



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Health Care Quality

Office of Long Term Care Residents Protection

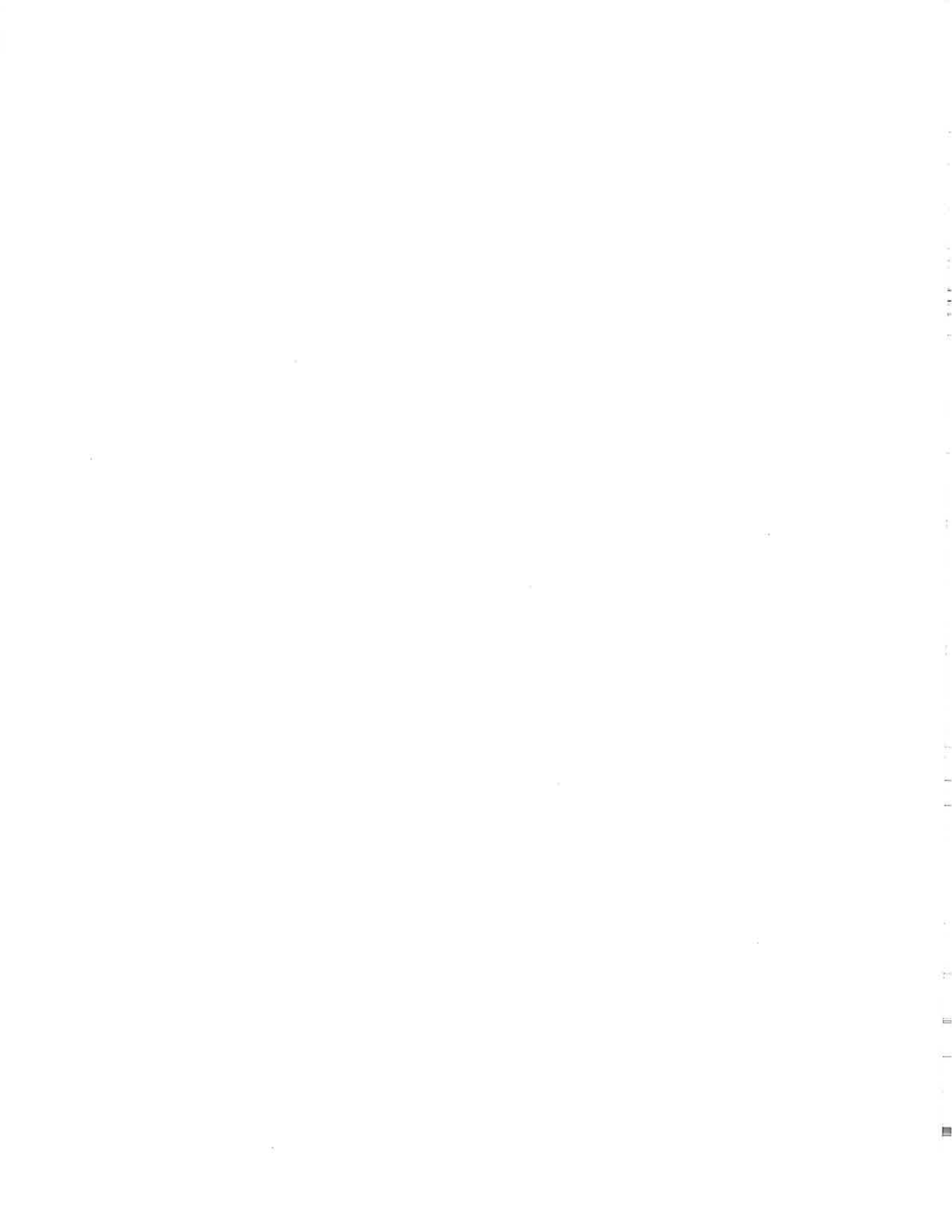
DHSS - DHCQ
263 Chapman Road, Ste 200, Cambridge Bldg.
Newark, Delaware 19702
(302) 421-7400

