

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

PRINTED: 05/01/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>085027</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>03/25/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>SILVER LAKE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1080 SILVER LAKE BLVD</b> <b>DOVER, DE 19904</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	INITIAL COMMENTS  An unannounced complaint survey was conducted at this facility from March 22, 2019 through March 25, 2019. The deficiencies cited in this report are based on observations, record reviews, staff interviews, and review of other facility documentation. The survey sample size was seven (7). The facility census the first day of the survey was one hundred and eleven (111).  Abbreviations/definitions used in this report are as follows:  ADON - Assistant Director of Nursing; ADSS - Assistant Director of Social Services; CED - Center Executive Director; CNA - Certified Nurse's Aide; DON - Director of Nursing; DOR - Director of Rehabilitation; DOSS - Director of Social Services; Hoyer lift - sling type mechanical lift device; LPN - Licensed Practical Nurse; NHA - Nursing Home Administrator; OT- Occupational Therapy/Occupational Therapist; Pain Scale - rating pain severity on a 0 to 10 scale with 0 meaning no pain and 10 meaning the worst pain; RN - Registered Nurse;	F 000			
F 607 SS=D	Develop/Implement Abuse/Neglect Policies CFR(s): 483.12(b)(1)-(3)  §483.12(b) The facility must develop and implement written policies and procedures that:  §483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property,	F 607		4/24/19	

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

TITLE

(X6) DATE

Electronically Signed

04/10/2019

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 607	<p>Continued From page 1</p> <p>§483.12(b)(2) Establish policies and procedures to investigate any such allegations, and</p> <p>§483.12(b)(3) Include training as required at paragraph §483.95.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, interview, and review of other facility documentation as indicated, it was determined that for two (R5 and R6) out of three sampled residents reviewed for allegations of neglect and/or mistreatment, the facility failed to implement the facility's Abuse Prohibition Policy. R5 had an allegation of mistreatment and R6 had an allegation of neglect. Findings include:</p> <p>The facility's policy, entitled Abuse Prohibition, with the most recent revision date of 7/1/18, stated:</p> <p>"Policy: ... The Center will implement an abuse prohibition program through the following: ... Identification of possible incidents or allegations which need investigation; Investigation of incidents and allegations; Protection of patients during investigation; and Reporting of incidents, investigations, and Center response to the results of their investigation."</p> <p>"Neglect is defined as the failure of the Center, its employees, or services providers to provide goods and services to a patient that are necessary to avoid physical harm, pain, mental anguish or emotional distress."</p> <p>"Mistreatment is defined as inappropriate treatment or exploitation of a resident."</p> <p>"6. Upon receiving information concerning a report of suspected or alleged abuse, mistreatment, or neglect, the CED or designee will...6.3 Report allegations involving neglect, exploitation or mistreatment..immediately."</p>	F 607	<p>F607</p> <ol style="list-style-type: none"> <li>1. Resident #6 was discharged from the facility on 3/15/2019. Resident #5 was discharged on 3/22/2019.</li> <li>2. Review of grievance/concern reports 3/1/2019 to date will be completed by the Center Executive Director (CED) or designee to determine any potential allegation(s) of abuse reported to any employee were identified, including neglect and/or mistreatment have been reported immediately to LTCRP and thoroughly investigated. Employees involved in an alleged abuse/neglect/mistreatment will be placed on administrative leave immediately pending investigation of the alleged abuse and to prevent further potential abuse while investigation is in progress. If appropriate, residents on the same assignment/caseload of a reported abuse will be interviewed to determine others affected by the deficient practice.</li> <li>3. New process: Root Cause Analysis will be completed by the Interdisciplinary Team (IDT) at the next clinical meeting post event to determine causative factors of the incident and what preventative measures will be implemented to maintain a safe environment. Nurse Practice Educator (NPE) will educate current employees on OPS300 Abuse Prohibition,</li> </ol>	

