



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: Harmony at Kent Assisted Living

DATE SURVEY COMPLETED: February 2, 2023

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	<p>An unannounced Annual and Complaint Survey was conducted at this facility from January 31, 2023 through February 2, 2023. The deficiencies contained in this report are based on interview, record review and re-view of other facility documentation as indicated. The facility census on the first day of the survey was twenty-seven (27). The survey sample totaled five (5) residents.</p> <p>Abbreviations/definitions used in this state report are as follows:</p> <p>Dementia - the loss of cognitive functioning — thinking, remembering, and reasoning — to such an extent that it interferes with a person's daily life and activities;</p> <p>ED - Executive Director;</p> <p>HCD - Health Care Director;</p> <p>Resident Assessment — evaluation of a resident's physical, medical, and psychosocial status as documented in a Uniform Assessment Instrument (UAI), by a Registered Nurse;</p> <p>Service Agreement — allows both parties involved (the resident and the assisted living facility) to understand the types of care and services the assisted living provides. These include: lodging, board, housekeeping, personal care, and supervision services;</p> <p>UAI (Uniform Assessment Instrument) - A document setting forth standardized criteria developed by the Division to assess each resident's functional, cognitive, physical, medical, and psychosocial needs and status. The assisted living facility shall be required to use the UAI to evaluate each resident on</p>		

Provider's Signature

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Title

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Date

3/14/23



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<p>3225.8.0</p> <p>3225.8.1.5</p> <p>3225.8.1.5.3</p>	<p>both an initial and ongoing basis in accordance with these regulations.</p> <p>Medication Management</p> <p>Provision for a quarterly pharmacy review conducted by a pharmacist which shall include:</p> <p>Review of each resident's medication regimen with written reports noting any identified irregularities or areas of concern.</p> <p>This requirement was not met as evidenced by:</p> <p>Based on record review, interview and review of other facility documentation, it was determined that for four (R1, R2, R3 and R4) out of four sampled resident records, the facility failed to provide evidence that each resident's medication regimen was reviewed during the quarterly pharmacy review.</p> <p>2/1/23 – Per interview with E2 (HCD) at 2:30 PM, E2 confirmed that the Pharmacist review record did not identify that each resident's medication regimen was reviewed quarterly.</p>	<p>3225.8.0</p> <p>3225.8.1.5</p> <p>3225.8.1.5.3</p> <p>A. All residents had the potential to be affected by this deficient practice.</p> <p>B. Residents affected by this deficient practice will have their medication regimen reviewed with proper written reports that note any identified irregularities or area of concern by our regional pharmacist on their quarterly visit. All residents could have potentially been affected by this deficient practice because of the lack of identifying resident names on the report. Pharmacy has been contacted to revise their report so that it will include every resident's name and review of their medication regimen</p> <p>C. HCD will review quarterly pharmacy report, ensuring that the report complies with state regulations; including review of each resident's medication regimen with written reports noting any identified irregularities or areas of concerns.</p> <p>D. The HCD and ED will review quarterly pharmacy reports done by the pharmacist every quarter for two quarters or until 100% compliant.</p>	<p></p> <p>2/28/2023</p> <p>4/10/2023</p> <p>4/10/2023</p> <p>4/10/2024</p>

