



**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: Silver Lake Center

DATE SURVEY COMPLETED: September 16, 2020

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>3201.6.11</p> <p>3201.6.11.2</p> <p>3201.6.11.2.3</p> <p>3225.6.11.2.4</p>	<p style="text-align: center;">***AMENDED***</p> <p>ACOVID-19 Focused Infection Control Desk Review Survey was conducted by the State of Delaware Division of Health Care Quality, Office of Long Term Care Residents Protection from September 11, 2020 through September 16, 2020. The facility was found to not be in compliance with 3201.0 Regulations for Skilled and Intermediate Care Facilities.</p> <p>Definitions and Abbreviations:</p> <p>COVID-19 – A respiratory illness that can spread person to person; DHCQ - Division of Health Care Quality; DON - Director of Nursing; DPH - Division of Public Health; NHA - Nursing Home Administrator.</p> <p>Regulations for Skilled and Intermediate Care Facilities</p> <p>Scope</p> <p>Specific Requirements for COVID-19</p> <p>Staff, vendors and volunteers</p> <p>All staff, vendors and volunteers who test negative must be retested consistent with Division of Public Health guidance for the durations of the public health emergency.</p> <p>Facilities must report all staff, vendor and volunteer testing and test results, to the Delaware Division of Public Health.</p> <p>This requirement was not met as evidenced by:</p>	<p>3201.0</p> <ol style="list-style-type: none"> 1. All residents were impacted by the missed testing day. 2. All residents had the potential to be affected. Beginning in September residents are being tested on a weekly basis and all results are being reported to the state. 3. A Root Cause analysis was completed. It revealed that there was an error in the cadence of state employee testing. The State guidance on resident testing was reviewed by the Administrator, CNE and NPE to assure compliance. The CED or designee will complete an audit on the weekly schedule of resident testing for 100% compliance. 4. The CED will report on results of audits at QAPI meeting for review and recommendations. Audits will be done weekly for 3 months with a goal of 100% compliance. 	<p>10/9/20</p>

Provider's Signature Warren Burke Title CED Date 10/8/20



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	<p>Based on interview and review of facility documentation it was determined that the facility failed to conduct bi-weekly staff COVID-19 testing consistent with Division of Public Health (DPH) Guidance. Findings include:</p> <p>Silver Lake Center was determined by DPH to be on bi-weekly COVID-19 staff testing.</p> <p>9/11/2020 – DHCQ was made aware by DPH that no staff testing had been reported for over two weeks.</p> <p>9/11/2020 10:37 AM – A telephone message was left for E2 (DON) about staff COVID testing.</p> <p>9/11/2020 12:51 AM – A second phone call was made to the facility. E2 was made aware of the missing data for staff testing. E2 stated that staff testing was conducted 9/2 and 9/3/2020 and she would check on the staff testing. E2 stated “we may have missed a week” and that she would check with the infection control nurse.</p> <p>9/14/2020 1:27 PM – An email from E3 (infection control nurse) documented, “We tested employees on July 29 & 30 with results on August 3. We tested again on August 5 & 6 with results on August 10. We tested employees again on Sept (September) 2 & 3.”</p> <p>9/14/2020 1:41 PM – DHCQ sent an email to E3 inquiring about bi-weekly testing that should have been conducted on August 19 & 20, 2020. A return email from E3 stated that this question would be forwarded to E1 (NHA).</p>		

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	<p>9/16/2020 3:50 PM – DHCQ sent an email to E1 inquiring about the bi-weekly testing that was due August 19 & 20, 2020.</p> <p>9/16/2020 4:01 PM - An email was received from E1 that documented, "...I just returned from vacation...we tested in the first two weeks in the month of August. It was our error that the second testing was not done August 19th and 20th. In September we are scheduled appropriately."</p> <p>The facility failed to comply with bi-weekly testing as directed by DPH guidance.</p>		

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