approximately) 1530 (3:30 PM), resident (R15) noted standing in lounge area, agitated while shouting 'you stole my money' headed towards another resident (R52). CNA approached (R15) and (sic) a very calm therapeutic manner, however resident continued to be verbally aggressive [towards other resident] and quickly slapped the resident's left (sic) arm. Attempts to redirect made, resident (R15) escorted to her room... remains A&OX1 (alert to person only, not to place or time); to self, per established baseline. Nursing staff to monitor...".</p> <p>A progress note, dated 11/25/18 and timed 5:05 PM, stated, "At approximately 1530 (3:30 PM) (R 52) was involved in an incident with another resident (R15). Another resident became verbally aggressive towards (R52), and quickly slapped her on the right arm. (R52) was removed from scene immediately, and assessed by Nurse... Resident stated, 'I don't know why she did that', when asked if she knew anything that could have contributed to the incident...". There was no obvious injury to R52's arm.</p> <p>R52 was interviewed by the state surveyor on 11/28/18 at 9:15 AM. R52 expressed that R15, who resides down the hall a few doors from her room curses and hits her. When asked how long this</p>	F 600	<p>F600 #2</p> <ol style="list-style-type: none"> 1. Immediately upon notification from the survey team, R52 was interviewed and stated she felt much better and slept like a baby. She has felt comfortable on the unit. She attends the dining room and has a good appetite. Subsequent visits over the next week confirm there were no signs of emotional distress. 2. All residents have the potential to be impacted by this deficient practice. Future residents will be protected from this deficient practice by taking the corrective actions outlined below in #3. 3. The root cause of this deficient practice revealed the facility failed to adequately monitor and supervise the wandering behavior of R15 which could have negatively impacted R52. R15 is currently at an inpatient psychiatric facility for evaluation and treatment. Upon return, R15 will be moved to the secured dementia unit for closer monitoring and a sleep diary will be initiated. R52 is seen routinely by the psychologist. Facility's Resident Council will address Resident's Right to be free from abuse and encourage reporting to the appropriate staff member. Staff Educator/ designee will educate staff on reporting requirements and signs and symptoms of potential abuse. 4. The Director of Nursing/ designee will complete resident interviews and/or observational audits to monitor for signs and symptoms of potential abuse. The audits will be performed daily or until 100% compliance is achieved for 3 		

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F 600	<p>Continued From page 11</p> <p>has been going on, R52 stated since she (R52) has been in the facility for 3+ years. R52 stated that R15 slapped her in the face previously, but has not caused her "bodily injury." R52 further stated that R15 has accused her (R52) of stealing R15's money and buying clothes. R52 stated that she was not the only person R15 abuses and stated when R15 walks down the hall, she'll use her walker to hit anyone in her way. R52 stated that if she see's R15 in the hall where they reside, she'll go into her room, close the door and turn down the television sound "so she (R15) won't know I'm there." R52 stated that staff have observed these behaviors from R15 and advised her not to hit R15 back, however, she stated, "I'd really like to hit her back." When asked if she's talked to staff about her concerns regarding R15, R52 stated that she talked to E1 (NHA) a few days ago and was told that they'd try to remove sitting chairs in the hall so if R15 sits, it will be in the area by the nurses station. E52 became tearful several times when discussing R15 and stated "I don't even look in her (R15's) room when I walk by and the CNA's are afraid of her." When asked how all this makes her feel, R52 stated, "I can't take it anymore. I feel terrible, it upsets me. Sometimes I feel like pulling my hair out by it's roots." R52 also stated that she didn't want to have a "nervous breakdown... I don't want to have... one because of her (R15)." R52 denied any further incidents with R15 throughout the survey from 11/28/18- 12/6/18.</p> <p>Record review revealed that R52 has received counseling from a psychologist (E15) on an ongoing basis since at least December 2017.</p> <p>On 11/28/18 at 11:43 AM, R52 was seen by E15. R52's mood was described as depressed and</p>	F 600	<p>consecutive days. Random audits will continue once weekly or until 100% compliance is achieved for 3 consecutive weeks. Audits will continue monthly until 100% compliance is achieved for 1 month . Once 100% compliance is met, the deficient practice will be considered resolved. All audits will be reviewed by the Quality Assurance Committee.</p>	
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F 600	<p>Continued From page 12</p> <p>anxious. The progress notes stated, "... Pt (patient) discussed how she had an altercation with another resident and how the situation is being handled... Psychologist provided supportive and empathetic listening and feedback to pt(patient)...".</p> <p>A progress note, dated 11/28/18 and timed 4:32 PM, was written by E2 (DON). The note stated, "... Spoke with resident after interaction on 11/25/ 18. Resident states she feels much better today and that she slept 'like a baby' last night. Resident states she has felt comfortable on the unit and continues to sit and converse with peers... AAO x 3 (alert and oriented to person, place and time). Verbally able to make needs known. Continues to attend the dinning (sic) room for meals with good appetite... right arm... no marks or bruises... denies pain... Continues to self propel w/c (wheel chair) on and off unit without difficulty... Continues to participate in activities. "</p> <p>A progress note, dated 11/28/18 and timed 5:51 PM, written by E2, stated, "Spoke to resident daughter regarding resident status. Daughter pleased to hear resident doing well. Will continue to monitor."</p> <p>The 5 day follow up, written by E2 (DON), was submitted to the state agency on 11/30/18 for the 11/25/18 incident. The follow up stated, "... Spoke with (R52) on 11/26 and 11/28 following interaction on 11/25. (R52) remains AAOx 3. Verbally able to make needs known... Seen by psychologist with no further interventions necessary. Resident (R15) with no further episodes of physical aggression towards other residents. Has dx (diagnosis) depression, pseudobulbar affect (neurological condition</p>	F 600		
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F 600	<p>Continued From page 13</p> <p>characterized with uncontrollable laughing and crying) and dementia. Has known behaviors related to physical aggression and receives counseling. Continues to ambulate (walk) on unit with RW (rolling walker)... ADON spoke with resident regarding programing on the dementia unit and potential benefits. Family in agreement to trail (sic- trial) unit during day before making a decision." R52 stated that R15 had not bothered her during the survey period of 11/28/18 through 12/6/18.</p> <p>On 12/5/18 at 2:35 PM, findings were discussed with E2 (DON) and she was advised that this was a harm level deficiency.</p> <p>The facility failed protect R52 from emotional, verbal and physical abuse from R15. R15 has a history of physical aggression towards staff and other residents, verbal aggression including yelling and cursing at staff and other residents, and false beliefs/accusations, including that someone stole her money and other belongings. R52, who is cognitively intact, stated that R15 curses at her, says hurtful things to her, and hits her, even going out of her way to do so, at times. R52 was most recently hit by R15 on 11/25/18. As a result of R15's behaviors towards R52, R52 stated that she secludes herself in her room when she see's R15 in the hall (both reside in same hall) by shutting her bedroom door and turning down the volume on her tv so R15 won't know R52's in her room. R52 also reported that she feels sad, upset and afraid due to R15's abuse. R52 stated that she doesn't want to have a nervous breakdown because of R15.</p> <p>2. Review of R31's clinical record revealed the following:</p>	F 600		

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F 600	Continued From page 14 R31 was admitted to the facility in 2014. Review of a quarterly MDS assessment, dated 9/13/18, coded R31 on a scale of 0-15, with 0 being never/rarely made decisions and 15 being the highest level of cognition (decisions consistent/ reasonable), as a 15. R31 was interviewed by the state surveyor on 11/28/18 at 9:58 AM. R31 stated that R15 wandered into his room last night about 2:00 AM and she was asking where someone was. R31 further stated, "I feel like she doesn't belong on this floor, but family doesn't want her to go to 3rd floor." R31 further stated this was not the first time R15 had done this, but it's the first time "in awhile." R31 stated that his roommate likes the door open, so R15 see's it open and wanders in. Findings were reviewed with E2 (DON) on 12/5/18 at 2:35 PM and advised this has the potential for harm. The facility failed to ensure R31 was free from potential abuse when R15 wandered into R31's room due to lack of adequate monitoring and supervision on 11/28/18 at approximately 2:00 AM. R15 has a history of distressed behaviors, including verbal and physical abuse of staff and other residents. R31 stated that R15 had wandered into his room previously, too. Findings were reviewed with E1 (NHA), E2 (DON), E3 (ADON), and E14 (RN/QA) on 12/6/18 at approximately 7:45 PM during the exit conference	F 600			
F 678	Cardio-Pulmonary Resuscitation (CPR)	F 678		1/24/19	

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F 678 SS=K	Continued From page 15 CFR(s): 483.24(a)(3) §483.24(a)(3) Personnel provide basic life support, including CPR, to a resident requiring such emergency care prior to the arrival of emergency medical personnel and subject to related physician orders and the resident's advance directives. This REQUIREMENT is not met as evidenced by: Based on record reviews, interviews and review of other facility documentation as indicated, the facility failed to ensure that the residents' code status (advanced directives) listed on the individually printed "Resident Face Sheets", kept in binders in the ground floor reception area and the second floor nurses station, matched the electronic medical record (physician orders and consent forms). For 6 (R7, R20, R54, R73, R83, and R96) out of 97 sampled residents, the Resident Face Sheets were inconsistent with the electronic medical records (EMR). For 2 residents (R54 and R96), their electronic medical documents failed to match the "Emergency Face Sheets" binder located in the ground floor reception area. For 4 residents (R7, R20, R73, and R83), their EMR's failed to match the "2nd Floor Face Sheets" binder located in the second floor nurses station. The facility no longer uses charts. Furthermore, interviews with multiple staff revealed inconsistencies regarding where to find the backup information on each resident's code status in the event of an EMR system failure. The facility failed to have a system in place for staff to obtain the residents' accurate code status in the event of an EMR system failure which placed these residents in an immediate jeopardy situation. The IJ was identified on 11/29/18 at 10:55 AM and was abated on 11/29/18 at 3:30 PM.	F 678	1. The code status for R7, R20, R54, R73, R83, and R96 were corrected at the time of survey to ensure that consent, order, and face sheet were accurate. 2. A whole facility audit was completed to reconcile code status forms, orders, and face sheets on all current residents. No further discrepancies were found. All residents have the potential to be impacted by this deficient practice. Future residents will be protected from this deficient practice by taking the corrective actions outlined below in #3. 3. Root cause analysis of code status inaccuracies between orders, consent form and printed face sheet determined that the facility policy did not include specific instructions for filing copy of face sheet in a manual each time code status is documented/updated. The facility policy on code status was updated. See attached. The Code Status Consent Form will be scanned into the Documents section of the Electronic Medical Record. A physician's order will be obtained, which will automatically update the code status on the face sheet. A printed copy of the residents face sheet will be maintained on each unit. Resident's		

