



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

Page 1 of 12

NAME OF FACILITY: Somerford House

DATE SURVEY COMPLETED: April 10, 2017

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
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3225.0 3225.9.7	<p>An unannounced annual and complaint survey was conducted at this facility beginning April 5, 2017 and ending April 10, 2017. The facility census on the entrance day of the survey was 48 residents. The survey sample totaled 5 residents. The survey process included observations, interviews and review of resident clinical records, facility documents and facility policies and procedures.</p> <p>Abbreviations used in this state report are as follows: ED - Executive Director DON - Director of Nursing ADON - Assistant Director of Nursing RN - Registered Nurse LPN - Licensed Practical Nurse CNA - Certified Nurse Aide UAI - Uniform Assessment Instrument - an assessment form used to collect information about the physical condition, medical status and psychosocial needs of an applicant/resident in order to determine eligibility for an assisted living facility.</p> <p>Assisted Living Facilities</p> <p>The assisted living facility shall have on file evidence of vaccination against pneumococcal pneumonia for all residents older than 65 years, or those who received the pneumococcal vaccine before they became 65 years and 5 years have elapsed, and as recommended by the Immunization Practice Advisory Committee of the Centers for Disease Control, unless specifically, medically contraindicated.</p>	<p>Completion Date : September 30, 2017</p> <p>3225.9.7</p> <ol style="list-style-type: none"> 1. R4 was not adversely affected by this practice. The resident was reoffered the pneumococcal vaccine and the resident refused again. The resident was educated on the risks and benefits of refusing the vaccine. This refusal was documented in the resident's chart. 2. All residents who have refused pneumococcal vaccine are at risk for this practice. An audit of all resident's medical records will be conducted by the RSD or designee to identify any resident at risk for this practice. Any resident identified as refusing the pneumococcal vaccine will be offered the vaccine again and if refused will be educated on the risks/benefits of the vaccine and this will be documented in the resident medical record. 3. All residents that refused the pneumococcal vaccine will be placed on a tickler file and reoffered every year. If refused will be educated about the risks/benefits of the vaccine and document in the chart. All new admissions will be reviewed by the Resident Service Director (RSD) for any refusal of the pneumococcal vaccine. The vaccine will be offered again at the time of the RSD review along with education on the risks/benefits of the vaccine. If resident refuses second time post admission the refusal will be documented in resident's medical records and will place Resident on a tickler file to offer the vaccine again in one year. The RSD will be educated by the Regional Director of Health Services (RDH) on a
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Shenue [Signature], MHA / ED 8/10/17



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STATE SURVEY REPORT

Page 2 of 12

NAME OF FACILITY: Somerford House

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3225. 11.0	<p>All residents who refuse to be vaccinated against pneumococcal pneumonia must be fully informed by the facility of the health risks involved. The reason for the refusal shall be documented in the resident's medical record.</p> <p>This requirement is not met as evidenced by: Based on clinical record review and staff interview it was determined that the facility failed to document reasons for refusal and discussion of the health risks involving refusal of the pneumococcal vaccine for one resident (R4) out of five sampled. Findings include:</p> <p>Clinical record review revealed that documentation of the administration or refusal of the pneumococcal vaccination for R4 was absent for the year 2016. Additionally the facility failed to document any discussion with R4 regarding the health risks involved due to refusal of the pneumococcal vaccine and to document reasons expressed by R4 for refusal of the pneumococcal vaccine. This finding was reviewed with E1(ED), E2 (DON/RN) and E3 (DON/RN) on 4/10/2017 at approximately 4:15 PM.</p> <p>Resident Assessment</p>	<p>tickler file system and the expectation for maintenance of said tickler system.</p> <p>4. RSD/designee will review a random selection of five residents that are in the tickler file monthly to ensure appropriate documentation of refusal and education until 100% compliant.</p> <p>3225.11.5</p> <p>1.</p> <p>A. R2, still resides at Somerford House and has not been adversely affected by this practice. R2's annual UAI was completed and has been placed on a tickler system to ensure the annual UAI is completed timely.</p> <p>B. R3, still resides at Somerford House and has not been adversely affected by this practice. R3's annual UAI was completed and has been placed on a tickler system to ensure the annual UAI is completed timely.</p> <p>C. R4, still resides at Somerford House and has not been adversely affected by this practice. R4's annual UAI was completed and has been placed on a tickler system to ensure the annual UAI is completed timely.</p> <p>D. R5, still resides at Somerford House and has not been adversely affected by this practice. R5's annual UAI was completed and has been placed on a tickler system to ensure the annual UAI is completed timely.</p>
3225.11.5	<p>The UAI, developed by the Department, shall be used to update the resident assessment. At a minimum, regular updates must occur 30 days after admission, annually and when there is a significant change in the resident's condition.</p> <p>This requirement is not met as evidenced by:</p> <p>Based on clinical record review and staff interview it was determined</p>	<p>2.</p>
		<p>A. All residents could be affected by this</p>



