



DELAWARE HEALTH AND SOCIAL SERVICES

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

DHSS/DHCQ - OLTGRP
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 577-6661

STATE SURVEY REPORT

NAME OF FACILITY: **Ingleside Assisted Living**

DATE SURVEY COMPLETED: **October 11, 2018**

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
<p>3225.0</p> <p>3225.17.0</p> <p>3225.17.2</p> <p>3225.17.2.4</p>	<p>An unannounced complaint survey was conducted at this facility on October 11, 2018. The facility census on the day of the survey was 52 residents. The survey process included observations, interviews, and review of facility documents and facility policies and procedures.</p> <p>Abbreviations/definitions used in this state report are as follows:</p> <p>ED - Executive Director; DON - Director of Nursing; CNA - Certified Nurse Aide; R - Resident; E - Employee.</p> <p>Regulations for Assisted Living Facilities</p> <p>Environment and Physical Plant</p> <p>Assisted living facilities shall:</p> <p>Have an effective pest control program</p> <p>This requirement is not met as evidenced by:</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to ensure a pest control program was effective and prevented mice from entering the facility and bed bugs from inhabiting resident bedding. Findings include:</p> <p>During a review of resident rooms, an empty mousetrap was observed on the floor next to the air conditioning unit in resident room #307.</p>	<p>3225.17.2.4</p> <p>A. Pest control contractor was contacted on 10/12/18 to request a site visit. Royal Pest Solutions arrived on 10/16/18 and treated unit 219 for bed bugs with liquid insecticide.</p> <p>1. On 10/11/18, Royal Pest Technician inspected facility for rodent activity. Nothing was identified on this service. Routine schedule visits continue.</p> <p>B. All residents in the facility have the potential to be affected by this deficiency. System changes listed in section C will correct for any potentially affected residents.</p> <p>1. Certified Pest Technician on-site, on 10/29/18 thru 11/05/18 and completed a facility wide treatment of all resident rooms and common areas for preventive bed bug treatment.</p> <p>C. System Changes:</p> <p>1) Reviewed pest control contract to ensure company has the resources to address the needs of the facility.</p>

Provider's Signature *Heath G. Roper* Title *Executive Dir* Date *11-13-18*



**DELAWARE HEALTH
AND SOCIAL SERVICES**

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

DHSS/DHCQ - OLTGRP
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 577-6661

STATE SURVEY REPORT

NAME OF FACILITY: Ingleside Assisted Living

DATE SURVEY COMPLETED: October 11, 2018

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

	<p>In separate interviews with roommates R1 and R2 at 3:20 PM, both residents stated they had not seen any mice since the previous week, when they saw a mouse running across the room. Both residents also stated seeing mice in the room in the past, for which a snap trap (mousetrap) was placed on the floor of the room. R1 wondered why their mousetrap was missing.</p> <p>Review of the pest control company's Service Inspection Report for the 9/14/18 visit revealed snap traps being installed in three rooms for "rodent control." Report for the 10/1/18 visit read, "inspected snap traps in rooms, caught 1 mouse. Will revisit in 2 days."</p> <p>Interview with staff E3 (CNA) at 10:30 AM revealed staff sightings of bed bugs on both second and third floors, where resident rooms were located. E3 also stated being bitten by bed bugs. When asked if there had also been sightings of mice in the building, E3 stated staff had seen mice in broad daylight.</p> <p>During a review of resident room #219, the bottom of two pillows in R3's bed was observed to have small, rust-colored spots dotting the white pillow. Close inspection of the objects revealed slow moving bugs. In an interview at 3:55 PM, R3 denied feeling any itch or sensitivity of the skin. R3 also had no idea what the spots were or where they may have come from. The sighting was referred to E1 (ED), who was in the vicinity at the time. E1 visually examined the pillow and indicated he would take care of it.</p>	<p>2) On 10/23/18, met with exterminator to discuss options available to address mice & bedbugs to ensure most effective methods are used to address pest needs of the facility.</p> <p>3) On 11/09/18, reviewed pest control services available & reinforced the requirement that staff report pest sighting.</p> <p>4) Placed information sheet on the signs of presence of bed bugs & mice on bulletin board in employee lounge.</p> <p>5) Schedule staff in-service with Royal Pest Solutions. Complete by 12/14/18. All pest control visits will continue as scheduled.</p> <p>6) Reviewed and confirmed the following routine pest control services.</p> <ul style="list-style-type: none"> i. Environmental inspection by facility staff monthly ii. Facility staff will clean and initiate actions to eliminate environmental risks or areas/activities that encourage the attraction of pests. For example: <ul style="list-style-type: none"> 1. Wash linens and clothing with appropriate washer settings & detergent.
--	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Provider's Signature _____ Title _____ Date _____



**DELAWARE HEALTH
AND SOCIAL SERVICES**

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

DHSS/DHCQ - OLTCRP
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 577-6661

STATE SURVEY REPORT

NAME OF FACILITY: Ingleside Assisted Living

DATE SURVEY COMPLETED: October 11, 2018

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

	<p>Review of the Service Inspection Report for 10/8/18 revealed all units on the third floor were treated with an insecticide effective against crawling insects including bed bugs.</p> <p>During the exit conference at 5:00 PM, E1 confirmed bed bug presence in the building and the facility's efforts to identify the source(s) to address the problem, including banning certain family members/visitors known or suspected to have questionable hygiene. E1 also indicated the mousetrap was for prevention, even though the report from the pest control company indicated the mousetraps were for "rodent control."</p> <p>Both E1 and E2 (DON) confirmed the findings during the exit conference.</p>	<ol style="list-style-type: none"> 2. Keep storage areas tidy and use shelving or other storage options that facilitate access and visibility of floors and corners 3. When pest presence is identified, remove any affected material (linens, clothes or furniture). 4. Proper storage and removal of perishable items. 5. Avoid disturbing any pest control traps 6. Utilize approved pest control traps and chemicals immediately upon identification of any evidence of bed bugs or mice. 7. Ensure windows and doors secure properly and never prop them open unattended or unscreened. 8. Staff to report any pest sightings to Environmental Services promptly for appropriate follow-up. <p>D. Impact of the system change:</p> <ol style="list-style-type: none"> 1. Reports of environmental inspections shall be reported directly to the ED. 2. The ED shall maintain records, track and review for any trends that indicate a pattern or inability of pest control company services to address facility issues.
--	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Provider's Signature _____ Title _____ Date _____



**DELAWARE HEALTH
AND SOCIAL SERVICES**

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

DHSS/DHCQ - OLTCRP
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 577-6661

STATE SURVEY REPORT

NAME OF FACILITY: **Ingleside Assisted Living**

DATE SURVEY COMPLETED: **October 11, 2018**

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

		<p>3. Identification of failed pest control activities shall be reported to the QM council.</p>
--	--	-------------------------------------------------------------------------------------------------

Provider's Signature

Keith J. Repka

Title

Executive Dir

Date

11-13-18