

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

STATE SURVEY REPORT

Page 1 of 1

NAME OF FACILITY: Seaford Center Nursing Home

DATE SURVEY COMPLETED: December 19, 2024

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION
3201 3201.1.0 3201.1.2	The State Report Incorporates by reference and also cites the findings specified in the Federal Report. An unannounced Complaint survey was conducted at this facility from December 18, 2024 to December 19, 2024. 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 was (eighty-eight) 88. The sample size totaled (six) 6 residents. Regulations for Skilled and Intermediate Care Facilities Scope 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: Cross Refer to the CMS 2567-L survey completed December 19, 2024: cross refer: F635, F698, F711, F775, F842.		

Provider's Signature Tourist

Title LNHA

Date 1/23/35



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SECTION STATEMENT OF DEFICIENCIES
SPECIFIC DEFICIENCIES

ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES

COMPLETION DATE

Provider's Signature Trees.

Title LNHA

Date 1/23/25

PRINTED: 02/20/2025 FORM APPROVED OMB NO. 0938-0391

		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		LE CONSTRUCTION		ATE SURVEY OMPLETED
SEAFORD CENTER SEAFORD CENTER SUMMARY STATEMENT OF DETICIENTS (PAY) ID REGULATORY OR LIST IDENTIFYING INFORMATION) FROM FRED AN UNANDURED OR SHOP TO SHOP THE SEAFORMATION FROM INITIAL COMMENTS An unannounced complaint survey was conducted at this facility starting on December 18, 2024 and completed on December 19, 2024. The deficiencies contained in this report are based on observations, interviews, review of the clinical records and other documentation as indicated. The facility census on the first day of the survey was 8 residents. The survey sample size was six (E). Abbraviations/ Definitions: ADON - Assistant Director of Nursing; BIPAP - Dilevel positive airway pressure- a form of non-invasive ventilatory therapy that supports both inhalation and exhalation; CBC - complete blood count- a serum lab study; CMP - complete moteloal record; EMR - electronic health record; EMR - electronic medical record; FIO2 - fraction of inspired oxygen- an estiamtion of the oxygen content that a person inhales; hemodalsysis- invasive treatment for advanced kidney failure that uses a machine to filter wastes, salts and fluids from the patient's blood; hypoxia - low levels of oxygen in the body's tissues' LPN - Licensed practical nurse: NHA - Nursing home administrator, NP			085015	B. WING			1	
PRÉETIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F 000 INITIAL COMMENTS An unannounced complaint survey was conducted at this facility starting on December 18, 2024 and completed on December 19, 2024. The deficiencies contained in this report are based on observations, interviews, review of the clinical records and other documentation as indicated. The facility census on the first day of the survey was 88 residents. The survey sample size was six (6). Abbreviations/ Definitions: ADON - Assistant Director of Nursing; BiPAP - bilevel positive airway pressure- a form of non-invasive ventilation and exhalation; CBC - complete blood count- a serum lab study; CNA - certified nurse's aide; CPAP - continuous positive airway pressure- a form of non-invasive ventilatory surpoy that support; DON - Director of Nursing; EHR - electronic medical record; EMR - electronic medical record; EMR - electronic medical record; FIO2 - fraction of inspired oxygen- an estiamtion of the oxygen content that a person inhales; hermodialysis- invasive treatment for advanced kidney failure that uses a machine to filter wastes, salts and fluids from the patient's blood, hypoxia - low levels of oxygen in the body's tissues' LPN - Licensed practical nurse; NHA - Nurse Practicioner; OSA - obstructive sleep apnea; PEEP - positive end-expiratory pressure- the positive pressure that remains in the airways at					1	100 NORMAN ESKRIDGE HIGHWAY		110/2027
An unannounced complaint survey was conducted at this facility starting on December 18, 2024 and completed on December 19, 2024. The deficiencies contained in this report are based on observations, interviews, review of the clinical records and other documentation as indicated. The facility census on the first day of the survey was 88 residents. The survey sample size was six (6). Abbreviations/ Definitions: ADON - Assistant Director of Nursing; BiPAP - bilevel positive airway pressure- a form of non-invasive ventilatory therapy that supports both inhalation and exhalation; CBC - complete blood count- a serum lab study; CMP - complete metabolic profile- a serum lab study; CMP - complete metabolic profile- a serum lab study; CNA - certified nurse's aide; CPAP - continuous positive airway pressure- a form of non-invasive ventilatory therapy that support; DON - Director of Nursing; EHR - electronic health record; EMR - electronic medical record; FIO2 - fraction of inspired oxygen- an estiamtion of the oxygen content that a person inhales; hemodialysis- invasive treatment for advanced kidney failure that uses a machine to filter wastes, salts and fluids from the patient's blood, hypoxia - low levels of oxygen in the body's tissues' LPN - Licensed practical nurse; NHA - Nursing home administrator; NP - Nurse Practitioner, OSA - obstructive sleep apnea; PEEP - positive end-expiratory pressure- the positive pressure that remains in the airways at	PRÉFIX	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	COMPLETION
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	ARORATORY	CPAP - continuous form of non-invasive DON - Director of N EHR - electronic he EMR - electronic me FIO2 - fraction of ins of the oxygen conte hemodialysis- invas kidney failure that usalts and fluids from hypoxia - low levels tissues' LPN - Licensed practitio OSA - obstructive sl PEEP - positive end positive pressure the	positive airway pressure- a eventilatory support; ursing; alth record; edical record; spired oxygen- an estiamtion nt that a person inhales; ive treatment for advanced ses a machine to filter wastes, a the patient's blood; of oxygen in the body's etical nurse; e administrator; eep apnea; expiratory pressure- the at remains in the airways at	ATLIDE		TITLE		(VA) DATE
			erguppliek kepresen iative's Sign	ATURE		TITLE		(X8) DATE 01/17/2025