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F 607	<p>Continued From page 2</p> <p>1. Review of R6's records revealed:</p> <p>2/22/19 - R6 admitted to the facility from the hospital.</p> <p>2/28/19 - A "Grievance/Concern Form" initiated by E10 (ADSS), documented R6's complaint, "Pt. (Patient) states (he/she) was sitting in the hallway and let (his/her) CNA (first name of CNA) know that (he/she) had to go to the bathroom. CNA asked if pt. could wait a few minutes because (he/she) needed the assistance of another CNA to use the lift. Pt. states that was fine. Pt. stated the CNAs were up and down the hall several times and approximately 3 hours had passed before (he/she) was assisted to go to the bathroom."</p> <p>There was a lack of evidence that the facility identified the above grievance as an allegation of neglect, resulting in lack of implementation of the facility's Abuse Prohibition Policy.</p> <p>3/25/19 at approximately 1:30 PM - An interview with E1 (NHA/CED) confirmed that the above grievance was not identified as an allegation of neglect, thus, the facility failed to ensure implementation of their Abuse Prohibition Policy.</p> <p>2. Review of R5's records revealed:</p> <p>3/15/19 - R5 admitted to the facility following right shoulder surgery.</p> <p>3/19/19 - A Occupational Therapy Treatment Encounter Note documented that R5 had reported 8/10 pain in the right shoulder during the session and R5 initially declined therapy, however, came to therapy with encouragement.</p>	F 607	<p>including but not limited to, immediate reporting to the supervisor and Center Executive Director (CED) any allegation of abuse, including mistreatment and neglect, immediate removal of alleged staff, reporting to LTCRP within 2 hours, notification of physician/family and completion of thorough investigation and follow up of employee statements as required, and prevention of further potential abuse while investigation is in progress. Social Services will be educated that all concerns will immediately be reported to the Center Executive Director or Center Nurse Executive.</p> <p>4. Center Executive Director will oversee the entire process per the company policy requirements for thorough investigation, reporting and protection of the resident on 100% of alleged abuse, neglect or mistreatment. Center Executive Director will report on effectiveness of new measures/audits/education implemented post event monthly until 100% compliance is achieved x 3 to the monthly QAPI committee for review and further recommendations to achieve a sustainable plan.</p>	

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F 607	Continued From page 3 Rest breaks were provided during the session for pain management.  3/20/19 - A "Grievance/Concern Form", initiated by E10 (ADSS), documented R5's complaint, "Pt. (Patient) states yesterday (3/19/19) (his/her) arm was in so much pain that (he/she) was in tears. Nursing provided ice pack and pain medication. It was time for pt. to do therapy and pt. tried to explain to therapist that (he/she) was in too much pain to participate at that time. Pt. states therapist did not offer to come back later or another day, but stated "it doesn't matter, you need to come to therapy now." Pt. states (he/she) was feeling upset about it for the rest of the day. Pt. states (he/she) feels like the therapist was not concerned about (his/her) pain, just trying to get the therapy done with."  There was a lack of evidence that the facility identified the above grievance as an allegation of mistreatment, resulting in lack of implementation of the facility's Abuse Prohibition Policy.  3/25/19 at approximately 1:30 PM - An interview with E1 (NHA/CED) confirmed that the above grievance was not identified as an allegation of neglect, thus, the facility failed to ensure implementation of their Abuse Prohibition Policy.  3/25/19 beginning at approximately 5:15 PM - Findings were reviewed with E1 (NHA/CED) and E2 (DON) during the Exit Conference.	F 607			
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4)  §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:	F 609		4/24/19	

