



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) 421-7400

STATE SURVEY REPORT
Page 1

NAME OF FACILITY: Brackenville Center
May 18, 2021

DATE SURVEY COMPLETED:

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
3201	<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 by the State of Delaware Division of Health Care Quality, Office of Long Term Care Residents Protection from May 12, 2021 to May 18, 2021. The deficiencies contained in this report are based on interviews, reviews of clinical records and other documentation as indicated. The facility census the first day of the survey was 96. The survey sample totaled eight (8) residents, including four (4) closed records.</p>		
3201.1.0	<p>Regulations for Skilled and Intermediate Care Facilities</p>		
3201.1.2	<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 May 18, 2021: F695 and F842.</p>	<p>Cross reference plan of correction for CMS 2567 for Annual survey ending May 18, 2021 F695 and F842</p>	<p>June 17, 2022</p>

Provider's Signature

Title

Administrator

Date

6/7/21

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

PRINTED: 09/14/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065042	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/18/2021
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NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT BRACKENVILLE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 100 ST. CLAIRE DRIVE HOCKESSIN, DE 19707
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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	<p>INITIAL COMMENTS</p> <p>An unannounced complaint survey was conducted by the State of Delaware Division of Health Care Quality, Office of Long Term Care Residents Protection from May 12, 2021 to May 18, 2021. The deficiencies contained in this report are based on interviews, reviews of clinical records and other documentation as indicated. The facility census the first day of the survey was 96. The survey sample totaled eight (8) residents, including four (4) closed records</p> <p>Abbreviations and definitions used in the report are as follows:</p> <p>BiPAP (Bi-level Positive Airway Pressure) - non-invasive ventilation support medical device that delivers different pressure settings ordered by the physician depending on whether the patient is taking a breath or exhaling and used for removal of CO2 (carbon dioxide); Bolus Feed - type of feeding method using a syringe to deliver formula through the feeding tube; CO2 (carbon dioxide) - waste product (or gas) made by your body, transported by blood to your lungs and removed by exhaling. A CO2 blood test measures how much carbon dioxide is in a person's blood; CPAP (Continuous Positive Airway Pressure) - non-invasive respiratory medical device that delivers one pressure setting continuously ordered by the physician to increase oxygenation and decrease the work of breathing; DON - Director of Nursing; eMAR - electronic Medication Administration Record; eTAR - electronic Treatment Administration</p>	F 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 06/07/2021
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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 000	Continued From page 1 Record; HS - bedtime; NHA - Nursing Home Administrator; NP - Nurse Practitioner; Reservoir - chamber that holds water; Sleep Apnea - sleep disorder characterized by abnormal pauses in breathing or instances of abnormally low breathing during sleep; x - times.	F 000			
F 695 SS=D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on clinical record review and interview, it was determined that the facility failed to provide respiratory care as ordered to one (R4) out of four residents sampled. Findings include: Cross refer F580. Review of R4's clinical record revealed: 10/14/2019 - R4 was admitted to the facility status post hospitalization for short-term rehabilitation with a physician order to wear BiPAP during the night. 10/14/2019 at 7:35 PM - An admission nurse's	F 695	A R4 was discharged to the hospital 10/26/2019 and never returned to the center B All other residents/admissions/re-admissions that require a Bi-pap or c-pap will have their medical record reviewed to insure there was follow-up if there was physician order for Respiratory Therapy evaluation or re-evaluation. C. Root cause was determined to be the fact that the nursing staff were not aware	6/23/21	