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.

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	NG	СОМ	IPLETED
		085015	B. WING		1	C 19/2024
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1100 NORMAN ESKRIDGE HIGHWAY SEAFORD, DE 19973	1 12	10/2027
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT ((EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
	the end of exhalation RN - registered nur RT - respiratory the	on; se; rapist. n Orders for Immediate Care	F 0			2/5/25
	At the time each remust have physicia immediate care. This REQUIREMENT by: Based on record redetermined that for reviewed for respirate to have R2's BiPAP at admission. Finding Facility's "Bi-Level I (BiPAP)/ Continuou (CPAP) procedure Initial set-up: 9.1 Apunit per manufacture 11/30/24 - C1 (MD) discharge summany (Obstructive sleep at chronic respiratory oxygen concentration 11/30/24 - E9 (Adm EMR a copy of R2's stating " Uses BiF	sident is admitted, the facility in orders for the resident's NT is not met as evidenced eview and interview, it was one (R2) out of two residents atory therapy, the facility failed settings orders in R2's EMR ings include: Positive Airway Pressure is		F635 Admission Physician order immediate care Chart review found that R2 had B orders placed that did not indicat required settings. 1. The facility was unable to corredeficient practice as the resident discharged from the facility. 2. The facility has determined that residents receiving Bipap treatment the potential to be affected. Resi Bipap therapy had chart reviews the settings were present in the cast of the settings were present in the cast of the settings to be present with transcribing Bipap orders. 4. The Director of nursing and or will audit orders for residents on therapy for 4 consecutive weeks by monthly times 2. This plan of will be monitored at the monthly Assurance meeting until such time consistent substantial compliance.	Bipap e the ect the has been t all ent have dents on to ensure order. eff on the chen designee Bipap followed correction Quality ne	

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AN OF CORRECTIO		(X5)
/E ACTION SHOULD ID TO THE APPROP ICIENCY)	RIATE	COMPLETION DATE
been met.		
	deficit	
staff on Bipap		
settings.		
5		
		2/5/25
hat the facility f	ailed	
	staff on Bipap	