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F 678	<p>Continued From page 16</p> <p>Findings include:</p> <p>The facility's Advance Directives policy (undated) stated, "Every resident has the right to accept or refuse medical care. Advance Directives communicate your choices of care in the event that you become physically or mentally unable to communicate yourself... specific types of Advance Directives include: 1. Do Not Resuscitate (DNR) which means that if a resident is found not breathing or non-responsive, measures would not be taken to try to start the heart pumping again. 2. Cardio-Pulmonary resuscitation (CPR) is the act of applying force to the chest with the hand, compressing the heart, and breathing into the resident's mouth, filling the lungs with air in an attempt to restart the heart beating again."</p> <p>The facility's Consent Form Code Status policy (undated) stated, "At some point... a catastrophic event may occur (for example, the resident's heart or breathing may stop). At that point, the question of whether to begin extraordinary measures to attempt resuscitation arises (for example, cardiopulmonary resuscitation (CPR) attempts, electric shock potentially leading to chest surgery, artificial breathing machines...) Without written instructions to the contrary, these invasive procedures must be attempted... some residents decide either independently or through their substitute Decision maker that they do not wish for resuscitation measures in cases of heart or breathing failure. In those cases the doctor will write a DO NOT RESUSCITATE or 'DNR' order. Once that order is written, no measures will be taken to restart the heart or respirations (no CPR or mechanical ventilation...".</p>	F 678	<p>code status for residents will be accurate and congruent in all facility documents. Facility nursing staff were able to articulate how to find the code status for all residents. The Staff Educator/ designee will educate staff on the updated code status policy, ensuring accuracy and congruency in facility documents, and where to find code status. Code status binder will be audited once weekly.</p> <p>4. The Director of Nursing/ designee will conduct code status audit daily or until 100% compliance is achieved for 3 consecutive days. Random audits will continue once weekly or until 100% compliance is achieved for 3 consecutive weeks. Audits will continue monthly until 100% compliance is achieved for 1 month . Once 100% compliance is met, the deficient practice will be considered resolved. All audits will be reviewed by the Quality Assurance Committee.</p> <p>Additionally, the Director of Nursing/ designee will conduct random audits of nursing staff to evaluate if they know where to find the code status. The audits will be performed daily for one month. Random audits will continue once weekly on ten residents on each unit on an ongoing basis. All audits will be reviewed by the Quality Assurance Committee.</p>	
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F 678	<p>Continued From page 17</p> <p>1. Review of R7's clinical record revealed:</p> <p>During the initial pool record review, a code status form (scanned into the EMR), dated 9/7/17, stated that R7 was a no code or DNR and there was a current physician order (unsure of date as the facility updated the order on 11/29/18) for DNR in the EMR. The emergency book in the reception area listed R7's code status as DNR. R 7 resided on the 2nd floor.</p> <p>In contrast to the code status form, physician order and the book in the receptionist office, the 2 nd floor binder had a Face Sheet for R7, generated on 7/29/15, that listed the resident's code status as a full code (full cardiopulmonary resuscitation).</p> <p>2. Review of R20's clinical record revealed:</p> <p>During the initial pool record review, a code status form, dated 9/15/16, stated that R20 was a DNR and there was a current physician order (unsure of date as the facility updated the order on 11/29/18) for DNR in the EMR. The emergency book in the reception area listed R20's code status as DNR. R20 resided on the 2nd floor.</p> <p>In contrast to the code status form, the physician order and the book in the receptionist office, the 2 nd floor binder had a Face Sheet for R20, generated on 7/29/15, that listed the resident's code status as a full code.</p> <p>The remainder of resident's were identified when code status' were checked for all residents that did not have record reviews during the initial pool.</p> <p>3. Review of R73's clinical record revealed:</p>	F 678		
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F 678	<p>Continued From page 18</p> <p>Review of R73's code status form, dated 5/19/17, stated that R73 was a DNR and there was a physician order, dated 7/10/18, for DNR in the EMR. The emergency book in the reception area listed R73's code status as DNR. R73 resided on the 2nd floor.</p> <p>In contrast to the code status form, the physician order and the book in the receptionist office, the 2nd floor binder had a Face Sheet for R73, generated on 7/29/15, that listed the resident's code status as a full code.</p> <p>4. Review of R83's clinical record revealed:</p> <p>Review of R83's code status form, dated 3/14/18, stated that R83 was a full code and there was a current physician order, dated 3/14/18 for full code in the EMR. The emergency book in the reception area listed R73's code status as full code. R83 resided on the 2nd floor.</p> <p>In contrast to the code status form, the physician order and the book in the receptionist office, the 2nd floor binder had a Face Sheet for R83, generated on 1/2/18, that listed the resident's code status as a DNR.</p> <p>5. Review of R54's clinical record revealed:</p> <p>Review of R54's code status form, dated 10/1/18, stated that R54 was a no code or DNR. There was a current physician order in the EMR, dated 10/1/18, for DNR and that an RN may pronounce. R54 resided on the 3rd floor of the facility.</p> <p>In contrast to the code status form and the physician's order, the emergency face sheet</p>	F 678		
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F 678	<p>Continued From page 19</p> <p>binder located in the ground floor reception area, had a face sheet for R54, generated on 9/21/18, that listed the resident's code status as a full code</p> <p>6. Review of R96's clinical record revealed:</p> <p>Review of R96's code status form, dated 10/30/18, stated that R96 was a no code or DNR. There was a current physician order dated 11/13/18 for DNR in the EMR. The 2nd floor face sheet binder listed R96's code status as DNR. R96 resided on the 2nd floor.</p> <p>In contrast to the code status form and the physician's order, the emergency face sheet binder located in the ground floor reception area, had a face sheet for R96, generated on 11/12/18, that listed the resident's code status as a full code</p> <p>11/28/18 9:16 AM - E2 (DON) was interviewed on the 2nd floor. E2 stated that resident code status was in the EMR. When asked how staff would obtain a resident's code status if the EMR was down, E2 stated staff would call the ground floor receptionist office where a book was kept with everyone's face sheet and code status. E2 stated there was someone in the reception area 24 hours a day. E2 stated there was not a code book on the 2nd floor.</p> <p>11/28/18 9:50 AM - E20 (reception clerk) was interviewed. E20 stated that someone was at the reception desk from 8 AM to 8 PM, however, the office was not locked when there was no one at the desk.</p> <p>11/28/18 11:45 AM - E13 (LPN on 2nd floor) was</p>	F 678		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/06/2018
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NAME OF PROVIDER OR SUPPLIER KENTMERE REHABILITATION AND HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1900 LOVERING AVENUE WILMINGTON, DE 19806
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F 678	<p>Continued From page 20</p> <p>interviewed. When E13 was asked how she would obtain a resident's code status if the EMR was down, E13 stated that when the receptionist was there, she'd call the receptionist (on the ground floor) to obtain a resident's code status (have binder of all resident's face sheets listing code status' in the receptionist office). E13 stated on night shift, staff use the "2nd floor Face Sheets" binder that's kept in the 2nd floor nurses station. The emergency book in the reception area contained face sheets for each resident.</p> <p>11/28/18 4:47 PM - E19 (LPN) was interviewed on the third floor. When asked how she would obtain a resident's code status if the EMR was down, E19 stated she would ask someone who was familiar with the resident for the code status. E19 stated there was no code status binder on the third floor.</p> <p>11/29/18 10:55 AM - Findings were reviewed with E1 (NHA) and E2 (DON) and they were advised that an IJ was identified when 6 current residents were found to have inconsistent advance directives related to their code status'.</p> <p>11/29/18 3:15 PM - Review of the 2nd floor binder and the Emergency book at the receptionist office verified that the incorrect code status' for the 6 residents were corrected. Additionally, the survey team interviewed 2 nurses from the 3-11 shift for each floor and confirmed they were aware of where and how to obtain current code status' for residents.</p> <p>11/29/18 3:30 PM - At this time, we also received an approved plan of correction that included: correction of code status' on identified residents after a whole facility audit of consent forms,</p>	F 678		
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F 678	Continued From page 21 orders and face sheets, the facility policy on code status was updated, all new residents and residents with code status changes are to be discussed at High Risk Meetings Monday-Fridays, in-services are to be done including: use of Unit Book/Front office book to verify code status in event of power outage, on hire, a competency verification regarding code status and contingency plan will include nurses, activity, admissions, social service and rehabilitation staff, and annual training will be updated to include review of the policy and process. Additionally, shift report will include communication related to new and/or changes in code status and monitoring will be done on the above measures. The IJ was abated at this time. The facility failed to maintain consistent documentation of residents' code status leading to the possibility that the incorrect code status could be implemented during an emergency event resulting in immediate jeopardy to the residents.	F 678			
F 684 SS=G	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that 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 record reviews, interviews, review of	F 684			1/24/19
			1. The facility cannot retroactively		

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F 684	Continued From page 22 facility documentation and hospital records, it was determined that the facility failed to ensure that treatment and services were provided in accordance with professional standards of practice for two (R85 and R99) out of 54 sampled residents. For R85, the facility failed to ensure that treatment and services were provided in accordance with professional standards of practice. The facility failed to have lab (laboratory) results available for physician review and failed to ensure that the physician was notified of abnormal lab results per facility policy. The facility failed to ensure that an H&H ordered to be drawn on 9/21/18 was completed. Additionally, the facility failed to identify that on 9/27/18, R85's episode of chest pain and shortness of breath could be related to low Hgb and failed to notify the physician when R85 exhibited these symptoms. This resulted in harm to R85 when she had to be emergently sent to the ER and subsequently hospitalized requiring emergency transfusion of 2 Units of PRBCs. For R99, the facility failed to ensure that the physician was notified when R99 refused Enulose doses resulting in lost opportunities for the physician to adjust medication if he/she desired. The facility failed to notify the physician in a timely manner when R99 experienced a significant change in mental status and was deemed unsafe swallowing medications. Findings include: The facility policy titled, Laboratory and Radiologic Services, dated December 2015, stated, "Abnormal labs and x-rays are called to the charge nurse, who in turn, will notify the physician of the results. Physician notification will be documented in the electronic medical record." The facility policy titled, Physician-Notification of	F 684	address the lab results for R85. 2. All residents have the potential to be impacted by this deficient practice. Future residents will be protected from this deficient practice by taking the corrective actions outlined below in #3. 3. Root Cause analysis of incident involving missed lab determined that the nurse did not contact the MD with the lab result on 9/15/18. A system change was made so that a report with all lab orders is run. The evening supervisor/ designee reconciles all labs from the day against the orders to ensure labs were drawn, results were received, and physician notified. If a lab is missed, the evening supervisor/ designee will notify the physician. Staff Educator/ designee will educate nursing staff on notifying the provider of abnormal labs including positive guaiacs. 4. The Director of Nursing/ designee will audit lab orders to ensure labs were drawn, results received, and physician notified. The audits will be performed daily on all residents with lab orders until 100% compliance is achieved for one week. Random audits of 10 residents on each unit with lab orders will continue once weekly or until 100% compliance is achieved for 3 consecutive weeks. Audits will continue monthly on an ongoing basis. See attached. All audits will be reviewed by the Quality Assurance Committee. F684 #2 1. The facility cannot retroactively address the lab results for R99. 2. All residents have the potential to be		