STATE SURVEY REPORT

NAME OF FACILITY: Kutz Rehabilitation and Nursing

DATE SURVEY COMPLETED: July 1, 2022

ID Prefix Tag	Summary Statement of Deficiencies	Provider Plan of Correction	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 and extended survey was conducted at this facility from June 27, 2022 through July 1, 2022. The deficiency contained in this report is based on interviews, review of the clinical records and other documentation as indicated. The facility census on the first day of the survey was 62. The survey sample totaled 5 residents.</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:</p> <p>Cross Refer to the CMS 2567-L survey completed July 1, 2022: F678.</p>	<p>Cross refer to 2567-L, F678</p>	<p>To be completed by August 29, 2022</p>



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

PRINTED: 08/19/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085043	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/01/2022
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NAME OF PROVIDER OR SUPPLIER KUTZ REHABILITATION AND NURSING	STREET ADDRESS, CITY, STATE, ZIP CODE 704 RIVER ROAD WILMINGTON, DE 19809
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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 000	<p>INITIAL COMMENTS</p> <p>An unannounced complaint and extended survey was conducted at this facility from June 27, 2022 through July 1, 2022. The deficiency contained in this report is based on interviews, review of the clinical records and other documentation as indicated. The facility census on the first day of the survey was 62. The survey sample totaled 5 residents.</p> <p>Abbreviations/definitions used in this report are as follows:</p> <p>ALS (Advanced Life Support) - higher level of medical care for critical patients; ADON - Assistant Director of Nursing; Cardiac Arrest - the stoppage of the heart; CNA - Certified Nurse's Aide; Code Blue - a medical emergency in which a team of medical personnel work to revive an individual in cardiac arrest; Code Status - refers to the level of medical interventions a patient wishes to have started if their heart or breathing stops; CPR (Cardiopulmonary resuscitation) - an emergency procedure that is done when someone's breathing or heartbeat has stopped in hopes of providing time for first responders to arrive; DNR - A do not resuscitate order, or DNR order, is a medical order written by a doctor. It instructs health care providers not to do CPR if a patient's breathing stops or if the patient's heart stops beating; DON - Director of Nursing; EHR - electronic health record; EMS (Emergency Medical Services); Full Code - a designation that means to intercede</p>	F 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 07/26/2022
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 000	Continued From page 1 if a patient's heart stops beating or if the patient stops breathing; IJ (Immediate Jeopardy) - a situation in which the facility's noncompliance has placed the health and safety of residents in its care at risk for serious injury, serious harm, serious impairment or death; Lividity - bluish-purple discoloration of the skin after death; LPN - Licensed Practical Nurse; NHA - Nursing Home Administrator; Pliable - easily bent or flexible; RN - Registered Nurse.	F 000			
F 678 SS=J	Cardio-Pulmonary Resuscitation (CPR) CFR(s): 483.24(a)(3) §483.24(a)(3) Personnel provide basic life support, including CPR, to a resident requiring such emergency care prior to the arrival of emergency medical personnel and subject to related physician orders and the resident's advance directives. This REQUIREMENT is not met as evidenced by: Based on interviews, review of clinical records and other documentation as indicated, it was determined that for one (R1) out of five residents reviewed for death in the facility, the facility delayed in providing CPR to R1 upon finding the resident unresponsive at approximately 2:30 AM on 6/24/22. Facility nursing staff failed to locate R1's accurate code status in the electronic health record (EHR) and called 911 three (3) times. Due to the confusion and the inability to locate/confirm R1's accurate code status, the facility failed to call a Code Blue and to initiate CPR timely, resulting in an approximate 45 minute delay. R1 was pronounced by the Paramedics at 3:42 AM. The	F 678	A. For R1, there was no opportunity to perform any corrective actions. B. All residents in the facility were identified as having the potential to be affected. The following steps were taken and completed by June 29, 2022: E5 was placed in a Performance Improvement Plan (Attachment o). E4 (Attachment A) and E5 (Attachment B) received immediate in-person remediation and education on the following: 1. the location of the residents code status in the electronic health record	8/29/22	