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F 609	<p>Continued From page 4</p> <p>§483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on record review, interview, and review of other facility documentation as indicated, it was determined that for two (R5 and R6) out of three sampled residents, reviewed for allegations of neglect and/or mistreatment, the facility failed to identify and immediately report an allegation of neglect for R6 and an allegation of mistreatment for R5. Findings include:  The facility's policy, entitled Abuse Prohibition, with the most recent revision date of 7/1/18, stated:  "Neglect is defined as the failure of the Center, its</p>	F 609	<p>F609</p> <ol style="list-style-type: none"> <li>1. Resident #6 was discharged from the facility on 3/15/2019. Resident #5 was discharged on 3/22/2019.</li> <li>2. Review of grievance/concern reports 3/1/2019 to date will be completed by the Center Executive Director (CED) or designee to determine any potential allegation(s) of abuse reported to any employee were identified, including neglect and/or mistreatment have been reported immediately to LTCRP and thoroughly investigated. Employees</li> </ol>	

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F 609	<p>Continued From page 5</p> <p>employees, or services providers to provide goods and services to a patient that are necessary to avoid physical harm, pain, mental anguish or emotional distress." "Mistreatment is defined as inappropriate treatment or exploitation of a resident." "6. Upon receiving information concerning a report of suspected or alleged abuse, mistreatment, or neglect, the CED or designee will...6.3 Report allegations involving neglect, exploitation or mistreatment..immediately."</p> <p>1. Review of R6's records revealed:</p> <p>2/22/19 - R6 was admitted to the facility from the hospital.</p> <p>2/28/19 - A "Grievance/Concern Form" initiated by E10 (ADSS), documented R6's complaint, "Pt. (Patient) states (he/she) was sitting in the hallway and let (his/her) CNA (First Name of CNA) know that (he/she) had to go to the bathroom. CNA asked if pt. could wait a few minutes because (he/she) needed the assistance of another CNA to use the lift. Pt. states that was fine. Pt. stated the CNAs were up and down the hall several times and approximately 3 hours had passed before (he/she) was assisted to go to the bathroom." E10 indicated that this grievance was not a Civil Rights issue. Attached to this form were two CNA written statements:</p> <p>E7 (CNA) documented, "On Wednesday, 2/27/19, R6 was in chair at 3:10. I asked if (he/she) was okay, (he/she) said that (he/she) was waiting in the chair for three hours and needed to use the bathroom. (Name of CNA/E9) and I were the only ones on hall and we needed two people to use Hoyer Lift. E9 was in other room. We got to (him/her) around 3:30 PM to get in bed and toilet</p>	F 609	<p>involved in an alleged abuse/neglect/mistreatment will be placed on administrative leave immediately pending investigation of the alleged abuse and to prevent further potential abuse while investigation is in progress. If appropriate, residents on the same assignment/caseload of a reported abuse will be interviewed to determine others affected by the deficient practice.</p> <p>3. New process: Root Cause Analysis will be completed by the Interdisciplinary Team (IDT) at the next clinical meeting post event to determine causative factors of the incident and what preventative measures will be implemented to maintain a safe environment. Nurse Practice Educator (NPE) will educate current employees on OPS300 Abuse Prohibition, including but not limited to, immediate reporting to the supervisor and Center Executive Director (CED) any allegation of abuse, including mistreatment and neglect, immediate removal of alleged staff, reporting to LTCRP within 2 hours, notification of physician/family and completion of thorough investigation and follow up of employee statements as required, and prevention of further potential abuse while investigation is in progress. Social Services will be educated that all concerns will immediately be reported to the Center Executive Director or Center Nurse Executive.</p> <p>4. Center Executive Director will oversee the entire process per the company policy requirements for thorough investigation, reporting and protection of the resident on 100% of alleged abuse, neglect or</p>	

