

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

PRINTED: 10/01/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085042	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/17/2015
NAME OF PROVIDER OR SUPPLIER BRACKENVILLE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 100 ST. CLAIRE DRIVE HOCKESSIN, DE 19707	
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F 000	<p>INITIAL COMMENTS</p> <p>An unannounced complaint visit was conducted at this facility from September 10, 2015 through September 17, 2015. The deficiencies contained in this report are based on observation, interview, review of the resident's clinical records and other facility documentation as indicated. The facility census on the first day of the survey was 91. The survey sample included three records, two active and one closed.</p> <p>Abbreviations / definitions used in this 2567 are as follows: NHA - Nursing Home Administrator; DON - Director of Nursing; NP - Nurse Practitioner; RN - Registered Nurse; LPN - Licensed Practical Nurse; CNA - Certified Nurse's Aide;</p> <p>& - and; x - by or times; < - less than; ADL - activities of daily living / tasks needed for daily living, such as dressing, hygiene, eating, toileting, bathing; abrasion - wearing away of the skin through some mechanical process (friction or trauma); amputation - removal; anemia - low level of hemoglobin, the red blood cell chemical that carries oxygen to body tissues or a condition in which you don't have enough healthy red blood cells to carry adequate oxygen to your tissues which may make you feel tired and weak; antibiotic - medication used to treat bacterial infections; BLE - bilateral [both sides] lower extremity/legs;</p>	F 000		

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

TITLE

(X6) DATE

Adm. M. 5086

10/12/15

any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that their 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 Buttock-backside; c - with; cm - centimeter/measurement of length/1 centimeter = 0.39 inches; CDD - clean dry dressing; CDI - clean, dry, intact; c/o - complaining of; Calazime paste - ointment that protects against moisture and minor irritation; cardiac disease - heart and blood vessel disease; cellulitis - inflammation of the tissues indicating a local infection; chronic kidney disease - condition characterized by a gradual loss of kidney function over time; D/C - discontinue; diabetes - disease where blood sugar levels are too high; dementia - loss of mental functions such as memory and reasoning that is severe enough to interfere with a person's daily functioning; Emesis - vomiting; Epithelial tissue - a sheet of cells that covers a body surface or lines a body cavity; ER - emergency room; edema - retention of fluid into the tissue resulting in swelling; failure to thrive - state of decline that may be caused by chronic concurrent diseases and functional impairment, such as weight loss, decreased appetite and poor nutrition; GI - gastrointestinal/tract that includes the esophagus, stomach, small and large bowels, rectum and anus; gangrene - death of body tissue due to lack of blood flow; gastric ulcer - painful open sore that develops on the lining of the esophagus, stomach or small intestine; glucerna - nutritional shake for diabetics;	F 000			

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F 000	<p>Continued From page 2</p> <p>gluteal fold - furrow between the buttock and thigh;</p> <p>hemoglobin - protein in red blood cells that carries oxygen from the lung's to the body's tissues;</p> <p>hypotensive - low blood pressure;</p> <p>IV - intravenous/administration of medications/fluids through a tube directly into a vein;</p> <p>inaudible - unable to be heard;</p> <p>incontinence/incontinent - loss of control of bladder and/or bowel function;</p> <p>lbs - measurement in pounds;</p> <p>L - left;</p> <p>MAR - Medication Administration Record;</p> <p>nsg - nursing;</p> <p>NSS - normal saline solution, a sterile mixture of salt and water with a salt concentration similar to tears, blood, and other body fluids;</p> <p>occult - hidden;</p> <p>osteomyelitis - infection and inflammation of the bone;</p> <p>pacemaker - small device that is placed under the skin near your heart to help control your heartbeat;</p> <p>PEG tube - a tube is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate;</p> <p>PICC line - peripherally inserted central catheter/ form of intravenous access into a vein in the arm that can be used for a prolonged period of time;</p> <p>pureed - food that is mashed to the consistency of a creamy paste or thick liquid;</p> <p>prn - as needed;</p> <p>q - every;</p> <p>R - right;</p> <p>sacrum/sacral - large triangular bone at base of spine;</p>	F 000		

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F 000	Continued From page 3 Santyl - ointment containing enzyme that helps remove dead tissue; slough - yellow, tan, gray, green or brown dead tissue; stools - bowel movements; Stage II pressure ulcer - skin forms an open sore. The area around the sore may be red and irritated; Stage III (3) - skin develops an open, sunken hole called a crater. There is damage to the tissue below the skin. TAR - Treatment Administration Record; transmetatarsal amputation - surgery to remove the front part of the foot; tx - treatment; trochanter - part of the thighbone connecting to the hip bone; UTI - urinary tract infection/bacteria in the urine; Unstageable pressure ulcer - tissue loss in which actual depth of the ulcer is unable to be determined due to the presence of slough (yellow, tan, gray, green or brown dead tissue) and/or eschar (dead tissue that is tan, brown or black and tissue damage more severe than slough in the wound bed); urinary retention - an inability to completely empty the bladder.	F 000		
F 157 SS=D	483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a	F 157		

