

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

PRINTED: 04/25/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085051	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/27/2019
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NAME OF PROVIDER OR SUPPLIER DELAWARE VETERANS HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 100 DELAWARE VETERAN'S DRIVE MILFORD, DE 19963
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(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
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F 000	INITIAL COMMENTS An unannounced complaint survey was conducted at this facility from March 26, 2019 through March 27, 2019. The deficiencies contained in this report are based on observation, interviews, review of residents' clinical records and review of other facility documentation as indicated. The facility census the first day of the survey was sixty four (64). The survey sample totaled three (3). Abbreviations used in this report are as follows: DON - Director of Nursing; ADON - Assistant Director of Nursing; QAA - Quality Assurance Administrator; SW - Social Worker.	F 000		
F 622 SS=D	Transfer and Discharge Requirements CFR(s): 483.15(c)(1)(i)(ii)(2)(i)-(iii) §483.15(c) Transfer and discharge- §483.15(c)(1) Facility requirements- (i) The facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless- (A) The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility; (B) The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility; (C) The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident; (D) The health of individuals in the facility would otherwise be endangered; (E) The resident has failed, after reasonable and	F 622		4/27/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 04/04/2019
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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 622	<p>Continued From page 1</p> <p>appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility. Nonpayment applies if the resident does not submit the necessary paperwork for third party payment or after the third party, including Medicare or Medicaid, denies the claim and the resident refuses to pay for his or her stay. For a resident who becomes eligible for Medicaid after admission to a facility, the facility may charge a resident only allowable charges under Medicaid; or</p> <p>(F) The facility ceases to operate.</p> <p>(ii) The facility may not transfer or discharge the resident while the appeal is pending, pursuant to § 431.230 of this chapter, when a resident exercises his or her right to appeal a transfer or discharge notice from the facility pursuant to § 431.220(a)(3) of this chapter, unless the failure to discharge or transfer would endanger the health or safety of the resident or other individuals in the facility. The facility must document the danger that failure to transfer or discharge would pose.</p> <p>§483.15(c)(2) Documentation. When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i)(A) through (F) of this section, the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider.</p> <p>(i) Documentation in the resident's medical record must include:</p> <p>(A) The basis for the transfer per paragraph (c)(1)(i) of this section.</p> <p>(B) In the case of paragraph (c)(1)(i)(A) of this section, the specific resident need(s) that cannot</p>	F 622		
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F 622	<p>Continued From page 2</p> <p>be met, facility attempts to meet the resident needs, and the service available at the receiving facility to meet the need(s).</p> <p>(ii) The documentation required by paragraph (c) (2)(i) of this section must be made by-</p> <p>(A) The resident's physician when transfer or discharge is necessary under paragraph (c) (1) (A) or (B) of this section; and</p> <p>(B) A physician when transfer or discharge is necessary under paragraph (c)(1)(i)(C) or (D) of this section.</p> <p>(iii) Information provided to the receiving provider must include a minimum of the following:</p> <p>(A) Contact information of the practitioner responsible for the care of the resident.</p> <p>(B) Resident representative information including contact information</p> <p>(C) Advance Directive information</p> <p>(D) All special instructions or precautions for ongoing care, as appropriate.</p> <p>(E) Comprehensive care plan goals;</p> <p>(F) All other necessary information, including a copy of the resident's discharge summary, consistent with §483.21(c)(2) as applicable, and any other documentation, as applicable, to ensure a safe and effective transition of care.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on records review and interview, it was determined that the facility failed to ensure required information was provided to the receiving provider for three (R1, R2 and R3) out of three sampled residents investigated for hospitalizations when the facility failed to include the resident's care plan goals in the transfer/discharge information. Findings include:</p> <p>Review of the following residents' clinical records (R1, R2, and R3) documented they were</p>	F 622	<p>A.) On March 26, 2019, during an unannounced complaint survey ending March 27, 2019, the Surveyor upon reviewing three (3) resident medical records (R1, R2, R3) found that the facility did not demonstrate through documentation that the receiving facility received residents comprehensive care plan goals as part of a transfer packet. To address this concern, all nursing staff, including those caring for R2 and R3, will</p>	
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F 622	<p>Continued From page 3</p> <p>transferred/discharged from the facility and did not have evidence that the residents comprehensive care plan goals were submitted to the receiving provider:</p> <ol style="list-style-type: none"> 1. R1 was transferred to the hospital on 2/2/19. 2. R2 was transferred to the hospital on 3/2/19 and 3/3/19. 3. R3 was transferred to the hospital on 3/2/19. <p>During an interview on 3/26/19 at 3:33 PM with E1 (DON) a list of "items included in resident transfer to ER" was provided to the surveyor and E1 then confirmed that resident care plan goals were not provided to receiving parties upon transfer.</p> <p>These findings were discussed at exit conference on 3/27/19 at 11:30 AM with E1(DON), E2 (ADON) and E3 (QAA).</p>	F 622	<p>be trained with and using the process changes outlined in (C.).</p> <p>B.) Though, there was no evidence found that indicated the residents, R1, R2, and R3 were negatively impacted by the deficient practice cited, the facility acknowledges that the finding reflects the potential for all residents to be impacted by a violation of the requirement for the receiving facility to have comprehensive information about a transferred resident s care plan goals. The electronic medical record was adjusted on 4/2/19 to include care plan goals when transfer/discharge paperwork is printed to prevent this from occurring with other residents.</p> <p>C.) Root cause analysis revealed that the facility failed to stipulate the requirement comprehensive care plan goals at the time of transfer due in existing policy addressing transfers. The DON has developed a Facility-Initiated Transfer policy (see attachment) and the Staff Education Nurse or designee will provide education regarding the updated policy and process staff should follow upon transferring a resident out of facility for acute care services.</p> <p>D.) The Supervisor or designee will audit all new hospital transfers/discharges packet checklists to ensure a copy of the care plan goals were included. The audit will be completed weekly until 100% compliance is achieved for three</p>		