NAME OF PROVIDER OR SUPPLIER SEAFORD CENTER STREET ADDRESS, CITY, STATE, ZIP CODE 1100 NORMAN ESKRIDGE HIGHWAY SEAFORD, DE 19973 FORMANY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PILL REGULATORY OR LSC IDENTIFYING INFORMATION) FORMAN ESKRIDGE HIGHWAY SEAFORD, DE 19973 FORMINERS PROCEDED TO THE APPROPRIATE PROVIDERS PLAN DE CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PROVIDERS PLAN DE CORRECTIVE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PROVIDERS PLAN DE CORRECTIVE TAG FORMINE THE PROVIDER SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE FORM DEFICIENCY THE PROVIDER THE PROPTIST TO THE APPROPRIATE ID FORM DEFICIENCY FORM DEFICIENCY THE PROVIDER THE PROPTOR TO THE APPROPRIATE FORM DEFICIENCY THE PROVIDER TO THE APPROPRIATE TO BE COURT OF THE APPROPRIATE TO BE COURT OF THE APPROPRIATE TO BE COURT OF THE APPROPRIA		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		E CONSTRUCTION	СОМ	PLETED
SEAFORD CENTER SIMMARY STATEMENT OF DEFICIENCIES 1100 NORMAN ESKRIDGE HIGHWAY SEAFORD, DE 19973 FAGT REGULATORY OR LSC IDENTIFYING INFORMATION) FOR 8 Continued From page 3 three residents reviewed for dialysis, the facility failed to establish a process to obtain complete lab reports from the dialysis provider. Findings include: Cross refer F711, F775 and F842. Facility NSG253 Dialysis: Hemodialysis (HD) Communication and Documentation Policy-Center staff will communicate with the certified dialysis facility regarding the ongoing assessment of the patient's condition by monitoring for complications before and after hemodialysis treatments received at a certified dialysis facility regarding hemodialysis facility regarding hemodialysis facility regarding bemodialysis facility regarding bemodialysis patient care and services "." 1. Review of R5's clinical record revealed: 6/26/24 - E7 (MD) ordered in R5's electronic medical record (EMR), "Dialysis days: T-Th-Sat Time for pick up: 0600". Review of R5's le results tab in the EMR reveal no laboratory blood work since 7/26/24. R5 did			085015	B. WING				
F 698 Continued From page 3 three residents reviewed for dialysis, the facility failed to establish a process to obtain complete lab reports from the dialysis provider. Findings include: Cross refer F711, F775 and F842. Facility NSG253 Dialysis: Hemodialysis (HD) - Communication and Documentation Policy- "Center staff will communicate with the certified dialysis facility regarding the ongoing assessment of the patient's condition by monitoring for complications before and after hemodialysis treatments received at a certified dialysis facility. Purpose: To ensure ongoing communication and collaboration with the certified dialysis facility regarding hemodialysis patient care and services" 1. Review of R5's clinical record revealed: 6/26/24 - R5 was admitted to the facility with diagnoses including but not limited to, diabetes, anemia, seizure disorder and end stage renal disease with dependence on hemodialysis (an invasive treatment for advanced kidney disease that uses a manchine to filter wastes, salts and fluids from the patient's blood). 6/26/24 - E7 (MD) ordered in R5's electronic medical record (EMR), "Dialysis days: T-Th-Sat Time for pick up: 0600" Review of R5's lab results tab in the EMR reveal no laboratory blood work since 7/25/24. R5 did					1	100 NORMAN ESKRIDGE HIGHWAY		
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11/6/24 in the lab results profile. 12/19/24 2:15 PM - During an interview. E2	F 698	three residents revifailed to establish a lab reports from the include: Cross refer F711, F Facility NSG253 Di. Communication and "Center staff will co dialysis facility rega of the patient's concomplications before treatments received Purpose: To ensure collaboration with the regarding hemodial" 1. Review of R5's of 6/26/24 - R5 was and iagnoses including anemia, seizure dis disease with depending anemia, seizure dis disease with depending anemia, seizure dis disease with depending fluids from the patient that uses a maching fluids from the patient fluids fluids from the patient fluids from the patient fluids from the patient fluids fl	ewed for dialysis, the facility process to obtain complete dialysis provider. Findings 775 and F842 alysis: Hemodialysis (HD) - dialysis: Hemodialysis (HD) - dialysis: Hemodialysis (HD) - dialysis: Hemodialysis dialysis facility and after hemodialysis dialysis facility. The end after hemodialysis dialysis facility and acceptified dialysis facility dialysis patient care and services dialysis facility dialysis patient care and services dialysis facility dialysis patient care and services dialysis facility with ground and end stage renal dence on hemodialysis (an for advanced kidney disease to filter wastes, salts and ent's blood). Ordered in R5's electronic dialysis days: T-Thep: 0600". Tresults tab in the EMR reveal dialysis as recent as esults profile.	F6	598	to establish a process to obtain corlab reports from the dialysis provided 1. The Director of Nursing contacted dialysis facility for resident R5 and requested complete lab reports drathed dialysis facility since his admissionate of 6/26/2024. The records recovere uploaded into the documents the EMR. The deficient practice cobe corrected on R1 and R6 as they since been discharged from the fact 2. The facility has determined that a residents receiving dialysis were reto ensure lab work was present in the electronic medical record. 3. Nurse practice educator or designeducate licensed nursing staff on the process of ensuring all lab results for the dialysis facility are present in the electronic medical record for dialys patients. 4. The DON or designee will do a claudits for dialysis patients complete weekly x4 then monthly x2 to ensure drawn at the dialysis facility are proving and uploaded into the EMR. This procorrection will be monitored at the requality Assurance meeting until succonsistent substantial compliance is been met. Root Cause Analysis- Knowledge of licensed nursing staff that lab work obtained at dialysis is to be placed.	er. d the wn at sion eived tab in uld not have sility. Ill viewed heir nee will ne is nart ed re labs duced lan of monthly ch time nas	

