DELAWARE HEALTH AND SOCIAL SERVICES

Division of Health Care Quality

Office of Long-Term Care Residents Protection

DHSS - DHCQ
263 Chapman Road, Ste 200, Cambridge Bldg.
Newark, Delaware 19702
(302) 421-7400

STATE SURVEY REPORT

NAME OF FACILITY: The Center at Eden Hill

DATE SURVEY COMPLETED: June 23, 2023

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	The State Report incorporates by reference and also cites the findings specified in the Federal Report. An unannounced Annual, Complaint and Emergency Preparedness Survey was conducted at this facility from June 20, 2023 through June 23, 2023. The deficiencies contained in this report are based on observations, interviews, review of residents' clinical records and review of other facility documentation as indicated. The facility census on the first day of the survey was 58. The sample totaled 30 residents.	please cross refer to the CMS 2567 for facilities plan of correction	8/1/23
3201	Regulations for Skilled and Intermediate Care Facilities		
3201.1.0	Scope		
3201.1.2	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. This requirement is not met as evidenced by the following: Cross Refer to the CMS 2567-L survey completed June 23, 2023: F790		

Provider's Signature Title Administrator Date 7/10/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085057	A. BUILDING ______ B. WING ______	C 06/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTER AT EDEN HILL, LLC	300 BANNING STREET DOVER, DE 19904

(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
E 000	Initial Comments An unannounced annual and complaint survey was conducted at this facility from June 21, 2023, through June 23, 2023. The facility census was 58 on the first day of the survey. In accordance with 42 CFR 483.73, an Emergency Preparedness survey was also conducted by The Division of Health Care Quality, the Office of Long-Term Care Residents Protection at this facility during the same time period. Based on observations, interviews, and document review, no Emergency Preparedness deficiencies were found.	E 000		
F 000	INITIAL COMMENTS An unannounced Annual and Complaint Survey was conducted at this facility from June 20, 2023, through June 23, 2023. The deficiencies contained in this report are based on observations, interviews, review of residents' clinical records and review of other facility documentation as indicated. The facility census on the first day of the survey was 58. The sample totaled 30 residents. Abbreviations/definitions used in this report are as follows: CMS - Center for Medicare and Medicaid Services; CNA - Certified Nurse Aide; DON - Director of Nursing; ED - Exectuive Director;	F 000		
F 790 SS=D	Routine/Emergency Dental Srvcs in SNFs CFR(s): 483.55(a)(1)-(5) §483.55 Dental services.	F 790		8/1/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed
TITLE:
(X6) DATE: 07/10/2023

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 790	Continued From page 1 The facility must assist residents in obtaining routine and 24-hour emergency dental care. §483.55(a) Skilled Nursing Facilities A facility- §483.55(a)(1) Must provide or obtain from an outside resource, in accordance with with §483.70(g) of this part, routine and emergency dental services to meet the needs of each resident; §483.55(a)(2) May charge a Medicare resident an additional amount for routine and emergency dental services; §483.55(a)(3) Must have a policy identifying those circumstances when the loss or damage of dentures is the facility's responsibility and may not charge a resident for the loss or damage of dentures determined in accordance with facility policy to be the facility's responsibility; §483.55(a)(4) Must if necessary or if requested, assist the resident; (i) In making appointments; and (ii) By arranging for transportation to and from the dental services location; and §483.55(a)(5) Must promptly, within 3 days, refer residents with lost or damaged dentures for dental services. If a referral does not occur within 3 days, the facility must provide documentation of what they did to ensure the resident could still eat and drink adequately while awaiting dental services and the extenuating circumstances that led to the delay. This REQUIREMENT is not met as evidenced by:	F 790		

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F 790	Continued From page 2 Based on record review and interview it was determined that for one (R45) out of one resident reviewed for dental services, the facility failed to provide assistance with obtaining dental services. Findings include: The facility policy on dental services, last updated 5/3/22, indicated that "The center is responsible for the loss or damage of dentures when the loss or damage is due to the Center staff's misplacement, inadvertent disposal and/or destruction of dentures...Patients with lost or damaged dentures must be referred for dental services within three days." 5/8/23 - R45 was admitted to the facility. 5/22/23 7:37 PM - A nursing note in R45's clinical record documented, "Patient reported to writer that he was missing his teeth. Staff asked where it might be, he stated that it might be on the tray table or in his sheets when his bed was changed. Staff helped him to look for it and called the kitchen to inform them." 5/24/23 8:00 AM - A nursing note in R45's clinical record documented, "This nurse just received report that the resident lost his bottom dentures yesterday." During an interview on 6/20/23 at 10:00 AM R45 stated, "I came in with dentures and they lost them. I now have no bottom dentures. They said it's (sic) nothing they can do about it." 6/22/23 - A facility grievance form was created with a documented solution for a "scheduled appointment with R45's dentist to have bottom dentures replaced and have them bill the facility	F 790	A. A referral for dental services was made for R45 on 6/22/23 to have his dentures replaced. B. A facility wide audit was completed on 7/10/23 including patient/ family interviews and record reviews to ensure that no other residents were in need of emergency dental services, nor had any missing dentures that needed replacement. C. A root cause analysis was completed on 7/6/23 which determined that the staff did not promptly report the missing dentures to the management team in order to arrange dental services. A grievance form was not filled out for the missing item and brought to the management team, per facility protocol. All staff will be in-serviced on both the facility dental and grievance policy by 8/1/23. All new hires will be educated on the facility dental and grievance policy by Human Resources Director or designee during orientation. All grievances will be brought to morning meeting by the Case Manager or designee and reviewed by the management team during the following business day. Executive Director or designee will review all grievances to ensure that missing items or dental concerns are followed up on within 72 hours, and any appropriate referrals are made. D. Nursing supervisor or designee will complete a daily audit of a sample of 5 residents with denture to ensure they are	

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F 790	Continued From page 3 cost of dentures/services." During an interview on 6/22/23 3:46 PM E1(ED) and E2 (DON) confirmed the facility's response to R45's lost dentures as 6/22/23. Both E1 and E2 were not made aware of the lost dentures in May when R45 reported the lost dentures to nursing staff. E2 stated, "Until yesterday we didn't know the dentures were missing, we had our scheduler make a dental appointment." The facility lacked evidence of referring R45 for dental services within the required time frame of three days. Findings were reviewed during the exit conference on 6/23/23 at 3:00 PM with E1 and E2.	F 790	intact and in the resident's possession. A daily audit will continue until 100% compliance is achieved for 3 consecutive audits. Then, a three times weekly audit will be completed for a 5 resident sample until 100% compliance is achieved for 3 consecutive audits. Finally, a weekly audit will be completed for a 5 resident sample until 100% compliance is achieved for 3 consecutive audits. Any missing dentures will be reported to the Executive Director or designee immediately. The QAPI committee will then complete a final audit in the following month's QAPI meeting to conclude the problem was successfully addressed.	