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STATE SURVEY REPORT

Page 3 of 12

NAME OF FACILITY: Somerford House

DATE SURVEY COMPLETED: April 10, 2017

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	<p>that the facility failed to ensure that annual UAI (Uniform Assessment Instrument) assessments were completed for four residents (R2, R3, R4 and R5) out of five residents sampled. Findings include:</p> <p>1. Clinical record review revealed the update of R2's annual UAI assessment did not occur when due on 3/5/2017. R2 remained without an annual UAI assessment from 3/5/2017 until 4/5/2017, approximately one month later. In an interview conducted with E2 (DON/RN) on 4/10/2017 at approximately 2:05 PM this surveyor was informed that an annual UAI assessment was developed for R2 with an effective starting date of 4/5/2017. This finding was reviewed with E1(ED), E2 (DON/RN) and E3 (DON/RN) on 4/10/2017 at approximately 4:15 PM.</p> <p>2. Review of R3's clinical record review revealed the update of a UAI assessment did not occur annually when due on 2/9/2017. Instead R3 was absent an annual UAI from 2/9/2017 until 4/4/2017. In an interview conducted with E2 on 4/10/2017 at approximately 2:05 PM this surveyor was informed that an annual UAI assessment was developed for R3 with an effective date of 4/5/2017, approximately two months later. These findings were reviewed with E1(ED), E2 (DON/RN) and E3 (DON/RN) on 4/10/2017 at approximately 4:15 PM.</p> <p>3. Review of R4's clinical record revealed no annual update of the initial UAI</p>	<p>practice. An audit will be conducted by the ED or designee on all residents currently residing in the community. Any resident identified during this audit will have a UAI updated.</p> <p>B. All residents could be affected by this practice. An audit will be conducted by the ED or designee on all residents currently residing in the community. Any resident identified during this audit will have a UAI updated.</p> <p>C. All residents could be affected by this practice. An audit will be conducted by the ED or designee on all residents currently residing in the community. Any resident identified during this audit will have a UAI updated.</p> <p>D. All residents could be affected by this practice. An audit will be conducted by the ED or designee on all residents currently residing in the community. Any resident identified during this audit will have a UAI updated.</p> <p>3.</p> <p>A. All residents will be placed on a tickler system that will identify when an annual UAI is due for updating. The RSD will be educated by the RDH on a tickler file system and the expectation for maintenance of said tickler system.</p> <p>B. All residents will be placed on a</p>



