

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

PRINTED: 12/17/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>085031</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C <b>11/01/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>SHIPLEY MANOR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2723 SHIPLEY ROAD WILMINGTON, DE 19810</b>		
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E 000	Initial Comments  An unannounced annual and complaint survey was conducted at this facility from October 29, 2019 through November 1, 2019. The facility census the first day of the survey was 48. The Stage 2 survey sample size was 28. During this period an Emergency Preparedness Survey was also conducted by the State of Delaware's Division of Health Care Quality Long Term Care Residents Protection in accordance with 42 CFR 483.73.	E 000			
F 000	For Emergency Preparedness survey, no deficiencies were cited. <b>INITIAL COMMENTS</b>  An unannounced annual and complaint survey was conducted at this facility from October 29, 2019 through November 1, 2019. The deficiencies contained in this report are based on observations, interviews, review of clinical records and other facility documentation as indicated. The facility census the first day of the survey was 48. The Stage 2 survey sample size was 28 residents.  Abbreviations / definitions in this report are as follows:  ADON - Assistant Director of Nursing; CNA - Certified Nurse's Aide; DHCQ - Division of Health Care Quality; DON - Director of Nursing; LPN - Licensed Practical Nurse; MD - Medical Doctor; NHA - Nursing Home Administrator; RD - Regional Director; RN - Registered Nurse;	F 000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE	(X6) DATE	

Electronically Signed

11/21/2019

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 SW - Social Worker;  = - equal to; Asthma - breathing condition; COPD - (Chronic Obstructive Pulmonary Disease) - progressive lung disease that makes it hard to breath; d/t - (due to) - as a result of; Fibula - leg bone; Fracture - broken bone; MAR - (Medication Administration Record) -record of when medication is given; MDS - Minimum Data Set/standardized assessment tool used in long term care facilities; Nasal cannula - a device used to deliver oxygen to a person in need of respiratory help; PRN - as needed; Tibia - leg bone;	F 000			
F 695 SS=D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i)  § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interview, it was determined that for two (R11 and R33) out of two residents reviewed for respiratory care, the facility failed to maintain respiratory equipment. Findings include:	F 695	1. R11 and R33 were not adversely affected by this practice. The oxygen tubing was subsequently changed, labeled and dated with the appropriate date. 2. All residents who are receiving oxygen	12/13/19	

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F 695	<p>Continued From page 2</p> <p>1. The following was reviewed in R11's clinical record:</p> <p>8/22/19 - The quarterly MDS for R11 had a medical history that included asthma and COPD.</p> <p>On 10/29/19 at 10:09 AM, R33 was observed with oxygen via nasal cannula. No date was observed on the oxygen tubing.</p> <p>2. The following was reviewed in R33's clinical record:</p> <p>4/5/19 - The annual MDS for R33 had a medical history that included respiratory failure.</p> <p>On 10/29/19 at 10:11 AM, R33 was observed with oxygen via nasal cannula at 6 liters. No date was observed on the oxygen tubing.</p> <p>During an interview on 11/1/19 at approximately 9:45 AM, E2 (DON) stated that the policy for oxygen tubing is to change the tubing and date weekly on Saturday evening on the 11:00 PM to 7:00 AM shift.</p> <p>These findings were reviewed during the exit conference on 11/1/19 at 2:45 PM with E1 (NHA) and E2 (DON).</p>	F 695	<p>are at risk for this practice. All residents receiving oxygen will have their tubing audited for labeling and dating with the appropriate date by the DON/designee.</p> <p>3. A root cause analysis was conducted and the results will be presented at QAPI. All oxygen tubing will be changed weekly and labeled with the date that it was changed by the 11-7 nurse. Licensed nursing staff will be in-serviced by the DON/designee on the labeling of oxygen tubing at weekly change and/or newly ordered.</p> <p>4. A weekly audit by DON/designee of all oxygen tubing will be conducted to ensure that it has been appropriately labeled x 2 weeks until 100% compliance is achieved, then monthly for 2 months until 100% compliance is achieved. Results will be brought to QAPI for discussion and recommendation.</p>	
F 697 SS=D	<p>Pain Management CFR(s): 483.25(k)</p> <p>§483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.</p>	F 697		12/13/19

