



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: Milford Center

DATE SURVEY COMPLETED: April 22, 2020

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>A COVID-19 Focused Infection Control Survey was conducted by the State of Delaware Division of Health Care Quality, Office of Long Term Care Residents Protection from April 17, 2020 through April 22, 2020. The facility was found to not be in compliance with 42 CFR §483.80. The facility census on the first day of the survey was ninety-three (93). The survey sample totaled twenty-three (23).</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 April 22, 2020: F880.</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085010	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/22/2020
NAME OF PROVIDER OR SUPPLIER MILFORD CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 700 MARVEL ROAD MILFORD, DE 19963	
(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
E 000	Initial Comments	E 000		
F 000	<p>A COVID-19 Focused Emergency Preparedness Survey was conducted by the State of Delaware Division of Health Care Quality, Office of Long Term Care Residents Protection from April 17, 2020 through April 22, 2020. The facility census on the first day of the survey was ninety three (93). The facility was found to be in compliance with 42 CFR §483.73 related to E-0024 (b)(6).</p> <p>INITIAL COMMENTS</p> <p>A COVID-19 Focused Infection Control Survey was conducted by the State of Delaware Division of Health Care Quality, Office of Long Term Care Residents Protection from April 17, 2020 through April 22, 2020. The facility was found to not be in compliance with 42 CFR §483.80. The facility census on the first day of the survey was ninety three (93). The survey sample totaled twenty-three (23).</p> <p>Abbreviations/definitions used are as follows:</p> <p>ADON - Assistant Director of Nursing; Asymptomatic - without symptoms; CDC - Centers for Disease Control and Prevention; CNA - Certified Nurse Aide; COVID-19/Coronavirus - 'CO' stands for 'corona,' 'VI' for 'virus', and 'D' for disease. Formerly this disease was referred to as "2019 novel coronavirus" or "2019-nCoV". There are many types of human coronaviruses including some that commonly cause mild to severe upper respiratory tract illness; LPN - Licensed Practical Nurse; NHA - Nursing Home Administrator; PPE - Personal Protective Equipment -</p>	F 000		

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

TITLE

(X6) DATE

Electronically Signed

05/15/2020

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 specialized clothing or equipment worn by an employee for protection against infectious materials, such as mask, gloves, goggles and gowns; RN - Registered Nurse.	F 000			
F 880 SS=K	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. §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: §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; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;	F 880	5/19/20		

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F 880	<p>Continued From page 2</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 contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(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 observations, interviews and review of CDC (Centers for Disease Control) COVID-19 guidelines and facility policies it was determined that the facility failed to follow COVID-19</p>	F 880	<p>A. Resident R20 was discharged. Residents R1, R4, R6, R8, R10, R12, R14, R17 and R20 were moved to private rooms. Resident R18 did not have a</p>	

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F 880	Continued From page 3 precautions to isolate and cohort six (R1, R4, R6, R8, R10, and R12) out of six residents on the long term care section and three (R14, R17 and R18) out of three residents on the rehabilitation section by placing asymptomatic and presumptive positive COVID-19 residents in shared rooms. On the locked dementia unit, an asymptomatic resident (R21) was a roommate with a COVID-19 positive resident (R20). Additionally, the facility failed to follow proper infection control practice when staff stated that they used the same personal protective equipment (PPE) when providing care to COVID positive/presumptive residents and three asymptomatic residents (R21, R22 and R23) in the locked dementia unit. These failures put the residents at risk for contracting COVID-19. An immediate jeopardy (IJ) was called on 4/17/2020 at 7:10 PM and was abated on 4/17/2020 at 10:59 PM. Findings include: 3/27/2020 - The facility's COVID-19 policy included: "In addition to Standard Precautions, Contact and Droplet Precautions will be implemented for patients suspected or confirmed to have COVID-19 based on the Centers for Disease Control (CDC) guidance. Follow local public health and state regulations when applicable." This policy refers to a document called "Special Circumstance COVID-19 Outbreak Intervention Tiers" for confirmed patients or employees with COVID-19 which included to: "Ensure patient has been placed in a private room with the door closed...Care for these patients with dedicated healthcare personnel [cohort staff] to minimize the risk of transmission and exposure to other patients and other health care workers, as much as able."	F 880	roommate at the time of survey. Prior to survey the Center collaborated with Senior Leadership and the decision was made on 4/4/20 to cease new admissions until further notice. Center Nurse Executive (CNE) and Clinical Quality Specialist (CQS) immediately interviewed current staff in the facility to ensure understanding of proper infection control practice related to the donning and doffing sequence of personal protective equipment (PPE) when providing care to COVID-19 positive/presumptive residents. Staff were able to provide accurate demonstration of proper sequence of donning and doffing PPE when caring for COVID-19 positive/presumptive, symptomatic residents. B. Current asymptomatic residents have the potential to be affected. Center Executive Director (CED) and Center Nurse Executive (CNE) reviewed current COVID-19 line listing and current resident census to identify asymptomatic residents who need to be separated from COVID-19 positive/presumptive, symptomatic residents and adjustments made as needed. Interdisciplinary Team (IDT) educated by CED on current CDC, CMS, and Genesis guidance for cohorting and isolating residents who are COVID-19 positive/presumptive, symptomatic. C. Root cause analysis determined that although asymptomatic residents were not placed in a private room, the facility implemented infection control practices and transmission based precautions in effort to separate residents, and to		