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F 684	<p>Continued From page 23</p> <p>Abnormal Test Results, effective May 2016, stated, "...2. Results of laboratory...tests shall be reported in writing to the resident's attending physician from the testing source. 3. Abnormal results will be called and/or faxed to the physician upon receipt. Normal and abnormal test results provided to the facility will not be filed in the resident's chart before the physician reviews and signs the printed results. The results can be placed in a doctor's box for review and signature. The attending physician will initial and date the results when reviewed...5. The Unit Manager/ Charge Nurse/Nurse Supervisor receiving abnormal results shall be responsible for notifying the physician of such test results...The nurse will enter date and time, and sign the report as reported to the physician. 6. Signed and dated reports of all diagnostic tests shall be made a part of the resident's electronic medical record."</p> <p>The facility policy titled, "Provider Notification of Resident Change in Medical Condition," effective April 2017, stated, "...staff communicates changes in a resident's medical condition to providers in a timely and accurate manner... Changes in Resident Condition Staff will notify the provider...of:...Significant change in condition in physical, mental, or psychosocial status (i.e., deterioration in mental health, mental, or psychosocial status in either life threatening or clinical components)..."</p> <p>1. Review of R85's clinical record revealed:</p> <p>8/7/16 - R85 was admitted to the facility with diagnoses that included heart disease with an irregular heart rhythm and kidney disease.</p> <p>7/14/17 - R85 was prescribed the medication</p>	F 684	<p>impacted by this deficient practice. Future residents will be protected from this deficient practice by taking the corrective actions outlined below in #3.</p> <p>3. Root cause analysis determined that the nurse did not notify the MD of a refused medication which was treating an acute change in condition. A system change was made so that the physician is notified for medication refusals. Staff Educator/ designee will educate nursing staff on notifying the provider for refused medications.</p> <p>4. The Director of Nursing/ designee will audit refused medications for provider notification. The audits will be performed daily or until 100% compliance is achieved for 3 consecutive days. Random audits will continue once weekly or until 100% compliance is achieved for 3 consecutive weeks. Audits will continue monthly on an ongoing basis. All audits will be reviewed by the Quality Assurance Committee.</p>	
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F 684	<p>Continued From page 24</p> <p>Xarelto 20 mg daily, used to prevent blood clots in individuals with atrial fibrillation.</p> <p>8/28/17 - R85's care plan was updated and stated that she had the potential for bleeding due to anticoagulation therapy. Interventions included to monitor lab work as ordered, and to assess for signs of abnormal bleeding.</p> <p>1/29/18 - A lab report revealed R85's hemoglobin (Hgb) was 12.6 (Normal range: 11.8-14.8).</p> <p>8/17/18 - There was a physician's order for a hemoglobin and hematocrit (H&H) to be drawn on 8/20/18 for a diagnosis of gastritis with bleeding and to guaiac stool x 3. There was no documentation in the EMR signifying whether R 85 was having any signs or symptoms of bleeding</p> <p>8/19/18 - On the day shift, the TAR documented R85 had a guaiac positive stool.</p> <p>8/20/18 - On the evening shift, the TAR documented R85 had a guaiac positive stool.</p> <p>8/20/18 - The lab results for the H&H revealed R 85's Hgb was 10.5. This was a decrease of 2.1 points when compared to the 1/29/18 result of 12.6.</p> <p>8/21/18 at 4:25 PM- A physician's progress note stated R85 was seen for anemia with 2 out of 3 positive stool guaiac tests. The physician noted that R85 had weight loss, never had a colonoscopy, and had a first relative with a diagnosis of colon cancer in their 60's. The plan was to consult a GI physician for EGD and colonoscopy, repeat a CBC, check iron study,</p>	F 684			

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F 684	<p>Continued From page 25 vitamin B12, and folic acid in 1 week.</p> <p>8/21/18 - Review of the EMR revealed that R85 was scheduled for a GI consult on 10/1/18 at 2:00 PM for anemia with positive guaiac stools and a family history of colon cancer.</p> <p>8/22/18 at 3:42 PM - A nurse's progress note stated that R85 had a third guaiac positive stool, and that the physician would review on the next rounds. R85's clinical record lacked evidence that the physician reviewed her chart following this finding.</p> <p>8/29/18 - The TAR revealed a signature signifying that R85 had a CBC, iron study, vitamin B12 level and folic acid drawn. Review of the EMR revealed there were no results scanned into the record for these blood tests. Upon surveyor request on 12/4 /18, the facility provided the blood test results after obtaining them via fax from the lab. Results of R85's Hgb revealed the level was 9.8, a further decrease from the 10/5/18 Hgb result of 10.5 and the iron level was 24 (normal range 35-165). There was no documented evidence stating that the physician was notified of the results, nor was there any evidence showing that the physician had reviewed the results (no physician dated and initialed copy).</p> <p>9/13/18 - A physician's order stated for R85 to have an H&H drawn on 9/15/18.</p> <p>9/15/18 - Lab results revealed R85's Hgb was 7.9 , again signifying a decrease from 8/29/18 when it was 9.8. There was no documentation that the physician was notified of this abnormal result per facility policy.</p>	F 684			

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F 684	<p>Continued From page 26</p> <p>9/17/18 at 12:18 PM - A physician's progress note stated that R85's labs were reviewed and acknowledged that the Hgb was 7.9. The note stated that R85 was asymptomatic (no symptoms), had a prior history of gastritis, and had no abdominal pain or dark/tarry stools. The note stated the plan was to guaiac stools, check CBC and monitor for any GI bleeding.</p> <p>9/17/18 - A physician's order stated to check CBC and guaiac stools x 3.</p> <p>9/19/18 - The CBC result revealed R85's Hgb was 7.4, down from 7.9 on 9/17/18.</p> <p>9/19/18 11:15 PM - A nurse's progress note stated R85's Hgb level was 7.4 and that the NP was notified. The note stated a new order was received to check an H&H on Friday (9/21/18) and that the order was input.</p> <p>9/21/18 - Review of the TAR revealed it was initialed by nursing staff signifying that the H&H was completed. Review of the Lab Form revealed that nursing staff had written in that R85 was due for an H&H and that it was signed off and dated as completed by the lab technician on 9/21/18.</p> <p>There were no results found for the 9/21/18 H&H. There was no evidence that the facility followed up with the lab to determine why there were no results sent to the facility.</p> <p>9/22/18 - During the day shift, the TAR documented R85 had a guaiac positive stool. There was no documented evidence that the physician was notified.</p> <p>9/25/18 - During the day shift, the TAR</p>	F 684		
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F 684	<p>Continued From page 27</p> <p>documented R85 had a guaiac positive stool. There was no documented evidence that the physician was notified.</p> <p>9/27/18 2:10 PM - A nurse's progress note stated that during lunch time R85 complained of shortness of breath and chest pain. The note stated sublingual Nitroglycerin was administered along with a nebulizer (medicated breathing treatment) and after 5 minutes the resident stated she felt better. There was no evidence that the nursing staff considered these symptoms could be related to R85's low Hgb and there was no evidence that the episode of chest pain and shortness of breath was reported to the physician</p> <p>9/28/18 2:27 PM - A nurse's progress note stated that while out at a cardiology appointment, the facility was notified that R85 had a large bloody bowel movement and was being sent to the ER for further evaluation.</p> <p>Review of hospital records revealed that on arrival to the ER, R85's Hgb was 6.7. R85 required transfusion of 2 units of PRBC, was admitted to the hospital and was found during a colonoscopy to have multiple polyps.</p> <p>12/4/18 at 1:00 PM - During an interview, E2 (DON) stated that the process was for the facility to receive lab results via fax. The evening shift supervisor reviews the lab results and ensures that the physician is notified of any abnormalities. E2 stated it would have been the responsibility of the evening supervisor to inquire about the missing H&H results on 9/21/18.</p> <p>12/6/18 approximately 8:10 AM - An interview</p>	F 684		

