



**DELAWARE HEALTH
AND SOCIAL SERVICES**

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

263 Chapman Road, Suite 200, Cambridge Bldg
Newark, Delaware 19702
(302) 421-7400

STATE SURVEY REPORT

Page 1 of 1

NAME OF FACILITY: Polaris Healthcare & Rehab Ctr LLC

DATE SURVEY COMPLETED: July 9, 2024

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
<p>3201</p> <p>3201.1.0</p> <p>3201.1.2</p>	<p>An unannounced complaint survey was conducted at this facility from June 27, 2024 through July 9, 2024. The deficiencies contained in this report are based on observations, interviews, review of clinical records and other facility documentation as indicated. The facility census on the first day of the survey was 79. The investigative sample totaled six residents.</p> <p>Regulations for Skilled and Intermediate Care Nursing 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:</p> <p>Cross Refer to the CMS 2567-L survey completed July 9, 2024: cross refer: F660 and F745.</p>	<p>Please cross reference the CMS 2567 for F660 and F745</p>

Provider's Signature

Krista Nelson, BS

Title

NHA

Date

7/24/24

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

PRINTED: 07/30/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085058	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/09/2024
NAME OF PROVIDER OR SUPPLIER POLARIS HEALTHCARE AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 21 W CLARKE AVENUE MILFORD, DE 19963		
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F 000	<p>INITIAL COMMENTS</p> <p>An unannounced complaint survey was conducted at this facility from June 27, 2024 through July 9, 2024. The deficiencies contained in this report are based on observations, interviews, review of clinical records and other facility documentation as indicated. The facility census on the first day of the survey was 79. The investigative sample totaled six residents.</p> <p>Abbreviations/definitions used in this report are as follows:</p> <p>ADON - Assistant Director of Nursing; BOM - Business Office Manager; CW- Case Worker; CNA - Certified Nurse's Aide; DON - Director of Nursing; FM - Family Member; IDT - Interdisciplinary Team; LPN - Licensed Practical Nurse; NHA - Nursing Home Administrator; NP - Nurse Practitioner; PC - Person Contacted; PO - Police Officer; RN - Registered Nurse; SSA - Social Services Assistant; SW - Social Worker; UM - Unit Manager; WCN - Wound Care Nurse;</p> <p>Brief Interview for Mental Status (BIMS) - test to measure thinking ability with score ranges from 0 to 15. 13-15: Cognitively intact 8-12: Moderately impaired 0-7: Severe impairment;</p>	F 000			

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

TITLE

(X6) DATE

Electronically Signed

07/24/2024

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 Minimum Data Set (MDS) - a standardized set of assessments completed in nursing homes; NFT - Nursing Facility Transition - process program of assisting with transition from facility to community including housing.	F 000			
F 660 SS=D	Discharge Planning Process CFR(s): 483.21(c)(1)(i)-(ix) §483.21(c)(1) Discharge Planning Process The facility must develop and implement an effective discharge planning process that focuses on the resident's discharge goals, the preparation of residents to be active partners and effectively transition them to post-discharge care, and the reduction of factors leading to preventable readmissions. The facility's discharge planning process must be consistent with the discharge rights set forth at 483.15(b) as applicable and- (i) Ensure that the discharge needs of each resident are identified and result in the development of a discharge plan for each resident. (ii) Include regular re-evaluation of residents to identify changes that require modification of the discharge plan. The discharge plan must be updated, as needed, to reflect these changes. (iii) Involve the interdisciplinary team, as defined by §483.21(b)(2)(ii), in the ongoing process of developing the discharge plan. (iv) Consider caregiver/support person availability and the resident's or caregiver's/support person(s) capacity and capability to perform required care, as part of the identification of discharge needs. (v) Involve the resident and resident representative in the development of the discharge plan and inform the resident and resident representative of the final plan.	F 660		8/26/24	