AND PLAN OF CO	EFICIENCIES RRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ' '	FIPLE CONSTRUCTION NG	C	X3) DATE SURVEY COMPLETED
		085015	B. WING			C 12/19/2024
NAME OF PROV	DER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 1100 NORMAN ESKRIDGE HIGHWAY SEAFORD, DE 19973		
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(DC) are labs 12/C4 adm even hen wor for a com the com faci sen R5's (her Sep wer revi The com prov 2. R 11/1 diag hype stro	from 7/26/24, I is as he is on he is removed. We have a some a second in the is reported in the	R5's] last set of labs (CBC) know he [R5] has more recent modialysis" During a telephone interview, enter 2 RN/ facility ed, "[R5] gets lab work drawn ave standing orders for his that require monthly lab as needed. Redraws are done esults. It is our dietician who is the facility the lab results on card, which is a set that goes back to the expatient's binder. We do not reports to the facility." work obtained by er 2) for five months (August, er, November and December) 's EMR by the facility to allow	F 69	98		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	FIPLE CONSTRUCTION NG		TE SURVEY MPLETED
		085015	B. WING		12	/19/2024
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 1100 NORMAN ESKRIDGE HIGHWAY SEAFORD, DE 19973	DDE	
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F 698	12/19/24 1:45 PM - C3 (hemodialysis of weekly labs drawn kidney injury patient drawn on Monday (and usually the res Tuesday due to [R1 start time. If the lab call the results to the lab sheets over call if abnormal or at the labs on the dial For most hemodial; hemoglobin checks Review of R1's lab no documented lab admission on 11/15 weekly lab work on hemodialysis treatm Monday 11/8/24, 11 were not available in The facility failed to the [hemodialysis of communicating the providers in order to 12/4/24 - R6 was a diagnoses including anemia, hyperlipide end stage renal dishemodialysis. Review of R6's lab	During a telephone interview, enter 1 RN) stated that R1 had because he was an acute t. "Typically his (R1) labs were weekly) during his treatment ults did not come back until 1] having an afternoon dialysis is were abnormal, we would be facility No, we don't fax to the facility. It is just a phone is handwritten report of some of yesis communication sheet yesis patients, they get weekly is done. " results tab in the EMR reveal oratory blood work since his 16/24. C3 stated that R1 had 16/24. Mondays during his ments. R1's lab results from 1/25/24, 12/6/24 and 12/13/24 in R1's EMR. Thave a process for obtaining enter 1's] lab results and se results to the facility of coordinate R1's care. Ilinical record revealed: Idmitted to the facility with good but not limited to, diabetes, emia, hypomagnesemia and ease with dependence on results tab in the EMR reveal	F6	98		
		work since R6's CBC unt) and CMP (comprehensive				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '				E SURVEY MPLETED
		085015	B. WING		*	1	C / 19/2024
	PROVIDER OR SUPPLIER			1	TREET ADDRESS, CITY, STATE, ZIP CODE 100 NORMAN ESKRIDGE HIGHWAY BEAFORD, DE 19973	121	19/2024
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 698	metabolic profile) of 12/4/24 - E7 (MD) of medical record (EM Mondays, Wedness pick up: 12:30". Review of R6's Hendated December 6, potassium, calcium hemoglobin levels, and CMP results, juund 12/19/24 12:24 PM (LPN) stated, "The binder that goes with appointments. Both the residents right in Their labs are writte sheet by the staff at the official lab report any recommendation labs. If the labs are us. Typically the nurlook at the binders, send the resident to to say that they send a har report in the patient abnormal labs. We drawn by our lab and uploaded directly intered and they send at dialysis.	•	F	698			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	СОМ	PLETED
		085015	B. WING			12/	19/2024
	PROVIDER OR SUPPLIER D CENTER			1	TREET ADDRESS, CITY, STATE, ZIP CODE 100 NORMAN ESKRIDGE HIGHWAY SEAFORD, DE 19973		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
F 711 SS=D	the nurse tells us the 12/19/24 2:15 PM - (DON) stated, "R the facility but no of documented in [R6' out a process to ge units into the reside 12/19/24 3:33 PM - C5 ([hemodialysis of stated, "At our hem standing labs on an 12/6/24 Then we weeks to once a methe hemoglobin is a discrepancies (abnoreport or send the Is Sometimes, we ser facility in their common the standard of pracertain lab results of in the patient's common was not aware that own labs. We cannot related to renal due. The facility failed to the (hemodialysis of communicating the providers in order to 12/19/24 4:02 PM - E1 (NHA), E2 (DON clinical advisor) at the Physician Visits - R	During an interview, E2 6 had labs on 12/5/24 here in ther lab results are s] chart We need to figure to the results from the dialysis ents' EMR." During a telephone interview, center 3] administrator/RN) odialysis center, we get limission. R6 had lab work on get a hemoglobin every 2 onth depending on how low Honestly, if there are no ormal labs), we may not even abs to the facility and the official lab report to the munication book but that is not citice. We typically write down on a report sheet and put that immunication book quarterly If the facility does not order their of obtain any labs that are not at to our regulations." Thave a process for obtaining tenter 3's) lab results and se results to the facility of coordinate R6's care. Findings were reviewed with N), E3 (ADON), E4 Corporate the exit conference. eview Care/Notes/Order		711			2/5/25