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F 157	<p>Continued From page 4</p> <p>deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, it was determined that the facility failed to notify the resident's legal representative or an interested family member when there was a need to alter treatment for one (R1) out of three sampled residents. There was a lack of evidence that R1's family was notified when there was a decline and change in the treatment of a pressure ulcer initially identified as a stage II pressure ulcer on 4/28/15 which became unstageable as of 5/7/15. Findings include:</p> <p>R1 was originally admitted to the facility on</p>	F 157	<p>R1 was discharged 7/18/2015</p> <p>All other residents with pressure ulcers will have their record reviewed by the DON or designee to determine if family was notified of a decline / change in the treatment of the pressure ulcer.</p> <p>A root cause analysis will be completed by the DON or designee to determine the cause of the deficient practice. Nurse Practice Educator or designee will re-inservice all licensed nurses on the policy for notification of family and physician of a decline and / or treatment of a pressure ulcer.</p> <p>DON or designee will audit 24 hour report for decline in pressure ulcer and / or change in the treatment orders to insure family and physician was notified of the decline or change in treatment order. Audits will be completed daily x's 4 weeks. Once 100% compliance is achieved then the audits will be completed weekly x's 4 weeks then monthly x's 3 months.</p> <p>Audits results will be reviewed by the QA committee</p>	11/11/2015

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F 157	Continued From page 5 3/21/14 with diagnoses of dementia, diabetes, cardiac disease with a pacemaker. Review of the skin integrity report, dated 4/28/15, revealed R1 was identified as having a stage II pressure ulcer, located in the left trochanter area. This same report on 5/7/15 stated the pressure ulcer became unstageable due to slough. R1's progress note, dated 5/7/15 at 10:57 AM, stated, "New order noted for Santyl to wound to Right (incorrectly noted as right rather than left) gluteal fold". There was no evidence of family notification of the change in the pressure ulcer and the treatment.	F 157		
F 281 SS=E	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on record review and interview, it was determined that the facility failed to follow professional standards for two (R1 and R2) out of three sampled residents. For R1, the facility failed to follow professional standards when a physician's telephone verbal order for R1's pressure ulcer failed to include the area to be treated. Additionally, for R1, the facility failed to follow professional standards to identify the correct area, left trochanter/gluteal fold, for the pressure ulcer treatment and incorrectly wrote a	F 281		

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F 281	<p>Continued From page 6</p> <p>telephone verbal order for the right gluteal fold. For R2, the facility failed to follow professional standards when staff incorrectly signed off the treatments for two open areas in the same box each shift on the TAR. On 6/25/15, R2's physician ordered the same treatment to right and left buttocks to clean with NSS, pat dry, apply Calazime paste every shift until healed with diagnoses of stage II pressure ulcers. This practice continued on the 6/15, 7/15, 8/15, 9/15 TARs despite healing of R2's left buttock on 7/23/15 and the right buttock healing on 8/8/15. Findings include:</p> <p>The facility's policy, entitled, "Skin Integrity Management", last revised on 12/8/14, stated, "The implementation of an individual patient's skin integrity management occurs within the care delivery process...". The facility's "Skin Integrity Care Delivery Process", dated 1/2/14, stated, for pressure ulcer and incontinence associated skin issues, "Document order (telephone/verbal) on order sheet. Example a. Date _____ Cleanse ... (specific area). Apply (specific treatment). Change (specific time) ... Document daily monitoring separately on TAR ... Transcribe order and document treatment on Treatment Administration Record...".</p> <p>1A. Review of R1's physician's telephone verbal order, dated 4/28/15, revealed the following, "Cleanse wound with NSS, pat dry then apply Remedy Calazime cream q shift till healed" written by E8 (RN).</p> <p>In an interview, on 9/14/15 at 1:30 PM, E8 reviewed the order and confirmed that she wrote it and also that she failed to include the area to be treated.</p>	F 281	<p>R1 was discharged 7/18/2015</p> <p>R2 had the order for pressure ulcer treatment discontinued 9/14/2015</p> <p>All other residents with pressure ulcers will have their records reviewed by the DON or designee to insure the physician orders for treatment of pressure ulcers includes the correct area to be treated, there are separate orders for each area identified requiring treatment, and treatments are discontinued as appropriate when areas are healed.</p> <p>A root cause analysis will be completed to determine the cause of the deficient practice. Nurse Practice Educator or designee will re-inservice all licensed nurses on the professional standards for taking a verbal order for treatment to pressure ulcers(s).</p>	11/11/2015