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F 660	<p>Continued From page 2</p> <p>(vi) Address the resident's goals of care and treatment preferences.</p> <p>(vii) Document that a resident has been asked about their interest in receiving information regarding returning to the community.</p> <p>(A) If the resident indicates an interest in returning to the community, the facility must document any referrals to local contact agencies or other appropriate entities made for this purpose.</p> <p>(B) Facilities must update a resident's comprehensive care plan and discharge plan, as appropriate, in response to information received from referrals to local contact agencies or other appropriate entities.</p> <p>(C) If discharge to the community is determined to not be feasible, the facility must document who made the determination and why.</p> <p>(viii) For residents who are transferred to another SNF or who are discharged to a HHA, IRF, or LTCH, assist residents and their resident representatives in selecting a post-acute care provider by using data that includes, but is not limited to SNF, HHA, IRF, or LTCH standardized patient assessment data, data on quality measures, and data on resource use to the extent the data is available. The facility must ensure that the post-acute care standardized patient assessment data, data on quality measures, and data on resource use is relevant and applicable to the resident's goals of care and treatment preferences.</p> <p>(ix) Document, complete on a timely basis based on the resident's needs, and include in the clinical record, the evaluation of the resident's discharge needs and discharge plan. The results of the evaluation must be discussed with the resident or resident's representative. All relevant resident information must be incorporated into the</p>	F 660		

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F 660	<p>Continued From page 3</p> <p>discharge plan to facilitate its implementation and to avoid unnecessary delays in the resident's discharge or transfer. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview it was determined that for one (R2) out five residents reviewed for discharge the facility failed to implement an effective discharge plan that addressed R2's needs related to a community primary care physician, open wounds, insulin dependence, and visual impairment. Findings include:</p> <p>The facility policy on resident initiated discharge last updated October 2022, indicated "Residents may initiate a discharge from the facility. For resident initiated discharges the medical record contains: documented discussions with the resident containing details of discharge planning and arrangements for post-discharge care.</p> <p>Review of R2's clinical record revealed:</p> <p>2/21/23 - R2 was admitted to the facility with multiple diagnoses including diabetes, and unspecified cataracts. R2 was listed as their own responsible party. CW1 was listed as a care conference person.</p> <p>2/21/23 (initiated) - R2's care plan for discharge planning uncertain; patient has voiced desire to discharge back to the community was reviewed on 4/17/24. Goal will be discharge to a safe environment with appropriate resources times 90 days. Interventions included to develop a discharge plan with resident and family. Assist case manager/case worker to develop safe discharge plan. There were no changes to</p>	F 660	<p>A. R2 no longer resides in the facility and there was no opportunity to correct the deficient practice.</p> <p>B. All residents that are admitted have the potential to be affected by this deficient practice.</p> <p>C. A root cause analysis identified that the facility failed to develop and implement an effective discharge planning process to effectively transition the resident to post-discharge care. Nursing and social services staff will be educated via in-service on the discharge planning process by the Staff Development RN or the designee.</p> <p>D. An audit will be completed weekly x's 3 weeks and monthly x's 3 months. Results will be brought forward to QAPI until 100% compliance is achieved.</p>		

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F 660	<p>Continued From page 4 interventions made since the creation of this care plan.</p> <p>3/6/23 - A progress note written by E3 (MD) documented, "Patient seen secondary to previous concerns about patient wanting to leave the facility".</p> <p>8/18/23 - A progress note written by E14 (NP) documented, "Patient is inquiring when he could possibly see ophthalmologist due to visual deficits and him not being able to see how to administer insulin appropriately as what is preventing him from discharging. At this time no additional concerns from nursing staff. Patient has been a long-term care resident at Polaris since February 2023. Patient feeds himself. Appetite has been satisfactory.. Patient able to communicate his needs. Able to walk independently without any assistive devices. Patient continent of bowel and bladder and is independent with his ADLs. Patient used to live in a shelter and was homeless. Patient not happy with having to stay here. Patient very independent with ADLs."</p> <p>10/3/23 - A progress note in R2's clinical record documented that R2 "Returned from eye surgery appointment in stable condition."</p> <p>2/28/24 - An annual MDS assessment documented that R2 was moderately visually impaired, a diabetic who received insulin, and cognitively intact. R2 had participated in the goal setting portion of the assessment with a desire to return to the community, the active discharge plan segment was marked "no".</p> <p>4/25/24 - A progress note written by E13 (NP) documented, "[R2] seen today for [new] open</p>	F 660			