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F 678	<p>Continued From page 2</p> <p>facility's failure placed R1 in situation with a serious adverse outcome, a potential cardiac arrest. The Immediate Jeopardy (IJ) was identified on 6/28/22 at 2:13 PM and was abated on 6/29/22 at 4:00 PM. Findings include:</p> <p>Review of R1's clinical record revealed:</p> <p>10/18/17 - An active physician's order in the EHR documented that R1 was a Full Code.</p> <p>2/23/22 - R1 was admitted to hospice services, but remained a Full Code.</p> <p>6/24/22 - During the 11 PM to 7 AM shift, R1 had an acute change of condition in the facility. Based on review of the 911 calls, the Prehospital Care Report and R1's Hospice call notes, the following timeline captures how the facility responded:</p> <p>-at 2:27 AM - A call from the facility was placed to 911 stating that a resident was found unresponsive and had no pulse.</p> <p>-at 2:32 AM - A second call by the facility was placed to 911 canceling the first call for Emergency Medical Services (EMS) as the patient was on hospice care and had a DNR. The 911 dispatch canceled the call and notified the responding EMS personnel.</p> <p>-at 2:40 AM - A call was placed by E4 (RN Supervisor) to the 24 hour Hospice provider call line. The Hospice call note documented, "Purpose of Call ... Patient found unresponsive. Action Taken: Caller (E4) states patient does not have a pulse and not responding. Caller asking if patient is a DNR. Informed caller that no record of DNR status on the chart and documentation</p>	F 678	<p>(EHR);</p> <ol style="list-style-type: none"> the EHR is the source of truth for code status; nurses must obtain code status for each resident in their assignment during bedside shift report, and verify the status in the EHR once per shift; in-person education and review of how to respond to an unresponsive resident; in-person review of the Kutz Senior Living Campus (KSLC) CPR policy; Nurses E4 and E5 signed a Nurse Responsibility Statement (Attachment C) stating they understand all of the above; E2 (DON) immediately initiated a facility-wide education and training with all nurses, Supervisors, and Unit Managers (Attachment D) on all shifts regarding the following: <ol style="list-style-type: none"> The KSLC CPR policy Source of truth for Code status is the EHR Location of code status in EHR How to respond to an unresponsive resident Mock codes All nurses signed a Nurse Responsibility Statement (Attachment C) stating they understand their responsibilities. <ol style="list-style-type: none"> The education and training were completed by June 29, 2022 with all staff, except one employee who was out of town, and two agency staff. These nurses were educated upon return to the facility, prior to working on the floor. <p>C. System Changes:</p>		

