



**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

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NAME OF FACILITY: Peach Tree Acres Assisted Living

DATE SURVEY COMPLETED: July 26, 2017

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
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REGISTRATION OFFICE



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	<p>An unannounced annual survey was conducted at this facility beginning July 25, 2017 and ending July 26, 2017. The facility census on the entrance day of the survey was 20 residents. The survey sample was composed of four residents. The survey process included observations, interviews, review of resident clinical records, facility documents and facility policies and procedures.</p> <p>Abbreviations/definitions used in this state report are as follows:</p> <p>NHA – Nursing Home Administrator; DON – Director of Nursing; RN – Registered Nurse; CNA – Certified Nurse's Aide; DFS/FSD – Director of Food Services; FEMA – Federal Emergency Management System; F (Fahrenheit) – temperature scale; Traumatic Brain Injury – brain damage. 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>	
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Provider's Signature

Ch. Malz

Title

Director

Date

10-30-17



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3225.0	Regulations for Assisted Living Facilities	
3225.8.0	Medication Management	
3225.8.3	Medication storage by the assisted living facility shall be stored and controlled as follows:	
3225.8.35	<p>All expired or discontinued medication, including those of deceased residents, shall be disposed of according to the assisted living facility's medication policies and procedures.</p> <p>Based on observation and interview it was determined that the facility failed to remove expired medications from stock. Findings include:</p> <p>During medication storage review conducted 7/26/17 around 9:30 AM an unopened box of Cepastat throat lozenges (expiration date 5/2017) was found among the stock medications in the medication room. E3 (ADON) confirmed the expired medication and immediately removed the box from the area.</p> <p>This finding was reviewed with E1 (NHA) and E2 (DON) on 7/26/17 at 1:25 PM during the exit conference.</p>	<p>3225.8.35</p> <p>A. The expired medication (throat lozenges) was discarded immediately.</p> <p>B. There were no residents affected by this practice.</p> <p>C. The Director of Nursing will review the stock medication monthly to ensure that there are no expired meds. She will sign off on a monthly medication stock review form. See Attachment #1.</p> <p>D. The results will be reviewed and monitored Quarterly at the Quality Assurance Meeting.</p> <p style="text-align: right;">Completed: 7/31/17</p>
3225.9.0	Infection Control	
3225.9.5	Requirements for tuberculosis (TB) and immunizations:	
3225.9.5.2	Minimum requirements for pre-employment require all employees to have a baseline two-step tuberculin	



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	<p>skin test (TST) or single interferon Gamma Release Assay (IGRA or TB blood test) such as QuantiFeron. Any required subsequent testing according to risk category shall be in accordance with the recommendations of the Centers for Disease Control and Prevention of the U.S. Department of Health and Human services. Should the category of risk change, which is determined by the Division of Public Health, the facility shall comply with the recommendations of the Center for Disease Control for the appropriate risk category.</p> <p>Based on review of other facility documentation and interview it was determined that the facility failed to maintain an effective infection prevention and control program by failing to ensure TB testing was done pre-employment for three (E5, E9, and E10) out of 5 recently-hired employees sampled. Findings include:</p> <p>Review of TB testing data completed by the facility on a form provided by the surveyor revealed:</p> <ul style="list-style-type: none"> - E5: hired 3/21/16. TST done 4/4/16 and 4/13/16. - E9: hired 10/21/16. TST done 11/11/16 and 11/17/16. - E10: hired 11/10/16. TST done 2/28/17 and 3/9/17. <p>During an interview with E1 (NHA) on 7/26/17 at 8:50 AM E1 stated that the hire date was the first day the employee was at the facility and confirmed that the three staff had TB testing completed after their start date.</p>	<p>3225.9.5.2</p> <ul style="list-style-type: none"> A. An audit was completed on the rest of the employee files and there were no other PPD's found to have been delinquent. B. There were no other individuals impacted. C. All new hires will complete a baseline two step tuberculin skin test (TST) prior to first day of employment. The Policy and Procedure for PPD Tuberculin Skin Testing was updated to reflect this. See attachment #2. D. The Quality Assurance Committee will review Quarterly. All new hires for the previous quarter to ensure compliance. <p style="text-align: right;">Completed: 8/31/17</p>
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3225.12.0	Services	
3225.12.1	The assisted living facility shall ensure that:	
3225.12.1.3	<p>Food service complies with the Delaware Food Code;</p> <p>Based on observation, interview and review of other facility documentation it was determined that the facility failed to comply with the Delaware Food Code. Findings include:</p>	
3-401.11	<p>(A) Except as specified under ¶ (B) and in ¶¶ (C) and (D) of this section, raw animal FOODS such as EGGS, FISH, MEAT, POULTRY, and FOODS containing these raw animal FOODS, shall be cooked to heat all parts of the FOOD to a temperature and for a time that complies with one of the following methods based on the FOOD that is being cooked:</p>	
3-401.13	<p>Plant Food Cooking for Hot Holding.</p> <p>Fruits and vegetables that are cooked for hot holding shall be cooked to a temperature of 57^o C (135^o F)^{PF}.</p> <p>Review of food temperature logs revealed numerous weeks of temperature logs were missing from the past year as only 10 weeks were available and most were not dated. Temperatures of cooked foods were not always taken before being served Fish, meat and poultry must be</p>	



