

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

PRINTED: 04/08/2019
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085052 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 03/12/2019 |
| NAME OF PROVIDER OR SUPPLIER CADIA REHABILITATION RENAISSANCE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 26002 JOHN J WILLIAMS HIGHWAY MILLSBORO, DE 19966 | | |
| (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 | INITIAL COMMENTS An unannounced complaint survey was conducted at this facility from March 11, 2019 through March 12, 2019. The deficiencies contained in this report were 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 120. The survey sample totaled eight (8) residents. Abbreviations/Definitions used in this report are as follows: ADON - Assistant Director of Nursing; CNA - Certified Nurse's Aide; DON - Director of Nursing; LPN - Licensed Practical Nurse; NHA - Nursing Home Administrator; OT - Occupational Therapist; PT - Physical Therapy / Physical Therapist; RN - Registered Nurse; UM - Unit Manager; Bed Mobility - how resident moves to and from lying position, turns side to side and positions body while in bed; Cognitively Intact - ability to understand, talk or write; ER - Emergency Room; Maximum assistance of two staff members - resident not involved in activity, resident requires two people to perform the task; MDS (Minimum Data Set) - standardized assessment forms used in nursing homes. | F 000 | | | |
| F 689 SS=D | 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 | F 689 | | 5/20/19 | |

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

TITLE

(X6) DATE

Electronically Signed

04/01/2019

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 689 | <p>Continued From page 1 as free of accident hazards as is possible; and</p> <p>§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 record review and interview it was determined that for one (R2) out of four sampled residents reviewed for accidents, the facility failed to follow a physician's order for the number of staff assistance required for safe bed mobility. The facility failed to follow R2's physician's order for assistance of two staff members for bed mobility, which resulted in a fall from bed and a subsequent shoulder contusion. Findings include:</p> <p>Review of R2's record revealed:</p> <p>10/30/18 - R2 was admitted to the facility with gastric hemorrhage (bleeding of the stomach) and transverse myelitis (a neurological disorder that caused paralysis from the waist down).</p> <p>10/31/18 - A physical therapy progress note for the certification period from 10/31/18 through 11/28/18 stated that R2 was maximum assist for bed mobility (how resident moves to and from a lying position, turns side to side and positions body while in bed).</p> <p>11/17/18 - A physician's order documented, "R2 requires extensive assist of two with bed mobility. R2's bed mobility for assistance of two was also included on this date in R2's Resident Profile (the profile informs staff of the level of resident assistance required for care).</p> <p>11/23/18 - R2's 5 day MDS assessment revealed that R2 was cognitively intact and R2 required</p> | F 689 | <ol style="list-style-type: none"> 1. R2 is no longer at the facility. 2. All Residents have the potential to be impacted by this deficient practice. Future residents will be protected from this deficient practice by taking the corrective action outlined by #3 below. 3. Staff educator will educate existing nursing staff on following physician orders for the number of staff assistance required for safe bed mobility. The Profile for all residents which includes physicians' orders for bed mobility is located inside the wardrobe door in each resident's room as well as in the resident's profile in Matrix. 4. Staff educator/designee to perform random staff observations to ensure that staff follow physician orders with the number of staff assistance required for safe bed mobility. Three random staff observations will be done daily or until 100% compliance is achieved for three consecutive days. Observations will then be done three times weekly or until 100% compliance is reached for three consecutive times. Observations will continue at one time per week for three consecutive weeks or until 100% compliant. If a random sample of three staff observations are 100% | |

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| F 689 | <p>Continued From page 2</p> <p>extensive assistance of two staff members for bed mobility.</p> <p>12/12/18 - (7:30 PM) - In a written statement by E4 (CNA), it was revealed that E4 "was changing R2 and R2 was on his/ her side. As E4 was changing the sheets under R2 he/she fell feet first off the side of bed."</p> <p>12/12/12 - (8:32 PM) A progress note stated that "nurse reported that patient had fallen out of bed during care and was transferred back to bed by a Hoyer Lift (mechanical means of moving someone that cannot stand).</p> <p>12/12/18 (8:41 PM) - Documentation from the hospital revealed that R2 was evaluated in the ER and a left shoulder contusion (deep bruise) was identified.</p> <p>12/13/18 - Review of E4's (CNA) education documentation included: checking the transfer status on the profile sheet prior to providing care to each resident every day including: Transfers, bed mobility, and ambulation. Profiles are kept in every resident's closet. If unable to locate the profile sheet, report to the supervisor immediately, and the supervisor will print another copy of the profile sheet and hang it in the resident's closet.</p> <p>3/12/19 (8:35 AM) - During an interview with E6 (UM), it was confirmed that R2 required two staff members for bed mobility. E6 provided the surveyor with an order, dated 11/17/18, for R2 to be an extensive assist of 2 with bed mobility.</p> <p>3/12/19 During an interview, E3 (ADON) also confirmed that R2 required the assistance of two staff members for bed mobility.</p> | F 689 | <p>compliant in one month the deficiency will be considered resolved. Results of audits will be presented at QAPI meeting monthly.</p> | | |

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| F 689 | Continued From page 3 3/12/19 (approximately 10:11 AM) - During an interview with E4 (CNA), he/she confirmed that he/she provided R2's care alone, although R2 required the assistance of two staff members for bed mobility. The facility failed to follow R2's physician's order for assistance of two staff members for bed mobility, which resulted in a fall from bed and a subsequent shoulder contusion. These findings were reviewed with E1 (NHA), E2 (DON), and E7 (Corporate Nurse) on 3/12/19 during the exit conference beginning at 2:00 PM. | F 689 | | | |



**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) 577-6661

**STATE SURVEY REPORT
Page 1**

NAME OF FACILITY: Cadia Rehabilitation Renaissance
SURVEY COMPLETED: March 12, 2019

DATE

| 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 7, 2019 through March 12, 2019. The deficiencies cited in this report are based on observations, record reviews, staff interviews, and review of other facility documentation. The survey sample size was eight (8). The facility census the first day of the survey was one hundred and fifteen (115).</p> <p>Abbreviations / definitions used in this report are as follows:</p> <p>CCC – Corporate Clinical Consultant; CNA - Certified Nurse's Aide; DON - Director of Nursing; LPN - Licensed Practical Nurse; MD - Medical Doctor; NHA - Nursing Home Administrator; RN - Registered Nurse:</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</p> | <p>Cross refer to the plan of correction for CMS2567 survey completed March 12, 2019: F689.</p> | |

Provider's Signature Joyce Winters Title NHA Date 4/1/19



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STATE SURVEY REPORT
Page 2

NAME OF FACILITY: Cadla Rehabilitation Renaissance
SURVEY COMPLETED: March 12, 2019

DATE

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| | <p>adopted and incorporated by reference.</p> <p>This requirement is not met as evidenced by: Cross refer to CMS 2567-L survey completed March 12, 2019; F689.</p> | | |

Provider's Signature Joyce Winters Title NHA Date 4/1/19