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F 660	<p>Continued From page 5 wound to right top of foot."</p> <p>5/5/24 - A wound care note in R2's clinical record documented, "Resident refused dressing change stating that he just wanted a band aid and he will put it on himself. Band aid was given." The clinical record lacked evidence that R2 was able to demonstrate the ability to complete wound care independently.</p> <p>5/15/24 9:10 PM - A behavior note in R2's clinical record written by E15 (RN) documented, "[E17 (CNA)] approached this nurse to report that [R2] had his call light on and when she answered the light,[R2] was naked from the waist down with his penis in his hands masturbating and pornography playing on his phone. Initially, the assistant assumed he had an accident and needed assistance. [R2] then continued to masturbate and asked the assistant not to "tell" anyone. [R2] then requested [E16 (CNA)] to come in the room and propositioned [E16] to be his girlfriend or "sex partner".[E16] then reminded [R2] that she is here to work and care for the residents in this building and sexual relationships between staff and residents are strictly prohibited."</p> <p>5/16/24 - A progress note written by E5 (RN) documented, "Seen by wound care team. No change in therapy. Wound healing with new granulation tissue present. Educated again about tight fitting shoes and standing for long periods of time." The note lacked evidence that R2 was educated on how to complete a dressing change and lacked evidence that R2 demonstrated ability to complete a dressing change independently.</p> <p>5/16/24 untimed - A 30 day discharge notice was issued to R2. The notice indicated, "Effective</p>	F 660			

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F 660	<p>Continued From page 6</p> <p>June 16, 2024 you will be discharged to a [hotel]. You are being discharged for the following reasons: Your health has improved sufficiently so that you no longer need the services provided by our facility. The safety of other individuals in the facility is endangered, the health of other individuals in endangered.</p> <p>5/17/24 12:20 PM - A police report documented arrival to the facility for a "disorderly complaint". No arrest were made. The investigative narrative documented, "[E2/PC2] stated after this occurred, she conducted a deep dive into PC3's past. She found that S1 [R2] had served his jail time for past crimes. PC2 stated that she was uncomfortable with PC3 [R2/S1] being there anymore." Additionally the report documented, "[E17/PC4] would be the victim and if she didn't want to proceed on any charges we wouldn't...[R2 /PC3] agreed to leave the facility."</p> <p>5/17/24 - untimed -R2 decided to discharge from the facility.</p> <p>5/17/24 1:06 PM - A discharge form form signed by R2 documented that R2 was being discharged to the home/community. There was no documented community physician. Home care services, medical equipment, scheduled appointments were marked "no". Medication education was completed on all medications ordered at discharge including insulin to be injected before meals. Demonstration of ability to self administer insulin independently was not documented. Wound treatment information was written, there was no documentaion regarding demonstration of ability to complete the dressing changes independently.</p>	F 660			

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F 660	<p>Continued From page 7</p> <p>5/17/24 2:05 PM - A progress note written by E6 (RN) documented, "Discharge instructions and medications reviewed with resident and all questions answered. Resident discharged with all belongings. Medications called in to Walmart in Georgetown by NP." The progress note lacked evidence that R2, a visually impaired resident, was able to demonstrate the ability to self administer insulin or complete a dressing change to the wound on his foot independently.</p> <p>During an interview on 7/2/24 at 12:23 PM, with R2 it was confirmed the facility did not educate R2 on how to self administer insulin or dressing changes and did not observe R2 perform self administration of insulin or dressing change independently. R2 stated, "I was released with a wound on my foot, they gave me some wound care there and stuff when I left. That's it. They really didn't do shit". R2 reported completing dressing changes independently since his discharge from the facility.</p> <p>During an interview on 7/2/24 at 1:44 PM, E8 (former CNA) reported providing care for R2 throughout the duration of his care. E8 stated "With assistance he could shower. He would walk around. Only time he needed assistance was with his vision."</p> <p>During an interview on 7/2/24 at 2:00 PM, E6 (RN) stated she was aware that R2 had an open wound. When asked if R2 had a visual impairment, E6 responded, "As far as I know they were corrected because he had recent surgery and his vision was greatly improved." E6 then confirmed that she did not perform any demonstration and did not visualize return demonstration of R2's ability to self administer</p>	F 660			

