



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Health Care Quality
Office of Long Term Care Residents Protection

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

STATE SURVEY REPORT

NAME OF FACILITY: Lofland Park Center

DATE SURVEY COMPLETED: July 20, 2023

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
<p>3201.0</p> <p>3201.1.0</p> <p>3201.1.2</p>	<p>The State Report incorporates by reference and also cites the findings specified in the Federal Report.</p> <p>An unannounced Complaint Survey was conducted by the State of Delaware Division of Health Care Quality, Office of Long Term Care Residents Protection, which began on July 19, 2023 through July 20, 2023. The deficiencies contained in this report are based on observations, interviews, review of clinical records and other documentation as indicated. The facility census on the first day of the survey was 105. The survey sample totaled three (3).</p> <p>Regulations for Skilled and Intermediate Care Facilities</p> <p>Scope</p> <p>Nursing facilities shall be subject to all applicable local, state and federal code requirements. The provisions of 42 CFR Ch. IV Part 483, Subpart B, requirements for Long Term Care Facilities, and any amendments or modifications thereto, are hereby adopted as the regulatory requirements for skilled and intermediate care nursing facilities in Delaware. Subpart B of Part 483 is hereby referred to, and made part of this Regulation, as if fully set out herein. All applicable code requirements of the State Fire Prevention Commission are hereby adopted and incorporated by reference.</p> <p>This requirement is not met as evidenced by the following:</p> <p>Cross Refer to the CMS 2567-L survey completed July 20, 2023: F583.</p>	<p>F583 - Past noncompliance: no plan of correction required</p>	

Provider's Signature *Tracya...* Title Senior Administrator Date 7/27/2023

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

PRINTED: 07/31/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085040	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/20/2023
NAME OF PROVIDER OR SUPPLIER LOFLAND PARK CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 715 E. KING STREET SEAFORD, DE 19973		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS An unannounced Complaint Survey was conducted by the State of Delaware Division of Health Care Quality, Office of Long Term Care Residents Protection, which began on July 19, 2023 through July 20, 2023. The deficiencies contained in this report are based on observations, interviews, review of clinical records and other documentation as indicated. The facility census on the first day of the survey was 105. The survey sample totaled three (3). DON - Director of Nursing; HIPAA - Health Information Portability and Accountability Act, a federal law that protects a persons sensitive health information from being disclosed without consent; NHA - Nursing Home Administrator; PCC - Point Click Care, electronic medical record; HIPAA - Health Information Portability and Accountability Act, a federal law that protects a persons sensitive health information from being disclosed without consent; UM - Unit Manager.	F 000			
F 583 SS=D	Personal Privacy/Confidentiality of Records CFR(s): 483.10(h)(1)-(3)(i)(ii) §483.10(h) Privacy and Confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal and medical records. §483.10(h)(l) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a	F 583			

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

TITLE

(X6) DATE

Electronically Signed

07/27/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 583	<p>Continued From page 1 private room for each resident.</p> <p>§483.10(h)(2) The facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken), written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to the facility for the resident, including those delivered through a means other than a postal service.</p> <p>§483.10(h)(3) The resident has a right to secure and confidential personal and medical records. (i) The resident has the right to refuse the release of personal and medical records except as provided at §483.70(i)(2) or other applicable federal or state laws. (ii) The facility must allow representatives of the Office of the State Long-Term Care Ombudsman to examine a resident's medical, social, and administrative records in accordance with State law. This REQUIREMENT is not met as evidenced by: Based interview, record review and review of other documentation it was determined that for one (R2) out of three residents reviewed for resident rights, the facility failed to protect privacy and confidentiality of R2's medical record. Findings include: 10/11/22 11:35 AM - An incident that occurred on 10/7/22 was reported in an email from the E1 (NHA) to the corporate HIPAA contact, that R1 was sent home with R2's medications. The email indicated the medications labels had identifying information about R2 and the facility wanted to make sure that they reported.</p>	F 583	<p>Past noncompliance: no plan of correction required.</p>	

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F 583	Continued From page 2 The information on the medication card identifies the residents name, date of birth, name of medication, dosage and why R2 was taking the medication. 10/11/22 - The facility used the root cause analysis to identify the issues that contributed to sending R1 home with R2's medications. 10/11/22 - An Inservice Sign In Sheet provided by the facility outlined the new process on discharging patients with medications. All nursing staff were educated on this new process outlined below on 10/11/22: - An Inservice on "Resident Discharge Process and Organization of Medication Carts was developed and implemented. The education included: Discharge Transition Plan will be reviewed with and given to the patient and or resident representative along with the Discharge Packet upon discharge. In the event the Discharge Transition Plan is prepared and completed in advance of discharge, the nurse discharging the resident and reviewing the instructions is responsible of ensuring all medication are reconciled correctly, the correct amount and correct medications indicated on instructions are being sent home with resident." - "All residents being discharged need to have a discharge order in PCC and progress note at time of discharge to include that discharge instructions were reviewed with patient and or caregiver, who accompanied resident on discharge." - "Resident medication should be properly stored in medication cart sequence by room #.	F 583			

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F 583	<p>Continued From page 3</p> <p>Medication carts will need to be adjusted appropriately to ensure the blister card are in sequence by room # when room changes and/or adjustments to group assignments are made based on census."</p> <p>7/19/23 around 3:00 PM - During an interview with E3 (UM) it was confirmed that R1 was sent home with R2's medications. It was revealed that E3 called R1's contact between 5:00 PM and 6:00 PM to let R1 know that they had mistakenly sent R2's medications home with R1. Furthermore, E2 described the new process and education that was put in place because of the incident and to prevent it from happening again.</p> <p>7/19/23 around 3:30 - During an interview with E1 it was confirmed that the facility had self-reported the breach of confidentiality, they completed a root cause analysis, developed a new process and provided education and have been free of occurrence based on their daily audits since 10/7/22 demonstrating their past noncompliance.</p> <p>7/20/23 3:40 PM - Findings were reviewed with E1 and E2 (DON) at the Exit Conference.</p>	F 583		