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I	IPLE CONSTRUCTION IG		TE SURVEY
		085015	B. WING		1	C
NAME OF	PROVIDER OR SUPPLIER		<u> </u>	STREET ADDRESS, CITY, STATE, ZIP CODE		/19/2024
SEAFOR	RD CENTER			1100 NORMAN ESKRIDGE HIGHWAY SEAFORD, DE 19973		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 711	§483.30(b) Physician The physician must §483.30(b)(1) Revisor care, including meach visit required I section; §483.30(b)(2) Write notes at each visit; §483.30(b)(3) Sign exception of influen vaccines, which maphysician-approved assessment for control This REQUIREMENT by: Based on record redetermined that for residents reviewed facility failed to have resident's total progphysician failed to rehad labs obtained a R1's supplemental of the physician failed hemodialysis. R6 ha hyperkalemia in Novinclude: Cross refer F698, F 1. Review of R1's cl 11/15/24 - R1 was a diagnoses including	ew the resident's total program redications and treatments, at by paragraph (c) of this e, sign, and date progress and and date all orders with the za and pneumococcal y be administered per facility policy after an traindications. IT is not met as evidenced eview and interviews, it was three (R1, R5, R6) out of six for Physician Services, the ethe physician review the ram of care. For R1, the eview R1's lab work (resident the hemodialysis) and regarding boxygen usage. For R5 and R6, to review lab work obtained at ad a known hospitalization for wember 2024. Findings 775 and F842 inical record revealed: dmitted to the facility with	F 71	F711 Physician visits Chart review found that the provide to review the patient stotal procare as evidenced by lack of documentation of R1 oxygen supplementation. For residents and R6 the provider failed to revoltained at the dialysis facility. 1) Original copies of laboratory rountaining the name and addres laboratory for resident R5 drawn hemodialysis were uploaded intelectronic chart and reviewed by physician. R6 and R1 have been di 2) Current residents having labs a dialysis facility have the potent affected by this deficient practice of all current residents receiving services were reviewed to ensuresults have been reviewed by the service of the serv	gram of R1, R5, riew labs results at the othe drawn at tial to be dealth of the dialysis re that lab	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	СОМ	E SURVEY PLETED
		085015	B. WING				C 19/2024
	PROVIDER OR SUPPLIER			1	STREET ADDRESS, CITY, STATE, ZIP CODE 1100 NORMAN ESKRIDGE HIGHWAY SEAFORD, DE 19973		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 711	11/15/24 - E7 (MD)Dialysis days: Mo Fridays". 11/18/24 - E7 (MD) Oxygen 2 L (liters) Review of R1's vita monitoring from 11/ transfer to the hosp documented occas with eleven incident his supplemental or several occasions, the 92% acceptable progress notes date and 12/10/24 reveal documentation or a non-compliance with therapy. 11/18/24 - E7 (MD) admission history a old) male with CAD CVA (cerebral vasc hemiplegia admitte underwent explorat 10/21/ Severe AKI (surgery lead to hen cardiac arrest but of spontaneous circ Physical Exam: auscultation bilateraAssessment and dialysisOSA (obs	ordered in R1's EMR, " ndays, Wednesdays and ordered in R1's EMR, " every shift". I signs for pulse oximetry 18/24 to 12/11/24 (the date of ital) revealed thirty-six ions of pulse ox monitoring its where R1 was not utilizing kygen as ordered and on R1's pulse ox was lower than e range. Review of E7's ed 11/18/24, 11/25/24, 12/2/24	F	711	physician or physician extender. Current residents receiving suppler oxygen have the potential to be affe by this deficient practice. Charts of current residents receiving supplen oxygen have had the past 30 days oxygen use and pulse oxygen read reviewed with the physician or physextender. 