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F 281	<p>Continued From page 7</p> <p>Professional standards failed to be maintained when R1's physician's order, dated 4/28/15, failed to include the specific area to administer the treatment. On 9/14/15 at 1:30 PM, E8 confirmed the findings and on 9/17/15 at 10 AM, E2 (DON) also confirmed the findings.</p> <p>1B. The skin integrity report, dated 4/28/15, identified R1 as having a stage II pressure ulcer, located in the left trochanter area. This same report stated on 5/7/15 that R1's pressure ulcer became unstageable due to slough.</p> <p>On 5/7/15, a telephone verbal order was written by E12 (LPN) which incorrectly stated the pressure ulcer site as right rather than left. R1's order stated, "1. D/C current tx to R gluteal fold. 2. Cleanse wound to R gluteal fold c NSS, pat dry, apply santyl & CDD daily & prn".</p> <p>R1's progress note, dated 5/7/15 at 10:57 AM, stated, "New order noted for santyl to wound to R (incorrectly noted as right rather than left) gluteal fold".</p> <p>In an interview on 9/17/15 at 8:50 AM, E12 reviewed the 5/7/15 telephone verbal order and confirmed that she wrote it. After reviewing the skin integrity report beginning on 4/28/15, E12 stated that she must have noted the right gluteal/trochanter area in error and it should have stated the left trochanter area.</p> <p>Professional standards failed to be maintained when the 5/7/15 order failed to identify the correct area to administer the treatment. In an interview on 9/17/15 at 10 AM, E2 confirmed the findings.</p>	F 281	<p>DON/designee will audit all records of residents with pressure ulcers weekly to insure the order for treatment of pressure ulcers includes the correct area and orders for treatments are being discontinued when the pressure ulcer is determined to be healed. Audits will be conducted weekly x's 4 weeks until 100% compliance than monthly x's3 month.</p> <p>Audits results will be reviewed by the QA committee.</p>	11/11/2015

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F 281	<p>Continued From page 8</p> <p>2. On 6/25/15, R2's physician ordered the same treatment to right and left buttocks to clean with NSS, pat dry, apply Calazime paste every shift until healed with "Diagnosis of pressure ulcer stage II" on each buttocks.</p> <p>Review of R2's skin integrity report revealed the left buttock was moisture associated skin damage related to incontinence and measured 1 x (by) 0.5 x < (less than) 0.1 centimeters on 6/25/15. This area was healed on 7/23/15.</p> <p>Review of R2's skin integrity report revealed the right buttock was moisture associated skin damage related to incontinence and measured 1.5 x (by) 0.5 x < (less than) 0.1 centimeters on 6/25/15. This area was healed on 8/8/15.</p> <p>Review of the 6/15, 7/15, 8/15 and 9/15 TARs revealed that the facility's staff were incorrectly signing in the same box per shift for both the right and left buttocks skin issues.</p> <p>In an interview, on 9/14/15 at 10:45 AM, E2 stated the treatment orders should have been separated, right buttock in one box per each shift and left buttock in another box per each shift.</p> <p>In an interview, on 9/14/15 at 1:30 AM, E8 stated she did the initial readmission assessment on R2 on 6/25/15, and observed R2 had two Stage II pressure ulcers, one on the right and one on the left buttocks. E8 stated she called and received treatment orders for R2 from E9 (NP) to cleanse the right and left buttocks with NSS, apply Calazime every shift until healed. E8 confirmed that she failed to separate the left buttock treatment from the right buttock treatment when she wrote the verbal telephone order.</p>	F 281		

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F 281	Continued From page 9	F 281			
F 309 SS=E	<p>The facility failed to follow professional standards when the TAR was signed off in one box for the treatment done to both right and left buttocks each shift. On 9/14/15 at 10:45 AM, E2 confirmed the findings.</p> <p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined that the facility failed to ensure that each resident received and the facility provided the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care for one (R2) out of three sampled residents. For R2, the facility failed to discontinue a treatment as ordered to R2's left and right buttocks when the areas healed on 7/23/15 and 8/8/15, respectively. Additionally, for R2 the facility failed to follow the physician's order to administer the antibiotic, Augmentin, twice a day for 30 days when R2 failed to receive 3 doses out of a total of 60 doses. Findings include:</p> <p>1. The "Nursing Assessment", dated 6/25/15,</p>	F 309			