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F 678	<p>Continued From page 3</p> <p>states patient has life sustaining order with the facility. Caller asking if hospice can contact family and let them know of patient status ...".</p> <p>-at 3:03 AM - A call was placed by E4 (RN Supervisor) to the 24 hour Hospice provider call line. The Hospice call note documented, "Purpose of Call ... Wanting ETA (estimated time of arrival) of call from (Hospice) Nurse. Action Taken: On call nurse (from Hospice) made aware facility wants an update. (Hospice nurse name) states he is trying to contact the (Emergency Contact) and will call them once he reaches them. Facility states they will call back at 3:15 AM if they haven't heard anything ...".</p> <p>-at 3:13 AM - A third call by the facility was placed to 911 stating that the resident was unresponsive.</p> <p>-at 3:23 AM - The 911 dispatch documented that "Medic ... CPR at the family request."</p> <p>-at 3:42 AM - R1 was pronounced by the Paramedics.</p> <p>-at 5:20 AM - The Prehospital Care Report by the Paramedics documented, " ... Facility called around 2:30 AM for a cardiac arrest. Facility then called back and recalled all responding units because the patient was a hospice patient with a DNR. An hour later the facility reactivated 911 for a cardiac arrest because the patient was actually found to be full code. Family was contacted and wanted care to be provided despite the patients downtime and hospice status ... ALS found the patient supine (on her back) in her bed, unresponsive, pulseless, and apneic (not breathing). She was warm to the touch and still pliable ... Care was provided for approximately 20</p>	F 678	<p>E4 and E5 were not aware how to quickly locate in PCC the code status for the residents. E5 was unaware of the assigned residents code status. E4 had difficulty locating the code status. E4 and E5 failed to initiate CPR while attempting to verify the code status. E4 and E5 were unaware that hospice residents could be a full code.</p> <ol style="list-style-type: none"> 1. PCC for Code Status <ol style="list-style-type: none"> a. Corrective action taken: 100% of all nurses were immediately educated regarding where to locate the residents code status in PCC. All agency staff and new hires will be educated on their first day of work at KSLC. b. 100% of all nurses were immediately educated that source of truth for code status is in PCC. All agency staff and new hires will be educated on their first day of work. c. 100% of all nurses were immediately educated to verify code statuses for residents each shift worked. All agency staff and new hires will be educated on their first day of work. d. PCC Order Listing Report (OLR) (Attachment E) modified to generate up-to-date code status for all residents. The morning shift RN House Supervisor will ensure each resident has a listed code status in PCC, to include all new admissions. Then, the morning shift RN House Supervisor will print a master copy of the OLR to pass down during shift report. They will also print an OLR by Unit for each assignment to be passed down during bedside shift report that day. Code 	
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F 678	<p>Continued From page 4</p> <p>minutes ... Dependent lividity began to appear on the back of the patients legs ... Patient was pronounced at 3:42 hours ...".</p> <p>6/28/22 at 8:25 AM - During an interview, E5 (LPN) confirmed that she was R1's assigned nurse during the 11 PM - 7 AM shift on 6/24/22. E5 stated that E6 (CNA) called for assistance with R1 and that she responded behind E4 (RN Supervisor) to R1's room. E5 stated that R1 was unresponsive and still warm. When E5 was asked if she knew R1's code status, she stated no.</p> <p>6/28/22 at 8:50 AM - During an interview, E4 (RN Supervisor) stated that between 2:25 AM to 2:30 AM, E6 (CNA) called them (E4 and E5, LPN) to come to R1's room. E4 stated that she assessed R1; no respirations and no pulse for three minutes. E4 stated she called 911 from the bedside. E4 stated that she knew R1 was receiving hospice services. E4 stated that she looked in R1's EHR first before looking in the physical chart, but the code status wasn't clear on the face sheet. E4 confirmed that she did not see the Full Code status documented at the top of R1's profile page in the EHR. E4 also confirmed that she did not check the active physician orders in the EHR for R1's code status. E4 stated that she looked in R1's physical chart for her code status and found R1's code status form. E4 stated the code status form was confusing and described it by drawing what she saw as an additional marking on the code status form. E4 stated that she called E2 (DON), told her what she found and that she canceled 911. E4 stated that she called hospice and they told her that R1 was a full code. E4 stated that she then called 911 again and the 911 operator asked if it was the same resident. E4 stated yes, it was the same</p>	F 678	<p>Status Reports will be printed on morning shift daily beginning 7.20.22. This report will be placed in a binder at the end of the next morning shift.</p> <p>e. Admission and readmission audits of DNR status is to be reviewed by the midnight supervisor at 24 hours, 48 hours, and 72 hours. The day shift Manager is responsible to review no later than the 7th day to ensure Code Status is obtained and signed and updated in PCC.</p> <p>2. Code In-service and Mock Codes</p> <p>a. Corrective action was taken with 100% of all staff by performing CPR code in-services on June 28th and June 29th. In-services reviewed Kutz Rehabilitation and Nursing's (KRN) CPR policy, roles of each team member, and when to initiate CPR for residents where the code status was not immediately verified. PRN staff not on the schedule were notified and educated over the telephone and completed the training upon returning to the facility. One nurse out of state on vacation was educated over the telephone and completed additional training upon returning to the facility. All agency staff and new hires will receive their education the first day of work at KRN. Agency staff and new hires are current as of July 20, 2022. (Attachments F, G, H, I, J, K, L, and M)</p> <p>b. Emergency CPR online education was assigned to all KRN nursing staff and completed by July 20, 2022. All KRN new hires will be assigned online emergency CPR training to be completed during their orientation program.</p> <p>c. Debriefs after RN STAT calls to</p>		