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F 684	<p>Continued From page 28</p> <p>was conducted with E1 (NHA), E2, E3 (ADON) and E4 (Medical Director). E4 stated that the current standard of practice was to transfuse when the Hgb was below 7 and the patient was symptomatic. E4 stated that previously the standard was to transfuse when the Hgb was below 8. E4 stated the facility was monitoring for symptoms and/or if R85's blood pressure dropped the resident would have been sent out to the ER. It was discussed with E4 that the facility failed to identify that results from the 9/21/18 H&H were never received and that the Hgb level might have decreased further. E4 nodded her head.</p> <p>The facility failed to ensure that treatment and services were provided in accordance with professional standards of practice for R85. The facility failed to document what precipitated R85's 8/17/18 H&H and stool guaiac orders, and failed to have lab results available for physician review. The facility failed to ensure that the physician was notified of abnormal lab results per facility policy, failed to document that the physician was notified of an abnormal lab result per facility policy, and failed to provide evidence that an H&H ordered for R85 on 9/21/18 was completed. Additionally, the facility failed to identify that on 9/27/18, R85's episode of chest pain and shortness of breath might be related to the low Hgb and failed to notify the physician when R85 exhibited these symptoms. This resulted in harm to R85 when she had to be emergently sent to the ER and subsequently hospitalized requiring emergency transfusion of 2 Units of PRBCs.</p> <p>Findings were reviewed with E2 (DON) on 12/4/18 at 1:00 PM.</p> <p>Findings were reviewed on 12/6/18 at</p>	F 684		
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F 684	<p>Continued From page 29</p> <p>approximately 7:45 PM during the exit conference with E1 (NHA), E2 (DON), E3 (ADON), and E14 (QA).</p> <p>2. Review of R99's EMR revealed the following:</p> <p>5/17/18 - R99 was readmitted to the facility post hospitalization with diagnoses that included metabolic encephalopathy and hepatic failure.</p> <p>6/16/18 - A quarterly MDS assessment stated R 99 was alert and able to make decisions independently.</p> <p>9/5/18 - A physician's order stated R99 was to have a blood ammonia level drawn on 9/7/18.</p> <p>9/7/18 - The ammonia level results revealed a value of 93 (normal range: 0-60).</p> <p>9/7/18 - A physician's order stated to hold the Enulose 30 mls three times a day and Enulose 45 mls once a day. The order further stated to administer Enulose 45 mls three times a day and Enulose 30 mls once daily (a total of 4 doses per day) x 3 days and to obtain an ammonia level on 9/14/18.</p> <p>9/8/18 through 9/10/18 - Review of the MAR revealed the following:</p> <ul style="list-style-type: none"> - 9/8/18 - all four doses of Enulose were administered; - 9/9/18 - two doses of Enulose were refused by R99 and two doses were administered; - 9/10/18 - one dose of Enulose not administered due to refusal and one dose documented R99 was LOA (Leave of Absence). Review of the EMR lacked evidence that the facility attempted 	F 684		
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F 684	<p>Continued From page 30</p> <p>to administer the missed dose when R99 returned from the LOA. Additionally, there was no documented evidence that the facility notified the physician when R99 refused doses.</p> <p>9/11/18 - Review of the EMR revealed that the previous orders for Enulose were resumed (30 mls 3 times a day and 45 mls once a day).</p> <p>9/11/18 through 9/14/18 - Review of the MAR revealed the following: - 9/11/18 - all four doses administered; - 9/12/18 - all four doses administered; - 9/13/18 - one dose of Enulose refused and no evidence of physician notification; - 9/14/18 - all doses administered.</p> <p>9/14/18 - Review of laboratory results revealed that the ammonia level, ordered on 9/7/18, was not drawn. Review of the 24 Hour Report for 9/8/18 lacked evidence that a 24 hour chart check was completed.</p> <p>9/14/18 3:59 pm - A nurse's progress note stated the resident was due for an ammonia level, but the draw was not completed because the test was not ordered. The progress note stated the lab was called and rescheduled the ammonia level for 9/15/18.</p> <p>9/15/18 - Review of the Lab Form revealed that although an ammonia level was entered for R99, it was not signed off by the lab technician as completed. A notation stated "Must be called in for Monday 9/17/18."</p> <p>9/15/18 - Review of the MAR revealed that two doses of Enulose were refused by R99 and for one dose it was noted the resident was LOA.</p>	F 684		
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F 684	<p>Continued From page 31</p> <p>There was no evidence the facility attempted to administer the Enulose upon R99's return from LOA and there was no evidence of physician notification.</p> <p>9/16/18 - A quarterly MDS assessment stated R 99 was alert and able to make decisions independently.</p> <p>9/16/18 - Review of the MAR revealed one dose of Enulose was refused and there was no evidence of physician notification.</p> <p>9/17/18 - Review of the MAR revealed that all doses of Enulose were administered as ordered.</p> <p>9/17/18 - An ammonia level was drawn (ordered to be drawn on 9/14/18) with a value of 133.</p> <p>9/17/18 8:36 pm - A nurse's progress note stated R99's ammonia level was 133, the physician was notified, there were no new orders, and that the physician would review when in the facility.</p> <p>9/18/18 - Review of the MAR revealed that all doses of Enulose were administered as ordered.</p> <p>9/19/18 - Review of physician's orders revealed that the Enulose was increased to a higher dosage. However, Enulose orders were then changed back to the prior doses. Further review revealed that the consultant pharmacist completed a medication review to determine if R 99's medications were causing an increase in the ammonia level. There were no irregularities found by the pharmacist.</p> <p>9/19/18 - Review of the MAR revealed that the 9 AM and 2 PM doses of Enulose were</p>	F 684		

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F 684	<p>Continued From page 32</p> <p>administered as ordered. The 7 PM dose was not administered and documented in the MAR section "Not administered/Not completed" that the "Patient lethargic/drowsy." Further review of the MAR revealed that multiple other medications were not administered at 8 PM and 9 PM because the resident was lethargic/drowsy. Despite this change in R99's mental status, the facility failed to notify the physician.</p> <p>9/19/18 3 PM to 11 PM shift - Review revealed there were no nurse's progress notes despite the fact that R99 was too lethargic to be given oral medications.</p> <p>9/20/18 - The MAR revealed that the 12 AM dose of Enulose was not given because the resident was lethargic.</p> <p>9/20/18 3:23 AM - A nurse's progress note stated to send the resident to the emergency room for further evaluation and management.</p> <p>9/20/18 3:39 AM - A nurse's progress note stated, "Resident noted for increase (sic) lethargy...(Nurse Practitioner) made aware at 3:00am with new order to send resident to hospital for further evaluation and management...Call placed to 911. Transferred to the hospital at 3:30am."</p> <p>Review of the Resident CNA Documentation Record from 9/1/18 through 9/19/18 revealed a total of 10 days on which R99 had no bowel movements. Although R99 was administered a Dulcolax suppository on 9/19/18 at 3:25 PM, there was no evidence that it was effective. Review of progress notes lacked evidence of the physician having been notified of R99's lack of bowel movements as was desired with the</p>	F 684		

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F 684	<p>Continued From page 33 administration of Enulose.</p> <p>12/3/18 12:00 PM - During an interview, E2 (DON) provided a 24 Hour Report which staff are to pull /print to verify and check accuracy of any new orders written in the preceding 24 hours (24 hour chart check). The 24 Hour Report revealed that on 9/8/18, staff failed pull the report to complete the 24 hour chart check. Had the 24 hour chart check been completed it would have identified that the ammonia level ordered on 9/7/18 to be completed on 9/14/18 was not entered for a lab draw.</p> <p>12/3/18 3:35 PM - In an interview, E10 (RN) confirmed she was assigned to R99 on 9/19/18 on the day shift. E10 stated that she recalled the resident was quieter and more drowsy than usual. E10 also stated she recalls R99 attended a care plan meeting that day.</p> <p>12/3/18 5:05 PM - During an interview, E11 (RN) confirmed he was R99's assigned nurse on 9/19/18 on the evening shift. E11 stated that "it was evident (R99) was declining." E11 stated the resident had been having intermittent confusion and lethargy over the past several weeks. E11 stated R99 was lethargic but arousable, but he " did not feel it was a good idea to give anything by mouth." E11 stated he did not feel there was a need to notify the physician and that vital signs (blood pressure, pulse, respirations, temperature) were within normal range.</p> <p>12/5/18 9:24 AM - In an interview, E12 confirmed she was R99's assigned nurse on 9/20/18 on the night shift. E12 stated that working night shift most residents are asleep and at times it is difficult to determine if there is a change in mental</p>	F 684		

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F 684	<p>Continued From page 34</p> <p>status. E12 stated she started her rounds at approximately 10:45 PM and R99 was asleep. At 12 AM, E12 stated she went in to administer an Enulose dose and found R99 lethargic, which was not the residents' usual baseline. E12 stated she had been told in change of shift report that R 99's ammonia level was elevated and that the resident was lethargic. E12 stated she held the 12 AM Enulose dose because she felt it was not safe to give it due to the lethargy. E12 stated she went in again around 3 AM and woke R99, who opened her eyes and then promptly closed them. E12 stated this was not R99's norm, as she would usually smile at her. E12 stated she then called the physician and the resident was sent to the hospital.</p> <p>12/5/18 approximately 8:10 AM - An interview was conducted with E1 (NHA), E2 (DON), E3 (ADON), and E4 (Medical Director). E4 stated that it is difficult to increase a resident's medication (Enulose) if they are refusing doses.</p> <p>E4 stated that if resident was refusing doses she would not necessarily have increased the dose. E 4 was informed that there was no evidence that the physician was notified about the medication refusals, that ordered labs were not completed timely and that when a change in mental status occurred there was a delay in informing the physician, E4 nodded her head.</p> <p>The facility failed to ensure that the physician was notified when R99 refused Enulose doses resulting in lost opportunities for the physician to adjust medication if he/she desired. The facility failed to notify the physician in a timely manner when R99 experienced a significant change in mental status and was deemed unsafe swallowing medications. At least an 8 hour delay</p>	F 684		

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F 684	Continued From page 35 occurred before the physician was notified and R 99 was sent to the emergency room for evaluation. Findings were reviewed on 12/6/18 at approximately 7:45 PM during the exit conference with E1 (NHA), E2 (DON), E3 (ADON), and E14 (QA).	F 684			
F 689 SS=D	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 record reviews and interviews, it was determined that for two (R15 and R83) out of 54 sampled residents, the facility failed to ensure that the resident environment remains as free of accident hazards as is possible and that each resident receives adequate supervision to prevent accidents. The facility failed to ensure that R83's physician-ordered and care planned interventions were in place to prevent an accident on 11/17/18. For R15, the facility failed to provide adequate supervision to prevent R15, who has a history of non-Alzheimer's dementia with behavior disturbance, pseudobulbar affect, generalized anxiety disorder and major depressive disorder from emotionally, verbally, and physically abusing R52 and from wandering into other residents rooms (R52 and R31) placing these residents (as	F 689	1. The facility cannot retroactively address the occurrences for R83. Fall mat and low bed is in place for resident. 2. All residents with high fall risk or history of falls will be reviewed to assure that low bed and fall mats are ordered, as appropriate. 3. Root cause analysis determined that fall mats and low bed were not in place at time of fall. The resident was screened by therapy and educated on using the bed controls with proper return demonstration. Velcro was place on the bed control as a tactile cue on the proper buttons to use. An audit will be developed to monitor residents with high fall risk and/or fall history to determine that appropriate	1/24/19	