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F 309	<p>Continued From page 10</p> <p>stated skin impairments were present and "if present, indicate location, type and description. Initial screen only, all skin issues must be further assessed and measured by initiating corresponding skin assessment. Site: left buttock : stage 2: 1/5 (centimeters); right buttock: stage 2: 1.5 cm/ .5 ...".</p> <p>The physician's "History and Physical", dated 6/29/15, stated R2 had diagnoses including diabetes and dementia and that the resident was hospitalized from 6/18 to 6/25/15 with non-healing wounds/gangrene on his left foot which resulted in amputation of the toes on the left foot.</p> <p>R2's annual MDS assessment, dated 7/2/15, stated that the resident was always incontinent of urine and had 2 stage II pressure ulcers that were present on readmission to the facility.</p> <p>The at risk for skin breakdown care plan developed on 3/25/15 had the goal that the resident will not show signs of skin breakdown through review period with target date of 10/15/15. Interventions included, air loss mattress, evaluate any localized skin problems, medications and treatments as ordered by physician, monitor skin for signs/symptoms of skin breakdown, observe skin condition with ADL care daily and report abnormalities.</p> <p>The skin integrity report for the left buttock, dated 6/25/15, stated R2 had moisture associated skin damage, incontinence related and measured 1 x 0.5 x < 0.1 (centimeters). The skin integrity report for the right buttock, dated 6/25/15, stated R2 had moisture associated skin damage, incontinence related and measured 1.5 x 0.5 x < 0.1 (centimeters).</p>	F 309	<p>The treatment order for R2 was discontinued 9/14/2015</p> <p>There was no negative outcome to R2 for the 3 missed doses of Augmentin. Doctor was made aware and there were no new orders.</p> <p>DON/designee will review records of all residents with pressure ulcers to determine if pressure ulcer has been healed and discuss with doctor if treatment order should be continued or discontinued</p> <p>DON/designee will review records of all residents ordered an antibiotic to insure all residents have a correct discontinue date for the antibiotics.</p> <p>Root cause analysis will be completed to determine the cause of the deficient practice. Nurse Practice Educator or designee will re-in-service all licensed nurses on the policy for discharging a treatment order for a healed pressure ulcer and the policy for determining a discontinue date for an antibiotic as prescribed by the physician</p>	11/11/2015

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F 309	<p>Continued From page 11</p> <p>On 6/25/15, R2's physician ordered the same treatment to left and right buttocks to clean with NSS, pat dry, apply Calazime paste every shift until healed.</p> <p>Review of the skin integrity reports revealed R2's left buttock was healed on 7/23/15 and his right buttock was healed on 8/8/15.</p> <p>On the 7/15 TAR from 7/24/15 through 7/31/15, on the 8/15 TAR and on the 9/15 TAR from 9/1/15 to 9/14/15, facility staff continued to document that R2 received the treatments to both buttocks after being healed.</p> <p>On 9/11/15 at 7:50 AM an observation was made of E10 (CNA) and E11 (CNA) providing a partial bed bath to R2. An observation at that time revealed that the resident's buttocks were healed and R2 had intact skin in those areas.</p> <p>In an interview on 9/14/15 at 10:25 AM, with E2 (DON) and E5 (LPN), E5 confirmed her signature for the treatment to R2's left and right buttocks with Calazime paste. E5 stated that she did R2's treatment 14 times in August despite the order that read until healed. E5 also stated that she was using it as a preventative. E5 further stated that she did sign for the treatment to R2's left and right buttocks with Calazime paste 5 times in September but that she did not do the treatment in September.</p> <p>The facility failed to follow the plan of care including treatments as per the physician orders regarding R2's skin alterations on his buttocks, when after the skin was healed, the Calazime treatment was incorrectly continued. On 9/14/15</p>	F 309	<p>DON/designee will audit all records of residents with pressure ulcers weekly to insure orders for treatments are being discharged when the pressure ulcer is determined to be healed. DON or designee will audit records of residents on antibiotics to insure a correct discontinue date has been determined based on the physicians order. Audits will be conducted weekly x's 4 weeks until 100% compliance than monthly x's 3 month. Audits results will be reviewed by the QA committee.</p>	11/11/2015	

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F 309	<p>Continued From page 12 at 10:25 AM, findings were confirmed by E2 and E5.</p> <p>2. The facility's policy entitled, "24 - Hour Chart Check" , dated 12/8/14, stated, "Licensed nursing staff are responsible for completing a chart check once every 24 hours ... The licensed nurse completing the 24 Hour Chart Check identifies and corrects improper orders in the medical record and/or Medication Administration Record ... Purpose: To validate the correctness of orders, proper transcription, and to prevent improper treatment or omission of treatment, medication, ancillary orders, or documentation ...".</p> <p>The facility's policy and procedure entitled, "NSG305 Medication Administration: General", last revised on 7/1/15, stated, "A licensed nurse ...will administer medications to patients ... to provide a safe, effective medication administration process ...".</p> <p>R2's care plan entitled, "Actual skin breakdown related to recent surgery- left foot transmetatarsal amputation site, positive osteomyelitis", was developed on 6/25/15, last revised on 8/7/15 and had the goal to have the wound heal with a target date of 10/15/15. Interventions included, "Administer antibiotics and medications as prescribed by physician..." .</p> <p>On 8/4/15, R2's physician ordered an antibiotic, Augmentin, twice a day for 30 days for osteomyelitis starting 8/4/15 and the physician, "will D/C it on the next visit".</p> <p>On 8/5/15, there was a clarification physician's order to give Augmentin twice a day for 30 days starting 8/4/15.</p>	F 309		