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F 660	<p>Continued From page 8 insulin or complete dressing changes.</p> <p>During an interview on 7/2/24 at 2:18 PM, E5 (RN) and current WCN stated that in terms of teaching related to R2's open wound, "When we would see him we would show him what we did and I went over that with him then and on discharge and I gave him supplies." When asked where R2 provided return demonstration of his ability to independently complete a dressing change E5 stated, "No he did not but he did verbalize understanding of how to do it."</p> <p>During an interview on 7/4/24 at 6:30 AM, with PO1 (police officer) it was revealed that he responded to the facility on 5/17/24 at 12:20 PM, for an incident that happened on 5/15/24. PO1 stated that he mostly interacted with the DON (E2) who told him that she had done a "deep dive" into the resident and he had committed crimes and they wanted him out of the building. PO1 spoke to the main victim who wasn't giving the whole story so he could not use her information. The other two staff he spoke to told him the resident had exposed himself to them. The officer also interviewed the resident who shared that he had put the call bell on by accident and was in his room alone pleasuring himself when staff walked in. PO1 stated that facility staff wanted R2 out of the facility immediately. PO1 told facility staff that he could not do that. PO1 then asked R2 if "he'd be cool" with getting set up in a hotel of his choosing and he agreed to leave the facility.</p> <p>During an interview on 7/8/24 at 9:32 AM, E12 (former SW) explained she was not involved with R2's discharge but did sign the discharge form.</p>	F 660		

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F 660	<p>Continued From page 9</p> <p>During an interview on 7/8/24 at 11:46 AM, with CW1 it was reported that, "[R2's] discharge I feel was out of compliance. I believe he was being treated for a wound and I'm not certain he was properly educated about that and how to manage that on his own, he can't see very well. There was not a time for a discharge meeting to plan the discharge. We knew [R2] wanted to be in the community I had referred him to NFT for housing assistance. [R2] wasn't located for days, Tuesday or Wednesday" [an estimated four days after facility discharge]. When asked what services were then facilitated for R2, CW1 stated, "a primary care provider because he is diabetic, an optometrist for his impaired vision. Housing because, he did not have housing. There was still a need to help him with financial status."</p> <p>During an interview on 7/8/24 at 12:41 PM, with E18 (NP) for wound care when asked whether R2 was able to complete a dressing change independently, E18 stated, "Physically and mentally yes, the only possible barrier may have been his vision." E18 confirmed that she had not observed R2's ability to perform dressing changes independently.</p> <p>During an interview on 7/9/24 at 9:50 AM, E6 (RN) who completed R2's discharge form confirmed that a community physician was not designated on the form. E6 stated, "social work fills that out".</p> <p>During an interview on 7/9/24 at 10:05 AM, E13 (NP) confirmed calling in prescriptions for medications and dressing change supplies for R2. E13 confirmed that she would not be R2's healthcare provider in the community and was unaware of what physician if any had been</p>	F 660			

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F 660	Continued From page 10 selected for R2 to assist with further prescriptions, and management of clinical issues. E13 stated that designation of a physician is "arranged by social services".	F 660			
F 745 SS=D	Provision of Medically Related Social Service CFR(s): 483.40(d) §483.40(d) The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on record review and interview it was determined that for one (R2) out of five residents reviewed for discharge the facility failed to ensure continuity of medically related social services upon the residents discharge. R2 discharged from the facility on 5/17/24 and was not connected with the community caseworker for an estimated four days. Findings include: The facility policy on social services last updated September 2021, indicated, "Social services is responsible for meeting or assisting with the medically related social service needs of residents...helping residents with transitions of care services (for example, community placement options, home care services, transfer agreements etc.); Not all medically related social services are provided by the a qualified social worker. However the facility is responsible for ensuring that all residents are provided these services by staff or through referrals made to an	F 745	A. R2 no longer resides in the facility and there was no opportunity to correct the deficient practice. B. All residents that are admitted have the potential to be affected by this deficient practice. C. A root cause analysis identified that the facility failed to ensure continuity of medically related social services upon the resident's discharge. Nursing and social services staff will be educated via in-service on the Social Services policy by the Staff Development RN or the designee. D. An audit will be completed weekly x's 3 weeks and monthly x's 3 months. Results will be brought forward to QAPI until 100% compliance is achieved.	8/26/24	