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F 689	<p>Continued From page 36 well as others) at risk for abuse from R15. Findings include:</p> <p>1. Review of R83's clinical record and facility documents revealed:</p> <p>R83 was admitted to the facility on 4/21/17 with diagnoses including unsteadiness on feet, repeated falls, and abnormalities of mobility.</p> <p>Review of R83's care plan revealed that starting on 10/20/17, R83 had a high predictive factor for falls. Interventions included to have fall mats on the sides of R83's bed when he was in bed, and to keep his bed in a low position.</p> <p>Physician's order were entered on 3/8/18 for R83 to have fall mats and a low bed.</p> <p>Review of R83's Fall History report revealed that on 11/17/18 at 11:10 PM, R83 fell when attempting to sit on the side of his bed. Interventions that were in use at the time of the fall were listed and did not include fall mats or having R83's bed in a low position.</p> <p>A progress note dated 11/18/18 at 12:05 AM stated, R83 had an unwitnessed fall that evening. The note stated that R83 stated that he was attempting to reposition himself from a lying to a sitting position with his feet resting on the floor, however, the bed was in a raised position. The resident did not realize the bed was raised and fell off the bed and onto the floor. R83 was found on the floor in a prone position on his right side, and presented with a right flank hematoma/ abrasion and a right knee abrasion.</p> <p>During an interview on 12/5/18 at 2:32 PM, R83</p>	F 689	<p>interventions are in place. See attached.</p> <p>4. The Director of Therapy/ designee will audit R83 for correct use of bed controls. The audits will be performed daily or until 100% compliance is achieved for 3 consecutive days. Random audits will continue once weekly or until 100% compliance is achieved for 3 consecutive weeks. Audits will continue monthly until 100% compliance is achieved for 1 month . Once 100% compliance is met, the deficient practice will be considered resolved. All audits will be reviewed by the Quality Assurance Committee.</p> <p>F689 #2</p> <p>1. The facility cannot retroactively address the occurrences for R15.</p> <p>2. All residents have the potential to be impacted by the actions of R15, however she is currently at an inpatient psychiatric facility. Future residents will be protected from this deficient practice by taking the corrective actions outlined below in #3.</p> <p>3. The root cause of this deficient practice revealed the facility failed to adequately monitor and supervise the wandering behavior of R15 which could have negatively impacted R52. R15 is currently at an inpatient psychiatric facility for evaluation and treatment. Upon return, R15 will be moved to the secured dementia unit for closer monitoring. Staff Educator/ designee will educate staff on managing wandering behavior.</p> <p>4. The Director of Nursing/ designee will audit charts of residents with wandering behaviors for disruption of other residents (per MDS, care plan and behavior</p>	
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F 689	<p>Continued From page 37</p> <p>stated that on 11/17/18 he fell because his bed was usually low to the ground, but that day it was high off the ground, and he was sitting himself up and went to push his feet on the ground and fell off his bed on to the hard floor. R83 stated that his fall mat was not on the floor by his bed and he hit his head and back on the floor and his bedside table.</p> <p>The facility failed to ensure that R83's physician-ordered and care planned interventions were in place to prevent an accident on 11/17/18.</p> <p>Findings were reviewed with E2 on 12/5/18 at 4:30 PM.</p> <p>2. Cross refer F600, example #1 and #2</p> <p>Review of R15's clinical record revealed the following:</p> <p>R15 was admitted to the facility in 2016. R15 has diagnoses including, but limited to non-Alzheimer's dementia with behavior disturbance, pseudobulbar affect, generalized anxiety disorder and major depressive disorder. R15 resides on the 2nd floor of the facility.</p> <p>9/7/16 - R15's dementia/cognitive status care plan, stated R15 had increased confusion per baseline with short and long-term memory deficits, decreased communication abilities, moderate impaired cognitive skills for daily decision making due to dementia. "Requires cues /supervision."</p> <p>11/13/17 - R15's behavior management care plan : physical aggression, stated, "has become physically aggressive towards staff and other</p>	F 689	<p>monitoring sheets). The audits will be performed weekly on 10 residents including all units and three shifts on an ongoing basis. see attached tool. All audits will be reviewed by the Quality Assurance Committee</p>	

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F 689	<p>Continued From page 38</p> <p>residents due to agitation and/or false beliefs." The goal for this care plan was "will demonstrate physical aggression less than 10 times per week over the next 90 days." Interventions included: provide psychotropic medications as ordered, psychiatry consult as needed, redirect resident to refrain from physical aggression and consequences for such behavior (i.e., could injure herself or others), identify trigger of increased agitation and ensure resident this will not continue, and attempt to guide resident away from triggering the environment; attempts to distract resident with another activity or discussion.</p> <p>12/3/17 counseling note by E22 (Psychologist) - "... I also suggest a trial period of introducing her (R15) to activities on the 3rd floor (locked dementia unit) to see if she responds well to that environment and, if so, a move to that unit may be considered."</p> <p>12/11/17 activities note - "... During this review period activities has taken (R15) upstairs to 3rd floor for activities, she has really enjoyed being around all the residents on that unit. There are days when she sees us and asks if we are ready to take her upstairs!"</p> <p>1/4/18 10:11 PM nursing progress note - "Continues to be confused and needs constant redirection and cueing during this shift."</p> <p>1/5/18 counseling note by E22 - R15 would redirect briefly, but then persisted in returning to her irritation and desire to go home. Judgement: poor, Insight: poor. Activities report that R15 enjoys going to the 3rd floor and continues to participate in activities there.</p>	F 689			

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F 689	<p>Continued From page 39</p> <p>2/3/18 counseling note by E22 - R15's confusion and agitation increases as the day goes on. At times, she is lethargic and weepy and at other times she is tearfully agitated and irritated. Redirection is difficult at these times as her confusion is high and persistent. Activities department reported that R15 enjoyed going to the 3rd floor.</p> <p>2/9/18 counseling note by E22 (Psychologist) - "... Staff reports that she does positively respond to visits to the 3rd floor, but has difficulty transitioning back to 2nd floor. I suggest asking a 3rd floor resident to accompany staff and R15 as she returns to her 2nd floor room, thus reducing R15's impression that she is being taken away from the activities and people with whom she's comfortable."</p> <p>2/17/18 counseling note by E22 - "I discussed (R 15's) activities on the 3rd floor with (name of former activity director) who explained that (R15) loved participating in activities on the 3rd floor. However, when she returned to her room on the 2nd floor, (R15) became tearful and agitated. Staff are exploring with (R15's) family the possibility of moving her to 3rd floor when a bed is available."</p> <p>2/27/18 nursing progress note - R15 up until 2:00 AM ambulating on the unit with a rolling walker. Physically and verbally abusive towards staff. Redirected, snack given and toileted without improvement. Ativan (antianxiety medication) given with positive result. Although there was evidence of attempts to redirect, there was a lack of evidence as to what supervision took place when measures were ineffective and R15 was ambulating in the halls until 2:00 AM.</p>	F 689			

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F 689	<p>Continued From page 40</p> <p>3/1/18 2:29 AM nursing progress note - R15 has been walking the halls, very confused and disoriented; crying on and off. Ativan given earlier in shift with no results. Attempted comforting resident. Currently sitting out at nurses station. Will closely monitor.</p> <p>3/9/18 activity note - R15 "enjoys going up to 3rd floor for activities and socialization, getting her to come back down can be challenging as she would prefer to stay upstairs. When she is on the 3rd floor she shines and is very happy and content, when she (sic) bring her back down to 2 nd floor she is unhappy and can be very challenging at times."</p> <p>3/9/18 11:24 PM nursing progress note - R15 " followed this writer down the hall during med (medication) pass. (R15) started to enter a partial shut door to one of the other residents room while medication was given. Other resident became upset and said, 'shut the door, don't let that woman in my room'. The door was shut and (R15) started to bang on the door and yell. This writer opened the door which caused the resident that lives in that room to get up and confront (R15) by saying 'this is my room, I don't want you in here.' (R15 became agitated and started to yell at the other resident... Two other resident (sic) came out of there (sic) room and made comments about (R15's) behavior and how disrupting it is to them."</p> <p>3/10/18 counseling note by E22 - Staff reports that she (R15) can also be irritated and angry at times. When in a calm mood, (R15) is cooperative and pleasant. When not, she can be tearful and anxious.</p>	F 689		
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F 689	<p>Continued From page 41</p> <p>3/13/18 social services note by E6 - Director of Social Services (DOSS) spoke with (name of daughter- F8) to discuss the possibility of resident moving to memory care unit (3rd floor) when a room becomes available. (F8) to visit the unit with her mom a few times and will get back to DOSS with a decision. There was a lack of evidence in the EMR as to how the facility was providing adequate supervision to R15, whom the facility believed would benefit from residing on the 3rd floor, a locked dementia unit that provides a higher level of supervision than the other floors.</p> <p>3/19/18 9:47 PM nursing progress note - R15 became anxious and agitated. She walked behind nursing station and approached E23 (physician). R15 was asking E23 about the bus and the train. While E23 was speaking to the resident, R15 started to yell at E23 and raised her arm in a fist to strike E23. It was unclear who was supervising R15 or what measures were in place to deter R15 from approaching E23 in her agitated state.</p> <p>3/22/18 3:31 PM nursing progress note - R15 noted kicking, hitting and yelling to "other resident and staff. She also pore (sic) water to (sic) residents and staff... refused to take Ativan for anxiety."</p> <p>3/22/18 3:47 PM nursing progress note - R15 came out of room and began yelling at other residents. "Stay away from me you bitch!" Resident attempted to hit 2 other resident's while screaming at them. Staff attempted to redirect R 15 and she turned around and hit 3 staff members on the arm. R15 was making false accusations towards staff and began yelling " Leave me alone!" R15 was unable to be</p>	F 689		

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F 689	<p>Continued From page 42</p> <p>redirected and refused antianxiety medication. Spoke to E4 (Medical Director) who gave verbal order for Ativan gel topically every 6 hours as needed for anxiety. E4 also gave an order to send R15 to Wilmington Hospital (has psychiatric unit) if R15 is a harm to herself or anyone else. There was no evidence in R15's EMR that she was sent to Wilmington Hospital.</p> <p>3/23/18 - R15's care plan for social services: verbal aggression stated R15 presents with socially inappropriate behavior aeb yelling, cursing towards staff and other residents related to agitation and/or false beliefs. The care plan goal was "will exhibit behaviors no more than 25 x per week...". Interventions include: identify triggers of increased agitation and ensure triggering event will not continue to occur, attempt to guide resident away from triggering environment, attempt to distract resident with another activity or discussion, and use therapeutic lies when she starts getting anxious/agitated with her usual worries i.e. "The food is already paid for by your daughter" or "Wait for her to come get you, etc..".</p> <p>3/29/18 11:22 PM nursing progress note - R15 was going up and down halls entering other residents rooms asking for help because of a note she claims someone gave her that she believes is a ransom note. R15 showed staff the piece of paper which had her name and room number on it. R15 was crying and appeared afraid. R15 was taken to her room and started to calm down and become less agitated after Ativan gel. There was a lack of evidence that R15 was being properly supervised as she was entering other residents rooms.</p>	F 689		