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STATE SURVEY REPORT

Page 4 of 12

NAME OF FACILITY: Somerford House

DATE SURVEY COMPLETED: April 10, 2017

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
3225.13.0	<p>assessment beginning 8/23/2016. In an interview conducted on 4/6/2017 at 9:05 AM with this surveyor, E2 stated she completed and dated an annual UAI, 4/5/2017, for R4 who had remained without an annual UAI assessment from 8/23/2016 until 4/4/2017, approximately eight months later.</p> <p>These findings were reviewed with E1(ED), E2 (DON/RN) and E3 (DON/RN) on 4/10/2017 at approximately 4:15 PM.</p> <p>4. Review of the clinical record revealed no annual updates of the initial UAI following the admission of R5 to the assisted living facility on 12/10/2015. Further review of the clinical record on 4/7/2017 revealed the presence of an annual UAI that was completed and dated 4/6/2017. This surveyor was informed that an annual UAI was developed for R5 with an effective starting date of 4/6/2017 by E2 on 4/10/2017 at 4:15 PM.</p> <p>These findings were reviewed with E1(ED), E2 (DON/RN) and E3 (DON/RN) on 4/10/2017 at approximately 4:15 PM.</p> <p>Service Agreements</p>	<p>tickler system that will identify when an annual UAI is due for updating. The RSD will be educated by the RDH on a tickler file system and the expectation for maintenance of said tickler system.</p> <p>C. All residents will be placed on a tickler system that will identify when an annual UAI is due for updating. The RSD will be educated by the RDH on a tickler file system and the expectation for maintenance of said tickler system.</p> <p>D. All residents will be placed on a tickler system that will identify when an annual UAI is due for updating. The RSD will be educated by the RDH on a tickler file system and the expectation for maintenance of said tickler system.</p> <p>4.</p>
3225.13.6	<p>The service agreement shall be reviewed when the needs of the resident have changed and, minimally, in conjunction with each UAI. Within 10 days of such assessment, the resident and the assisted living facility shall execute a revised service agreement, if indicated. This requirement is not met as evidenced by:</p> <p>Based on clinical record reviews and staff interviews it was determined that the facility failed to execute service agreements in conjunction with each UAI (Uniform Assessment Instrument)</p>	<p>A. ED/designee will review a random selection of five residents that are in the tickler file monthly to ensure UAI are completed timely until 100% compliant.</p> <p>B. ED/designee will review a random selection of five residents that are in the tickler file monthly to ensure UAI are completed timely until 100% compliant.</p> <p>C. ED/designee will review a random selection of five residents that are in the tickler file monthly to ensure UAI are completed timely until 100% compliant.</p>
	<p>assessment for 4 residents (R2, R3, R4 and R5) out of five residents sampled.</p>	<p>UAI are completed timely until 100% compliant.</p>



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	<p>Findings include:</p> <p>1. Review of the clinical record revealed the annual update of R2's service agreement occurred on 4/5/2017, approximately one month after it was due for review and revision on 3/5/2017. In an interview conducted with E2 (DON/RN) on 4/10/2017 at approximately 2:05 PM this surveyor was informed that an annual service agreement was developed for R2 with an effective starting date of 4/5/2017. These findings were reviewed with E1(ED), E2 (DON/RN) and E3 (DON/RN) on 4/10/2017 at approximately 4:15 PM.</p> <p>2. Review of R3's clinical record revealed the absence of a completed annual service agreement effective 2/9/2017. Instead an annual service agreement that was approximately two months late, 2/9/2017 through 4/4/2017, was developed for R3 with an effective starting date of 4/4/2017. This surveyor was informed by E2 on 4/10/2017 at approximately 2:05 PM that an annual service agreement was developed and dated 4/4/2017 for R3. These findings were reviewed with E1(ED), E2 (DON/RN) and E3 (DON/RN) on 4/10/2017 at approximately 4:15 PM.</p> <p>3. Review of R4's clinical record revealed the absence of a completed annual service agreement effective between 8/23/2016 and 4/4/2017, approximately seven months late. However an annual service agreement was developed with an effective starting date of 4/4/2017. This surveyor was informed of this finding by E2 on 4/10/2017 at approximately 2:05 PM.</p> <p>These findings were reviewed with E1(ED), E2 (DON/RN) and E3 (DON/RN)</p>	<p>D. ED/designee will review a random selection of five residents that are in the tickler file monthly to ensure UAI are completed timely until 100% compliant.</p> <p>3225.13.6</p> <p>1.</p> <p>A. R2 still resides at Somerford House and have not been adversely affected by this practice. R2's Annual Service Agreement was completed and placed on a tickler system to ensure the annual Service Agreements is completed timely.</p> <p>B. R3 still resides at Somerford House and has not been adversely affected by this practice. R3's Annual Service Agreement was completed and placed on a tickler system to ensure the annual Service Agreement is completed timely.</p> <p>C. R4 still resides at Somerford House and have not been adversely affected by this practice. R4's Annual Service Agreement was completed and placed on a tickler system to ensure the annual Service Agreement is completed timely.</p> <p>D. R5 still resides at Somerford House and have not been adversely affected by this practice. R5's Annual Service Agreement was completed and placed on a tickler system to ensure the annual Service Agreements are completed timely.</p>
	<p>These findings were reviewed with E1(ED), E2 (DON/RN) and E3 (DON/RN)</p>	



