



**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:** Millcroft Nursing Home

**DATE SURVEY COMPLETED:** December 17, 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>An unannounced complaint survey was conducted at this facility from December 15, 2020 through December 17, 2020. The deficiencies contained in this report are based on observations, interviews, review of residents' clinical records and review of other facility documentation. The facility census the first day of the survey was fifty (50). The survey sample totaled three residents.</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:</p> <p>Cross Refer to the CMS 2567-L survey completed December 17, 2020: F689.</p>		

Provider's Signature

Title

Executive Director

Date

05/28/2021



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CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/05/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>085021</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/17/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>MILLCROFT</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>255 POSSUM PARK ROAD</b> <b>NEWARK, DE 19711</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	<p><b>INITIAL COMMENTS</b></p> <p>An unannounced complaint survey was conducted at this facility from December 15, 2020 through December 17, 2020. The deficiencies contained in this report are based on observations, interviews, review of residents' clinical records and review of other facility documentation. The facility census the first day of the survey was fifty (50). The survey sample totaled three residents.</p> <p>Abbreviations/Definitions used in this report are as follows: CNA - Certified Nurse's Aide; DON - Director of Nursing; LPN - Licensed Practical Nurse; NHA - Nursing Home Administrator; RN - Registered Nurse;</p> <p>Alzheimer's Disease - progressive mental deterioration that can occur in middle or old age, due to generalized degeneration of the brain. It is the most common cause of premature senility; BIMS (Brief Interview for Mental Status) - test to measure thinking ability with score ranges from 00 to 15. 13-15: Cognitively intact 08-12: Moderately impaired 00-07: Severe impairment; COVID-19/Coronavirus - a respiratory illness that can be spread person to person; Dementia - a group of symptoms that affects memory, thinking and interferes with daily life; Elopement - when a resident leaves a facility without staff knowledge; MDS - Minimum Data Set (standardized assessment forms used in nursing homes); pt - patient;</p>	F 000			

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

TITLE

(X6) DATE

Electronically Signed

05/25/2021

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 000	Continued From page 1 WanderGuard - alarm system on facility exit doors to prevent resident elopement. The resident at risk of eloping is provided with a bracelet or anklet that triggers an alarm if they attempt to exit those doors which then alerts staff so they can assist the resident.	F 000		
F 689 SS=J	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2)  §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and  §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on interview, clinical record review and review of facility documentation it was determined that for one (R1) out of three residents reviewed for wandering and elopement that the facility failed to identify an accident hazard that contributed to the elopement of R1 and put the resident at risk of a serious adverse outcome. The facility failed to keep R1 safe from elopement by leaving a door unarmed and open so that R1 was able to elope and not be found for 1 hour. On 11/29/2020 around 4:10 PM, R1 was able to leave the facility through an unlocked door and was outside from about 4:15 PM until he was found in a neighboring development and returned to the facility at 5:15 PM. The temperatures were a low of 47 degrees and a high of 56 degrees on 11/29/2020. This failure put the residents at risk for elopement. A past non-compliance IJ was identified from 11/29/2020 - 12/11/2020. The	F 689	Past noncompliance: no plan of correction required.	

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F 689	<p>Continued From page 2 facility was made aware on 12/17/2020 at 5:05 PM. Findings include:</p> <p>The facility policy titled Wandering and Elopement, last updated 9/1/18, stated, "The purpose of this policy...is to provide a program of supervision and interventions to minimize risk of residents elopements ...".</p> <p>11/18/2020 - R1 was admitted to the facility for rehabilitation from a dementia unit in another facility.</p> <p>11/19/2020 at 1:35 PM - A Wander Risk Evaluation documented that R1 was scored as a 14, anything greater than 8 is high risk.</p> <p>11/19/2020 - R1's care plan for risk of wandering and elopement had interventions that included: "checking wander guard function every week, distract resident from wandering by offering pleasant diversion, structured activities, food, conversation, television, book, and identify patterns of wandering."</p> <p>11/25/2020 - The admission MDS (Minimum Data Set) documented that R1 was severely cognitively impaired and did not document wandering or behaviors.</p> <p>11/29/2020 10:00 PM - A progress note documented, "Patient alert with confusion and oriented to self per his usual mentation. Pt [patient] noted to be missing at 4:15 PM. Elopement procedure initiated. Pt found outside facility, off property. Police, Nurse Practitioner on-call for Team Health, and pt's family notified. Police assisted with search. Pt found and returned to facility. No injury or change of status</p>	F 689		