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F 309	Continued From page 13 Review of R2's 8/15 and 9/15 MARs revealed that there was an incorrect discontinue date on the Augmentin order of 9/2/15 at 12:00 AM for osteomyelitis which resulted in the resident missing 3 doses out of 60 doses of Augmentin to complete the 30 day order. The 24 hour chart check failed to identify that the order was not for the full 30 days due to the incorrect discontinue date. The facility failed to follow the plan of care including the physician's orders for R2 related to the administration of Augmentin. On 9/14/15 at 11:30 AM, E3 (ADON) confirmed the findings.	F 309		
F 314 SS=E	483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing. This REQUIREMENT is not met as evidenced by: Based on record review, interview and review of other documentation as indicated, it was determined that the facility failed to ensure that a resident having pressure sores/ulcers received the necessary care and services to promote healing, prevent infection and prevent new sores	F 314		

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F 314	<p>Continued From page 14 from developing for one (R1) out of three sampled residents. Findings include:</p> <p>R1 had diagnoses of dementia, diabetes, cardiac disease with a pacemaker, edema, chronic kidney disease, gastric ulcer, positive stools for occult blood and anemia.</p> <p>R1 had a care plan regarding refusal of care, developed on 2/24/15, with the goal to have less episodes of the behavior with a target date of 10/16/15. Interventions included, "divert resident... listen to resident's needs and adjust plan as appropriate, listen to the resident and try to calm...".</p> <p>R1's physician progress note, dated 4/27/15, stated, "Acute BLE cellulitis & edema. Per nsg has been sitting up all night... Called (name of family member) discussed overall decline and plan of care, agreed to plan".</p> <p>Review of the skin integrity report, dated 4/28/15, revealed R1 was identified as having a stage II pressure ulcer, located in the left trochanter area. This same report stated on 5/7/15 that the pressure ulcer became unstageable due to 100% slough measuring 1.4 x 1.4 x < 0.1 cm.</p> <p>R1's actual skin breakdown care plan, developed on 4/28/15 and last revised on 7/16/15, had the goal to heal the wound with a target date of 10/16/15. Interventions included, "Weekly skin assessment by licensed nurse, provide wound treatment as ordered...".</p> <p>On 5/4/15, a monthly note completed by E13 (NP), under physical exam incorrectly stated, "Skin: CDI, no rashes or open areas" since R1</p>	F 314	<p>R1 was discharged from the facility 7/18/2015</p> <p>Skin sweep was completed on all residents to identify any and all skin issues. Residents identified with skin issues were audited to insure MAR, physician orders were complete for skin issues identified during skin sweep. Stop and start dates were verified. Care plans were updated to reflect proper treatment as ordered by the physician.</p> <p>Root cause analysis will be completed to determine the cause of the deficient practice. Policy and procedure for assessment and treatment of pressure ulcers will be reviewed and revised as necessary. Nurse Practice Educator or designee will re-inservice all licensed nurses on the procedure for assessment of pressure ulcer.</p>	11/11/2015	

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F 314	<p>Continued From page 15</p> <p>had a stage II pressure ulcer located in the left trochanter area as of 4/28/15.</p> <p>Review of the 5/15 TAR, revealed R1 refused to be turned and repositioned 14 times during the month and refused the Santyl treatment to the left trochanter area 3 times during the month.</p> <p>R1's progress note, dated 5/7/15 at 10:57 AM, stated, "New order noted for Santyl to wound to Right (incorrectly noted as right rather than left) gluteal fold". However, a progress note, dated 5/7/15 just before midnight, correctly stated that the treatment was completed as ordered on the left. Additionally, the 5/15 TAR was reviewed and also had the treatment to the correct site.</p> <p>On 5/19/15, R1 had a significant MDS assessment completed which noted a decline in transfer and toilet use to extensive assistance requiring two or more persons assistance and a decline in eating requiring supervision with one person assistance. Additionally, this assessment noted weight loss for R1 who was not on a prescribed weight loss regimen and had the unstageable pressure ulcer with slough.</p> <p>R1's physician progress notes included the following: -5/27/15, "...Weight loss, 123 to 110 lbs over 2 weeks. Will start on healthshakes...."; -5/28/15, Family concerned with decreased oral intake and wants PEG tube... Called GI consultant physician and reported family questioning PEG tube, hemoglobin down to 8.3 (normal range 11.8 - 14.8).</p> <p>According to the skin integrity reports, R1 had an abrasion on the sacrum first observed on 5/28/15</p>	F 314	<p>Audits will be completed by the DON or designee weekly x's 4 weeks than monthly x's 3 months to insure residents with pressure ulcers receive the appropriate treatment as ordered by the physician. DON or designee will audit physician progress notes weekly x's 4 weeks than monthly x's 3 months of residents with pressure ulcers to insure the physician progress note reflects the progress of the wound accurately.</p> <p>Audits results will be reviewed by the QA committee.</p>	11/11/2015