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F 609	<p>Continued From page 6 on bedpan."</p> <p>E9 (CNA) documented, "...2/27/19. When I came on shift, the resident asked to use the bathroom and get in bed. Resident stated (he/she) had been waiting for 3 hours. I told the resident I needed another CNA to use the Hoyer Lift, the patient was in bed within 30 minutes of patient's request."</p> <p>The investigation was conducted by E6 (RN, UM) beginning on 2/28/19 and E6 documented it was resolved on 3/4/19.</p> <p>The section for resolution of the grievance was documented as unsubstantiated and it was resolved by E10 (ADSS) on 3/4/19.</p> <p>There was a lack of evidence that the facility identified this grievance as an allegation of neglect.</p> <p>3/25/19 at approximately 1:30 PM - An interview with E1 (NHA/CED) confirmed that the above grievance was not identified as an allegation of neglect, thus, it was not immediately reported to the State agency.</p> <p>2. Review of R5's records revealed:</p> <p>3/15/19 - R5 was admitted to the facility following right shoulder surgery.</p> <p>3/19/19 - A Occupational Therapy Treatment Encounter Note documented that R5 had reported 8/10 pain in the right shoulder during the session and R5 initially declined therapy, however, came to therapy with encouragement. Rest breaks were provided during the session for pain management.</p>	F 609	<p>mistreatment. Center Executive Director will report on effectiveness of new measures/audits/education implemented post event monthly until 100% compliance is achieved x 3 to the monthly QAPI committee for review and further recommendations to achieve a sustainable plan.</p>	

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F 609	Continued From page 7  3/20/19 - A "Grievance/Concern Form", initiated by E10 (ADSS), documented R5's complaint, "Pt. (Patient) states yesterday (3/19/19) her arm was in so much pain that (he/she) was in tears. Nursing provided ice pack and pain medication. It was time for pt. to do therapy and pt. tried to explain to therapist that (he/she) was in too much pain to participate at that time. Pt. states therapist did not offer to come back later or another day, but stated "it doesn't matter, you need to come to therapy now." Pt. states (he/she) was feeling upset about it for the rest of the day. Pt. states (he/she) feels like the therapist was not concerned about (his/her) pain, just trying to get the therapy done with." E10 indicated that this was not a Civil Rights issue.  Attached to the above form, was a handwritten statement by E8 (OT), dated 3/20/19, that stated, "Entered pt's room in afternoon. Pt. was crying due to pain in R (right) shoulder. Pt. had cold pack. Explained to pt. (he/she) can come and will not exacerbate pain in R shoulder. Pt. came to therapy. I brought pt.'s cold pack with (him/her) and provided frequent rest breaks for pain management and asked intermittently about pain/pain level. Provided light therapy and one handed technique using L (left) hand. Provided education and avoiding use of R hand to maintain precaution and manage pain. Pt. was last pt. of the day and was unable to be seen later in the day.  The investigation was conducted by E4 (DOR) beginning 3/20/19 and it was documented as resolved on 3/20/19. The investigation included, " E4 consulted with patient about grievance of therapist and miscommunication of information for treatment." Findings/Conclusion of	F 609			

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F 609	Continued From page 8 Investigation, "The patient will no longer work with that therapist moving forward. After conversation, patient is pleased with treatment plan moving forward." The section for resolution of the grievance documented that the grievance/concern was resolved by E10 (ADSS) on 3/20/19.  There was a lack of evidence that the facility identified this grievance as an allegation of mistreatment.  3/25/19 at approximately 1:30 PM - An interview with E1 (NHA/CED) confirmed that the above grievance was not identified as an allegation of neglect, thus, it was not immediately reported to the State agency.  3/25/19 beginning at approximately 5:15 PM - Findings were reviewed with E1 (NHA/CED) and E2 (DON) during the Exit Conference.	F 609		
F 610 SS=D	Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4)  §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:  §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated.  §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress.  §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the	F 610		4/24/19

