













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

PRINTED: 02/24/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>085043</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/22/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>KUTZ REHABILITATION AND NURSING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>704 RIVER ROAD WILMINGTON, DE 19809</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 COVID-19 Focused Infection Control was conducted by the State of Delaware Division of Health Care Quality, Office of Long Term Care Residents Protection, which began on January 20, 2021 and ended on January 22, 2021. The deficiencies contained in this report are based on observations, interviews, review of clinical records and other documentation as indicated. The facility census on the first day of the survey was fifty six (56). The survey sample totaled ten (10).  Abbreviations and Definitions used in this report are as follows:  CNA - Certified Nurse's Aide; DON - Director of Nursing; ED - Executive Director; LPN - Licensed Practical Nurse; RN - Registered Nurse;  CDC - Centers for Disease Control and Prevention; CMS - Centers for Medicare & Medicaid Services; COVID-19 (Coronavirus) - a respiratory illness that can be spread person to person.	F 000		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)  §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.	F 880		3/12/21

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

TITLE

(X6) DATE

Electronically Signed \_\_\_\_\_

02/11/2021

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 880	<p>Continued From page 1</p> <p>§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct</p>	F 880			



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F 880	<p>Continued From page 2</p> <p>contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, interviews, and review of other documentation, it was determined that for one out of three dining areas observed, the facility failed to ensure that measures to prevent COVID-19 during an outbreak were in place; residents were not seated in accordance with social distancing requirements of a minimum of six feet apart during communal dining. Findings include:  Review of the CDC's webpage for "Infection Control for Nursing Homes", last updated 11/20/2020, indicated that facilities are to "Implement aggressive social distancing measures (remaining at least 6 feet apart from others) <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/ong-term-care.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/ong-term-care.html</a>."</p> <p>1/20/2021 12:15 PM - During a random</p>	F 880	<p>F 880</p> <p>A) Corrective action for the residents affected by the alleged deficient practice: of failing to place the residents 6 feet apart for social distancing during meal time during the COVID 19 pandemic. During surveyor observation, residents were immediately moved to provide 6 feet of social distancing, with some residents returned to their rooms. Portable Plexiglas shields were moved into the room to provide added protection for those residents remaining in the area. Dialogue with the investigator took place for suggestions of possible changes to ensure adequate social distancing in all small alternate dining areas. There was no negative outcomes identified for any of the residents present during the alleged deficient practice.</p>		

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F 880	<p>Continued From page 3</p> <p>observation of communal dining in the lounge adjacent to the 100 and 300 halls, three residents were observed sitting at a single six foot rectangular table. Two of the residents were seated next to each other two feet apart and a third resident was seated three and a half feet directly across the table. In the same room there was one over bed table that was not being used. During this same observation, E5 (CNA) and E6 (LPN) were seated at the same table at opposite ends of the table. E5 confirmed that the residents were seated less than six feet apart.</p> <p>During an interview on 1/20/21 at 12:25 PM, E4 (RN-Supervisor) confirmed that the residents were seated less than six feet apart and began repositioning the residents to adhere to social distancing.</p> <p>1/10/21 12:45 PM - E1 (ED) and E2 (DON) were observed bringing two plastic partitions to place between residents during dining.</p> <p>These findings were reviewed with E1 and E2 during the exit conference on 1/22/21 at 11:00 AM.</p>	F 880	<p>B) All communal dining areas, utilized for residents requiring direct assistance with meals, were evaluated between 1/22/2021 and 1/25/2021 for an effective social distancing configuration. There were no negative outcomes identified for any other Kutz Rehabilitation and Nursing residents eating in these communal dining areas.</p> <p>C) Immediately following the communal dining evaluations, corrective action was taken to address all possible deficient practices.</p> <p>C.1) Furniture was removed or repositioned to assist with social distancing for all residents.</p> <p>C.1.a) A new seating arrangement in the Garden Room was initiated immediately after the survey, placing blue tape lines on the floor marking 6 feet distance to easily identify the appropriate social distancing for resident placement during meal times, activities, and observation.</p> <p>C.1.b) Partitions were placed in all communal dining areas as an added safety measure to ensure separation of staff and residents during each shift, including meals.</p> <p>C.1.c) Guidelines were established requiring no more than seven residents within the Garden Room at any one time to ensure adherence of 6 feet separation for effective social distancing. Only those residents assigned to the Garden Room may have meals, or activity time, in the Garden Room to ensure the number of residents present does not exceed 7</p>		

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F 880	Continued From page 4	F 880	<p>residents at any one time in the space.</p> <p>C.2) Immediate verbal in-servicing was done with the unit manager, charge nurses, and restorative staff present in the Garden room, and then later with all other nursing staff, in writing, on February 8 <input type="checkbox"/> 11, 2021 regarding implementation of a comprehensive plan to ensure 6 feet social distancing.</p> <p>C.2.a) Social distancing guidelines will be included in the new hire orientation, and the yearly continued staff education plan regarding the definition, importance, and process of maintaining social distancing in any space throughout Kutz Rehabilitation and Nursing staff, and staff reassignments.</p> <p>D). Monitoring for success</p> <p>D.1) All communal dining areas will be placed on 100% monitoring (see attached form) for strict adherence of 6 feet social distancing for all staff and residents as follows:</p> <p>D.1.a) The monitoring will be performed daily until we consistently reach 100% success over 3 consecutive evaluations. THEN,</p> <p>D.1.b) The monitoring will be performed three times each week until we consistently reach 100% success over 3 consecutive evaluations. THEN,</p> <p>D.1.c) The monitoring will be performed once per week until we reach 100% success over 3 consecutive evaluations. FINALLY,</p> <p>D.1.d) The monitoring will be performed</p>		

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F 880	Continued From page 5	F 880	<p>one more time, a month later. If we remain at 100% compliance, we can conclude that we have addressed the opportunity.</p> <p>D.2) The plan of correction for infection control for social distancing will be added to the QAPI monitoring plan with data presented at the February QAPI meeting. D.2.a) Monitoring results will be reported at least quarterly to the QAPI team. D.2.b) Results will also be reported to the Quality Assurance committee of the Kutz Senior Living Campus Board of Directors at their regular meetings.</p>		