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F 697	<p>Continued From page 3</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview it was determined that for one (R37) out of one resident reviewed for pain management and one (R42) out of five residents reviewed for unnecessary medication the facility failed to ensure pain management was provided to the residents consistent with the residents' comprehensive person-centered care plan and physician's orders. For both residents the facility failed to attempt non-pharmalogical interventions prior to administering PRN pain medication. Findings include:</p> <p>1. Review of R37's clinical record revealed:</p> <p>9/19/19 - R37 was admitted to the facility.</p> <p>9/26/19 - The admission MDS revealed that R37 received PRN pain medications and had not received non-medication intervention for pain.</p> <p>The following PRN pain medications were ordered for R37 in September and October 2019: 9/19/19 - 9/20/19 - Oxycodone HCl as needed for moderate to severe pain. 9/20/19 - 10/7/19 - Ibuprofen as needed for mild pain. 9/20/19 - Oxycodone HCl as needed for moderate to severe pain for 14 days. 10/9/19 - Acetaminophen as needed for pain.</p> <p>September 2019 and October 2019 MARs revealed that the above medications were administered on the following days: 9/19, twice on 9/20, 9/22, 9/23, twice on 9/24, twice on 9/25, 9/27, 9/29, 10/2 and 10/17</p>	F 697	<p>1. R37 and R42 were not adversely affected by this practice. A 90-day review of R37 and R42's medication administration record was conducted by the DON/designee to identify any pain medication that was administered without non-pharmalogical intervention. The identified nurse(s) will be in-serviced and a competency conducted by DON/designee.</p> <p>2. All residents receiving PRN pain medication are at risk from this practice. All residents receiving PRN pain medication will have a 30-day review, conducted by the DON/designee, to identify pain medication given without non-pharmalogical interventions offered. The identified licensed staff giving PRN pain medications without non-pharmalogical interventions will be in-serviced and a competency will be conducted by the DON/designee.</p> <p>3. A root cause analysis was conducted and the licensed staff knowledge deficit was identified. All residents receiving PRN pain medication will be offered non-pharmalogical interventions prior to administering the medications. Licensed nursing staff will be in-serviced on offering non-pharmalogical interventions prior to administering PRN paid medications by the DON/designee.</p> <p>4. The DON/designee will perform a weekly audit of the medication administration record of residents who are receiving PRN pain medication to identify that non-pharmalogical interventions were</p>		

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F 697	<p>Continued From page 4</p> <p>9/19/19 - An order was started for the documentation of "Non-Pharmacological Pain Management Intervention 1= Deep Relaxation 2= Heat to the site 3= Cold/Ice to the site 4= Massage 5=Meditation 6=Music 7=Going to bed 8=Quiet Place 9=Repositioning 10= Aromatherapy 11= Guided imagery 12= Other."</p> <p>9/19/19 - 10/30/19 - The MAR was left blank on each day for the above order.</p> <p>Four times in September 2019 and October 2019 the PRN pain medications were administered and a progress note was written by a nurse that detailed the non-pharmalogical intervention used and its ineffectiveness prior to administering the medication.</p> <p>9/19/19 - A care plan was initiated with a focus for R37 that included that the "resident has increased risks for alteration in comfort d/t left leg pain d/t fracture with surgical repair of left tibia/fibula and upper back."</p> <p>10/21/19 - The above mentioned care plan was revised to include an intervention that "Repositioning improves my (R37's) pain."</p> <p>10/31/19 11:45 AM - During an interview E2 (DON) confirmed that nothing was noted on the MAR and no progress notes could be found detailing non-pharmalogical pain interventions prior to using pain medication.</p> <p>2. Review of R42's clinical record revealed:</p> <p>10/11/19 - R42 was admitted to the facility.</p> <p>10/11/19 - A care plan was initiated with a focus</p>	F 697	<p>offered prior to giving the medications x 2 weeks until 100% compliance, then monthly x 2 until 100% compliance. The results will be brought to monthly QAPI for discussion and recommendations. Following 100% compliance, will resume QAPI quarterly thereafter.</p>	
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F 697	<p>Continued From page 5</p> <p>for R42 that included that the "resident has increased risks for alteration in comfort d/t surgical incisions."</p> <p>The care plan included the following interventions:</p> <p>Anticipate the resident's need for pain relief and respond timely to any complaint of pain. Pain medication is an effective way to provide me pain relief.</p> <p>Deep relaxation techniques help me with pain relief.</p> <p>Sleeping (going to bed) helps improve my pain. A quiet room (quiet place) helps improve my pain. Repositioning improves my pain.</p> <p>Non-pharmacological interventions shall be attempted that work for me to decrease my pain. This would include, but not limited to snack, repositioning, resting in bed, increased socialization &amp; participation in activities as a therapeutic use of distraction.</p> <p>The following PRN pain medications were ordered for R42: 10/11/19 - 10/16/19 - Oxycodone HCl as needed for moderate to severe pain. 10/14/19 - Tylenol as needed for pain.</p> <p>The October 2019 MAR revealed that the above medications were administered on the following days: twice on 10/13, twice on 10/15, 10/19, 10/20, 10/22 and 10/23</p> <p>10/11/19 - An order was started for the documentation of "Non-Pharmacological Pain Management Intervention 1= Deep Relaxation 2= Heat to the site 3= Cold/Ice to the site 4= Massage 5=Meditation 6=Music 7=Going to bed 8=Quiet Place 9=Repositioning 10=</p>	F 697			