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F 314	<p>Continued From page 16 and R1 refused to have the left trochanter assessed and measured on 5/28/15.</p> <p>Review of the 6/15 TAR, revealed R1 refused the Santyl treatment to the left trochanter area 2 times during the month.</p> <p>R1's physician progress notes included the following: -6/1/15, Resident stated she does not eat well... Received 1 liter of IV fluid, on supplement, glucerna 1 can three times a day, speech therapy consult, pureed meat, GI consult; -6/5/15, Urinary retention, family questioning if they want a PEG tube.</p> <p>According to the skin integrity reports on 6/25/15, R1's sacrum was now considered a stage II pressure ulcer and the left trochanter remained unstageable with 95% slough and 5% epithelial tissue.</p> <p>R1's physician progress note included on 7/1/15, urinary retention, weight loss/failure to thrive, minimal gain.</p> <p>According to the skin integrity reports on 7/2/15, R1's left trochanter continued as unstageable with 100% slough and measured 2.2 x 2.1 x unable to determine cm and the sacral area was staged as unstageable with slough, measuring 2.9 x 2.8 x < 0.1 cm.</p> <p>On 7/2/15, R1's physician ordered a change in the treatment to the sacral wound which the facility staff correctly noted. However, the facility staff incorrectly discontinued R1's Santyl treatment to the left trochanter according to the 7/2015 TAR resulting in R1 not receiving the</p>	F 314		

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F 314	<p>Continued From page 17</p> <p>treatment as ordered for six days, from 7/2/15 through 7/7/15.</p> <p>On 7/7/15, a monthly note completed by E14 (NP), under physical exam incorrectly stated, "Skin: CDI, no rashes or open areas" since R1 had an unstageable pressure ulcer at the left trochanter as well as a sacral pressure ulcer.</p> <p>Review of a progress note, dated 7/7/15 at 8:00 PM, stated, "Resident c/o generalized weakness, looks very weak, was refusing to eat or drink at dinner time. She also (sic) c/o pain to both her knees and lower back... emesis x 1 of 'greenish stuff'. Resident was looking pale and her speech had become almost inaudible... Orders received... very difficult to locate any vein... Order received to send resident out to ER...left by ambulance...".</p> <p>On 7/15/15, R1 returned to the facility from the hospital with a diagnosis of UTI on IV antibiotics via a PICC line and R1's treatment orders included Santyl for both the left trochanter and sacral pressure ulcers.</p> <p>Review of the 7/15 TAR revealed the TAR was blank for Santyl treatment on 7/17/15 at 5 PM for both the sacral and trochanter areas. The TAR and progress notes lacked evidence that R1 received the left trochanter and the sacral treatments of Santyl on 7/17/15 as ordered.</p> <p>The skin integrity report for the left trochanter, dated 7/15/15, stated the left trochanter was a stage III pressure ulcer but had 10% slough and 90% epithelial tissue and measured 1.6 x 1.1 x <0.1 cm which was an improvement.</p>	F 314		

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F 314	Continued From page 18 The skin integrity report for the sacrum, dated 7/15/15, stated the sacrum was a stage III pressure ulcer but had 50% slough and 50% epithelial tissue and measured 2.4 x 2.1 x 0.1 cm which was an improvement. R1's progress note on 7/19/15 at 10:08 PM, stated, "Late entry: ... Approximately at 3:30 PM, resident's blood pressure changed... was hypotensive. Resident c/o pain in arms... send out 911 to (name of hospital) ER...". The facility failed to accurately assess R1's skin integrity during physical examinations done on 5/4/15 and 7/7/15 and failed to ensure that R1 who had pressure sores/ulcers received pressure ulcer treatments as ordered. The facility staff incorrectly discontinued R1's Santyl treatment to the left trochanter according to the 7/2015 TAR resulting in R1 not receiving the treatment as ordered for six days, from 7/2/15 through 7/7/15. On 9/17/15 at 10 AM, E2 (DON) confirmed the findings.	F 314			
F 502 SS=D	483.75(j)(1) ADMINISTRATION The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services. This REQUIREMENT is not met as evidenced by: Based on record review and interviews, it was determined that the facility failed to obtain the results of laboratory services in a timely manner for one (R2) out of three sampled residents to meet the needs of its residents. The 8/10/15	F 502			