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F 610	<p>Continued From page 9</p> <p>incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, interview, and review of other facility documentation as indicated, it was determined that the facility failed to thoroughly investigate an allegation of neglect and/or mistreatment for two (R6 and R5) out of three sampled residents for allegations of neglect and/or mistreatment investigation. In addition, the facility failed to prevent further potential neglect for R6 and failed to prevent further potential for mistreatment for R5. Findings include:</p> <p>The facility's policy and procedure, titled Abuse Prohibition, with most recent revision date of 7/1/18 stated:</p> <p>"6.7 Initiate an investigation within 24 hours of an allegation of abuse that focuses on: 6.7.1 whether abuse or neglect occurred and to what extent...6.7.4 interventions to prevent further injury. 7. The Center will protect patients from further harm during an investigation..."</p> <p>Cross refer to F607, example #1 and F609, example #1</p> <p>1. Review of R6's records revealed:</p> <p>2/22/19 - R6 admitted to the facility.</p> <p>2/28/19 - A "Grievance/Concern Form" initiated by E10 (ADSS), documented R6's complaint, "Pt. (Patient) states (he/she) was sitting in the hallway and let (his/her) CNA (First Name of CNA) know that (he/she) had to go to the bathroom. CNA asked if pt. could wait a few minutes because (he/she) needed the assistance of another CNA</p>	F 610	<p>F610</p> <ol style="list-style-type: none"> <li>1. Resident #6 was discharged from the facility on 3/15/2019. Resident #5 was discharged on 3/22/2019.</li> <li>2. Review of grievance/concern reports 3/1/2019 to date will be completed by the Center Executive Director (CED) or designee to determine any potential allegation(s) of abuse reported to any employee were identified, including neglect and/or mistreatment have been reported immediately to LTCRP and thoroughly investigated. Employees involved in an alleged abuse/neglect/mistreatment will be placed on administrative leave immediately pending investigation of the alleged abuse and to prevent further potential abuse while investigation is in progress. If appropriate, residents on the same assignment/caseload of a reported abuse will be interviewed to determine others affected by the deficient practice.</li> <li>3. New process: Root Cause Analysis will be completed by the Interdisciplinary Team (IDT) at the next clinical meeting post event to determine causative factors of the incident and what preventative measures will be implemented to maintain a safe environment. Nurse Practice Educator (NPE) will educate current employees on OPS300 Abuse Prohibition, including but not limited to, immediate reporting to the supervisor and Center Executive Director (CED) any allegation of</li> </ol>		

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

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NAME OF PROVIDER OR SUPPLIER  <b>SILVER LAKE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1080 SILVER LAKE BLVD</b> <b>DOVER, DE 19904</b>		
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F 610	<p>Continued From page 10</p> <p>to use the lift. Pt. states that was fine. Pt. stated the CNAs were up and down the hall several times and approximately 3 hours had passed before (he/she) was assisted to go to the bathroom." Attached to this form were two CNA written statements:</p> <p>E7 (CNA) documented, "On Wednesday, 2/27/19, R6 was in chair at 3:10. I asked if (he/she) was okay, (he/she) said that (he/she) was waiting in the chair for three hours and needed to use the bathroom. (Name of CNA/E9) and I were the only ones on hall and we needed two people to use Hoyer Lift. E9 was in other room. We got to (him/her) around 3:30 PM to get in bed and toilet on bedpan."</p> <p>E9 (CNA) documented, "...2/27/19. When I came on shift, the resident asked to use the bathroom and get in bed. Resident stated (he/she) had been waiting for 3 hours. I told the resident I needed another CNA to use the Hoyer Lift, the patient was in bed within 30 minutes of patient's request."</p> <p>The investigation was conducted by E6 (RN, UM) beginning on 2/28/19 and E6 documented it was resolved on 3/4/19.</p> <p>The section for resolution of the grievance documented that the grievance was unsubstantiated and resolved by E10 (ADSS) on 3/4/19.</p> <p>3/25/19 at approximately 10:30 AM - During an interview with E10, E10 stated it was their understanding that the alleged three hours that R6 had to wait occurred on the evening shift on 2/27/19 and not during day shift on 2/27/19. During the interview, the surveyor requested E10</p>	F 610	<p>abuse, including mistreatment and neglect, immediate removal of alleged staff, reporting to LTCRP within 2 hours, notification of physician/family and completion of thorough investigation and follow up of employee statements as required, and prevention of further potential abuse while investigation is in progress. Social Services will be educated that all concerns will immediately be reported to the Center Executive Director or Center Nurse Executive.</p> <p>4. Center Executive Director will oversee the entire process per the company policy requirements for thorough investigation, reporting and protection of the resident on 100% of alleged abuse, neglect or mistreatment. Center Executive Director will report on effectiveness of new measures/audits/education implemented post event monthly until 100% compliance is achieved x 3 to the monthly QAPI committee for review and further recommendations to achieve a sustainable plan.</p>	

