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

DHSS - DHCQ
261 Chapman Road Suite 200
Newark, DE 19702

STATE SURVEY REPORT

NAME OF FACILITY: Pike Creek Nursing & Rehabilitation Center **DATE SURVEY COMPLETED:** December 5, 2024

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	The State Report incorporates by reference and also cites the findings specified in the Federal Report. An unannounced Follow-up Survey to the Annual, Complaint, Emergency Preparedness and Extended Survey ending September 10, 2024, was conducted by the State of Delaware Division of Health Care Quality, office of Long Term Care Residents protection on December 2, 2024 thru December 5, 2024. The facility census on the first day of the survey was one-hundred and eighteen (118). The sample size was thirty-three (33) residents. The facility was found not to be in substantial compliance with 42 CFR Part 483, Subpart B, Requirements for Long Term Care as of December 5, 2024.		
3201			
3201.1.0	**Regulations for Skilled and Intermediate Care Facilities**		
3201.1.2	**Scope** **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.**		

Provider's Signature Brian Lenehan Title LNHA Date 12.17.2024

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	This requirement is not met as evidenced by: Cross Refer to the CMS 2567-L Survey completed December 5, 2024: F761	Cross Refer to the CMS 2567-L Survey completed December 5, 2024: F761 Date of completion: 12.17.2024	12.17.2024

Provider's Signature Brian Lenehan Title LNHA Date 12.17.2024

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Provider's Signature Brian Lenehan Title LNHA Date 12.17.2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085033	A. BUILDING _____ B. WING _____	R-C 12/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIKE CREEK NURSING & REHABILITATION CENTER	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
{E 000}	Initial Comments	{E 000}		
{F 000}	INITIAL COMMENTS An unnanounced Follow-up Survey to the Annual, Complaint, Emergency Preparedness and Extended Survey ending September 10, 2024 was conducted by the State of Delaware Division of Health Care Quality, office of Long Term Care Residents protection on December 2, 2024 thru December 5, 2024. The facility census on the first day of the survey was one-hundred and eighteen (118). The sample size was thirty-three (33) residents. The facility was found not to be in substantial compliance with 42 CFR Part 483, Subpart B, Requirements for Long Term Care as of December 5, 2024. Abbreviations/definitions used in this report are as follows: ADON - Assistant Director of Nursing; CNA - Certified Nurse's Aide; DON - Director of Nursing; LPN - Licensed Practical Nurse; NHA - Nursing Home Administrator; RN - Registered Nurse; UM - Unit Manager.	{F 000}		
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary	F 761		12/17/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Electronically Signed — 12/17/2024

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 761	Continued From page 1 instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined that the facility failed to ensure that medications were stored and labeled properly in one out of three medication carts reviewed. Finding's include: The facility policy on storage of medications, last updated August 2020 indicated, "...When the original seal of a manufacturer's container or vial is initially broken, the container or vial will be dated." 12/4/24 - 2:35 PM - During a medication storage review of the second floor the following observed inside the Heritage II medication cart: - Four opened bottles of oral liquid medications	F 761	F761- POC 1. Upon discovery, the affected medications were removed from the medication cart and replaced with new stock. Medications currently in use were reviewed by Nurse Managers to ensure proper labeling with open dates. The nurse responsible for the medication cart educated immediately on the facility□s medication storage and labeling policy by the ADON. 2. All residents have the potential to be affected. An audit of medication carts and storage areas in the facility was conducted by Nurse Managers to identify and correct any additional instances of non-compliance.	

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F 761	Continued From page 2 with no open date labeled. - One opened bottle of powdered oral medication with no open date labeled. 12/4/24 - E3 (LPN) immediately confirmed the findings. 12/5/24 12:30 PM - Findings were reviewed with E1 (NHA), and E2 (DON) during the exit conference.	F 761	3. Licensed nurses were educated on the medication storage and labeling policy, with emphasis on the importance of labeling medications upon opening and proper storage practices. Medication cart checks will now include a specific step for verifying open-date labeling during weekly supervisor rounds. Unit Managers were educated to include this as part of daily rounds. Root cause identified as insufficient regular oversight and rounding of medication storage areas. 4. Unit Managers will perform audits of all medication carts and storage areas to ensure compliance with labeling and storage policies weekly x 4 weeks until 100% consecutively and then monthly x 3 months until facility reaches 100% success. The results of these audits will be brought to the QAPI Committee for further review and recommendations for three months. 5. Date of compliance: 12.17.2024	