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F 502	<p>Continued From page 19</p> <p>blood tests for a Vitamin B12 level and a Vitamin D level failed to have the results reported until 9/14/15 when brought to the facility's attention by the surveyor. Findings include:</p> <p>The facility's policy entitled, "NSG103 Diagnostic Test", last revised 1/2/14, stated, "Diagnostic tests - including laboratory ... will be performed as ordered. All diagnostic results are reported to attending physician/mid-level provider promptly...".</p> <p>Review of R2's physician's progress note, dated 8/3/15, revealed that R2 had dementia and a history of a Vitamin D deficiency.</p> <p>On 8/3/15, R2's physician ordered laboratory/blood work including Vitamin D and Vitamin B12 levels to be drawn next week.</p> <p>Record review revealed that on 8/10/15, R2 had the Vitamin D and Vitamin B12 blood levels drawn by the lab. The results were "pending" when they were faxed to the facility on 8/10/15. There were no results for these blood tests on R2's record.</p> <p>In an interview on 9/14/15 at 3:40 PM, E5 (Unit Clerk) confirmed that the facility did not have results of R2's Vitamin D and B12 blood work done on 8/10/15 and stated she would call the lab to obtain them.</p> <p>In an interview on 9/14/15 at 3:45 PM, E2 (DON) also confirmed the lab results were not at the facility and not reported to R2's physician.</p> <p>On 9/14/15 at 3:57 PM, the lab faxed the results to the facility and R2's Vitamin B12 was within</p>	F 502	<p>R2 lab results were obtained 9/14/2015</p> <p>Audit of labs was completed on all residents to identify those that could have been affected.</p> <p>All other residents have the potential to be affected by this deficient practice.</p> <p>Root cause analysis will be completed to determine the cause of the deficient practice. Nurse Practice Educator or designee will re-inserve all licensed nurses on obtaining results of blood work from the lab as ordered by the physician and reporting abnormal lab results to the ordering physician.</p> <p>DON or designee will audit all lab orders weekly x's 4 weeks to insure results have been obtained by the facility timely and abnormal results have been reported to the physician. Once the weekly audits have achieved 100% compliance, the audits will be completed monthly x's 3 months.</p> <p>Audit results will be reviewed by the QA committee</p>	11/11/2015