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3-403.11	<p>heated to an appropriate temperature depending on the method used and type of food. Vegetables must be heated to 135F.</p> <p>During an interview on 7/26/17 around 10:30 AM, E5 [FSD] confirmed that food temperatures had not been consistently taken and recorded and recently "picked back up again this week."</p> <p>Reheating for Hot Holding. (A) Except as specified under ¶¶ (B) and (C) and in ¶ (E) of this section, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD that is cooked, cooled, and reheated for hot holding shall be reheated so that all parts of the FOOD reach a temperature of at least 74°C (165°F) for 15 seconds.^P</p> <p>(B) Except as specified under ¶ (C) of this section, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD reheated in a microwave oven for hot holding shall be reheated so that all parts of the FOOD reach a temperature of at least 74°C (165°F) and the FOOD is rotated or stirred, covered, and allowed to stand covered for 2 minutes after reheating.^P</p> <p>(C) READY-TO-EAT TIME/TEMPERATURE CONTROL FOR SAFETY FOOD that has been commercially processed and PACKAGED in a FOOD PROCESSING PLANT that is inspected by the REGULATORY AUTHORITY that has jurisdiction over the plant, shall be heated to a temperature of at least 57°C (135°F) when being reheated for hot holding.^P</p>	<p>3-401.13</p> <p>A. Food temperature logs were dated and temperatures taken and documented at meal time by the cook.</p> <p>B. There were no residents affected by this practice.</p> <p>C. Food logs will be maintained by the Food Service Director and monitored daily by the Facility Safety Supervisor. These results will be reported weekly to the Administrator. The Dietician will be required to monitor during her bi-monthly visits.</p> <p>D. The Administrator will then monitor weekly for a Period of 3 months to assure compliance. And then Quarterly at the Quality Assurance Meetings. See Attachment #3.</p> <p style="text-align: right;">Completed: 8/5/17</p>



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3-501.16	<p>(D) Reheating for hot holding as specified under ¶¶ (A) -(C) of this section shall be done rapidly and the time the FOOD is between 5°C (41°F) and the temperatures specified under ¶¶ (A) -(C) of this section may not exceed 2 hours. ^P</p> <p>(E) Remaining unsliced portions of MEAT roasts that are cooked as specified under ¶ 3-401.11(B) may be reheated for hot holding using the oven parameters and minimum time and temperature conditions specified under ¶ 3-401.11(B).</p> <p>During an interview on 7/26/17 around 10:30 AM, E5 [FSD] stated that s/he prepares weekend meals before the weekend and they are reheated by staff before being served. Reheated food temperatures were not consistently taken and recorded on the food temperature logs. Multiple weeks of temperature logs were missing. When reheated, the food is to reach a temperature of 165F for 15 seconds.</p> <p>During an interview with E5 on 7/26/17 around 10:30 AM E5 confirmed that reheated food temperatures were not consistently taken and recorded.</p> <p>Time/Temperature Control for Safety Food, Hot and Cold Holding.</p> <p>(A) Except during preparation, cooking, or cooling, or when time is used as the public health control as specified under §3-501.19, and except as specified under ¶ (B) and</p>	<p>3-403.11</p> <p>A. Food temperature logs were dated and temperatures taken and documented by the cook. All re-heated food temperatures were taken and documented.</p> <p>B. There were no residents affected.</p> <p>C. Food logs will be maintained by the Cook on duty and monitored by the Food Service Director. The Facility Safety Supervisor will monitor weekly and report findings to the Administrator. The Dietician will be required to monitor during her bi-monthly visits.</p> <p>D. The Administrator will then monitor weekly for a period of 3 months to assure compliance. And then quarterly at the Quality Assurance Meetings.</p> <p style="text-align: right;">Completed: 8/15/17</p>