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F 678	<p>Continued From page 5</p> <p>resident and they came immediately. E4 stated before I finished one cycle of compressions, EMS personnel arrived.</p> <p>6/28/22 at 2:13 PM - During a meeting with E1 (NHA), E2 (DON) and E3 (ADON), the facility was notified that an IJ was identified with respect to the incident involving R1 on 6/24/22.</p> <p>6/28/22 at 6:37 PM - The facility submitted the following abatement plan that included education and training on the location of residents code status' and how to respond to an unresponsive resident:</p> <p>Specifically, E4 (RN Supervisor) and E5 (LPN) would receive the following immediate in-person remediation and education on:</p> <ul style="list-style-type: none"> - the residents code status located on the residents care profile in the electronic health record; - the Supervisor must have accurate code status on the report sheet at all times; - the nurse MUST obtain code status for each resident in their assignment during bedside shift report and check the electronic health record for accuracy once per shift; - in-person education and review of how to the respond to an unresponsive resident and the facility's CPR policy; - E4 and E5 signed a "Nurse Responsibility Statement" (completed by 6/28/22 at 11 PM). <p>In addition, E2 (DON) immediately initiated a facility-wide education and training (including mock drills) with all Nurses, Supervisors and Unit Managers on the residents code status location, how to respond to an unresponsive resident and the facility's CPR policy.</p>	F 678	<p>review process and possible improvements with all team members involved in the emergency response.</p> <p>d. Corrective action was taken immediately by holding train-the-trainer Mock Codes for all RNs, including Managers and the Staff Development RN, by 6/29 at 3pm. RN trainers then held ongoing Mock codes on all shifts for all staff. 100% of all agency staff and KRN staff members have received mock code training as of 7/19, 2022. All agency staff and new hires will receive Mock Code training on their first day of work at KRN.</p> <p>3. DMOST</p> <ol style="list-style-type: none"> 1. The facility will convert to utilization of the State of Delaware's DMOST form for designation of code Status by August 15, 2022, for existing and in-coming residents, with 100% of the current residents converted to DMOST forms by August 15, 2022. All new residents will have DMOST forms completed during their admission process. 2. RN Managers and RN Supervisors will be trained by 7.31.22 and new hire RNs will receive training by the end of their orientation period on: <ol style="list-style-type: none"> a. proper completion of the DMOST form, b. where to fax/upload the form to DHIN, c. proper placement of completed DMOST form in residents' hard chart after entering the provider order in PCC. <p>D. Evaluation: (Attachment N)</p> <ol style="list-style-type: none"> 1. PCC for Code Status <ol style="list-style-type: none"> a. E2, the Director of Nursing (DON), or 		

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F 678	Continued From page 6 6/29/22 at 3:30 PM - Finding was reviewed during the exit conference with E1 (NHA) and E2 (DON). 7/1/22 at 1:45 PM - Based on the survey team's multiple interviews with nursing staff and review of the education and training provided, the IJ was abated on 6/29/22 at 4:00 PM.	F 678	their de-signee, will monitor 100% of new hires and agency staff for their knowledge of the location of a resident's status: i. 3 times a week until reaching 100% success for 3 consecutive evaluations; THEN ii. Once per week until reaching 100% success for 3 consecutive evaluations; FINALLY iii. One more time a month later. If we still reach 100% success, we will conclude that we have successfully addressed the issue. b. E2 (DON), or their designee, will monitor 100% of new hires and agency staff for their knowledge that the source of truth for a resident's code status is in PCC: i. 3 times a week until reaching 100% success for 3 consecutive evaluations; THEN ii. Once per week until reaching 100% success for 3 consecutive evaluations; FINALLY iii. One more time a month later. If we still reach 100% success, we will conclude that we have successfully addressed the issue. c. E3 (DON), or their designee, will monitor 100% of new hires and agency staff for their education on verifying resident's code status: i. 3 times a week until reaching 100% success for 3 consecutive evaluations; THEN ii. Once per week until reaching 100% success for 3 consecutive evaluations; FINALLY iii. One more time a month later. If we		