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F 502	Continued From page 20 normal limits, but, his Vitamin D level was low at 17 with a normal range being from 48 to 144. In an interview on 9/15/15 at 12:20 PM, E2 stated that she spoke with R2's physician and that R2 would remain on his current Vitamin D supplement and have another blood test drawn in 6 to 8 weeks. The facility failed to obtain lab results and report the results to R2's physician in a timely manner to review and appropriately intervene. In an interview on 9/14/15 at 3:45 PM, E2 confirmed the findings.	F 502			
F 514 SS=E	483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes. This REQUIREMENT is not met as evidenced by: Based on record review and interview, it was determined that the facility failed to maintain clinical records on each resident in accordance with accepted professional standards and	F 514			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/01/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085042	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/17/2015
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NAME OF PROVIDER OR SUPPLIER BRACKENVILLE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 100 ST. CLAIRE DRIVE HOCKESSIN, DE 19707
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(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
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F 514	<p>Continued From page 21</p> <p>practices that are complete; accurately documented; readily accessible; and systematically organized for two (R1 and R2) out of three sampled residents. Findings include:</p> <p>1A. Review of the skin integrity report, dated 4/28/15, revealed R1 was identified as having a stage II pressure ulcer, located in the left trochanter area.</p> <p>Review of the April TAR for 4/29 and 4/30/15 revealed that facility staff incorrectly documented that R1 received treatments with Calazime paste every shift to the right (rather than the left) gluteal fold every shift.</p> <p>Review of the May TAR from 5/1 through 5/7/15 day shift revealed that facility staff incorrectly documented that R1 received treatments with Calazime paste to the right (rather than the left) gluteal fold every shift.</p> <p>In an interview in 9/17/15 at 10 AM, E2 (DON) stated R1's pressure ulcer site was the left trochanter and that she had done the weekly skin assessments on this area from 4/28 through 5/28/15 and was sure of the site location.</p> <p>The facility failed to maintain clinical records in accordance with accepted professional standards and practices that were accurately documented for R1. On 9/17/15 at 10 AM, E2 confirmed the findings.</p> <p>1B. On 5/4/15, a monthly note completed by E13 (NP), under physical exam incorrectly stated, "Skin: CDI, no rashes or open areas" since R1 had a stage II pressure ulcer as of 4/28/15.</p>	F 514	<p>R1 was discharged 7/18/2014</p> <p>The PRN and routine treatment orders written 6/25/2015 for R2 for Calazime paste were discontinued on 9/16/2015 and 9/14/2015 respectively.</p> <p>All other residents with existing pressure ulcer(s) will have their record reviewed by the DON or designee to ensure that they are receiving the appropriate pressure ulcer treatments as ordered by the physician and to the appropriate site. In addition their medical records will be reviewed by the DON or designee to ensure that conflicting terminology is not being used to describe the resident's skin condition.</p> <p>All other residents with existing pressure sore(s) will have their medical record reviewed by the DON or designee to ensure the resident is receiving the necessary care and services to assess skin integrity and ensure that the appropriate treatment interventions are identified and implemented</p>	11/11/2015
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NAME OF PROVIDER OR SUPPLIER BRACKENVILLE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 100 ST. CLAIRE DRIVE HOCKESSIN, DE 19707		
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F 514	<p>Continued From page 22</p> <p>On 7/7/15, a monthly note completed by E14 (NP), under physical exam incorrectly stated, "Skin. CDI, no rashes or open areas" since R1 had an unstageable pressure ulcer at the left trochanter as well as a sacral pressure ulcer.</p> <p>The facility failed to maintain clinical records in accordance with accepted professional standards and practices that were accurately documented for R1. On 9/17/15 at 10 AM, E2 confirmed the findings.</p> <p>2A. Record review of R2's physician's orders revealed that the original order, dated 6/25/15, for "Buttocks right, Buttocks left, Instructions: Cleanse open areas on buttocks with NSS, pat dry and apply Calazime paste every shift until healed" was not on R2's chart. The order was noted on the TARs beginning in June 2015.</p> <p>In an interview, on 9/14/15 at 11:45 AM, E6 (Medical Records) pulled all of R2's physician orders from 1/15 which were reviewed. E6 stated R2's 6/25/15 original order was not in those medical records either.</p> <p>In an interview, on 9/14/15 at 1:30 AM, E8 (RN) stated she wrote the telephone verbal order for R2 on 6/25/15 and did not know why it was not in R2's medical record.</p> <p>The facility failed to maintain clinical records in accordance with accepted professional standards and practices that were complete for R2.</p> <p>2B. Review of the skin integrity reports revealed R2's left buttock was healed on 7/23/15 and his right buttock was healed on 8/8/15.</p>	F 514	<p>Root cause analysis will be completed to determine the cause of the deficient practice. Nurse Practice Educator or designee will re-inservice all licensed nurses on the professional standards for taking a verbal order for treatment to pressure ulcers(s) and documentation of the treatments provided. Staff Development nurse or designee will review standards of practice for documentation of skin condition with the nurse practitioner.</p> <p>Audits will be completed by the DON or designee weekly x's 4 weeks then monthly x's 3 months to ensure residents with existing pressure sore(s) receive the appropriate treatment interventions, and conflicting terminology is not being used to describe the actual skin condition.</p> <p>Audit results will be reviewed by the QA committee</p>	11/11/2015

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F 514	<p>Continued From page 23</p> <p>On the 7/15 TAR from 7/24/15 through 7/31/15 and on the 8/15 TAR and on the 9/15 TAR from 9/1/15 to 9/14/15, facility staff continued to document that R2 received the treatments to both buttocks after being healed.</p> <p>On 9/14/14 at 10:10 AM, in an interview with E2 and the surveyor, E7 (LPN) reviewed R2's treatment records for 7/15, 8/15 and 9/15. E7 confirmed her signature for Calazime to right and left buttocks for seven times in August and three times in September despite R2's physician's orders which stated until healed. E7 stated she mistakenly clicked on the treatment on the computerized TAR for R2 but did not do the treatment for R2 in August or September.</p> <p>The facility failed to maintain clinical records in accordance with accepted professional standards and practices that were accurately documented for R2.</p>	F 514			



**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: Brackenville Center

DATE SURVEY COMPLETED: September 17, 2015

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
<p>3201</p> <p>3201.1.0</p> <p>3201.1.2</p>	<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 September 10, 2015 through September 17, 2015. The deficiencies contained in this report are based on observation, interview, review of the resident's clinical records and other facility documentation as indicated. The facility census on the first day of the survey was 91. The survey sample included three records, two active and one closed.</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: Cross Refer to the CMS 2567-L survey completed September 17, 2015 F157, F281, F309, F314, F502, and F514</p>	<p>Cross reference Plan of Correction for CMS-2567 dated September 17, 2015 for tag F157, F281, F309, F314, F502, F514</p>	<p><i>11/17/15</i></p>

Provider's Signature _____ Title Administrator Date 10/17/15