3) The Nurse practice educator or designee will re- educate licensed is staff on the process of ensuring all results from the dialysis facility are present in the EMR for dialysis pati and that the refusal of supplementa oxygen or an abnormal pulse ox les requires notification to the physician physician extender. The nurse praceducator will re-educte physicians a physician extenders that dialysis labe located in the provider binder review and also on how to review supplemental oxygen and pulse ox level recordings in PCC. 4) The DON/designee will complete audit of dialysis labs weekly x 4 the monthly x 2 to ensure that the physical services has reviewed the results. and or designed will conduct 10 rar audits of residents receiving supple oxygen will be conducted weekly x monthly x2 to ensure that the physical physician extender has reviewed on use for abnormal pulse oximetry leand/or refusal of supplemental oxy. This plan of correction will be monithe monthly Quality Assurance meduntil such time consistent substanticompliance has been met.	ected all nental of ings sician nursing lab ents all vel nor ctice and bs will for ygen en sician DON ndom emental 4 then ician or xygen vels gen. tored at eting	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	СОМ	E SURVEY PLETED
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NAME OF PROVIDER OR SUPPLIER SEAFORD CENTER			1	STREET ADDRESS, CITY, STATE, ZIP (1100 NORMAN ESKRIDGE HIGHWA SEAFORD, DE 19973	CODE	10/2027
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE
F 711	documentation of a R1's new supplementation of a R1's new supplementation of cardraws for R1, who will due to an acute kid 11/18/24 - R1's week (hemodialysis center (hemodialysis due to (hemodialysis due (hemodialysis (hemodialysi	and a plan of care regarding ental oxygen usage. It also be regarding frequency of lab was initiated on hemodialysis ney injury. Ekly lab draw obtained at er 1). Revealed no evidence of er 1's) 11/18/24 weekly lab E7 (MD) documented in R1's weekly lab E8 (For 1's) 11/18/24 weekly lab E9 (MD) documented in R1's weekly lab E9 (MD) documented in R1's weekly lab E9 (For 1's) 11/18/24 weekly la	F 711	Root Cause Analysis- Know the physician and physician reviewing dialysis labs and oxygen use.	extender on	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		095045	B. WING			1	0
NAME OF I	PROVIDER OR SUPPLIER	085015	B. WING		STREET ADDRESS, CITY, STATE, ZIP CODE	121	19/2024
	D CENTER			1	1100 NORMAN ESKRIDGE HIGHWAY SEAFORD, DE 19973		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	(X5) COMPLETION DATE	
F 711	Continued From pa	ge 11	F	711			
	11/25/24 - R1's wee (hemodialysis cente	ekly lab draw obtained at er 1).					
"		R revealed no evidence of er 1's) 11/25/24 weekly lab					
	EMR progress note RA 12/1/24 2:41 Pl 61 yo male with CA Physical Exam: . diminished bilateral reports and previou lab/imaging results Plan: End stage	E7 (MD) documented in R1's e, " Vital Signs: O2 sat: 94 M History of present Illness: D, CHF ESRD on HD Respiratory: CTAB, Ily Labs- All labs, images, is notes reviewed. For full see HER Assessment and renal disease - HD MWF, Ip OSA - CPAP".					
	documentation of F usage and a plan o compliance and usa also lacked a plan o lab draws and revie 11/25/24 for R1, wh	lacked evidence of R1's supplemental oxygen f care regarding R1's age of supplemental oxygen. It of care regarding frequency of ew of recent labs drawn on to was initiated on or an acute kidney injury.					
	in E7's 12/2/24 note	evidence of how E7, as stated e, was able to review R1's s as the results were not EMR.					
	12/6/24 - R1's weel [hemodialysis cente	kly lab draw obtained at er 1].					
		R revealed no evidence of er 1's) 12/6/24 weekly lab					

