



**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**

**NAME OF FACILITY: Cadia Rehabilitation Renaissance**

**DATE SURVEY COMPLETED: February 16, 2021**

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
<p><b>3201</b></p> <p><b>3201.1.0</b></p> <p><b>3201.1.2</b></p>	<p><b>The State Report incorporates by reference and also cites the findings specified in the Federal Report.</b></p> <p>A COVID-19 Focused Infection Control Survey was conducted by the State of Delaware Division of Health Care Quality, Office of Long Term Care Residents Protection on 2/12/2021 through 2/16/2021. The facility was found to not be in compliance with 42 CFR §483.80 infection control regulations and has not implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. The facility census on the first day of the survey was ninety (90). The survey sample totaled nine (9) residents.</p> <p><b>Regulations for Skilled and Intermediate Care Facilities</b></p> <p><b>Scope</b></p> <p><b>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.</b></p> <p>This requirement is not met as evidenced by:</p> <p>Cross Refer to the CMS 2567-L survey completed February 16, 2021: F880.</p>		

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

PRINTED: 04/22/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>085052</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/16/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>CADIA REHABILITATION RENAISSANCE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>26002 JOHN J WILLIAMS HIGHWAY MILLSBORO, DE 19966</b>		
(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	<p><b>INITIAL COMMENTS</b></p> <p>A COVID-19 Focused Infection Control Survey was conducted by the State of Delaware Division of Health Care Quality, Office of Long Term Care Residents Protection on 2/12/2021 through 2/16/2021. The facility was found to not be in compliance with 42 CFR §483.80 infection control regulations and has not implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. The facility census on the first day of the survey was ninety (90). The survey sample totaled nine (9) residents.</p> <p>Abbreviations/definitions used are as follows:</p> <p>DON - Director of Nursing; LPN - Licensed Practical Nurse; NHA - Nursing Home Administrator; RN - Registered Nurse;</p> <p>CDC - Centers for Disease Control and Prevention; CMS - Centers for Medicare &amp; Medicaid Services; COVID-19 (Coronavirus) - a respiratory illness that can be spread person to person; COVID Testing - a test for COVID-19/Coronavirus - a respiratory illness that can be spread person to person; DPH - The State Agency Division of Public Health; EMT - Emergency Medical Technician who provides non-emergent ambulance transport services; SARS-Cov-2 (COVID-19)- Coronavirus; Source control - use of cloth face coverings or facemasks to cover a person's mouth and nose to prevent the spread of respiratory secretions</p>	F 000			

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

TITLE

(X6) DATE

Electronically Signed

03/02/2021

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	F 000			
F 880 SS=E	<p>Infection Prevention &amp; Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <ul style="list-style-type: none"> <li>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</li> <li>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</li> <li>(iii) Standard and transmission-based precautions</li> </ul>	F 880		3/15/21	

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F 880	<p>Continued From page 2</p> <p>to be followed to prevent spread of infections;</p> <p>(iv)When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on interview and record review it was determined that for three (R1, R2 and R4) out of four residents sampled for non-emergent transport review, the facility failed to ensure that COVID-19 symptom screening was being conducted for transportation staff entering the building. Findings include:</p>	F 880	<p>a.) No residents were negatively impacted by this deficient practice.</p> <p>b.) All residents have the potential to be affected by this deficient practice. Residents will be protected from this deficient practice by taking the corrective actions outlined below in #1c.</p>		