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F 697	Continued From page 6 Aromatherapy 11= Guided imagery 12= Other."  10/11/19 - 10/30/19 - The MAR was left blank on each day for the above order.  These findings were reviewed during the exit conference on 11/1/19 at 2:45 PM with E1 (NHA) and E2 (DON).	F 697		
F 880 SS=E	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	F 880		12/13/19

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F 880	<p>Continued From page 7</p> <p>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 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 observation, record review and</p>	F 880	1.	

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F 880	<p>Continued From page 8</p> <p>interview it was determined that the facility failed to use appropriate hand hygiene practices when during medication administration observation and dressing change observation staff failed to perform hand washing for the minimum recommended timeframe of at least 15 seconds. Additionally, facility infection prevention and control policies were not updated annually. Findings include:</p> <p>3/5/17 -The Centers for Disease Control and Prevention (CDC) article titled "Clean Hands Count for Healthcare Providers states, "...Hand hygiene means cleaning your hands by using either hand washing (washing hands with soap and water)...antiseptic hand rub (i.e. alcohol-based hand sanitizer including foam or gel)...Clean your hands:...Before and after having direct contact with a patient's intact skin...After contact with blood, body fluids or excretions...After contact with inanimate objects (including medical equipment)...After glove removal...Techniques for Washing Hands with Soap and Water:..When cleaning your hands with soap and water, wet your hands first with water, apply the amount of product recommended...rub your hands together vigorously for at least 15 seconds, covering all surfaces...Other entities have recommended that cleaning your hands with soap and water should take around 20 seconds. Either time is acceptable...". (<a href="https://www.cdc.gov/hand-hygiene/providers/index.html">https://www.cdc.gov/hand-hygiene/providers/index.html</a>).</p> <p>The facility policy on handwashing, last updated 1/17/16 indicated that while performing hand washing "rub hands together using friction for 20 seconds."</p>	F 880	<p>A. R3 was not adversely affected by this practice. The nurse identified will be in-serviced and a competency conducted by the DON/designee.</p> <p>B. R42 was not adversely affected by this practice. The nurse identified will be in-serviced and a competency conducted by the DON/designee.</p> <p>C. R15 was not adversely affected by this practice. Th nurse identified will be in-serviced and a competency conducted by the DON/designee.</p> <p>D. No residents were affected by this practice. The infection prevention and control policies will be reviewed and approved by the Medical Director, Executive Director, and Director of Nursing.</p> <p>2.</p> <p>A. All residents receiving medication patches have the potential to be affected by this practice. Residents receiving patches will have an observation of the nurses' handwashing techniques by DON/designee to identify the appropriate handwashing time duration.</p> <p>B. All residents receiving injections have the potential to be affected by this practice. Residents receiving injections will have an observation of the nurses' handwashing to ensure it is appropriately accomplished by DON/designee.</p> <p>C. All residents having dressing changes have the potential to be affected by this practice. Residents receiving dressing changes will have an observation of the nurses' handwashing technique to identify the appropriate handwashing duration by DON/designee.</p>		