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SURPLIER/CLIA

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			1, ,	NG		(X3) DATE SURVEY COMPLETED	
		085015	B. WING			1	C 19/2024
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, Z 1100 NORMAN ESKRIDGE HIGH SEAFORD, DE 19973		121	15/2024
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F 711	12/10/24 9:01 AM - EMR progress note RA 12/10/24 12:49 Illness: 61 yo male HDPhysical Exaldiminished bilateral reports and previou lab/imaging results, Plan: End stage Nephrology follow under the stage of	E7 (MD) documented in R1's , "Vital Signs: O2 sat: 92 PM History of present with CAD, CHFESRD on m: Respiratory: CTAB, lyLabs- All labs, images, s notes reviewed. For full see HER Assessment and renal disease - HD MWF, p OSA - CPAP". lacked evidence of 1's supplemental oxygen care regarding R1's age of supplemental oxygen. It of care regarding frequency of w of recent labs drawn on was initiated on hemodialysis ney injury. vidence of how E7, as stated e, was able to review R1's as the results were not	F 7				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			1 ' '		LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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		085015	B. WING			12/	19/2024	
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PREFIX (EACH DE	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOUNT FOR CROSS-REFERENCED TO THE APPROPRIES OF CROSS-REFERENCED TO THE APPROPRIES O			(X5) COMPLETION DATE	
6/26/24 - R5 diagnoses in anemia, seiz disease with 6/26/24 - E7 medical reconstruction of R5 had lab vicenter in Augand December evidence of monthly herridad community various labs results were Since 11/5/2 encounters vicenter in Augand December of R5 had lab vicenter in Augand De	was and cluding tree distriction of the control of	dmitted to the facility with but not limited to, diabetes, sorder and end stage renal idence on hemodialysis. Ordered in R5's electronic of the image is a condered in R5's electronic of the image is a condered in R5's electronic of the image is a condered in R5's electronic of the image is a condered in R5's eptember, October, November of the image is a condered in R5's end electronic of the image is a condered in R5's electronic of R5's electronic of R5's end electronic of R5's end electronic of R5's	F	711				

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILD		(X3) DATE SURVEY COMPLETED		
		085015	B. WING				C /19/2024
	PROVIDER OR SUPPLIER D CENTER			1	TREET ADDRESS, CITY, STATE, ZIP CODE 100 NORMAN ESKRIDGE HIGHWAY SEAFORD, DE 19973	1	10/2024
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PREFIX (EACH CORRECTIVE ACTION SHOULI		BE	(X5) COMPLETION DATE
	EMR. 12/19/24 2:40 PM - C4 ([outside hemodiadministrator) state every month. We us work. We have starpatients that require redraws as needed lab reports to the fact and the stage renal disconding anemia, hyperlipiderend stage renal disconding anemia, hyperlip	During a telephone interview, lialysis center 2] RN/ facility d, "[R5] gets lab work drawn se [laboratory] for our lab anding orders for hemodialysis a monthly lab work with We do not send the official cility." Inical record revealed: Imitted to the facility with but not limited to, diabetes, mia, hypomagnesemia and ease with dependence on redered in R6's electronic R), "Dialysis days: ays and Fridays, Time for ocumented in R6's admission " 58 yo female with CAD, kidney disease) stage V lessLabs showed elevated delevated potassium. She lysis on 11/18/24". Illocumented in R6's EMR essessment and Plan:Acute nue HD as per Nephrology, documented in R6's EMR 8 yo female with CAD	F 7	711			
	Labs: All labs, image	es, reports and previous					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILD		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		085015	B. WING			C 12/19/2024	
NAME OF F	PROVIDER OR SUPPLIER	000.0		s	TREET ADDRESS, CITY, STATE, ZIP CODE	121	13/2024
	D CENTER		1100 NORMAN ESKRIDGE HIGHWAY SEAFORD, DE 19973				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPROFILE DEFICIENCY)		BE	(X5) COMPLETION DATE
F 711	Continued From pa	ge 15	F7	711			
	notes reviewed. For Facility EHR".	r full lab/imaging results, see					
	in E7's 12/16/24 no	evidence of how E7, as stated te, was able to review R6's lab ts were not uploaded into R6's					
	stated, "The labs ar and they send a ha report in the patient	During an interview, E11 (NP) re obtained at the dialysis unit ndwritten communications the dialysis binder with written don't get copies of the official					
	C5 ([outside hemodadministrator/RN) scenter, we get standhad lab work on 12. hemoglobin every 2 Honestly, if there are labs), we may not enterestly the facility. Sometime report to the facility but that is not the stypically write down	During a telephone interview, dialysis center 3 stated, "At our hemodialysis ding labs on admission. R6 /6/24. Then we get a 2 weeks to once a month re no discrepancies (abnormal even report or send the labs to nes, we send the official lab in their communication book tandard of practice. We certain lab results on a report in the patient's communication					
	E1 (NHA), E2 (DON clinical advisor) at t	ord - Lab Name/Address	F 7	75			2/5/25
	§483.50(a)(2) The to (iv) File in the resident	facility must- ent's clinical record laboratory					

