



**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: Lodge Lane- Assisted Living

DATE SURVEY COMPLETED: January 23, 2017

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
<p>3225.9.0</p> <p>3225.9.5.2</p>	<p>on file at the facility of employment.</p> <p>This requirement is not met as evidenced by:</p> <p>Based on review of facility documentation and staff interview the facility failed to ensure that two staff members (E8 and E9) out of 16 staff sampled had either received the pre-employment baseline two step tuberculin test or had test results on file at the facility. Findings include:</p> <p>1. Review of facility documentation revealed E8 (LPN) was hired 5/9/2014. However during an interview with E2 (RSD/RN) on 1/23/2017 at approximately 11:30 AM this surveyor was informed E8 received the first step of tuberculin testing on 1/22/2017.</p> <p>These findings were reviewed with E1 (NHA), E2 (AIT), E3 (RSD/RN) and E4 (DDS) on 1/23/2016 at approximately 3:15 PM.</p> <p>2. Review of facility documentation filed for E9 (LPN) revealed a hire date of 7/17/2014. However further review of facility documentation for E9 revealed a chest x-ray dated 3/28/2013, without a documented history of a positive skin test or treatment and no results of actual tuberculin testing.</p> <p>These findings were reviewed with E1 (NHA), E2 (AIT), E3 (RSD/RN) and E4 (DDS) on 1/23/2016 at approximately 3:15 PM.</p> <p>Infection Control</p>	<p>3225.5.2.4</p> <p>A. 1. Employees 8 & 9 were hired during the period of time 9/20/13 – 8/15/14 when there was a shortage of Tubersol as confirmed in letter from Division of Long Term Care Residents Protection on September 20, 2013. See Attachment N-1</p> <p>2. E8 has received a 2 step PPD (02/08/2017) and is negative for infection in accordance with regulations. See attachment N-2</p> <p>3. E9, who had a negative chest X-ray was a positive reactor. See attachment N-3 a, and N-3 b.</p> <p>4. Neither E8, nor E9 had exhibited any signs or symptoms of tuberculosis as referenced in employee record of Tuberculosis Screenings. See Attachment N-4; a,b,c (for E8) and Attachment N-4; d,e,f (for E9)</p> <p>B. All current employee pre-employment records were reviewed for documentation compliance and found to be satisfactory</p> <p>C. Policy and Procedure “Employee Immunizations” has been revised to include the retaining of employee PPD records and/or acceptable alternatives on file within the facility’s employee health records. See attachment N-5. The Pre-Employment Checklist has been revised to include the starting of the first step PPD. See attachment N-6. This Pre-Employment Checklist is to be reviewed by Resident Service Director prior to employee’s start date to ensure a base line two step PPD is completed and recorded on file.</p> <p>D. All new hire records will be audited, see attachment N-7 by the Facility Director and/ or designee weekly x4 until compliance is achieved</p>



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3225.9.7	<p>Minimum requirements for pre-employment require all employees to have a base line two step tuberculin skin test (TST) or single Interferon Gamma Release Assay (GRA 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>The assisted living facility shall have on file evidence of vaccination against pneumococcal pneumonia for all residents older than 65 years, or those who received the pneumococcal vaccine before they became 65 years and 5 years have elapsed, and as recommended by the Immunization Practice Advisory Committee of the Centers for Disease Control, unless specifically, medically contraindicated. All residents who refuse to be vaccinated against pneumococcal pneumonia must be fully informed by the facility of the health risks involved. The reason for the refusal shall be documented in the resident's medical record.</p> <p>This requirement is not met as</p>	<p>100%, then new hire records will be audited by the Facility Director and/or designee monthly x3 until compliance is maintained at 100%. Then, audits will be reviewed at the Quality Assurance Committee for completion and compliance until compliance is maintained at 100% for three consecutive Quarterly Meetings.</p> <p>3225.9.5.2</p> <p>A. All current employee pre-employment records were reviewed for compliance and found to be satisfactory</p> <p>B. Policy and Procedure "Employee Immunizations" has been revised to include all newly hired employees to receive a base line two step tuberculin skin test prior to their start date. See attachment N-5. Pre-Employment Checklist has also been revised to include the starting of the first step PPD. See attachment N-6. This Pre-Employment Checklist is to be reviewed by Resident Service Director prior to employee start date to ensure a base line two step PPD is completed.</p> <p>C. The Resident Service Director attended an in-service provided by Delaware Division of Public Health entitled "Basic Infection Control for Long-Term Care Settings" which addressed the importance of employee immunizations and screenings. See attachment N-8.</p> <p>D. All new hire records will be audited, see attachment N-7 by the Facility Director and/ or designee weekly x4 until compliance is achieved 100%, then new hire records will be audited by Facility Director and/or designee monthly x3</p>



