

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

PRINTED: 03/01/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085033	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/10/2019
NAME OF PROVIDER OR SUPPLIER MANORCARE HEALTH SERVICES - PIKE CREEK			STREET ADDRESS, CITY, STATE, ZIP CODE 5651 LIMESTONE ROAD WILMINGTON, DE 19808		
(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 visit was conducted at this facility from January 9, 2019 through January 10, 2019. The deficiencies cited in this report are based on observations, staff interviews and review of other documentation as indicated. The facility census the first day of the survey was 131. Abbreviations/definitions used in this report are as follows: ADON- Assistant Director of Nursing; CDC- Centers for Disease Control and Prevention; CNA- Certified Nurse's Aide; Contact Precautions- guidelines recommended by the Centers for Disease Control and Prevention for reducing the risk of transmission of microorganisms by direct or indirect contact; DON- Director of Nursing; Donning- putting on; DPH- Division of Public Health; Gastroenteritis- inflammation and irritation of the stomach and intestines which leads to symptoms such as diarrhea, nausea, and vomiting; MA- Mobile Administrator; Norovirus- highly contagious virus that causes vomiting and diarrhea; OIDE- Office of Infectious Disease Epidemiology; PPE- personal protective equipment; specialized clothing or equipment such as gloves, lab coat, and eye protection that protects a person from exposure to diseases that can be spread; Standard Precautions- actions used for all patient care based on common sense practices and personal protective equipment use that protect healthcare providers from infection and prevent the spread of infection from patient to patient.	F 000			
F 880	Infection Prevention & Control	F 880		2/15/19	

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

TITLE

(X6) DATE

Electronically Signed

02/02/2019

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 880 SS=E	<p>Continued From page 1</p> <p>CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <ul style="list-style-type: none"> (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to: <ul style="list-style-type: none"> (A) The type and duration of the isolation, 	F 880		

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F 880	<p>Continued From page 2 depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of guidelines for the prevention and control of norovirus from the Centers for Disease Control and Prevention (CDC), and documentation from the Division of Public Health (DPH), Office of Infectious Disease Epidemiology (OIDE), it was determined that the facility failed to provide a safe, sanitary and comfortable environment that ensured the prevention of the development and transmission of communicable diseases and infections, specifically, norovirus. Findings include:</p>	F 880	<p>The Statements made on this plan of correction are not an admission to and do not constitute an agreement with alleged deficiencies herein. To remain in compliance with all federal and state regulations, the facility has taken or will take the actions set forth in this plan of correction. The following plan of correction constitutes the facility's allegation of compliance. All alleged deficiencies have been or will be corrected by the date or dates indicated.</p>		

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F 880	<p>Continued From page 3</p> <p>Review of OIDE's Disease Outbreak Tracking Form revealed that the facility reported to OIDE on 12/31/18 a gastroenteritis cluster affecting 16 residents in the facility that were experiencing varying degrees of nausea, vomiting and loose stools (norovirus) that began on 12/26/18. As of 1/8/19, the total number of cases exhibiting signs and symptoms of norovirus infection was reported to be 41 out of 140 residents (29.3% attack rate).</p> <p>CDC guidelines for the prevention and control of norovirus gastroenteritis outbreaks in healthcare settings (https://www.cdc.gov/infectioncontrol/guidelines/norovirus/, 2017) included the following recommendations:</p> <ol style="list-style-type: none"> "1. Adherence to personal protective equipment (PPE: gowns and gloves) use according to Contact and Standard Precautions, for individuals entering resident care area; 2. Contact Precautions for residents with norovirus gastroenteritis during outbreaks and for a minimum of 48 hours after the resolution of symptoms; 3. Single occupancy rooms or cohorting residents in multi-occupancy rooms, designated resident care areas or contiguous sections within the facility; 4. Minimizing resident movements within unit during outbreaks; restricting symptomatic and recovering residents from leaving the resident care area unless it is for essential care or treatment; 5. Suspension of group activities (for example, group dining and group activities) for the duration of an outbreak; 6. Adherence to hand hygiene among healthcare personnel, residents, and visitors in 	F 880	<p>F880</p> <p>It is the intent of the facility to ensure that an infection prevention and control program has been established that is designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>A. This process did not negatively impact R # 1 nor the twelve residents who received hand massage.</p> <p>B. Current residents who are on Contact precautions have the potential to be impacted by this practice. Residents currently on Contact Precautions were audited to assure staff were complying with facility and Centers for Disease Control (CDC) guidelines.</p> <p>C. The Staff Development Nurse and/or Designee will educate current nursing staff regarding hand hygiene and Personal Protective Equipment (PPE) as it relates to the prevention of the development and transmission of communicable diseases and infections, specifically, norovirus.</p> <p>The Staff Development Nurse and/or designee will educate the current nursing staff on the proper disinfection process during meal delivery when they encounter potential infection control concerns when delivering meal trays to a resident's room.</p> <p>The Staff Development Nurse and/or</p>	