Provider's Signature *[Signature]*

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<p>3225.9.0</p> <p>3225.9.5</p> <p>3225.9.5.1</p>	<p>2/2/23 - Findings were reviewed with E1 (ED) and E2 at the exit conference, beginning at approximately 1:00 PM.</p> <p>Infection Control</p> <p>Requirements for tuberculosis and immunizations:</p> <p>The facility shall have on file the results of tuberculin testing performed on all newly placed residents.</p> <p>This requirement was not met as evidenced by:</p> <p>Based on record review, interview and review of other facility documentation, it was determined that for one (R1) out of four sampled resident records, tuberculin testing was not in evidence or administered at admission. Findings include:</p> <p>7/1/22 - R1 was admitted with a diagnosis of sleep disorder. The facility lacked evidence of tuberculin testing at admission.</p> <p>2/1/23 at 1:30 PM - During an interview, E2 (HCD) confirmed that this tuberculin testing was not in evidence.</p> <p>2/2/23 - Findings were reviewed with E1 (ED) and E2 at the exit conference, beginning at approximately 1:00 PM.</p>	<p>3225.9.0</p> <p>3225.9.5</p> <p>3225.9.5.1</p> <p>A. Resident affected by this deficient practice has had tuberculin testing done and documented.</p> <p>B. All residents have the potential to be affected by the same deficient practice. HCD will audit all resident records to ensure facility is following tuberculin testing requirements. If resident has not been tested they will immediately be tested.</p> <p>C. All new admissions will be screened for completion of tuberculin testing by the PCP. Residents will not be admitted until testing is completed.</p> <p>D. HCD will review paperwork prior to move in, ED will follow up as the second reviewer. Review will be done for all new admissions for the next 2 months or until 100% compliance.</p>	<p>2/23/2023</p> <p>2/28/2023</p> <p>2/28/2023</p> <p>2/28/2023</p>

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3225.9.6	<p>The assisted living facility shall have on file evidence of annual vaccination against influenza for all residents, as recommended by the Immunization Practice Advisory Committee of the Centers for Disease Control, unless medically contraindicated. All residents who refuse to be vaccinated against influenza 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 was not met as evidenced by:</p> <p>Based on medical record review, interview and review of facility provided documentation, it was determined that for one (R1) out of four residents sampled for an annual vaccination against influenza, the annual vaccine was not given or had no record of the vaccine being offered to the resident and declined. Findings include:</p> <p>7/1/22 - R1 was admitted with a diagnosis of sleep disorder. The facility lacked evidence that the 2022 influenza vaccine was offered or declined.</p> <p>2/1/23 at 1:30 PM - During an interview, E2 (HCD) confirmed there was no record of the 2022 influenza vaccine being administered or of the resident's declination of such. E2 confirmed an outside pharmacy comes on site to provide immunizations.</p>	<p>3225.9.6</p> <p>A. Resident affected by this deficient practice will be informed that the facility will document and obtain influenza vaccination record from Camden Pharmacy. R1 did receive influenza vaccine from Camden Pharmacy. If resident in the future chooses not to have influenza vaccine the following year then the resident will be informed about the health risks involved and sign a declination form with everything being documented.</p> <p>B. All residents have the potential to be affected by this deficient practice. A chart audit will be performed for all residents in assisted living and memory care to identify annual vaccination documentation, if resident refused annual influenza vaccination the chart will be inspected for refusal form and documentation that education was given to resident regarding health risks involved. If documentation is missing pharmacy and PCP will be contacted to provide latest vaccination record.</p>	<p>2/23/2023</p> <p>3/21/2023</p>

Provider's Signature *A. J. Serrano*

Title *Exec. Dir.*

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		<p>3225.9.6</p> <p>C. Paperwork prior to move in (physicians' statement) will be updated to include a vaccination history page to be filled out by PCP. Vaccination tab will be added to clinical documentation system. (YARDI is our documentation system) Residents will be informed that annual influenza vaccinations will be provided by a third-party pharmacy that will provide a "flu shot clinic" in October. Resident vaccinations will be documented in resident's medical record. If resident refuses vaccination they will be educated on health risk and importance of vaccination before signing a refusal form.</p> <p>D. HCD will audit all residents' medical records to ensure compliance with Immunization Practice Advisory Committee of the Center for Disease Control for the next 2 months or until 100% compliant.</p>	<p>3/23/2023</p> <p>3/23/2023</p>