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F 880	<p>Continued From page 4</p> <p>4/2/2020 - The Centers for Medicare & Medicaid Services (CMS) and the Centers for Disease Control and Prevention (CDC) issued COVID-19 Long-Term Care Facility Guidance that included: "Long-term care facilities should separate patients and residents who have COVID-19 from patients and residents who do not, or have an unknown status...When possible, facilities should exercise consistent assignment, or have separate staffing teams for COVID-19-positive and COVID-19-negative patients."</p> <p>4/15/2020 - The Governor of Delaware's Eleventh Modification State of Emergency Declaration included: "All nursing facilities, assisted living facilities, rest residential facilities, and intermediate care facilities for persons with intellectual disabilities shall immediately implement, to the best of their ability, the following personnel practices: Establish a cohort of staff who are assigned to care for residents with known or suspected COVID-19. Designate a room, unit, or floor of the facility as a separate observation area where newly admitted and readmitted residents are kept for 14 days on contact and droplet precautions while being observed every shift for signs and symptoms of COVID-19. Designate a room, unit, or floor of the facility to care for residents with known or suspected COVID-19."</p> <p>Documentation review and observation revealed:</p> <p>4/17/2020 2:20 PM - Review of the current facility line listing and resident census revealed there were ten residents (R2, R3, R5, R7, R9, R11, R13, R15, R16, and R19) that the facility identified as presumptive positive for COVID-19 that were in the same rooms as asymptomatic</p>	F 880	<p>minimize the transmission and exposure of Covid-19. The privacy curtain was pulled between both residents, bathroom was not being shared, contact and droplet precautions were initiated which included the use of N95 respirators, face shields, gowns and goggles and the door to those rooms remained closed and signage on the door to alert staff. Care was provided to these residents after providing care to the asymptomatic residents first. Staff were educated to doff their PPE and don new PPE prior to providing care to the roommate. Those residents who were not moved to private rooms were long-term care residents who were cohorted in the same room for a prolonged period of time prior to the onset of symptoms and were likely exposed. In the early stages of the Pandemic the Center's intention was to avoid widespread outbreak among the residents and healthcare workers. Staff were able to demonstrate proper infection control practice when donning and doffing PPE however not always verbalizing the process accurately.</p> <p>Nursing will continue to complete a COVID-19 assessment each shift. If a resident has a symptom that triggers on the COVID-19 assessment the CNE/ Designee will be contacted for directives which will include a review of the resident's symptoms and the necessity for a room change based on Policy for Cohorting- Suspected Cases of COVID-19. The resident will be added to the Daily Line Listing for monitoring.</p> <p>D. CNE/ Designee will review COVID-19 line listing daily to identify newly added</p>	