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F 689	<p>Continued From page 43</p> <p>4/1/18 2:52 PM nursing progress note - R15 was angrily yelling while sitting in nurses station when granddaughter walked in with flowers. R15 began yelling at granddaughter and smacked her in the face. Writer attempted to redirect again and explain that her granddaughter just wanted to give her flowers, but she continued to yell at writer and attempted to hit another resident who was sitting nearby.</p> <p>4/4/18 11:30 PM nursing progress note - R15 got up from the nurse's station and started heading down the wrong hall towards her room. Attempted to redirect R15 and she got agitated and started yelling at staff and other residents.</p> <p>4/12/18 9:44 PM nursing progress note - R15 became agitated after dinner. She was pacing the hall saying, "I'm lost, I can't find my Mommy." R15 was going in and out of other residents rooms crying for help. Was redirected several times without success. R15 was given Ativan gel with positive results. There was a lack of evidence that R15 was being properly supervised as she was entering other residents rooms.</p> <p>4/19/18 progress note by E4 (Medical Director) - Still needs Ativan gel. Alert and oriented x 1 (to person), calm, able to make short conversation, labile mood, suddenly cried, easily distracted.</p> <p>5/26/18 counseling note by E22 (psychologist) - R 15 was tearful and anxious, reporting that she had no money and no home. "I sat with her, reassured her as I redirected her. This often takes some time as (R15) can be persistent in her delusion of poverty and homelessness."</p> <p>6/5/18 activity note - R15 maintains her</p>	F 689		

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F 689	<p>Continued From page 44</p> <p>established routine on unit and in the facility. Prefers 1:1 time. She requires encouragement to participate in most all activities.</p> <p>6/20/18 progress note by E23 (physician) - R15 is having aggressive behaviors towards staff. PRN (as needed) Ativan is no longer effective. Consult psych for need for possible antipsychotics. Will start Trazadone (antidepressant and used as mood stabilizer) low dose twice a day. Discussed with E4 who is in agreement.</p> <p>6/23/18 counseling note by E22 - E22 met with F8 (R15's daughter) and discussed her concerns about her mother's current condition and the ongoing progression of her disease. F8 is very aware of her mother's confusion and continued decline in mental status. We discussed the possibility of a 3rd floor placement for her mother, but F8 is not ready to agree to that , stating that she is concerned about an increase in R15's confusion in changing her routine and her surroundings.</p> <p>6/26/18 nursing progress note - R15 required Ativan gel x 2, due to aggressive behavior and yelling and screaming at staff. R15 was yelling at staff to get her "mom", also that staff took her baby. Suggested resident have a snack and a drink as a distraction to aggressive behavior with no help. R15 was also trying to leave floor trying to push the doors open. R15 was up all 11-7, walking up and down hallways. R15 required one to one attention for the whole shift.</p> <p>7/18/18 nursing progress note - E24 (physician) was in to assess R15 and reviewed prn Ativan gel usage. R15 frequently has episodes of anxiety and agitation towards staff and other residents.</p>	F 689		
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F 689	Continued From page 45 8/29/18 - Review of R15's annual MDS assessment, coded R15 as a "3" for cognition (severely impaired- never/rarely made decisions). For mood, R15 was coded as feeling down, depressed or hopeless for 12-14 days (out of a 14 day review period). For behaviors, R15 was coded as having physical symptoms (e.g., hitting, kicking, pushing, scratching, grabbing, abusing others sexually) directed towards others for 1-3 days (out of a 7 day review period and verbal symptoms (e.g., threatening others, screaming at others and cursing at others) directed towards others for 4-6 days. R15's behaviors were coded as improved compared to the prior MDS assessment. 10/25/18 nursing progress note - Writer noted R 15 yelling at another resident and at staff. R15 appeared very angry and agitated. R15 responded well at first while Ativan gel was applied, but then became angry at the nurse and started to swing at and punch the nurse. 10/28/18 2:08 PM counseling note by E22 (psychologist) - Writer assisted R15 as she was trying to enter another resident's room as the CNA was providing care. R15 was angry and tearful, saying, "They don't like me and I don't know why." Writer redirected R15 back to her room and stayed with her. R15 persisted in her anger and her sadness. There was a lack of evidence that facility staff was supervising R15 when she tried to enter another residents room as care was being provided, rather than the psychologist. October 2018 - The Behavioral Monitoring Form,	F 689			

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F 689	<p>Continued From page 46</p> <p>completed by CNA's identified the following behaviors:</p> <ul style="list-style-type: none"> - physical aggression - 98 occurrences; - verbal aggression - 170 occurrences; - false beliefs - 88 occurrences. <p>11/25/18 5:05 PM nursing progress note - "At approximately 1530 (3:30 PM), resident noted standing in lounge area, agitated while shouting 'you stole my money' headed towards another resident. CNA approached (R15)... calm therapeutic manner, however, (R15) continued to be verbally aggressive (towards other resident- R52) and quickly slapped (R52's) left arm. Attempts to redirect made, (R15) escorted to her room... Nursing staff to monitor ...". There was a lack of evidence that staff were supervising R15 when she was able to strike another resident.</p> <p>11/28/18 12:05 PM - R15's daughter (F8) was interviewed. F8 stated that her mother has been agitated with other residents and she was called last week by the facility and notified that words were exchanged and R15 thought someone stole her money. F8 stated that facility staff had brought up the idea of R15 going to the 3rd floor, When asked if she had viewed the 3rd floor, F8 stated yes, "it's nice", however, she was only willing to let her mother go upstairs to the 3rd floor if her room faced the street where the front entrance of the facility was. F8 confirmed that she was R15's power of attorney (decision-maker).</p> <p>November 2018 - Behavioral Monitoring Form, completed by CNA's identified the following behaviors:</p> <ul style="list-style-type: none"> - physical aggression - 91 occurrences; - verbal aggression - 137 occurrences; 	F 689		
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F 689	<p>Continued From page 47 - false beliefs - 23 occurrences.</p> <p>Numerous observations of R15 were made on the following dates: 11/29/18, 11/30/18, 12/3/18, 12/4/18, and 12/5/18. Most of the observations took place on the 7-3 shift and R15 was asleep several times. For all of the observations, R15 was not engaged in any activities other than watching tv in her room. The following observations revealed:</p> <p>12/3/18 10:55 AM - R15 was dressed and sitting in a chair in her room. When the surveyor entered the room, R15 seemed anxious and asked, "Where's (females first name?)" The surveyor stated that she had not seen her yet and that I just came by to say hi. R15 then smiled and seemed fine.</p> <p>12/3/18 3:45 PM - R15 was sitting in a chair in her room and became tearful when the surveyor entered her room stating that her legs hurt. A few seconds later, R15 stated, "I can't walk (untrue) because of my hips." The surveyor asked R15 if she needed pain medication and R15 said no.</p> <p>12/5/18 4:32 PM - R15 was ambulating with her walker and entered R52's room (in same hall) and a few seconds later she came back out. R52 was not in her room at the time. R15 was anxious with a shaky voice stating that she needed to go to the bathroom, then a second or 2 later saying that she stepped in water with her left foot. There was no staff in the hall, so the surveyor was walking R15 down the hall towards her room when a CNA came down the hall from another residents room. The CNA stated that she was busy, but finally agreed to take R15 to her room after the situation was explained to her.</p>	F 689		

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F 689	<p>Continued From page 48</p> <p>12/6/18 12:55 PM - Findings were reviewed with E2 (DON) and advised there was a lack of supervision related to abuse of R52 and wandering into R31's and R52's rooms.</p> <p>12/6/18 2:05 PM - E17 (CNA) was interviewed. E 17 was assigned to the rooms on the other side of the hall where R52 and R15 reside. E17 stated she's worked in the facility for 4 years with 3 years being in this hall and she confirmed that she's very familiar with R15. E17 stated she works both day and evening shifts. When asked about R15, E17 stated that her moods are up and down, that she usually sleeps during the day and is agitated in the evenings. E17 stated that staff try to reassure R15 that she's in the right place and is being taken care of, however, she is difficult to redirect at times, and sometimes R15 hits staff and other residents. E17 further stated that R15 gets upset when she comes out of her room naked or without shoes and staff and other residents tell her what to do, she becomes angry. When asked if R15 has hit her, E17 stated "no", but stated that R15 has threatened to hit her, has been verbally abusive, including the use of racial slurs. E17 also stated that she has observed R15 wandering into other residents rooms and gave R 31's room as an example.</p> <p>Although the facility has provided ongoing psychiatric services to R15 and made efforts since 12/3/17 (there may be other efforts prior to my review period) with R15's family towards placement on the 3rd floor, a locked dementia unit, R15 remained on the 2nd floor as of the exit date of 12/6/18. The facility failed to provide adequate supervision to prevent R15, who has a history of non-Alzheimer's dementia with behavior</p>	F 689		

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F 689	Continued From page 49 disturbance, pseudobulbar affect, generalized anxiety disorder and major depressive disorder from emotionally, verbally, and physically abusing R52 and from wandering into other residents rooms (R52 and R31) placing these residents (as well as others) at risk for abuse from R15.	F 689			
F 692 SS=D	Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3) §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise; §483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health; §483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is not met as evidenced by : Based on observation, record review, review of facility policy, and interview, it was determined that the facility failed to provide R15 fluids as per facility policy, family request and according to physician orders. A physician ordered to encourage fluids for 3 days on 11/30/18 after R15	F 692	1. The facility cannot retroactively address the occurrences for R15. 2. All residents have the potential to be impacted by this deficient practice. Future residents will be protected from this deficient practice by taking the corrective	1/24/19	