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F 880	<p>Continued From page 4</p> <p>resident care areas affected by norovirus outbreaks; soap and water for hand hygiene after resident care or contact with residents suspected or confirmed with norovirus;</p> <p>7. No new admissions or transfers until residents no longer require Contact Precautions;</p> <p>8. Notification of appropriate local and state health departments, as required by state and local public health regulations, if outbreak of norovirus is suspected."</p> <p>Additionally, DPH recommends adherence to the guidelines until a minimum of 4 (preferably 5-6) days have passed without any new residents developing symptoms.</p> <p>On 1/9/19 at 2:11 PM, twelve residents were observed in the dining/activity room of Arcadia (dementia unit), where three staff members were performing hand massage on the residents.</p> <p>Review of facility floor plans on 1/9/19 revealed two cases of norovirus infection on Arcadia with an onset date of 1/6/19.</p> <p>On 1/10/19 at 12:30 PM, twelve residents were gathered in the dining room of Arcadia for lunch.</p> <p>On 1/10/19, the following observations were made on Kennett Hall on the second floor:</p> <ul style="list-style-type: none"> - At 8:25 AM, a covered trash bin in room 124 was observed with part of a used gown hanging outside of the receptacle. Room 124 had isolation signage outside of the room; - At 8:37 AM, E5 (CNA) and E6 (CNA) were observed entering room 223 that had isolation signage, without having performed hand hygiene and without donning personal protective 	F 880	<p>designee will educate current nursing staff on the need for fully placing PPE inside the trash can so that no PPE is outside the receptacle.</p> <p>D. The Staff Development Nurse and/or Designee will complete audit to evaluate hand hygiene and PPE process and proper disposal of PPE. Audits will be completed daily until consistently reaching 100% success over three consecutive evaluations, then weekly until reaching 100% success over three consecutive evaluations, then monthly until reaching 100% over three evaluations. Results of these audits will be forwarded to the Quality Assurance Performance Improvement Committee for review and evaluation of the need for further action.</p> <p>The Staff Development Nurse and/or Designee will complete audit of meal service delivery for patients requiring contact isolation to ensure proper donning/doffing of PPE when entering/exiting an isolation room. Audits will be completed daily until consistently reaching 100% success over three consecutive evaluations, then weekly until reaching 100% success over three consecutive evaluations, then monthly until reaching 100% over three evaluations. Results of these audits will be forwarded to the Quality Assurance Performance Improvement Committee for review and evaluation of the need for further action.</p>	

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F 880	<p>Continued From page 5 equipment (PPE: gown/gloves);</p> <p>- At 8:39 AM, E4 (CNA) entered room 221, an isolation room, to deliver the resident's breakfast tray without first donning PPE. There was signage on the door frame. Additionally, hand hygiene was not observed when E4 left the room to deliver the next breakfast tray;</p> <p>- At 8:40 AM, R1 was observed sitting in a wheelchair in room 222 across from an overbed table with a urinal on top with what appeared to be a small amount of urine; at 8:45 AM, E6 (CNA) was observed entering room 222 without donning PPE to deliver a breakfast tray to R1's roommate. Room 222 had isolation signage. E5 entered the room at 8:47 AM with PPE before entering the room, to deliver a tray for R1. E5 removed the urinal from the overbed table and placed the resident's meal tray on the table. Disinfection of the tabletop was not observed prior to placing R1's breakfast tray on the overbed table;</p> <p>- E5 was observed in room 212 at 8:55 AM retrieving a breakfast tray after the meal, without PPE and without having performed hand hygiene after leaving the room. Room 212 had isolation signage on the door frame; and</p> <p>- At 12:06 PM, E7 (CNA) entered room 213 to deliver lunch trays to two residents, without the appropriate PPE. Room 213 had isolation signage.</p> <p>During an interview on 1/10/19 at 9:30 AM concerning staff use of PPE when entering resident rooms with signage, E2 (DON) stated that staff was expected to practice Contact Precautions (gown/gloves and hand hygiene) when entering a resident's room with isolation</p>	F 880	<p>The Staff Development Nurse &/or designee will complete audits to evaluate hand hygiene performance, application & removal of Personal Protective Equipment to assure compliance with facility , and Centers from Disease Control Guidelines. Audits will be completed daily until consistently reaching 100% success over three consecutive evaluations, then weekly until reaching 100% success over three consecutive evaluations, then monthly until reaching 100% . over three evaluations. Results of these audits will be forwarded to the Quality Assurance Performance Improvement Committee for review and evaluation of the need for further action.</p>		

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F 880	Continued From page 6 signage and hand hygiene after removal of PPE. Findings were reviewed with E1 (Mobile Administrator), E2, and E3 (ADON) at the exit conference on 1/10/19 at approximately 5:30 PM.	F 880			



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: Manorcare Health Services - Pike Creek **DATE SURVEY COMPLETED:** January 10, 2019

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
3201 3201.1.0 3201.1.2	<p>The State Report incorporates by reference and also cites the findings specified in the Federal Report.</p> <p>An unannounced complaint visit was conducted at this facility from January 9, 2019 through January 10, 2019. The deficiencies cited in this report are based on observations, staff interviews and review of other documentation as indicated. The facility census the first day of the survey was 131.</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: Cross Refer to the CMS 2567-L survey completed January 10, 2019: F880.</p>	<p>Cross reference 8567 of 2/10/19.</p>	<p>2/15/19</p>

Provider's Signature

Title

NHA

Date

2/26/19