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F 622	Continued From page 4	F 622	consecutive audits. Then the audit will be conducted monthly x3 months, if 100% compliance is achieved / maintained, the deficiency will be considered resolved. Results of the audits will be presented at the monthly facility QA Committee meeting. Audit schedules will be adjusted as deemed necessary. (Attachment #1)	
F 623 SS=D	<p>Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8)</p> <p>§483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must-</p> <p>(i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman.</p> <p>(ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and</p> <p>(iii) Include in the notice the items described in paragraph (c)(5) of this section.</p> <p>§483.15(c)(4) Timing of the notice.</p> <p>(i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged.</p> <p>(ii) Notice must be made as soon as practicable before transfer or discharge when-</p> <p>(A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of</p>	F 623		4/27/19

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F 623	<p>Continued From page 5</p> <p>this section;</p> <p>(B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section;</p> <p>(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;</p> <p>(D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or</p> <p>(E) A resident has not resided in the facility for 30 days.</p> <p>§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:</p> <p>(i) The reason for transfer or discharge;</p> <p>(ii) The effective date of transfer or discharge;</p> <p>(iii) The location to which the resident is transferred or discharged;</p> <p>(iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request;</p> <p>(v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;</p> <p>(vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402,</p>	F 623		
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F 623	<p>Continued From page 6</p> <p>codified at 42 U.S.C. 15001 et seq.); and (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>§483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available.</p> <p>§483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l). This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, and interview, it was determined that the facility failed to provide discharge/transfer notice to the Ombudsman for three (R1, R2, and R3) out of three residents reviewed for hospitalization. Findings included:</p> <p>Review of the following residents' clinical records (R1, R2, and R3) documented they were transferred/discharged from the facility and did not have evidence that the required discharge/transfer notice was provided to the to</p>	F 623	<p>A.) Also during the unannounced complaint survey ending March 27, 2019, the Surveyor upon reviewing the medical records found Residents R1, R2, and R3 did not provide residents, resident representatives, or the State Ombudsman written notifications of transfer to a hospital. Notice of all three transfers was sent to the ombudsman s office on 4/2/19.</p>		

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F 623	<p>Continued From page 7 the State Long Term Care Ombudsman:</p> <ol style="list-style-type: none"> 1. R1 was transferred to the hospital on 2/2/19. 2. R2 was transferred to the hospital on 3/2/19 and 3/3/19. 3. R3 was transferred to the hospital on 3/2/19. <p>There was no evidence that the Ombudsman was notified of the transfer / discharge of the above residents.</p> <p>During an interview on 3/27/19 at 9:56 AM with E4 (SW) it was confirmed that the facility was not notifying the Ombudsman of resident discharge/transfers.</p> <p>These findings were discussed at exit conference on 3/27/19 at 11:30 AM with E1(DON), E2 (ADON) and E3 (QAA).</p>	F 623	<p>B.) Though R1, R2, and R3 were not negatively impacted, the facility recognizes all residents have the potential to be affected by this deficient practice. The Fiscal Determination Administrator or designee will conduct a focused review of all resident transfers/discharges in the past 30 days to identify any other incidents when the ombudsman's office was not notified. If any are identified, notification will be completed.</p> <p>C.) Root cause analysis revealed that the facility had not sent notification to the ombudsman's office since 2/2/19 because the Fiscal Determination Administrator was waiting for contact information from the newly appointed ombudsman. (Contact information was received on 3/15/19.) R1's transfer was sent to the ombudsman's office; however, that ombudsman no longer covered the facility. It is unclear if that notification was sent on to the correct ombudsman. Review of the Bed Hold Policy revealed ombudsman notification as part of the process and therefore does not require revision. The Fiscal Determination Administrator will contact the ombudsman to develop an appropriate plan for submissions if the same scenario occurs again.</p> <p>D.) The Financial Determination Administrator will audit all transfers/discharges to ensure ombudsman notification occurred each time. The audit will be completed weekly until 100% compliance is achieved for</p>		

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F 623	Continued From page 8	F 623	three consecutive weeks. Then the audit will be conducted monthly x3 months, if 100% compliance is achieved / maintained, this deficiency will be considered resolved. Results of the audits will be presented at the monthly facility QA Committee meetings. Audit schedules will be adjusted as deemed necessary. (Attachment #2) 4/27/19	
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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
(302) 577-8661

STATE SURVEY REPORT

NAME OF FACILITY: Delaware Veterans Home

DATE SURVEY COMPLETED: March 27, 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 complaint survey was conducted at this facility from March 26, 2019 through March 27, 2019. The deficiencies contained in this report are based on observation, interviews, review of residents' clinical records and review of other facility documentation as indicated. The facility census the first day of the survey was sixty four (64). The survey sample totaled three (3).</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 CMS 2567-L survey completed March 27, 2019:F622, and F623.</p>	<p>Cross refer to CMS 2567-L survey Completed March 27th, 2019: F622 and F623.</p>	

Provider's Signature *William L. Peterson* Title ADMINISTRATOR Date 4/17/19