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F 692	<p>Continued From page 50</p> <p>'s BMP laboratory results revealed an elevated BUN. Findings include:</p> <p>The Facility Nursing policy entitled Hydration-Resident, effective December 2015, stated, "... 1. Unless otherwise ordered or contraindicated, residents will routinely be offered fluids during meals... and water will be provided at bedside (as appropriate)... 3. If a resident cannot select the required amount of recommended fluids, extra fluids shall be added to meet their goal. 4. Additional fluids are offered in the following methods: * Styrofoam cups (approx. 480 cc) filled with water every shift and kept at the bedside, or with the resident... * Medication pass...".</p> <p>Cross- refer F770, example #3</p> <p>Review of R15's EMR revealed the following:</p> <p>R15 was admitted to the facility in 2016. R15 has diagnoses including, but limited to non-Alzheimer's dementia with behavior disturbance, pseudobulbar affect, generalized anxiety disorder and major depressive disorder.</p> <p>Review of R15's BUN's from 11/22/17 through 5/30/18 ranged from 39-48.</p> <p>8/29/18- Review of R15's annual MDS assessment, coded R15 as a "3" for cognition (severly impaired- never/rarely made decisions). There were no significant weight gains or losses coded and R15 was able to eat/drink independently after set up help. R15 was coded as receiving diuretics or fluid pills (cause fluid loss daily).</p> <p>3/2/17- R15's at risk for dehydration related to</p>	F 692	<p>actions outlined below in #3.</p> <p>3. Staff Developer will inservice all nurses regarding the need to document orders for encouraging fluid on the Medication Administration Record, so that documentation of intake will be available. All nursing staff will be inserviced regarding facility policy to provide hydration via water cups to residents.</p> <p>4. The Director of Nursing/ designee will audit lab slips for physician orders. The audits will be performed daily or until 100% compliance is achieved for 3 consecutive days. Random audits will continue once weekly or until 100% compliance is achieved for 3 consecutive weeks. Audits will continue monthly until 100% compliance is achieved for 1 month . Once 100% compliance is met, the deficient practice will be considered resolved. All audits will be reviewed by the Quality Assurance Committee.</p>	
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F 692	<p>Continued From page 51</p> <p>use of daily diuretic care plan listed interventions including but not limited to: encourage and assist resident as needed to consume 100% of liquids offered at all meals, offer a variety of liquids each shift, even during the night, offer extra fluids when giving medications if medically appropriate, provide an extra 240 cc fluid every shift, offer soup at both lunch and dinner, and evaluate resident for hydration needs. Even residents who are independent may need reminders to drink.</p> <p>8/30/18- R15 had a physician's order to encourage oral fluids, 240 ml every shift.</p> <p>11/12/18 nutrition risk assessment- estimated fluid needs 1659 ml. R15 's diet order was for a no added salt regular consistency diet with special instructions to receive soup with lunch and dinner. Listed under supplements was " encourage po (oral) fluids, extra 240 ml q (every) shift."</p> <p>11/28/18 12:13 PM- During a family interview with F8 (R15's daughter and POA), she stated that she would like her mother to be offered fresh water 3 times a day. F8 further stated that she's brought it to the facility's attention multiple times, including during care plan meetings.</p> <p>November 2018- Review of R15's MAR included the 8/30/18 order for encourage oral fluids, extra 240 ml every shift. The majority of shifts, nursing documented 240 mls were consumed, however, 120 ml was consumed on 20 out of 90 shifts.</p> <p>11/30/18- a BMP laboratory (lab) result was reviewed by a physician; R15's BUN was elevated at 47 (normal range 10-26). As a result of this, the physician wrote on the lab result "</p>	F 692		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/06/2018
NAME OF PROVIDER OR SUPPLIER KENTMERE REHABILITATION AND HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1900 LOVERING 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 692	<p>Continued From page 52</p> <p>Encourage fluids x (times) 3 days" and "Repeat BMP 12/3/18."</p> <p>There was no evidence in the November or December MAR, as of 12/5/18, that the order, dated 11/30/18, was added to the MARs and therefore, implemented.</p> <p>12/3/18 10:55 AM- R15 had a large styrofoam cup beside the sink in her room. It was undated and felt about 1/2 full.</p> <p>12/4/18 11:29 AM- R15 was asleep in bed. Unable to see cup in her room from the hallway.</p> <p>12/5/18 12:35 PM- Findings were reviewed with E 3 (ADON). E3 confirmed the orders handwritten onto R15's 11/30/18 BMP lab result for encourage fluids x 3 days was not entered into the EMR as a physician order and it wasn't done. When asked whose responsibility it was to ensure MD or NP orders were input to the EMR, E3 stated after the MD or NP signs the lab results, the unit manager or another nurse on the floor should review the signed lab result and put the order(s) in the EMR.</p> <p>12/5/18 12:25 PM- R15 was observed sitting in a chair in her room with her lunch tray in front of her . She had eaten all of her soup and very little of what was on her plate. She had a full 8 ounce cup of coffee on her tray and a 4 ounce can of soda; there was still some soda in the can and there was a 4 ounce cup with soda that was 1/2 full. There was no styrofoam cup or any other types of cups in her room with water.</p> <p>12/5/18 2:35 PM- Findings were reviewed with E2 (DON).</p>	F 692		

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F 692	Continued From page 53 12/6/18 8:45 AM- E2 advised the surveyor that R 15 was receiving extra fluids as per the MAR and stated that R15's BUN's had been in the 40's on numerous dates, so the 12/3/18 BUN was in the range of what R15's BUN's have been. Although R15 received extra fluids from the 8/30/18 physician order and it was renewed on 11/30/18, there was an additional physician order, dated 12/3/18, to encourage fluids x 3 days and it was not done. The facility failed to provide R15 fluids as per facility policy, family wishes and according to physician orders. Findings were reviewed on 12/6/18 at approximately 7:45 PM during the exit conference with E1 (NHA), E2 (DON), E3, and E14 (QA).	F 692		
F 758 SS=D	Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5) §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic Based on a comprehensive assessment of a resident, the facility must ensure that-- §483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs	F 758		1/24/19

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F 758	<p>Continued From page 54</p> <p>unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;</p> <p>§483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;</p> <p>§483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and</p> <p>§483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in § 483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.</p> <p>§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by :</p> <p>Based on record reviews and interviews, it was determined that the facility failed to ensure medication regimens were free from unnecessary psychotropic medications for two (R15 and R83) out of 54 sampled residents. For R15, the facility failed to ensure that non-pharmacological interventions were used prior to her receiving</p>	F 758	<ol style="list-style-type: none"> 1. R15 no longer resides in the facility. 2. Future residents will be protected from this deficient practice by taking the corrective actions outlined below in #3. All residents receiving prn psychotropics were reviewed to determine if others were effected. 	

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F 758	<p>Continued From page 55</p> <p>PRN Ativan and failed to monitor the effectiveness of her PRN Ativan. For R83, the facility failed to limit PRN psychotropic medications to 14 days. Findings include:</p> <p>1. Review of R15's clinical record revealed:</p> <p>8/25/16- R15 was admitted to the facility and has diagnoses including, but limited to non-Alzheimer's dementia with behavior disturbance, pseudobulbar affect, generalized anxiety disorder and major depressive disorder.</p> <p>7/21/18- A recommendation from the pharmacist stated that R15 received Ativan gel in July, but documentation whether it was effective or ineffective was inconsistent. A physician responded to the recommendation on 7/26/18 and stated, please have nursing document if effective or ineffective after administration.</p> <p>9/25/18- R15 had a physician's order for Ativan Gel apply 0.5 milligrams by transdermal route every 12 hours as needed for anxiety.</p> <p>10/3/18 and 10/5/18- According to the MAR, R15 received Ativan Gel on these dates. There was no documentation of non-pharmacological interventions used prior to administering the Ativan and no documentation of the effectiveness of the medication, including in the progress notes and on behavior monitoring sheets.</p> <p>10/28/18- R15 had a physician's order for Ativan Gel apply 0.5 milligrams by transdermal route every 12 hours as needed for anxiety.</p> <p>11/1/18, 11/6/18, 11/7/18, 11/11/18, 11/20/18, 11/23/18, 11/25/18, and 11/28/18- According to the</p>	F 758	<p>3. Root cause analysis of this deficient practice determined that staff were not aware of the need to document non-pharmacologic interventions prior to administration of medication. Staff Educator/ designee will educate nursing staff regarding non-pharmacological approaches prior to administration of PRN psychotropic medications, proper documentation of non-pharmacological interventions attempted, and the effectiveness of the measures.</p> <p>4. The Director of Nursing/ designee will perform 3 random audits of residents on PRN psychotropic medications for use of non-pharmacological approaches prior to administration and documentation of effectiveness. The audits will be performed daily or until 100% compliance is achieved for 3 consecutive days. Random audits will continue once weekly or until 100% compliance is achieved for 3 consecutive weeks. Audits will continue monthly until 100% compliance is achieved for 1 month. Once 100% compliance is met, the deficient practice will be considered resolved. All audits will be reviewed by the Quality Assurance Committee.</p> <p>F758 #2</p> <p>1. R83 was not negatively impacted by this deficient practice.</p> <p>2. All residents with PRN psychotropic orders were reviewed to determine if they were affected by the deficient practice. Future residents will be protected from this deficient practice by taking the corrective actions outlined below in #3.</p>	

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F 758	<p>Continued From page 56</p> <p>MAR, R15 received Ativan Gel on these dates. There was no documentation of the effectiveness of the Ativan on all of the dates, including in the progress notes. Additionally, there was no evidence of non-pharmacological interventions being used prior to Ativan administration on 11/1/18 and 11/28/18, including in the progress notes and behavior monitoring sheets.</p> <p>12/5/18 2:35 PM- Findings were reviewed with E2 (DON).</p> <p>Findings were reviewed on 12/6/18 at approximately 7:45 PM during the exit conference with E1 (NHA), E2 (DON), E3, and E14 (QA).</p> <p>2. Review of R83's clinical record revealed:</p> <p>4/21/17 - R83 was admitted to the facility with diagnoses that included anxiety disorder and bipolar disorder.</p> <p>11/13/18 8:42 AM - A physician progress note stated that R83's Xanax PRN order was to be continued. The plan was documented that R83 was to receive an order for Xanax 0.25 mg every 8 hours PRN for 14 days.</p> <p>11/14/18 - An order was entered for R83 to receive Xanax 0.25 mg PRN every 8 hours PRN for anxiety for 30 days. There was no documented rationale for ordering R83 Xanax PRN for greater than 30 days.</p> <p>The facility failed to limit R83's PRN Xanax to 14 days, or provide physician documented rationale.</p> <p>12/5/18 4:30 PM - Findings were reviewed with E</p>	F 758	<p>3. Physicians and extenders will be educated on documentation of rationale to continue use of PRN psychotropic medications beyond 14 days.</p> <p>4. The Director of Nursing/ designee will perform random audits to ensure PRN psychotropic medication orders have a stop date within 14 days and the MD/NP reassessment of need/rationale for extending the order are completed and documented in the electronic medical record. The audits will be performed daily or until 100% compliance is achieved for 3 consecutive days. Random audits will continue once weekly or until 100% compliance is achieved for 3 consecutive weeks. Audits will continue monthly until 100% compliance is achieved for 1 month . Once 100% compliance is met, the deficient practice will be considered resolved. All audits will be reviewed by the Quality Assurance Committee.</p>	