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F 610	<p>Continued From page 11</p> <p>to read the two CNAs written statements. Subsequent to reading the statements, E10 confirmed that the facility failed to clarify the timeframe for which R6 verbalized that she did not receive assistance with toileting, thus, resulting in lack of a thorough investigation.</p> <p>There was a lack of evidence that the facility identified the grievance as an allegation of neglect. Additionally, the facility failed to identify the specific period of time in question, thus, failing to conduct a thorough investigation and they failed to prevent further potential neglect.</p> <p>Cross refer to F607, example #2 and F609, example #2</p> <p>2. Review of R5's records revealed:</p> <p>3/15/19 - R5 was admitted to the facility following right shoulder surgery.</p> <p>3/19/19 - An Occupational Therapy Treatment Encounter Note documented that R5 had reported 8/10 pain in the right shoulder during the session and R5 initially declined therapy, however, came to therapy with encouragement. Rest breaks were provided during the session for pain management.</p> <p>3/20/19 - A "Grievance/Concern Form", initiated by E10 (ADSS), documented R5's complaint, "Pt. (Patient) states yesterday (3/19/19) (his/her) arm was in so much pain that (he/she) was in tears. Nursing provided ice pack and pain medication. It was time for pt. to do therapy and pt. tried to explain to therapist that (he/she) was in too much pain to participate at that time. Pt. states therapist did not offer to come back later or another day, but stated "it doesn't matter, you</p>	F 610		

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F 610	<p>Continued From page 12</p> <p>need to come to therapy now." Pt. states (he/she) was feeling upset about it for the rest of the day. Pt. states (he/she) feels like the therapist was not concerned about (his/her) pain, just trying to get the therapy done with." E10 indicated that this was not a Civil Rights issue.</p> <p>Attached to the above form, was a handwritten statement by E8 (OT), dated 3/20/19, that stated, "Entered pt's room in afternoon. Pt. was crying due to pain in R shoulder. Pt. had cold pack. Explained to pt. (he/she) can come and will not exacerbate pain in R shoulder. Pt. came to therapy. I brought pt.'s cold pack with (him/her) and provided frequent rest breaks for pain management and asked intermittently about pain/pain level. Provided light therapy and one handed technique using L hand. Provided education and avoiding use of R hand to maintain precaution and manage pain. Pt. was last pt. of the day and was unable to be seen later in the day.</p> <p>The investigation was conducted by E4 (DOR), beginning on 3/20/19 and E4 documented it was resolved on 3/20/19. The investigation included, " E4 consulted with patient about grievance of therapist and miscommunication of information for treatment. Findings/Conclusion of Investigation, "The patient will no longer work with that therapist moving forward. After conversation, patient is pleased with treatment plan moving forward."</p> <p>The section for resolution of the grievance documented that the grievance/concern was resolved by E10 (ADSS) on 3/20/19.</p> <p>3/25/19 at approximately 11:00 AM - An interview with E4 (DOR) was conducted. E4 verbalized</p>	F 610		