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F 695	<p>Continued From page 2</p> <p>note documented that R4 "... Uses BIPAP since hospitalized but no sleep study has been done..."</p> <p>10/14/2019 - R4's physician order by E3 (NP) stated, "BIPAP...Apply at HS anc remove in AM...Full face mask ...for sleep apnea..."</p> <p>10/15/2019 - An untimed physician progress note by E3 (NP) documented that R4 was "...alert and oriented X3 (person, place and time) ... (morbid obesity): is likely the underlying sleep apnea ... Not on CPAP. Recommended scheduling of outpatient sleep study...". Despite E3's physician order for BiPAP on 10/14/2019, E3 continued to document that R4 had CPAP.</p> <p>10/15/2019 at 3:35 AM - A nurse's note documented that R4 was oriented to person, place and time.</p> <p>10/15/2019 at 4:49 AM - A nurse's note documented that R4's "BiPAP applied 0100 (1 AM) resident tolerated it for about 2 hours. Resident encouraged to keep it on. Resident continues to take BiPAP off intermittently..."</p> <p>10/15/2019 at 5:21 AM - A nurse's note documented that R4 "... is non-compliant with his cpap and continuously takes the mask off..."</p> <p>10/15/2019 at 9:44 PM - A nurse's note documented that R4 "... Slept most of the shift... lethargic (sluggish). Pt. (Patient) is oriented to person..."</p> <p>10/16/2019 at 7:07 AM - A nurse's note documented that "Resident (R4) slept most of the shift. Refused his BIPAP stating it is too big and he is afraid to wear it..."</p>	F 695	<p>of who to contact for follow-through on the order for Respiratory Therapy. As a systemic change the phone number to call for Respiratory Therapy evaluation will be posted at both nurses stations.</p> <p>Nurse educator or designee will reinservice all nurses on who to call when there is an order for Respiratory Evaluation and accurately identifying and documenting on c-pap / bi-pap Nurse educator will review with the NP/MD accurately identifying a c-pap / bi-pap and writing a correct order identifying the machine correctly</p> <p>D. DON or designee will audit the medical record of all residents with a bi-pap or c-pap weekly x 4 weeks. If 100% then audits will be completed monthly x 3 months</p> <p>QAPI committee will review the audits for trends and make necessary recommendations</p>	

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F 695	<p>Continued From page 3</p> <p>10/16/2019 at 12:17 PM - E3 (NP) wrote a physician's order for R4 that stated, "Respiratory Therapy ...Evaluation for BiPap fitting."</p> <p>10/16/2019 - An untimed History and Physical by E4 (Physician) stated that R4 was "...Awake, alert and oriented x3" (person, place and time) ... (morbid obesity) : is likely the underlying sleep apnea ... Not on CPAP. Recommended scheduling of outpatient sleep study...".</p> <p>10/16/2019 at 10:37 PM - A nurse's note documented that R4 was "...Alert and oriented x3 ... Refused Bipap stating he can't breathe with that thing on...".</p> <p>10/18/2019 at 7:43 AM - A nurse's note documented that R4 "...refused bipap x5 attempts. Educated on importance of use to no avail."</p> <p>10/20/2019 at 1:37 PM - A nurse's note documented that R4 "... is alert and oriented with occasional confusion...".</p> <p>10/23/2019 - An untimed Physician Progress Note by E3 (NP) documented "... 10/21/2019: Co2 (carbon dioxide) 35. Non compliant (sic) to wearing CPAP...". Despite a 10/14/2019 physician's order for a BIPAP, E3 continued to document in the clinical record that R4 was noncompliant wearing CPAP.</p> <p>10/25/2019 at 10:44 AM - A nurse's note documented "Resident noted with increase (sic) confusion this shift...Resident noted with carbon dioxide level of 35 and continuing to refuse bipap. NP made aware."</p>	F 695		

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F 695	Continued From page 4 10/25/2019 - An untimed Physician Progress Note by E3 (NP) documented "... He has underlying sleep apnea and is often on (sic) compliant to wearing CPAP. Discussed with (R4's representative) the need to encourage the pt (patient) to wear his CPAP... 10/21/2019: Co2 35. Non compliant to wearing CPAP ..". E3 ordered BiPAP on 10/14/2019, however she continued to incorrectly document CPAP. 5/17/2021 at 9:34 AM - During an interview, R4's representative stated that on October 25, 2019 a nurse sitting behind the desk told her that R4's CO2 level was increased. R4 stated that she remembered this clearly because it was the day before R4 was sent emergently to the hospital (10/26/2019). 5/17/2021 at 9:47 AM - During an interview, E2 (DON) confirmed that a Respiratory Therapist did not re-evaluate R4's BiPAP fitting as ordered by E3 (NP) on 10/16/2019. 5/17/2021 at 1:20 PM - During a follow-up interview, E2 (DON) stated that E3 (NP) no longer works in the facility. 5/18/201 at 3:30 PM - Findings were reviewed during the exit teleconference with E1 (NHA) and E2 (DON). The facility failed to provide respiratory care to R4, specifically having a Respiratory Therapist re-evaluate his BiPAP fitting as per a 10/16/2019 physician's order.	F 695			
F 842 SS=E	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) §483.20(f)(5) Resident-identifiable information.	F 842		6/23/21	