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F 880	<p>Continued From page 5</p> <p>residents. There was also one COVID-19 positive resident (R20) in the same room as an asymptomatic resident (R21).</p> <p>4/17/2020 2:30 PM - The following nine asymptomatic residents (R1, R4, R6, R8, R10, R12, R14, R17, and R18) were not identified on the line listing as having COVID-19 or presumptive COVID-19. These residents were observed to have roommates that were identified by the facility to be presumptive positive for COVID-19.</p> <p>4/17/2020 2:30 PM to 4:10 PM - During staff interviews on the locked dementia unit, several staff [E9 (CNA), E10 (CNA), E10 (Activity Aide), E7 (LPN) and E8 (RN)] stated they were told by the facility's supervisors and administrators to consider all of the residents on this unit as COVID-19 positive, so staff all stated that they wore the same gown and mask for their entire eight hour shift while providing care to all residents on the unit.</p> <p>4/17/2020 2:45 PM - E12 (locked dementia unit manager) confirmed that R21, R22 and R23 were the only asymptomatic residents on the locked dementia unit and that R20 tested COVID-19 positive and R20 and R21 are roommates.</p> <p>4/17/2020 6:42 PM - During an interview with E5 (Corporate Nurse), it was confirmed that nine asymptomatic residents (R1, R4, R6, R8, R10, R12, R14, R17, and R18) were sharing a room with one or two of the 10 facility identified presumptive positive COVID-19 residents (R2, R3, R5, R7, R9, R11, R13, R15, R16, and R19) and that one COVID-19 positive resident (R20) was in the same room as an asymptomatic</p>	F 880	<p>residents to ensure they are isolated and cohorted according to current CDC, CMS, and Genesis guidelines throughout COVID-19 facility outbreak. CNE will audit Covid-19 Resident assessments and line listings for compliance daily.</p> <p>Nurse Practice Educator/ Managers will perform 3 random observations/ audits of staff each shift on each unit to ensure proper infection control practice is being performed when donning and doffing PPE daily.</p> <p>The Above audits will be completed daily until 100% compliance is achieved x 4 weeks then monthly times 3 weeks. Results of audits will be presented Monthly to the Quality Assurance Performance Improvement Committee for review and recommendations.</p>		

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F 880	<p>Continued From page 6 resident (R21).</p> <p>While the facility maintains an infection prevention and control program they failed to adhere to and implement standard and transmission based precautions to prevent the spread of infection there by jeopardizing the safety and well fare of residents.</p> <p>The facility failed to isolate the ten residents (R2, R3, R5, R7, R9, R11, R13, R15, R16, and R19) that were identified as presumptive positive for COVID-19 and one resident (R20) positive for COVID-19. Additionally, the facility failed to follow proper infection control practice when staff stated they used the same PPE on COVID-19 positive/presumptive residents and asymptomatic residents and failed to provide dedicated health care personnel for COVID-19 positive and presumptive positive residents. These failures put twelve residents (R1, R4, R6, R8, R10, R12, R14, R17, R18, R21, R22, and R23) who were asymptomatic for COVID-19 at risk for contracting COVID-19.</p> <p>4/17/2020 7:10 PM - E1 (NHA) was notified by the surveyor that an IJ was identified when the facility failed to properly isolate and cohort positive and presumptive COVID-19 residents. The facility had one positive resident (R20) positive resident in the same room with an asymptomatic resident (R21). The facility cohorted 10 (R2, R3, R5, R7, R9, R11, R13, R15, R16, and R19) presumptive COVID positive residents with nine (R1, R4, R6, R8, R10, R12, R14, R17, and R18) asymptomatic residents. Additionally, the facility failed to follow proper infection control practice when staff stated they used the same PPE on COVID-19 positive /</p>	F 880			

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F 880	<p>Continued From page 7</p> <p>presumptive residents and three (R21, R22 and R23) asymptomatic residents on the locked dementia unit. These failures put residents at risk for contracting COVID-19.</p> <p>4/17/2020 10:45 PM - E1 (NHA) provided the abatement plan for the IJ.</p> <p>4/17/2020 10:59 PM - The IJ was abated after the following was completed: the facility corrected the improper isolation and the improper infection control techniques to prevent the spread of infection in the facility by moving asymptomatic residents to rooms without COVID-19 positive / presumptive residents and developed an appropriate plan to cohort staffing and provide staff education.</p> <p>4/22/2020 3:10 PM - Findings were reviewed with E1 (NHA), E2 (Assistant Director of Nursing) and E4 (Corporate Nurse) during an exit teleconference.</p>	F 880			