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F 678	Continued From page 7	F 678	<p>still reach 100% success, we will conclude that we have successfully addressed the issue.</p> <p>d. E2 (DON), or their designee, will monitor 100% of daily Master OLRs and Unit OLRs to ensure they were printed correctly each day on morning shift:</p> <p>i. 3 times a week until reaching 100% success for 3 consecutive evaluations; THEN</p> <p>ii. Once per week until reaching 100% success for 3 consecutive evaluations; FINALLY</p> <p>iii. One more time a month later. If we still reach 100% success, we will conclude that we have successfully addressed the issue.</p> <p>e. E2 (DON), or their designee, will monitor 100% of the new admission and readmission DNR audits for timeliness and accuracy:</p> <p>i. 3 times a week until reaching 100% success for 3 consecutive evaluations; THEN</p> <p>ii. Once per week until reaching 100% success for 3 consecutive evaluations; FINALLY</p> <p>iii. One more time a month later. If we still reach 100% success, we will conclude that we have successfully addressed the issue.</p> <p>2. Code In-service and Mock Codes</p> <p>a. E2 (DON), or their designee, will monitor to ensure 100% of new hires and agency staff receive their CPR Code in-service on their first day of work at KRN:</p> <p>i. 3 times a week until reaching 100% success for 3 consecutive evaluations; THEN</p>	
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F 678	Continued From page 8	F 678	<ul style="list-style-type: none"> ii. Once per week until reaching 100% success for 3 consecutive evaluations; FINALLY iii. One more time a month later. If we still reach 100% success, we will conclude that we have successfully addressed the issue. <ul style="list-style-type: none"> i. E2 (DON), or their designee, will monitor to ensure 100% of KRN new hires complete their on-line emergency CPR education by the end of their orientation program: <ul style="list-style-type: none"> i. 3 times a week until reaching 100% success for 3 consecutive evaluations; THEN ii. Once per week until reaching 100% success for 3 consecutive evaluations; FINALLY iii. One more time a month later. If we still reach 100% success, we will conclude that we have successfully addressed the issue. j. E2 (DON), or their designee, will monitor to ensure a debrief occurs 100% of the time after a RN Stat is called: <ul style="list-style-type: none"> i. 3 times a week until reaching 100% success for 3 consecutive evaluations; THEN i. Once per week until reaching 100% success for 3 consecutive evaluations; FINALLY ii. One more time a month later. If we still reach 100% success, we will conclude that we have successfully addressed the issue. k. E2 (DON), or their designee, will monitor to ensure 100% of new hires and agency staff receive their Mock Code on their first day of work at KRN: 		

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

PRINTED: 08/19/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085043	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/01/2022
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NAME OF PROVIDER OR SUPPLIER KUTZ REHABILITATION AND NURSING	STREET ADDRESS, CITY, STATE, ZIP CODE 704 RIVER ROAD WILMINGTON, DE 19809
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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 678	Continued From page 9	F 678	<p>i. 3 times a week until reaching 100% success for 3 consecutive evaluations; THEN</p> <p>ii. Once per week until reaching 100% success for 3 consecutive evaluations; FINALLY</p> <p>iii. One more time a month later. If we still reach 100% success, we will conclude that we have successfully addressed the issue.</p> <p>3. DMOST</p> <p>a. On August 18, 2022 only, E2 (DON), or their designee, will monitor to ensure 100% of all current residents have converted their codes status designation to a DMOST form. If 100% of the charts are compliant, E2 (DON), or their designee, will no longer monitor these charts. E2 (DON), or their designee, will monitor 100% of new resident charts to ensure a DMOST form indicating the resident's status has been properly completed:</p> <p>i. 3 times a week until reaching 100% success for 3 consecutive evaluations; THEN</p> <p>iv. Once per week until reaching 100% success for 3 consecutive evaluations; FINALLY</p> <p>v. One more time a month later. If we still reach 100% success, we will conclude that we have successfully addressed the issue.</p> <p>b. E2 (DON), or their designee, will monitor to ensure 100% of the RN Managers and RN Supervisors were trained by 7.31.22 on proper completion of the DMOST form, where to fax/upload the</p>	
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NAME OF PROVIDER OR SUPPLIER KUTZ REHABILITATION AND NURSING			STREET ADDRESS, CITY, STATE, ZIP CODE 704 RIVER ROAD WILMINGTON, DE 19809		
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F 678	Continued From page 10	F 678	<p>form to DHIN, the order was properly placed in the electronic health record, and proper placement of the form in the patient's hard back chart. If 100% of the RNs are compliant during the first monitor, E2 (DON), or their designee, will consider this portion of the monitor complete. E2 (DON), or their designee, will monitor 100% of KRN RN new hires to ensure they received the above training by the end of their orientation program;</p> <p>i. 3 times a week until reaching 100% success for 3 consecutive evaluations; THEN</p> <p>ii. Once per week until reaching 100% success for 3 consecutive evaluations; FINALLY</p> <p>iii. One more time a month later. If we still reach 100% success, we will conclude that we have successfully addressed the issue.</p>		