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<p>3225.12.0</p> <p>3225.12.1</p>	<p>evidenced by:</p> <p>Based on clinical record review it was determined that the facility failed to ensure that refusal or the administration of pneumococcal vaccination was documented for one resident (R1) out of four residents sampled. Findings include:</p> <p>Clinical record review revealed that documentation of the administration or refusal of the pneumococcal vaccination for R1 was absent for the year 2016. Additionally the facility failed to document any discussion with R1 regarding the health risks involved due to refusal of the pneumococcal vaccine and to document reasons expressed by R1 for refusal of the pneumococcal vaccine or to document reasons why the pneumococcal vaccine was not recorded in the clinical record.</p> <p>These findings were reviewed with E1 (NHA), E2 (AIT), E3 (RSD/RN) and E4 (DDS) on 1/23/2016 at approximately 3:15 PM.</p> <p>Services</p> <p>The assisted living facility shall ensure that: Food service complies with the Delaware Food Code</p> <p>These findings were reviewed with E2 (AIT) and E3 (DON) on 1/23/17 at 2:30 PM.</p> <p>2-301 Hands and Arms</p> <p>2-301.14 When to Wash</p>	<p>until compliance is maintained at 100%, then audits will be reviewed at the Quality Assurance Committee for completion and compliance until compliance is maintained at 100% for three consecutive Quarterly Meetings.</p> <p>3225.9.7</p> <p>A. Consent was obtained from R1's POA for resident to receive the pneumococcal vaccination</p> <ol style="list-style-type: none"> 1. The vaccination was administered on 2/17/17, see attachment N-9 2. Documentation will be maintained in the resident record 3. Resident received no harm from deficient practice <p>B. A review of all current resident immunizations occurred. Immunizations for all residents meet Regulation requirements</p> <p>C. 1. The "Immunizations" Policy and Procedure has been revised to include a review of all pre-admission vaccines, including receipt of Pneumococcal vaccine. If it has not been received prior to admission, it must be offered on admission with documentation of acceptance and/or refusal in the resident record. See attachment N-10.</p> <ol style="list-style-type: none"> 2. A Pre- Admission Checklist has been developed whereby the Resident Service Director will confirm that all pre-admission requirements, including pneumococcal



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	<p>FOOD EMPLOYEES shall clean their hands and exposed portions of their arms as specified under § 2-301.12 immediately before engaging in FOOD preparation including working with exposed FOOD, clean EQUIPMENT and UTENSILS, and unwrapped SINGLESERVICE and SINGLE-USE ARTICLES^P and:</p> <p>(H) Before donning gloves to initiate a task that involves working with FOOD^P</p> <p>This requirement is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure that staff performed handwashing first, before putting on new gloves to work with food. Findings include:</p> <p>On 1/23/17 at 11:45, E5 was observed preparing chicken wraps for lunch. On two occasions, E5 was observed changing gloves during the activity without first performing handwashing. In an interview on 1/23/17 at 2:15 PM, E4 agreed staff should have performed handwashing before putting on new gloves. These findings were reviewed with E2 (AIT) and E3 (DON) on 1/23/17 at 2:30 PM.</p> <p>3-304.15 Gloves, Use Limitation</p> <p>(A) If used, SINGLE-USE gloves shall be used for only one task such as working with READY-TO-EAT FOOD or with raw animal FOOD, used for no</p>	<p>vaccination, have been met and necessary documentation has been collected. See attachment N-11</p> <p>3. The Resident Service Director attended in-service on February 16, 2017 provided by The Delaware Division of Public Health entitled "Basic Infection Control for Long Term Care Settings" which discussed the importance of immunizations for Adults. See attachment N-8</p> <p>D. All new admission immunization records and checklist will be audited –see attachment N-12 by the Facility Director and/or designee weekly x4 until compliance is achieved 100%, then new admission immunization records and checklist will be reviewed by the Facility Director and/or designee monthly x3 until compliance is maintained at 100%. Then audits will be reviewed at the Quality Assurance Committee meeting for completion and compliance is maintained at 100% for three consecutive Quarterly Meetings</p> <p>3225.12.1</p> <p>A. Gloves / Hand washing: No residents were affected. Cannot change past practices. E5 was in-serviced on hand washing and gloving policy and demonstrated competency. See attached D-1</p>



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	<p>other purpose, and discarded when damaged or soiled, or when interruptions occur in the operation.</p> <p>This requirement is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure that staff changed the gloves he wore when he went into the walk-in refrigerator to get produce, before resuming sandwich preparation. Findings include:</p> <p>On 1/23/17 at 12:10 PM, E5 was observed leaving the production area where he was preparing sandwiches with gloved hands, and going to the walk-in refrigerator. E5 returned to the production area holding a couple of whole tomatoes, sliced them and resumed making sandwiches, wearing the same gloves. On 1/23/17 at 2:15 PM, E4 (Director of Dining Services) agreed E5 should have changed gloves after first washing his hands, before continuing with food preparation.</p> <p>These findings were reviewed with E2 (AIT) and E3 (DON) on 1/23/17 at 2:30 PM.</p>	<p>B. Gloves: Signage regarding the policies of gloving as well as hand washing will be posted at each hand washing station in the kitchen by 3/13/2017.</p> <p>C. Director of Dining or designee will re- in-service all staff on proper gloving and hand washing policies by 3/13/2017. All new employees will receive this same in-service during orientation and be required to demonstrate Competencies.</p> <p>D. 1. New competency audit tools for proper handwashing and glove use have been developed. See attached D-2 a-i. 2. Director of Dining or designee will perform competency audits until 100% compliance is achieved. Weekly x 4 weeks, monthly x 4 months and quarterly x 2 quarters. Results will be reported at monthly QAPI meetings for continued reassessment and monitoring for compliance.</p>