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F 880	<p>Continued From page 3</p> <p>8/26/2020 - The CMS (Center for Medicare &amp; Medicaid Services) issued memorandum QSO-28-30 NH (nursing homes) documented that "Facility staff includes employees, consultants, contractors, volunteers, and caregivers who provide care and services to residents on behalf of the facility... Regardless of the frequency of testing being performed or the facility's COVID-19 status, the facility should continue to screen all staff (each shift), each resident (daily), and all persons entering the facility, such as vendors, volunteers, and visitors, for signs and symptoms of COVID-19." <a href="https://www.cms.gov/files/document/qso-20-38-nh.pdf">https://www.cms.gov/files/document/qso-20-38-nh.pdf</a></p> <p>12/2/2020 - The State Agency issued a memorandum to all Long Term Care Facilities that "A 'Long Term Care (LTC) Vendor' is defined as any individual who is not employed by the LTC facility but provides direct services to one or more facility residents. This definition includes all transportation providers providing transportation services to a LTC facility resident. The only exception is emergency personnel responding to a 911 call ...LTC vendors must be tested for COVID-19 in accordance with Division of Public Health guidance."</p> <p>12/31/2020 (last updated) - The facility policy for COVID-19 indicated in the: -Environmental section that "only one door is to be used for entry and exit from the facility" and "a screening area is to be located by the door identified to screen all employees and other essential individuals entering the building." -Preventative Measures section to perform "active screening of health care professionals for signs and symptoms of COVID-19."</p>	F 880	<p>c.) All new admissions are screened prior to entry to the building. All transport drivers will also be screened using the same tool, which will assess for symptoms of COVID-19 or exposure to others with suspected or confirmed SARS-CoV-2 infection. The facility will conduct focused education for staff responsible for screening vendors prior to entry into the facility. Education will include the importance of using the specified COVID screening tool and completing it in its entirety. Additionally, whole house formal Infection Control Education was conducted by LW Consultants on March 2, 2021.</p> <p>d.) The Director of Nursing (DON)/designee will audit all new admission COVID screening forms to ensure that the transport drivers were thoroughly screened. The audit will be conducted daily until 100% compliance is achieved for 5 consecutive days. Then, the audit will be conducted three times a week until 100% compliance is achieved for three consecutive weeks. Then, the audits will be conducted weekly until 100% compliance is achieved over three consecutive weeks. Then, another audit will be conducted in one month. If 100% compliance is achieved, the deficiency will be considered resolved. Results of the audits will be presented and discussed at the facility QA Meeting.</p>		

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F 880	Continued From page 4  1/26/2021 (last updated) - The State Agency's COVID-19 Updated Re-opening Plan in Long Term Care (LTC) Facilities included that "Health care workers who are not employees of the facility but provide direct care to the residents, such as hospice workers, laboratory technicians, radiology technicians, social workers, clergy etc., must be permitted to come into the facility as long as they are not subject to a work exclusion due to an exposure to COVID-19 or show signs or symptoms of COVID-19 after being screened. These health care workers must adhere to the core principles of COVID-19 infection prevention and must comply with LTC vendor COVID-19 testing requirements."  2/10/2021 (last updated) - The CDC's Infection Control Guidance indicated to "Establish a process to ensure everyone (patients, healthcare personnel, and visitors) entering the facility is assessed for symptoms of COVID-19, or exposure to others with suspected or confirmed SARS-CoV-2 infection and that they are practicing source control." <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html</a>  1. The following was reviewed in R1's clinical record:  1/16/2021 2:45 AM - R1's Progress note documented "Patient arrived at 1700 [5:00 PM on 1/15/2021] via ambulance...".  2/15/2021 4:46 PM - During an interview with E1 (NHA) and subsequent email communications, it was revealed that there was only evidence of temperature screening and no COVID-19	F 880			

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F 880	<p>Continued From page 5 symptom screening of ambulance transportation staff entering the facility.</p> <p>2. The following was reviewed in R4's clinical record:</p> <p>1/22/2021 6:47 PM - R4's Progress note documented "Resident arrive [sic] via ambulance with two attendants ...".</p> <p>2/15/2021 4:46 PM - 2/16/2021 4:46 PM - During an interview with E1 (NHA) and subsequent email communications, it was revealed that there was only evidence of temperature screening and no COVID-19 symptom screening of ambulance transportation staff entering the facility. It was documented "EMT one - 97.3" and "EMT two 97.6" hand written in the top right corner, but there was no documentation of any of the other COVID-19 screening requirements (such as symptoms, exposures), names of the crew, time or facility nurse's signature.</p> <p>3. The following was reviewed in R2's clinical record:</p> <p>2/9/2021 11:17 PM - R2's Progress note documented "Patient was admitted to room 111B from [hospital], transported by [name of ambulance company] and 2 assist."</p> <p>2/15/2021 4:46 PM- During an interview with E1 (NHA) and subsequent email communications, it was revealed that there was only evidence of temperature screening and no COVID-19 symptom screening of ambulance transportation staff entering the facility.</p> <p>The facility lacked evidence that non-emergent</p>	F 880			

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F 880	Continued From page 6 transport staff received the proper COVID-19 screening upon entry to the facility.  2/16/2021 10:00 AM - These findings were reviewed with E1 (NHA) and E2 (DON) during the exit teleconference.	F 880		
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