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NAME OF PROVIDER OR SUPPLIER POLARIS HEALTHCARE AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 21 W CLARKE AVENUE MILFORD, DE 19963		
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F 745	<p>Continued From page 11 outside agency."</p> <p>Review of R2's clinical record revealed:</p> <p>2/21/23 - R2 was admitted to the facility with multiple diagnoses including diabetes and unspecified cataracts. R2 was listed as their own responsible party. CW1 was listed as a care conference person.</p> <p>2/28/24 - An annual MDS assessment documented that R2 was cognitively intact, and had participated in the goal setting portion of the assessment with a desire to return to the community.</p> <p>4/17/24 - A R2's care plan for discharge planning uncertain at this time was reviewed. Patient has voiced desire to discharge back to the community. Goal will be discharge to a safe environment with appropriate resources times 90 days. Interventions included to develop a discharge plan with resident and family. Assist case manager/case worker to develop safe discharge plan.</p> <p>5/16/24 - A 30 day discharge notice was issued to R2.</p> <p>5/17/24 untimed - A note document R2 decided to discharge from the facility.</p> <p>5/17/24 1:06 PM - A discharge form for R2 documented, "For additional resources in your community contact: Aging and Adult Services". The discharge form lacked evidence of CW1's name or contact information.</p> <p>5/17/24 2:05 PM - A progress note written by E6</p>	F 745			

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F 745	<p>Continued From page 12</p> <p>(RN) documented, "Discharge instructions and medications reviewed with resident and all questions answered. Resident discharged with all belongings. Medications called in to Walmart in Georgetown by NP."</p> <p>During an interview on 7/2/24 at 11:18 AM, E11 (SSA) confirmed that she did not notify CW1 of R2's decision to discharge and stated that E12 (former SW) may have done the notification.</p> <p>During an interview on 7/8/24 at 9:32 AM, E12 (former SW) explained that she is normally involved in resident's discharge process but that in R2's discharge "It never works that way but for some reason I was told about the discharge after the fact of it already in motion. I signed off the paperwork but everything was mostly done. They called [CW1] and told her about the 30 day discharge on 5/16/24. Then [CW1] called and asked for a meeting, [E1 (NHA)] and [E2 (DON)] declined [CW1's] request to meet and discuss discharge and told me I needed to decline it also." E12 confirmed that she did not contact CW1 when R2 decided to discharge from the facility.</p> <p>During an interview on 7/8/24 at 11:46 AM, CW1 stated, "I'm the case manager/case worker so whenever there is a resident discharge a discussion should be had and I request a meeting to ensure a safe discharge of [R2]. When asking for meetings they were declined on the invitation. Its been a challenge; not being notified in a timely manner of concerns or issues prior to the escalation of a discharge. Specifically with [R2] I was notified via email of the written discharge notice on a Thursday [5/16] and I communicated that a discharge meeting should occur first. I reached out to [E12 (former SW)] and was</p>	F 745		

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F 745	<p>Continued From page 13</p> <p>informed she was told to decline my meetings. Come that Monday 5/20/24 I was reviewing [R2's] chart and realized he was discharged and there was no way of myself of getting a hold of him. His vision is not to where he can safely see and I was concerned. We weren't able to get a hold of him right away. Where they said they booked a room for him the hotel said they had no knowledge of that. Another team member called around to different hotels until he was located that Tuesday or Wednesday. I was not clear on what he may need, but at the very least we needed to set up a primary care physician, an optometrist and vision services and management because he is a diabetic. Housing because he did not have housing. There was still a need to help him with financial's." CW1 confirmed that the failure to receive notice upon R2's decision to discharge from the facility resulted in a lapse of continuity of medically related social services and that the access to resources and services was delayed during the time when R2's whereabouts were unknown.</p> <p>During an interview on 7/9/24 at 9:50 AM, E6 (RN) who completed R2's discharge confirmed that she did not attempt to contact CW1 during or prior to R2's decision to discharge from the facility. E6 stated, "social work handles that".</p> <p>During an interview on 7/8/21 at 12:16 PM, both E1 (NHA) and E2 (DON) confirmed that the facility did not contact CW1 when R2 decided to discharge from the facility. E1 stated, "[R2's] alert and oriented, had a phone and capacity to call [CW1]".</p> <p>Findings were reviewed during the exit conference on 7/9/24 AT 10:30 AM with E1 (NHA)</p>	F 745			

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F 745	Continued From page 14 and E2 (DON).	F 745		
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