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<p>3225.18.0</p> <p>3225.18.6.2</p>	<p>In ¶ (C) of this section, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD shall be maintained:</p> <p>(2) At 5°C (41°F) or less.^P</p> <p>7/26/17 observation around 9:30 AM - The refrigerator in the medication room contained at least 5 gallons of milk for resident use. There was no thermometer in the refrigerator nor was there a log sheet to record the temperature to ensure the temperature was maintained within acceptable limits. Cold foods are to be stored at 41F or less.</p> <p>These findings were reviewed with E1 (NHA) and E2 (DON) on 7/26/17 at 1:25 PM during the exit conference.</p> <p>Emergency Preparedness</p> <p>Copies of the FEMA certificate of achievement which demonstrate that at least two active, full-time employees have completed FEMA training in ICS-100 and NIMS-700a in the past 24 months.</p> <p>Based on review of facility documentation and interview it was determined that the facility failed to have two full-time employees with designated FEMA training. Findings include:</p> <p>7/25/17 at 8:15 AM - During the entrance conference with E3 (ADON) the surveyor provided written request for FEMA training for two full-time employees.</p> <p>During an interview with E1 (NHA) on 7/26/17 at 8:50 AM E1 provided proof of training for two employees E1 (NHA) and</p>	<p>3-501.16</p> <p>A. A thermometer was placed in the refrigerator and a temperature log was placed on the outside of the refrigerator. See attachment #4.</p> <p>B. There were no residents affected by this practice.</p> <p>C. The log sheets are checked daily by the maintenance man. He will add this refrigerator to his daily rounds.</p> <p>D. The logs will be collected monthly (a current practice). The Administrator will monitor for 3 months and review at the quarterly Quality Assurance Meetings.</p> <p style="text-align: right;">Completed: 7/31/17</p>



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<p>3225.17.0</p> <p>3225.17.2</p> <p>3225.17.2.3</p>	<p>E9 (Maintenance Director) from April, 2016. There was no evidence that E1 had completed the NIMS-700a test.</p> <p>On 7/6/17 around 11:00 AM, E1 provided evidence that s/he successfully completed the NIMS-700a test.</p> <p>This finding was reviewed with E1 and E2 (DON) on 7/26/17 at 1:25 PM during the exit conference.</p> <p>Environment and Physical Plant</p> <p>Assisted living facilities shall:</p> <p>Have a hazard-free environment;</p> <p>Based on observation and interview it was determined that the facility failed to maintain a hazard-free environment by not locking the door to the mechanical room. Findings include:</p> <p>Residents of this assisted living all have traumatic brain injury which can affect thinking ability.</p> <p>7/25/17 (8:30 AM) Initial Tour- The door to the Mechanical Room (labeled with a biohazard sign and "Authorized Personnel Only") was unlocked. The room contained a utility sink, two large hot water heaters, heating and air conditioning system, containers of liquid cleaning chemicals and chest freezer.</p> <p>7/25/17 (2:10 PM) – E5 (Food Service Director) observed to enter open mechanical room door without using a key.</p>	<p>3225.18.6.2</p> <p>A. E1 completed the NIMS-700 test.</p> <p>B. There were no residents affected by this practice.</p> <p>C. The facility will require 4 employees to be FEMA Certified in the future. July 2018, we will require the Maintenance Director, Administrator, Director of Nursing and Housekeeping Supervisor be certified.</p> <p>D The requirement is that at least two employees will complete the FEMA training every 24 months. The policy and procedure have been changed to reflect this. See Attachment #5.</p> <p style="text-align: right;">Completed: 7/26/17</p>



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	<p>This finding was reviewed with E1 (NHA) and E2 (DON) on 7/26/17 at 1:25 PM during which time E1 stated the door should be locked at all times.</p>	<p>3225.17.2.3</p> <ul style="list-style-type: none"> A. The door to the mechanical room was immediately locked. B. There were no residents affected by this practice. C. Locking the mechanical room door is standard practice for Peach Tree. We placed a sign on the door- "Must Keep Locked At All Times". D. The mechanical room will be checked before, during and after all shifts by the shift supervisor. <p style="text-align: right;">Completed: 7/26/17</p>



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