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Shirley Wiseman

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3225.9.7	<p>2/2/23 - Findings were reviewed with E1 (ED) and E2 at the exit conference, beginning at approximately 1:00 PM.</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 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 was not met as evidenced by:</p> <p>Based on record review, interview and review of other facility documentation, it was determined that for one (R1) out of four residents sampled for pneumococcal vaccines, the facility lacked evidence of the residents' pneumococcal pneumonia vaccines. Findings include:</p> <p>7/1/22 - R1 was admitted with a diagnosis of sleep disorder. The facility lacked evidence that the pneumococcal pneumonia vaccine was offered or declined.</p> <p>2/1/23 at 1:30 PM - During an interview, E2 (HCD) confirmed there was no record of the pneumococcal pneumonia vaccine being administered or of the resident's declination of such.</p>	<p>3225.9.7</p> <p>A. Resident affected by this deficient practice will have prior PCP contacted and vaccinations records sent to facility. If records show no pneumococcal pneumonia vaccine has been received after the age of 65 resident will be offered vaccine by facility. Resident has the right to refuse vaccine but will be educated on health risks involved.</p> <p>B. All residents have the potential to be affected by this deficient practice. A chart audit will be performed for all residents in assisted living and memory care to identify pneumococcal vaccine status as recommended by the Immunization Advisory Committee for the Center of Disease Control.</p>	<p>2/28/2023</p> <p>2/28/2023</p>

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<p>3225.10.0</p> <p>3225.10.10</p>	<p>2/2/23 - Findings were reviewed with E1 (ED) and E2 at the exit conference, beginning at approximately 1:00 PM.</p> <p>Contracts</p> <p>No contract shall be signed before a full assessment of the resident has been completed and a service agreement has been executed. If a deposit is required prior to move-in, the deposit shall be fully refundable if the parties cannot agree on the services and fees upon completion of the assessment.</p> <p>This requirement was not met as evidenced by:</p>	<p>3225.9.7</p> <p>C. Paperwork prior to move in will be updated to include a vaccination history page to be filled out by PCP. Vaccination tab will be added to clinical documentation system. Resident's vaccination paperwork will be reviewed by HCD prior to move in to ensure pneumococcal pneumonia vaccine was given, if not given resident will be offered vaccine. If resident refuses it will be documented and resident will be educated on the health risk associated with refusal.</p> <p>D. HCD will review all residents' medical records to ensure compliance with Immunization Practice Advisory Committee of the Center for Disease Control prior to admissions. HCD will audit all resident records for the next two months or until 100% compliance is achieved.</p>	<p>3/31/2023</p> <p>3/31/2023</p>

Provider's Signature *She [Signature]*

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<p>3225.11.0</p> <p>3225.11.3</p>	<p>Based on record review and review of other facility documentation, it was determined that for two (R3 and R4) out of four residents sampled, the facility failed to obtain a signed contract prior to the service agreement being executed. Findings include:</p> <p>1. 10/24/22 - R3 was admitted with a diagnosis of high blood pressure. On 9/28/22 the UAI was completed and on 10/24/22 the service agreement was completed. The contract was signed on 9/30/22 prior to the service agreement being completed.</p> <p>2. 7/11/22 - R4 was admitted with a diagnosis of high blood pressure. On 6/28/22 the UAI was completed and on 7/6/22 the service agreement was completed. The contract was signed on 6/28/22 prior to the service agreement being completed.</p> <p>2/2/23 - Findings were reviewed with E1 (ED) and E2 (HCD) at the exit conference, beginning at approximately 1:00 PM.</p> <p>Resident Assessment</p> <p>Within 30 days prior to admission, a prospective resident shall have a medical evaluation completed by a physician.</p> <p>This requirement was not met as evidenced by:</p>	<p>3225.10.0</p> <p>3225.10.10</p> <p>A. Residents affected by this deficient practice have already signed and agreed to service plan.</p> <p>B. All residents have the potential to be affected by this deficient practice. Resident's service plans and contracts will be audited to identify which residents were affected. All resident's have agreed and signed service plans already.</p> <p>C. Marketing Director will review with HCD that the service plan, physician's paperwork, and UAI are completed prior to contract signing.</p> <p>D. Business office manager will perform ongoing monthly audit for to ensure that no contracts were signed prior to service plan, assessment, and physician's paperwork being completed for the next two months or until 100% compliance is obtained.</p>	<p>2/28/2023</p> <p>2/28/2023</p> <p>3/3/31/2023</p> <p>3/15/2023</p>