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F 880	<p>Continued From page 9</p> <p>1. During a medication administration observation on 10/29/19 at 10:11AM, E5 (LPN) performed hand hygiene, specifically hand washing for a total of 9 seconds after applying a medicated patch to R3's skin. During that same observation at 10:13 AM E5 performed hand hygiene, specifically hand washing for a total of 10 seconds after administering a medication into R3's nose.</p> <p>2. During a medication observation on 10/29/19 at 12:15 PM, E6 (LPN) did not perform any hand hygiene prior to administering an injection to R42.</p> <p>3. During a dressing change observation on 10/31/19 at 10:36 AM, E4 (RN) completed incontinence care for R15, then, after removing gloves performed hand hygiene, specifically hand washing for a total of 6 seconds. During that same dressing change observation, E5 (LPN) completed R15's dressing change, then performed hand hygiene, specifically hand washing, for a total of 8 seconds.</p> <p>4. The following infection prevention and control policies were not reviewed annually: The facility policy, titled Infection Control Program, was last revised on 11/15/10. No review date was located on the document. The facility policy, titled Influenza, was last revised on 2/15/11. No review date was located on the document. The facility policy, titled Pneumonia, was last revised on 2/15/11. No review date was located on the document. The facility policy, titled Hand Washing, was last revised on 1/17/16. No review date was located on the document.</p>	F 880	<p>D. All residents have the potential to be affected by this practice. A review of the infection prevention and control policies will be reviewed and approved by the Medical Director, Executive Director, and Director of Nursing.</p> <p>3.</p> <p>A. A root cause analysis was conducted and the results will be brought to QAPI. Licensed nurses will wash their hands for at least 20 second after administering medication to a resident's nose. Licensed nurses will be in-serviced, by DON/designee, and observed for handwashing technique after administering medication via nose.</p> <p>B. A root cause analysis was conducted and the results will be brought to QAPI. Licensed nurses will wash their hands for at least 20 seconds before and after administering an injection. Licenses nurses will be in-serviced and observed, by the DON/designee, on handwashing technique prior to administering an injection.</p> <p>C. A root cause analysis was conducted and the results will be brought to QAPI. Licenses nurses performing dressing changes will wash their hands for at least 20 seconds after changing gloves. Licensed nurses will be in-serviced and observed, by DON/designee, on handwashing technique after changing gloves during dressing changes.</p> <p>D. A root cause analysis was conducted and the results will be brought to QAPI. The infection prevention and control manual will be reviewed annually by the Medical Director, Executive Director, and</p>		

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>085031</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C <b>11/01/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>SHIPLEY MANOR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2723 SHIPLEY ROAD WILMINGTON, DE 19810</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 880	Continued From page 10 During an interview on 11/1/19 at 10:50 AM, E3 (Regional Director) confirmed that although the policies and procedures were reviewed annually, this was not recorded anywhere. There was no evidence that the policies and procedures of the infection prevention and control program were reviewed annually.  These findings were reviewed during the exit conference on 11/1/19 at 2:45 PM with E1 (NHA) and E2 (DON).	F 880	Director of Nursing. The Medical Director, Executive Director, and Director of Nursing will be in-serviced by the Regional Director of Health Services on annual review and approval of the infection prevention and control manual. 4. A. The DON/designee will conduct a weekly audit of medication patch removal and handwashing techniques x 2 weeks until 100% compliance, then monthly x 2 months until 100% compliance. The results will be brought to QAPI for discussion and recommendations. B. The DON/designee will conduct a weekly audit of 10 injection observations and handwashing technique x 2 weeks until 100% compliance, then monthly x 2 months until 100% compliance. The results will be brought to QAPI for discussion and recommendations. C. The DON/designee will conduct weekly audit of 5 dressing change observations x 2 weeks until 100% compliance, then monthly x 2 months until 100% compliance. Results will be brought to QAPI for discussion and recommendations. D. A yearly audit will be conducted by the Regional Director of Health Services to ensure that the infection prevention and control policies are reviewed by the Executive Director, Medical Director, and Director of Nursing. Results will be brought to QAPI for discussion and recommendations.		



**DELAWARE HEALTH  
AND SOCIAL SERVICES**

Division of Health Care Quality  
Office of Long Term Care Residents  
Protection

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**STATE SURVEY REPORT**

**NAME OF FACILITY:** Shipley Manor

**DATE SURVEY COMPLETED:** November 1, 2019

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 annual and complaint survey was conducted at this facility from October 29, 2019 through November 1, 2019. The deficiencies contained in this report are based on observations, interviews, review of clinical records and other facility documentation as indicated. The facility census the first day of the survey was 48. The Stage 2 survey sample size was 28.</p> <p><b>Regulations for Skilled and Intermediate Care Facilities</b></p> <p><b>Scope</b></p> <p><b>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.</b></p> <p>This requirement is not met as evidenced by: Cross Refer to the CMS 2567-L survey completed November 1, 2019: F695, F697, and F880.</p>	<p>Cross refer</p> <p>F695, F697, F880</p>	<p>12/13/19</p>

Provider's Signature Wendy Howard, NHA Title Executive Director Date 11/27/19