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STATE SURVEY REPORT

Page 6 of 12

NAME OF FACILITY: Somerford House

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SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
3225.15.0	<p>on 4/10/2017 at approximately 4:15 PM.</p> <p>4. Review of R5's clinical record revealed the absence of an initial and annual service agreements developed for R5 before 4/6/2017. R5 was admitted to the assisted living facility on 12/10/2015. However this surveyor was informed on 4/10/2017 at approximately 4:15 PM that an annual service agreement was developed for R5 with an effective starting date of 4/6/2017. R3 was without an annual service agreement from 12/10/2015 through 4/5/2017 for approximately 16 months. These findings were reviewed with E1(ED), E2 (DON/RN) and E3 (DON/RN) on 4/10/2017 at approximately 4:15 PM.</p> <p>Quality Assurance The assisted living facility shall develop, implement and adhere to a documented, ongoing quality assurance program that includes an internal monitoring process that tracks performance and measures resident satisfaction. This requirement is not met as evidenced by: Based on review of facility documents and staff interview it was determined that the facility failed to track the performance and measures of resident satisfaction. Findings include: In an interview conducted with E1 (ED) on 4/10/2017 at approximately 4:15 PM it was acknowledged that the results of any program developed to track performance and measures of resident satisfaction during the year 2016 were unavailable despite efforts to gather the requested information.</p> <p>These findings were reviewed with E1(ED), E2 (DON/RN) and E3 (DON/RN)</p>	<p>2.</p> <p>A. All residents could be affected by this practice. An audit will be conducted by the ED or designee on all residents currently residing in the community. Any resident identified during this audit will have a Service Agreement updated.</p> <p>B. All residents could be affected by this practice. An audit will be conducted by the ED or designee on all residents currently residing in the community. Any resident identified during this audit will have a Service Agreement updated.</p> <p>C. All residents could be affected by this practice. An audit will be conducted by the ED or designee on all residents currently residing in the community. Any resident identified during this audit will have a Service Agreement updated.</p> <p>D. All residents could be affected by this practice. An audit will be conducted by the ED or designee on all residents currently residing in the community. Any resident identified during this audit will have a Service Agreement updated.</p> <p>3.</p> <p>A. All residents will be placed on a tickler system that will identify when Annual Service Agreements are due for updating. The RSD will be educated by the (RDH) on a tickler file system and the expectation for maintenance of said tickler system.</p>



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STATE SURVEY REPORT

Page 7 of 12

NAME OF FACILITY: Somerford House

DATE SURVEY COMPLETED: April 10, 2017

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
<p>3225.18.0</p> <p>3225.18.2</p>	<p>on 4/10/2017 at approximately 4:15 PM.</p> <p>Emergency Preparedness</p> <p>Regular fire drills shall be held at least quarterly on each shift. Written records shall be kept of attendance at such drills.</p> <p>This requirement is not met as evidenced by:</p> <p>Based on review of facility documents between April 2015 and March 2017 and staff interview it was determined that the facility failed to conduct fire drills quarterly on each shift and to maintain written records of attendance at documented fire drills. Findings include:</p> <p>In an interview conducted with E1 (executive director) on 4/10/2017 at approximately 4:15 PM it was confirmed that that the facility lacked documentation of the performance of fire drills for all shifts and quarters for the year 2016. Additionally the facility failed to maintain written records of attendance at documented fire drills for the months of January 2017 and February 2017. These findings were reviewed with E1(ED), E2 (DON/RN) and E3 (DON/RN) on 4/10/2017 at approximately 4:15 PM.</p>	<p>B. All residents will be placed on a tickler system that will identify when Annual Service Agreements are due for updating. The RSD will be educated by the (RDH) on a tickler file system and the expectation for maintenance of said tickler system.</p> <p>C. All residents will be placed on a tickler system that will identify when Annual Service Agreements are due for updating. The RSD will be educated by the (RDH) on a tickler file system and the expectation for maintenance of said tickler system.</p> <p>D. All residents will be placed on a tickler system that will identify when Annual Service Agreements are due for updating. The RSD will be educated by the (RDH) on a tickler file system and the expectation for maintenance of said tickler system.</p>
<p>3225.19.6</p>	<p>Reportable incidents shall be reported immediately, which shall be within 8 hours of the occurrence of the incident, to the Division. The method of reporting shall be as directed by the Division.</p> <p>This requirement is not met as evidenced by:</p> <p>Based on review of the clinical record and facility incident report it was determined that the facility failed to immediately report an incident of alleged neglect involving one resident (R2) out of five</p>	<p>4.</p> <p>A. ED/designee will review a random selection of five residents that are in the tickler file monthly to ensure Annual Service Agreement are completed timely until 100% compliant.</p> <p>B. ED/designee will review a random selection of five residents that are in the tickler file monthly to ensure Annual Service Agreement are completed timely until 100% compliant.</p> <p>C. ED/designee will review a random</p>



