

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

PRINTED: 05/13/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>085003</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/15/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>WILLOWBROOKE COURT AT COUNTRY HOUSE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>4830 KENNETT PIKE WILMINGTON, DE 19807</b>		
(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	<p><b>INITIAL COMMENTS</b></p> <p>An unannounced complaint survey was conducted at this facility from April 11, 2019 through April 15, 2019. The deficiencies contained in this report are based on interviews, review of resident's clinical records and review of other facility documentation as indicated. The facility census the first day of the survey was 44. The survey sample size was 3.</p> <p>Abbreviations/definitions used in this report are as follows:</p> <p>ADL- Activities of Daily Living-tasks needed for daily living, such as dressing, hygiene, eating, toileting and bathing; ADON- Assistant Director of Nursing; BIMS (Brief Interview of Mental Status) - assessment of the resident's mental status. The total possible BIMS Score ranges from 0 to 15 with 15 being the best; CNA- Certified Nurse's Aide; Congestive Heart Failure (CHF)- heart unable to pump enough blood to meet the body 's needs; DON (Director of Nursing)- Director of Nursing; NHA- Nursing Home Administrator; Osteoarthritis- is a type of joint disease that results from breakdown of joint cartilage and underlying bone. The common symptoms are joint pain and stiffness; OT (Occupational Therapist) - treat injured, ill or disabled patients through the therapeutic use of every day activities; PT (Physical Therapist)- help injured or ill people improve their movements and manage their pain ; Restless leg syndrome (RLS)- disorder of the part of the nervous system that causes urge to move legs; Standup lift - specialized lift that assists and</p>	F 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE  
**Electronically Signed** **05/02/2019**

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 000	Continued From page 1 supports patients into a standing position for transport.	F 000			
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 review, interviews, review of facility and other documents as indicated, it was determined that the facility failed to provide 2 person/staff physical assistance for one (R1) out of three (3) sampled residents. R1 was totally dependent for 2 person/staff physical assistance for transfers to and from the bed, chair, wheelchair and into a standing position. R1 was transported to the bathroom via standup lift with one staff member and the standup lift ran into the bathroom door jam. R1 hit his/her left elbow on the door jam and was noted to have a 1.5 x 3.0 cm. bruise (area dark purple) on the elbow. The facility failed to ensure that R1 was provided 2 person/staff physical assistance with transfers when they used a standup lift with one person to transport R1 to the bathroom, which was not in accordance with the resident's assessments and plan of care to prevent accidents. Findings include:  The facility's undated Policy and Procedure entitled, "Lifting/Transferring/Repositioning Resident Safely" stated, "...3. Lifting/Tranferring/Repositioning when a	F 689	Preparations and/or execution of this plan of correction does not constitute admission or agreement by the providers of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared solely as a matter of compliance with federal and state law.  F689  1. Resident #1 is currently being transferred via mechanical lift with 2 person/staff available during transfer per resident's plan of care.  2. Any resident with a plan of care indicating use of mechanical lift for transfers has the potential to be impacted by this standard. The DON/Designee will audit the care plans of residents requiring transfers with mechanical lift to ensure that plan of care reflects 2 person / staff will be present during transfer.	6/3/19	

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F 689	<p>Continued From page 2</p> <p>mechanical lift device is indicated:...b. Two employees will always be available when using a lift for residents who have no weight bearing ability and cannot provide assistance or balance..."</p> <p>Review of R1's clinical record revealed the following:</p> <p>8/16/17- R1 was admitted to the facility. R1's diagnoses included: Restless Leg Syndrome, Osteoarthritis, Heart Failure, and generalized muscle weakness.</p> <p>8/17/17 - (last review date 3/21/19) A care plan was initiated entitled, "ADL self-care performance deficit r/t Disease process, weakness, impaired balance." Interventions included, Transfer: require extensive assistance by (2) staff to move between surfaces other than toilet; now require the standup lift also as recommended by PT.</p> <p>12/11/18- R1 was referred to OT for therapy due to complaints of increased pain, decreased range of motion in bilateral shoulder function, and difficulty reaching the grab bar to transfer to the toilet. Per OT's assessment, R1's plan of care was impacted by obesity, difficulty walking, inability to stand upright, and depression. OT's initial assessment indicated maximum assistance of 2 persons for functional transfers from wheelchair to bed.</p> <p>12/11/18- A care plan entitled, "skin tears RLE r/t suspect bumped leg" was initiated. The interventions included: Use caution during transfers and bed mobility to prevent striking arms, legs and hands against any sharp or hard surface.</p>	F 689	<p>3. The root cause of the deficient practice was due to staff members failing to know that when using a "Stand Up" mechanical lift, a second staff member must be present when a resident has no weight bearing ability and cannot provide assistance. The DON/Designee will re-educate licensed nurses and C.N.A.s on the policy for Lifting/Transferring/Repositioning Residents Safely.</p> <p>4. The DON/Designee will conduct weekly audits of ADL - Transferring in the resident electronic health record for residents requiring mechanical lift with 2 person / staff assist to ensure that staff are documenting that resident is being transferred with 2 staff present x 12 weeks or until substantial compliance (100% compliance for 3 consecutive weeks) has been obtained. Additionally, the DON/Designee will randomly observe 10 resident transfers weekly of residents requiring mechanical lift with 2 person / staff assist to ensure that 2 staff are present during transfer x 12 weeks or until substantial compliance (100% compliance for 3 consecutive weeks) has been obtained.</p> <p>Outcomes of these audits will be reported at the Quarterly QAPI Committee meeting for review and recommendation as indicated.</p>		