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F 842	<p>Continued From page 5</p> <p>(i) A facility may not release information that is resident-identifiable to the public.</p> <p>(ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.</p> <p>§483.70(i) Medical records.</p> <p>§483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-</p> <p>(i) Complete;</p> <p>(ii) Accurately documented;</p> <p>(iii) Readily accessible; and</p> <p>(iv) Systematically organized.</p> <p>§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-</p> <p>(i) To the individual, or their resident representative where permitted by applicable law;</p> <p>(ii) Required by Law;</p> <p>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</p> <p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p>	F 842		

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F 842	<p>Continued From page 6</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on clinical record review and interview, it was determined that for one (R8) out of four residents reviewed for respiratory care, the facility failed to accurately document R8's respiratory care. Findings include:</p> <p>Review of R8's clinical record revealed:</p> <p>5/6/2021 - R8 was admitted to the facility status post hospitalization. According to the hospital record, R8's family was to provide the facility with R8's personal CPAP to use during his rehabilitation.</p>	F 842	<p>A. R8 is currently using his own c-pap from home</p> <p>B. All other residents/admissions/re-admissions that require a Bi-pap / c-pap will have their medical record reviewed to insure the doctors orders for c-pap/bi-pap are accurate and complete</p> <p>C. Root cause was completed and it was determined that the cause of the deficient practice was the entering of the</p>	

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F 842	<p>Continued From page 7</p> <p>The following four physician orders were entered in R8's electronic health record where nursing staff would document respiratory care provided: - 5/10/2021 - "CPAP Pressure: CPAP _____ (incomplete) Apply at HS (bedtime) and remove in AM (morning) ...". This order was incomplete and discontinued on 5/12/2021 at 1:06 PM. - 5/10/2021 - "Clean CPAP/BiPAP Reservoir in the morning." -5/11/2021 - "CPAP to be stopped for 2 hours following Bolus Feed two times a day for feed." - 5/12/2021 - "CPAP Pressure: CPAP _____ (incomplete) Apply at HS and remove in AM...". Despite the physician's order being rewritten, the order remained incomplete. This order was discontinued on 5/14/2021 at 3:01 PM.</p> <p>While R8 did not have a CPAP machine in the facility until R8's family delivered his personal CPAP on 5/14/2021, facility nurses were inaccurately documenting respiratory care for R8 prior to 5/14/2021. The inaccurate documentation included the following on R8's eMAR and eTAR: - The 5/10/2021 CPAP order was signed off by a nurse for two nights (5/10 and 5/11) despite being an incomplete physician's order and there was no CPAP at R8's bedside. - The 5/10/2021 CPAP reservoir was signed off by nurses for three mornings (5/11, 5/12, and 5/13). - The 5/11/2021 Stop CPAP following Bolus Feed was signed off by nurses for three nights (5/11, 5/12, and 5/13). - The 5/12/2021 CPAP order was signed off by nurses for two nights (5/12 and 5/13), despite an incomplete physician's order</p> <p>5/18/2021 at 3:30 PM - Findings were reviewed</p>	F 842	<p>incomplete physician order and nurse error in not verifying the cpap machine was in fact present</p> <p>Systemic change will be to change the pre-populated order to include Use pre-set settings</p> <p>Nurse educator or designee will reinservice all nurses on accurately identifying and documenting on c-pap / bi-pap as ordered</p> <p>Nurse educator will review with the NP/MD writing accurate and complete orders for cpap/bi-pap machines and the change in the pre-populated orders for c-pap/bi-pap machines</p> <p>D. DON or designee will audit the medical record of all residents with a bi-pap / c-pap weekly x□s 4 weeks. If 100% then audits will be completed monthly x□s 3 months</p> <p>QAPI committee will review the audits for trends and make necessary recommendations</p>	

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F 842	Continued From page 8 during an exit teleconference with E1 (NHA) and E2 (DON).	F 842		