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F 689	<p>Continued From page 3</p> <p>noted...Patient sent to the emergency room via 911 ambulance transport at 6:40 PM. Patient returned from emergency room at 9:30 PM with no new orders given."</p> <p>11/29/2020 - A facility provided statement from E3 (LPN) documented that "Resident last seen around 4 PM walking on the hallway towards the assisted living double door. He pushed the door and the door alarm tripped off. This nurse went and reset the door alarm. Both resident and nurse passed by each other. Nurse going to reset door alarm and resident going back to the nursing station. Just between 10 - 15 minutes later, staff started looking for resident in the building. The search continued until he was found."</p> <p>12/2/2020 - A facility statement from E4 (Laundry Aide) stated, "I was told by staff to use the therapy door to go back and forth with the laundry due to COVID resident. I used the therapy doors multiple times on Sunday (11/29/2020). I made sure the door was closed each time I went through. I don't know who originally opened the door."</p> <p>12/1/2020 - Results of the facility investigation completed by E2 (DON) revealed the root cause of the event included: "Resident is alert with confusion. Resident ambulates at liberty and wears a WanderGuard. Resident walked into the therapy gym. Therapy gym door was ajar, alarm not in use. Laundry was using therapy door due to COVID unit. Door unattended for short period of time." Summary of Interventions: "Elopement protocol initiated once resident noted to be missing. Resident found and returned to facility. Resident assessed for injury no injuries noted. Resident sent to emergency room for evaluation</p>	F 689		

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F 689	<p>Continued From page 4 and returned same day with no new orders. Therapy door that leads to the outside is locked, armed and only used for emergency purposes. Staff educated on keeping the door locked and armed at all times except for in an emergency situation and not to prop doors. Elopement drills occur routinely and are up to date. Maintenance working on adjustment to the effected door. Resident will be re-evaluated by the Activity Department. Incident will be reviewed by safety committee. Resident will be assessed by Therapy Department for possible disposition back to sister facility."</p> <p>12/15/2020 2:30 PM - Observation of exterior therapy doors locked and armed.</p> <p>During an interview with E6 (Therapist) on 12/15/2020 around 2:30 PM, E6 revealed that the therapy room has an interior and exterior door and both are locked when therapy is not here working. E6 further revealed it was their understanding that the exterior door in the therapy room was being left open so they could get back and forth to the COVID unit.</p> <p>During an interview with E5 (LPN) on 12/15/2020 at 3:30 PM, E5 revealed that on 11/29/20 around 4:00 PM or so, E5 saw R1 at the end of the hall, she went to the medication room to retrieve something and when she came back out less than two minutes later, E5 looked down the hall and did not see R1. E5 and another employee (CNA) began searching and they continued searching involving more staff to cover more area. E5 stated that one of the staff drove their car in the neighborhood behind the facility and found R1 there. E5 further revealed that the therapy door was ajar and believed that was how</p>	F 689		

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F 689	<p>Continued From page 5 R1 got out of the facility.</p> <p>12/17/2020 - E6 (Therapist) demonstrated how the therapy room exterior doors lock and alarm. The doors were secured properly.</p> <p>During an interview on 12/17/2020 around 3:00 PM with E7 (Maintenance), it was revealed that the facility is in the approval process of having a WanderGuard alarm installed on the therapy room doors that exit the facility. There are no other exits that residents have access to that does not have a WanderGuard alarm system.</p> <p>During an interview on 12/17/2020 around 3:15 PM with E8 (LPN), it was revealed that E8 drove to the development just before the facility on the same side of the street, and R1 was walking toward the road. E8 stopped the car and went to talk to R1. R1 spoke E8's name and recognized E8. R1 got in the car and E8 drove him back to the facility.</p> <p>The facility provided the following corrective measures:</p> <ul style="list-style-type: none"> <li>- 11/30/2020 - Monitoring initiated with daily audits ensuring the therapy room exterior doors were locked and armed at all times.</li> <li>-12/1/2020 - A proposal for WanderGuard system to be put in place for entrance and exit therapy doors. Completion goal January 2021.</li> <li>-12/7/2020 - R1 was re-evaluated for activities and assessed for discharge back to assisted living.</li> <li>- 12/11/2020 -Staff education completed on</li> </ul>	F 689		



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F 689	<p>Continued From page 6 requirement to keep the therapy door locked.</p> <p>Staff interviews on 12/17/2020 with E3 (LPN), E4 (Laundry Aide), E5 (LPN), E6 (Therapist), and E7 (Maintenance) confirmed the staff education was conducted. Staff confirmed the exterior doors in the therapy room are to be locked and armed at all times and to only be used in the event of an emergency.</p> <p>It was determined that the facility regained substantial compliance on 12/11/2020.</p> <p>Findings were reviewed and confirmed with E1 (NHA) and E2 (DON) during the exit conference beginning at approximately 5:00 PM on 12/17/20.</p>	F 689		