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STATE SURVEY REPORT

Page 8 of 12

NAME OF FACILITY: Somerford House

DATE SURVEY COMPLETED: April 10, 2017

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
<p>3225.19.0</p> <p>3225.19.7</p> <p>3225.19.7.2</p>	<p>residents sampled within 8 hours to the Division. Findings include:</p> <p>Review of the facility incident report submitted to the Division on 3/17/2017 at 9:09 AM revealed that it was received approximately 14 hours after R2 alleged that his assigned caretaker did not provide assistance with care upon his request. The facility failed to immediately report an incident of alleged neglect within eight hours to the Division. These findings were reviewed with E1 (ED), E2 (DON/RN) and E3 (DON/RN) on 4/10/2017 at approximately 4:15 PM.</p>	<p>selection of five residents that are in the tickler file monthly to ensure Annual Service Agreement are completed timely until 100% compliant.</p> <p>D. ED/designee will review a random selection of five residents that are in the tickler file monthly to ensure Annual Service Agreement are completed timely until 100% compliant.</p>
<p>3225.19.0</p>	<p>Records and Reports</p>	<p>3225.15.0</p>
<p>3225.19.7</p>	<p>Reportable incidents include:</p>	<p>1. No residents were adversely affected by this practice.</p>
<p>3225.19.7.2</p>	<p>Neglect as defined in 16 Del., C. Section 1131 16 Del., C. Chapter 11, Subchapter III Section 1131. Definitions. When used in this subchapter, the following words shall have the meaning herein defined. To the extent the terms are not defined herein, the words are to have their commonly-accepted meaning. (10) "Neglect" shall mean: a. Lack of attention to physical needs of the patient or resident including, but not limited to toileting, bathing, meals and safety. This requirement is not met as evidenced by: Based on review of the clinical record, facility documents and staff interview it was determined that the facility failed to ensure that one resident (R2) out of five sampled was free from neglect. Findings include:</p>	<p>2. All residents have the potential to be affected by this practice. A Resident Satisfaction Survey will be presented to all residents/families and the results will be brought to QAPI meetings.</p> <p>3. The ED will be in-serviced by the Regional Director of Operations (RDO) on the yearly requirement of the satisfaction surveys and bringing the results to QAPI meetings. Satisfaction Surveys will be distributed annually and the results will be given to the ED for review.</p> <p>4. ED/designee will conduct annual audits to ensure surveys have been distributed until 100% compliant.</p>
	<p>Clinical record review revealed that R2 was admitted to the assisted living facility</p>	<p>3225.18.2</p> <p>1. No Resident was adversely affected by this practice.</p> <p>2. All residents have the potential to be affected by this practice. A fire drill was completed on each shift with attendance documented.</p> <p>3. The facility will devise a tickler file in</p>