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F 758	Continued From page 57	F 758			
F 770 SS=D	Laboratory Services CFR(s): 483.50(a)(1)(i) §483.50(a) Laboratory Services. §483.50(a)(1) The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services. (i) If the facility provides its own laboratory services, the services must meet the applicable requirements for laboratories specified in part 493 of this chapter. This REQUIREMENT is not met as evidenced by : Based on record reviews, interviews and review of facility documents as indicated, it was determined that the facility failed to meet the needs of three (R15, R85 and R99) out of 54 sampled residents with regard to the quality and/ or timeliness of providing laboratory services. Findings include: 1. Cross refer, F684 example #1 Review of R85's clinical record revealed: 9/19/18 at 11:13 PM - A physician's phone order was entered for an H&H to be drawn on 9/21/18 for R85. Review of R85's clinical record lacked evidence of results for the 9/21/18 H&H. Review of the Lab Form Book on the second floor showed names of residents who needed lab work drawn for 9/21/18. R85 was listed, and it stated she needed an H&H drawn that day. The form	F 770		1/24/19	
			1. The facility cannot retroactively address the lab results for R85, R99, and R15. 2. All residents have the potential to be impacted by this deficient practice. Future residents will be protected from this deficient practice by taking the corrective actions outlined below in #3. 3. A system change was made so that a report with all lab orders is run. The evening supervisor/ designee reconciles all labs from the day against the orders to ensure labs were drawn, results were received, and physician notified. If a lab is missed, the evening supervisor/ designee will notify the physician. 4. The Director of Nursing/ designee will audit lab orders to ensure labs were drawn, results received, and physician notified. The audits will be performed daily or until 100% compliance is achieved for 3 consecutive days. Random audits will continue once weekly or until 100%		

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F 770	<p>Continued From page 58</p> <p>was initialed by the laboratory technician and dated 9/21/18, indicating that the lab was drawn.</p> <p>On 12/4/18 at 1:50 PM during an interview, E2 (DON) stated that when the lab results were requested by the surveyor, the facility contacted the lab responsible for doing the lab work for R85 on 9/21/18. E2 stated that the lab had no evidence that the technician had actually drawn blood from R85 for the ordered lab work.</p> <p>The facility failed to obtain laboratory services to meet the needs of R85.</p> <p>Findings were reviewed on 12/6/18 at approximately 7:45 PM during the exit conference with E1 (NHA), E2 (DON), E3 (ADON), and E14 (QA).</p> <p>2. Cross refer, F684 example #2</p> <p>Review of R99's EMR revealed the following:</p> <p>9/7/18 - A physician's order stated to obtain an ammonia level on 9/14/18.</p> <p>9/14/18 - Review of laboratory results revealed that the ammonia level, ordered on 9/7/18, was not drawn.</p> <p>9/14/18 3:59 pm - A nurse's progress note stated the resident was due for an ammonia level, but the draw was not completed because the test was not ordered. The progress note stated the lab was called and rescheduled the ammonia level for 9/15/18.</p> <p>9/15/18 - Review of the Lab Form Book revealed that although an ammonia level was entered to</p>	F 770	<p>compliance is achieved for 3 consecutive weeks. Audits will continue monthly until 100% compliance is achieved for 1 month . Once 100% compliance is met, the deficient practice will be considered resolved. All audits will be reviewed by the Quality Assurance Committee.</p>	
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F 770	<p>Continued From page 59</p> <p>be drawn for R99, it was not signed off by the laboratory technician as completed. A notation stated "Must be called in for Monday 9/17/18."</p> <p>9/17/18 - An ammonia level was drawn 3 days after it was ordered to be drawn. The results revealed the level was 133 (range 0-60).</p> <p>The facility failed to ensure that laboratory services met the needs of R99 and that they were performed timely.</p> <p>Findings were reviewed on 12/6/18 at approximately 7:45 PM during the exit conference with E1 (NHA), E2 (DON), E3 (ADON), and E14 (QA).</p> <p>3. Review of R15's EMR revealed the following:</p> <p>Review of R15's laboratory (lab) results for a BMP (set of eight tests that measure blood sugar and calcium levels, kidney function, and chemical and fluid balance), dated 11/30/18, had handwritten notes from the physician that stated, "Encourage fluids x 3 days" and "Repeat BMP 12/3/18." R15's BUN (blood test to measure kidney function) was elevated at 47 (normal range 10-26).</p> <p>Review of R15's EMR revealed there were no BMP results for 12/3/18 and there were no other BMP results for R15 as of 12/5/18.</p> <p>12/5/18 12:35 PM- findings were reviewed with E3 (ADON). E3 stated that the BMP on 12/3/18 was not entered into the EMR as a physician order, it was not written in the lab book and it wasn't done. When asked whose responsibility it was to ensure MD or NP orders were input to the</p>	F 770		
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F 770	Continued From page 60 EMR, E3 stated after the MD or NP signs the lab results, the unit manager or another nurse on the floor should review the signed lab result and put the order(s) in the EMR. The facility failed to obtain laboratory services as per physician order to meet the needs of R15. Findings were reviewed on 12/6/18 at approximately 7:45 PM during the exit conference with E1 (NHA), E2 (DON), E3, and E14 (QA).	F 770			
F 790 SS=D	Routine/Emergency Dental Srvcs in SNFs CFR(s): 483.55(a)(1)-(5) §483.55 Dental services. The facility must assist residents in obtaining routine and 24-hour emergency dental care. §483.55(a) Skilled Nursing Facilities A facility- §483.55(a)(1) Must provide or obtain from an outside resource, in accordance with with §483.70(g) of this part, routine and emergency dental services to meet the needs of each resident; §483.55(a)(2) May charge a Medicare resident an additional amount for routine and emergency dental services; §483.55(a)(3) 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; §483.55(a)(4) Must if necessary or if requested,	F 790		1/24/19	

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F 790	<p>Continued From page 61</p> <p>assist the resident; (i) In making appointments; and (ii) By arranging for transportation to and from the dental services location; and</p> <p>§483.55(a)(5) 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.</p> <p>This REQUIREMENT is not met as evidenced by :</p> <p>Based on record review and interview, it was determined that the facility failed to provide routine and/or obtain dental services for one (R83) out of 54 sampled residents. Findings include:</p> <p>Review of R83's clinical record revealed:</p> <p>R83 was admitted to the facility on 4/21/17.</p> <p>During an interview on 11/27/18 at 1:48 PM, R83 stated that he was missing some teeth and food would build up in them. He stated that it was aggravating to him, and that the facility had not asked him if he wanted to see a dentist.</p> <p>R85's record lacked evidence that a dentist or dental hygienist had seen R85 for routine dental services since admission.</p> <p>During an interview on 12/5/18 at 1:23 PM, E6 (SW) stated that she was not sure if R85 had been seen for routine dental services while at the facility. She stated that they do not offer the residents routine dental appointments. The</p>	F 790	<ol style="list-style-type: none"> 1. R9 was not negatively impacted by this deficient practice. 2. All residents have the potential to be impacted by this deficient practice. A random audit of current residents with missing teeth was conducted to identify residents requesting or requiring dental services at this time. Future residents will be protected from this deficient practice by taking the corrective actions outlined below in #3. 3. On admission and on a quarterly basis, nurses assess dental health via the Minimum Data Set. This assessment determines the need for further dental care. We will ask the resident if they wish to be seen by the dentist and document their response. The Staff Educator/ designee will educate licensed nursing staff and social services staff regarding the policy. 4. Social Service/designee will audit residents presenting with oral health issues and or requesting dental services. 	
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/06/2018
NAME OF PROVIDER OR SUPPLIER KENTMERE REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1900 LOVERING 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 790	Continued From page 62 residents were only seen by dental services if they requested it or there was an issue. The facility failed to provide and/or obtain routine dental services for R83. Findings were reviewed with E2 on 12/5/18 at 4:30 PM.	F 790	The facility will track the resident's need for, and/or request for dental services until the dental consultation has occurred and the problem has been resolved. See attached. This audit will remain ongoing.		



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: Kentmere Rehabilitation & Healthcare Center **DATE SURVEY COMPLETED:** December 6, 2018

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	<p>The State Report incorporates by reference and also cites the findings specified in the Federal Report.</p> <p>An unannounced annual and complaint and emergency preparedness survey was conducted at this facility from November 27, 2018 through December 6, 2018. The deficiencies contained in this report are based on observations, interviews, review of clinical records and other documentation as indicated. The facility census the first day of the survey was 98. The survey sample size was 54.</p>		
3201	Regulations for Skilled and Intermediate Care Facilities		
3201.1.0	Scope		
3201.1.2	<p>Nursing facilities shall be subject to all applicable local, state and federal code requirements. The provisions of 42 CFR Ch. IV Part 483, Subpart B, requirements for Long Term Care Facilities, and any amendments or modifications thereto, are hereby adopted as the regulatory requirements for skilled and intermediate care nursing facilities in Delaware. Subpart B of Part 483 is hereby referred to, and made part of this Regulation, as if fully set out herein. All applicable code requirements of the State Fire Prevention Commission are hereby adopted and incorporated by reference.</p> <p>This requirement is not met as evidenced by: Cross refer to CMS 2567-L survey completed December 6, 2018: F558, F580, F600, F607, F608, F609, F610, F678, F684, F689, F692, F758, F770, F790, and F842.</p>	<p>Cross refer to CMS 2567- L F558, F580, F600, F607, F608, F609, F610, F678, F684, F689, F692, F758, F770, F790, and F842.</p>	<p>January 24, 2019</p>

Provider's Signature Eileen M... [Signature] Title Administrator Date 12/28/2018