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F 610	<p>Continued From page 13</p> <p>that upon receiving the grievance on the morning of 3/20/19, E4 had spoken with R5 and it was decided that E8 (OT) will no longer work with R5. Subsequently, in the afternoon of 3/20/19, E4 discussed the grievance with E8 and E4 provided the surveyor a written summarization of the discussion between E4 and E8, as follows: "Consulted with therapist (Name of E8), on 3/20/19 due to patient complaint from previous day. DOR consulted with patient first then consulted with therapist secondary to patient complaint with therapist about approach and conversation to go to therapy. After review of the complaint, DOR and patient agreed that the therapist will no longer work with (him/her). Reviewed with therapist communication skills with patient and therapist approach to rehab services/treatment when a patient is resistant to participate. Also educated therapist with patient and choice of words to not be misunderstood or taken out of context." The surveyor inquired during the investigation whether E4 reviewed the OT notes for the session. E4 replied, "I did not review note" and shortly thereafter replied, "I do not remember." E4 confirmed that (he/she) was not aware that R5 was crying secondary to the the level of right shoulder pain. E4 confirmed that (he/she) did not identify the grievance as an allegation of mistreatment.</p> <p>There was a lack of evidence of a thorough investigation of the allegation of mistreatment. In addition, the facility failed to prevent further potential for mistreatment.</p> <p>3/25/19 beginning at approximately 5:15 PM - Findings were reviewed with E1 (NHA/CED) and E2 (DON) during the Exit Conference.</p>	F 610		
F 697	Pain Management	F 697		4/24/19

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F 697 SS=D	<p>Continued From page 14 CFR(s): 483.25(k)</p> <p>§483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on record review, interview, and review of other facility documentation as indicated, it was determined that the facility failed to provide pain management care according to professional standards of practice for one (R5) out of three sample residents reviewed for pain management. Findings include:</p> <p>The facility's policy and procedure, titled Pain Management, with the most recent revision date of 3/1/18 stated: "Policy: Patients will be evaluated as part of the nursing assessment process for the presence of pain upon admission/re-admission, quarterly, with change of condition or change in pain status, and as required by the state thereafter. Pain management that is consistent with professional standards of practice, the comprehensive person centered care plan, and the patient's goal and preference is provided to patients who require such services."</p> <p>Cross refer F610, example #2</p> <p>Review of R5's records and other facility documentation revealed:</p> <p>3/15/19 - R5 was admitted to the facility following right shoulder surgery.</p>	F 697	<p>F697</p> <ol style="list-style-type: none"> <li>1. Resident R5 was discharged from the facility on 3/22/19.</li> <li>2. Current residents that are participating in therapy have the potential to be affected.</li> <li>3. The Director of Rehabilitation or designee will educate 100% of the therapy staff on determining presence of pain prior to the start of treatment, by asking patient if they are currently experiencing pain or use of the Pain Ad scale for non-verbal or cognitively impaired patients. Staff nurse will be notified if a resident is determined to be experiencing pain. The nurse will provide either a pharmacological and/or non-pharmacological pain intervention before therapy session is started. When appropriate the medical provider will be notified as necessary for a routine pain medication order prior to therapy. The Nurse Practice Educator or designee will educate the licensed nurses on the new process.</li> <li>4. The Director of Rehabilitation (DOR) or designee will review daily pain audits on 20% of daily scheduled patients to determine compliance with pain management daily until 100% compliance is attained on 3 consecutive reviews, then</li> </ol>	