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<p>3225.13.0</p> <p>3225.13.3</p>	<p>Based on record review, interview and review of other facility documentation, it was determined that for three (R1, R3 and R5) out of five sampled residents, the facility failed to provide evidence that a Physician's medical evaluation was completed within 30 days prior to admission. Findings include:</p> <p>1. 7/1/22 - R1 was admitted with a diagnosis of sleep disorder. The Physician's evaluation was completed on 7/11/22.</p> <p>2. 10/24/22 - R3 was admitted with a diagnosis of hypertension. The Physician's evaluation was completed post admission on 10/25/22.</p> <p>3. 7/1/22 - R5 (focused review) was admitted with a diagnosis of high blood pressure. The Physician's evaluation was completed post admission on 7/11/22.</p> <p>2/2/23 - Findings were reviewed with E1 (ED) and E2 (HCD) at the exit conference, beginning at approximately 1:00 PM.</p> <p>Service Agreements</p> <p>The resident's personal attending physician(s) shall be identified in the service agreement by name, address, and telephone number.</p>	<p>3225.11.0</p> <p>3225.11.3</p> <p>A. Residents affected by this deficient practice have been admitted and seen by private physician and facility physician following admission.</p> <p>B. All residents had the potential to be affected by this deficient practice. HCD will audit all medical records to ensure all medical evaluations were completed thirty days prior to admission.</p> <p>C. Residents will not be admitted into the community prior to the completion and review of all medical documentation to ensure documentation is within the 30-day compliance window.</p> <p>D. HCD will do a monthly audit on all new admissions to ensure medical evaluation was completed within 30 days prior to admission for one quarter or until 100% compliance is obtained.</p>	<p>2/28/23</p> <p>3/30/2023</p> <p>2/28/2023</p> <p>2/28/2023</p>

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<p>3225.13.0</p> <p>3225.13.3</p>	<p>This requirement was not met as evidenced by:</p> <p>Based on record review, interview and review of other facility documentation, it was determined that for four (R1, R2, R3 and R4) out of four sampled residents, the facility failed to provide evidence that the service agreement contained the resident's personal Attending Physician(s) name, address and telephone number. Findings include:</p> <p>1. 7/1/22 - R1 was admitted with a diagnosis of sleep disorder. The service agreement completed on 6/28/22 did not contain the Attending Physician's information.</p> <p>2. 1/16/23 - R2 was admitted with a diagnosis of dementia. The service agreement completed on 12/28/22 did not contain the Attending Physician's information.</p> <p>3. 10/24/22 - R3 was admitted with a diagnosis of high blood pressure. The service agreement completed on 10/24/22 did not contain the Attending Physician's information.</p> <p>4. 7/11/22 - R4 was admitted with a diagnosis of rheumatoid arthritis. The service agreement completed on 7/6/22 did not contain the Attending Physician's information.</p> <p>2/2/23 - Findings were reviewed with E1 (ED) and E2 (HCD) at the exit conference, beginning at approximately 1:00 PM.</p>	<p>3225.13.0</p> <p>3225.13.3</p> <p>A. All residents have the potential to be affected by this deficient practice. Resident service plans and contract will be audited to identify which residents were affected. All residents have agreed and signed service plans already.</p> <p>B. An audit has been completed on all resident service plans. The HCD is updating all service plans to ensure compliance by having the following information added to page one.</p> <p>*POA's name, address & phone number *Physician name, address & phone number *DNR status</p> <p>C. All future service plans will automatically have this information input since we have built this into our Yardi system.</p> <p>D. HCD and ED will continue to review all service plans for the next two months or until 100% are compliant.</p>	<p>3/1/2023</p> <p>3/31/2023</p> <p>3/1/2023</p> <p>3/31/2023</p>

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