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STATE SURVEY REPORT

Page 9 of 12

NAME OF FACILITY: Somerford House

DATE SURVEY COMPLETED: April 10, 2017

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
	<p>on 6/14/2014 with diagnoses that included Parkinsons (progressive disorder of the nervous system or the brain affecting movement, causing tremors, difficulty walking and coordination). A lapse of one month, 3/5/2017 through 4/4/2017, occurred prior to the development of the annual UAI Initially due 3/5/2017. However the annual UAI dated 3/4/2016 through 3/5/2017 revealed that R2 was alert and oriented to time, place and person. This same UAI also revealed that R2 had intact short-term and long-term memory. According to the above referenced annual UAI R2 required set up with water and supplies, and needed occasional assistance with back, feet and peri-care.</p> <p>Further review of the clinical record revealed a nurse's note dated 3/17/2017 (the date the incident was documented) and timed 8:30 PM that stated E6 (Supervisor/LPN) was informed by R2 that E7 (assigned caregiver) responded to his call bell but did not assist with his request for care needed after soiling himself. Instead, R2 stated, E7 turned off his call bell and left his room. According to the facility incident report dated 3/16/2017 and timed 8:00 PM, R2 "put up his light to be assisted with cleaning himself up after accidentally (soiling) himself. (E7) turned light off and did not assist him."</p> <p>Review of findings of the facility investigation of the above referenced incident revealed that while in the bathroom R2 informed E7 that he needed to be wiped. When R2 observed E7 "grab a paper towel to wet it", he responded "never mind. I can do it myself". E7 then stated to R2 "I'll be right back". However E7 did not return to assist R2 with care.</p>	<p>where it will alert the Maintenance Director of the shift due for a fire drill. The Maintenance Director will be in-serviced on the tickler system by the ED.</p> <p>4. The ED will audit the tickler file monthly until 100% compliance.</p> <p>3225.19.7.2</p> <ol style="list-style-type: none"> 1. R2 was not adversely affected by this practice. The incident was reported, the five day follow up was completed timely. 2. All Residents have the potential to be affected by this practice. All incidents reports from the past four months will be reviewed by ED or designee to ensure reportable incidents have been submitted timely. Any reportable identified in the audit that was not reported in 8hrs will be noted. 3. All licensed nursing will be in-serviced by the RSD or designee on the criteria on all incidents that are required to be reported. All incidents that meet that these requirements will be reported to the RSD/ED to ensure timely notification to the Division of Long Term Care Residents Protection. 4. ED/Designee will audit all reportable incident reports weekly until 100% compliant.
	<p>Instead she attended to other residents. E8 (caregiver), who responded to R2's</p>	



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Page 10 of 12

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---------	--	--

	<p>call bell and assisted him from the bathroom to his bed also informed E6 (supervisor) that R2 was upset. E6 responded to R2's room and assisted him to undress and shower. E6 observed that R2's brief and lower back were heavily soiled with stool. As a result of the allegation of neglect that occurred on 3/16/2017 at approximately 8:00 PM E7 was removed from duty on 3/17/2017 until conclusion of the facility investigation. In an interview conducted on 4/10/2017 at approximately 4:15 PM with E1 (Executive Director) and E2 (DON/RN) it was confirmed that E7 was returned to work upon completion of the facility investigation that resulted in a finding of non-substantiated negligence. These findings were reviewed with E1(ED), E2 (DON/RN) and E3 (DON/RN) on 4/10/2017 at approximately 4:15 PM.</p>	<ol style="list-style-type: none"> 1. R2 continues to reside in the facility and was not adversely affected by this practice. Services were provided. 2. All residents who are incontinent of bowel and bladder have the potential to be at risk from this practice. All incontinent residents will be interviewed to identify any potential for this stated delay in service. 3. All nursing staff will be in-serviced on prioritizing residents' needs and identifying the need for assistance from others. All abuse investigations will be discussed with the Regional Team consisting of the Regional Director of Health Services, Regional Director of Operations, and Regional Director of Human Resources to ensure appropriate actions are being taken. ED has been in-serviced by RDH on investigation process. 4. RDH/designee will audit investigation prior to conference call with Regional team to ensure policies and procedures are being followed weekly until 100% compliant, then monthly until 100% compliant.
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Provider's Signature

Title

CHA, Executive Director

Date

8/10/17



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STATE SURVEY REPORT

Page 11 of 12

NAME OF FACILITY: Somerford House

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**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Long Term Care
Residents Protection

DHSS - DLTCRP
3 Mill Road, Suite 308
Wilmington, Delaware 19806
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STATE SURVEY REPORT

Page 12 of 12

NAME OF FACILITY: Somerford House

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