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F 697	<p>Continued From page 15</p> <p>3/19/19 - An Occupational Therapy Treatment Encounter Note documented that R5 had reported 8/10 pain (pain scale, rating pain severity on a 0 to 10 scale with 0 meaning no pain and 10 meaning the worst pain) of the right shoulder during the session and R5 initially declined therapy, however, came to therapy with encouragement. Rest breaks were provided during the session for pain management.</p> <p>3/20/19 - A "Grievance/Concern Form" initiated by E10 (ADSS), documented R5's complaint, "Pt. (Patient) states yesterday (3/19/19) (his/her) arm was in so much pain that (he/she) was in tears. Nursing provided ice pack and pain medication. It was time for pt. to do therapy and pt. tried to explain to therapist that (he/she) was in too much pain to participate at that time. Pt. states therapist did not offer to come back later or another day, but stated, "it doesn't matter, you need to come to therapy now." Pt. states (he/she) was feeling upset about it for the rest of the day. Pt. states (he/she) feels like the therapist was not concerned about (his/her) pain, just trying to get the therapy done with."</p> <p>Attached to the above form, was a handwritten statement by E8 (OT), dated 3/20/19, that stated, "Entered pt's room in afternoon. Pt. was crying due to pain in R shoulder. Pt. had cold pack. Explained to pt. (he/she) can come and will not exacerbate pain in R shoulder. Pt. came to therapy. I brought pt.'s cold pack with (him/her) and provided frequent rest breaks for pain management and asked intermittently about pain/pain level..."</p> <p>There was a lack of evidence that E8 (OT) reported both the visible indication of pain, as evidenced by crying and verbalization of pain by</p>	F 697	<p>20% of weekly scheduled patients until 100% compliance is attained on 3 consecutive review, then 20% monthly x 2. DOR or designee will report findings x 3 months to the QAPI Committee for review and further recommendations to achieve sustainability of the plan.</p>	

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F 697	<p>Continued From page 16</p> <p>R5 to the nurse responsible for R5 or to E8's supervisor.</p> <p>3/25/19 at approximately 11:00 AM - An interview with E4 (DOR) was conducted and confirmed that (he/she) was not aware that R5 was crying secondary to the level of right shoulder pain and R5 did not want to participate in therapy.</p> <p>3/25/19 at approximately 1:00 PM - An interview with E12 (RN) was conducted. E12 was the assigned licensed nurse during the day shift on 3/19/19 and E12 confirmed that (he/she) was not made aware that R5 was crying secondary to right shoulder pain.</p> <p>3/25/19 beginning at approximately 5:15 PM - Findings were reviewed with E1 (NHA/CED) and E2 (DON) during the Exit Conference.</p>	F 697		



**DELAWARE HEALTH  
AND SOCIAL SERVICES**

Division of Long Term Care  
Residents Protection

DHSS - DLTCRP  
3 Mill Road, Suite 308  
Wilmington, Delaware 19806  
(302) 577-6661

**STATE SURVEY REPORT**

**NAME OF FACILITY: Silver Lake Center**

**DATE SURVEY COMPLETED: March 25, 2019**

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
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<p>3201</p> <p>3201.1.0</p> <p>3201.1.2</p>	<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 March 22, 2019 through March 25, 2019. The deficiencies cited in this report are based on observations, record reviews, staff interviews, and review of other facility documentation. The survey sample size was seven (7). The facility census the first day of the survey was one hundred and eleven (111).</p> <p>Abbreviations/definitions used in this report are as follows:</p> <p>ADON - Assistant Director of Nursing; ADSS - Assistant Director of Social Services; CED - Center Executive Director; CNA - Certified Nurse's Aide; DON - Director of Nursing; DOR - Director of Rehabilitation; DOSS - Director of Social Services; LPN - Licensed Practical Nurse; NHA - Nursing Home Administrator; OT- Occupational Therapy/Occupational Therapist; RN - Registered Nurse;</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</b></p>	<p>Cross refer to the CMS 2567-LTC Survey completed March 25, 2019. F607, F609, F610, F697</p>	<p>04/24/2019</p>
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Provider's Signa \_\_\_\_\_

Date \_\_\_\_\_



**DELAWARE HEALTH  
AND SOCIAL SERVICES**

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	<p>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 March 25, 2019:F607, F609, F610 and F697.</p>		
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Provider's Signature Wanda Bunk Title CEO Date 4/24/19