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F 689	<p>Continued From page 3</p> <p>12/12/18- R1 was referred to PT for decline in functional mobility and increasing generalized weakness. R1 required maximum assistance with transfers from a sitting to a standing position.</p> <p>12/12/18 - R1's quarterly MDS Assessment stated that this resident's BIMS score for mental status was 15 (decisions consistent/reasonable). Functional Status: bed mobility-extensive assist/ 2 person physical assist; non-ambulatory (uses motorized wheelchair for mobility), and transfer-extensive assist/2 person physical assist.</p> <p>1/3/19- An incident report for R1 stated that the resident reported on day shift that a CNA was in a bad mood and "roughed her up". R1 clarified that "roughed up" meant that the CNA had R1 in the standup lift and ran the lift into the door jam (on way to the bathroom) and resident hit his/her arm on the door jam.</p> <p>1/4/19 9:52 AM- A nursing progress note stated that a 1.5 x 3.0 cm bruise was noted on R1's left elbow and the area was dark purple and the skin was intact. R1 denied pain when the area was touched.</p> <p>4/11/19 2:30 PM- E3 (ADON) revealed during an interview that on 12/18/18, as per PT's recommendation, R1 needed 1 person assist with transfers, however, on 12/24/18, PT recommended that R1 needed extensive assistance with 2 person physical assist for transfers as coded on 12/12/18 and 3/6/19 MDS quarterly assessments.</p> <p>4/15/19 1:50 PM- An interview with E5 (CNA) who took care of R1 today (4/15/19), confirmed that R1 currently had 2 staff physical assistance with the standup lift. E5 also stated that 2 person staff</p>	F 689			

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F 689	Continued From page 4 assist had been in place "for awhile".  The facility failed to ensure that R1 received 2 person/ staff assistance during a transfer using the standup lift on 1/3/19, according to the facility's plan of care to ensure the safety of R1 from accidents and injury. This deficient practice resulted in potential for harm when R1 sustained a bruise on his/her left elbow.  Findings were reviewed and confirmed with E1 (NHA) and E2 (DON) at 2:15 PM on 4/15/19.	F 689			



**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: Willowbrooke Country House

DATE SURVEY COMPLETED: April 15, 2019

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
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3201  3201.1.0  3201.1.2	<p><b>The State Report incorporates by reference and also cites the findings specified in the Federal Report.</b></p> <p>An unannounced complaint survey was conducted at this facility from April 11, 2019 through April 15, 2019. The deficiencies contained in this report are based on interviews, review of resident's clinical records and review of other facility documentation as indicated. The facility census the first day of the survey was 44. The survey sample size was 3.</p> <p><b>Regulations for Skilled and Intermediate Care Facilities</b></p> <p><b>Scope</b></p> <p><b>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.</b></p> <p><b>This requirement is not met as evidenced by:</b> Cross refer to CMS 2567-L survey completed April 15, 2019: F689.</p>	Please cross reference Federal 2567 for FTag 689	6/3/19
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Provider's Signature [Signature] Title NHA Date 5/2/19



**DELAWARE HEALTH  
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**NAME OF FACILITY: Willowbrooke Country House**

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SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
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Provider's Signature *Robert Sh...* Title NHA Date 5/6/19