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			IPLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
		085015	B. WING		C 12/19/2024		
NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		13/2024	
SEAFOR	D CENTER			1100 NORMAN ESKRIDGE HIGHWAY SEAFORD, DE 19973			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
F 775	Continued From pa	ge 16	F 77	5			
	reports that are date address of the testing This REQUIREMENT by: Based on record redetermined that for residents reviewed have the clinical recontaining the name lab in the residents. Cross refer F698, F 1. Review of R5's clinical recontaining the name lab in the residents. Cross refer F698, F 1. Review of R5's clinical recontaining anemia, seizure districted disease with dependent of the containing anemia, seizure districted for pick up to the containing anemia, seizure districted for pick up to the for pick up to the formatter of the containing anemode administrator) stated every month. We us work. We have star patients that require redraws as needed lab reports to the formatter of the f	ed and contain the name and ng laboratory. IT is not met as evidenced eview and interview, it was two (R5, R6) out of three for dialysis, the facility failed to cord laboratory report and address of the testing EMR. Findings include: 711 and F842. inical record revealed: Imitted to the facility with but not limited to, diabetes, order and end stage renal dence on hemodialysis. Indered in R5's electronic (R), "Dialysis days: T-Th-ic: 0600". During a telephone interview, italysis center 2] RN/ facility dialysis center 3] RN/ facility dialysis center 5] RN/ facility dialysis center 6] RN/ second dialysis monthly lab work with and orders for hemodialysis monthly lab work with and official cility."		F775 Lab reports in record- La address Chart review found that for resident R6 the facility failed to provice of lab results drawn at hemodialysis with the laboratory and address in the residents electronic. 1. Original copies of laboratory recontaining the name and address laboratory for resident R5 drawn hemodialysis were uploaded intelectronic chart. The deficient president R6 could not be corrected as the has been discharged from the factoric chart. The deficient presidents having labs draw dialysis facility have the potential affected by this deficient practic of all current residents receiving services were reviewed to ensure results containing the name and of the laboratory were present. 3. The nurse practice educator of designee will educate licensed results with the name and address of charts of patients receiving audits of charts of patients receiving audits of charts of patients receiving services weekly x4 then x2 to ensure lab results are presidents in the name and address contain the name and address of contain the name and address contain the name and address of the same and the same and the same and the same and the same a	dents R5 ide original r name ectronic esults ss of the nat o the ractice for e resident acility n at a il to be e. Charts dialysis re that lab address r sursing tory ss of the complete ving monthly ent and		
	Review of R5's EMR	R lacked evidence of official of R5's monthly hemodialysis		laboratory. This plan of correction monitored at the monthly Quality Assurance meeting until such tire	n will be		

_	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 NORMAN ESKRIDGE HIGHWAY				
02/11/01/					SEAFORD, DE 19973		
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F 775	dialysis binder had mentioned various dates; however, the handwritten, not on with the [laboratory uploaded into R5'e The facility failed to laboratory reports who name and address 2. Review of R6's contained and stage renal distered and stage	y's] name and address. R5's communication sheets, which labs from some of these see lab results were the official [laboratory] report see lab results and address and not laboratory's filed in R5's EMR. In have R5's dated clinical with the testing laboratory's filed in R5's EMR. In have R6's electronic see laboratory in the laborator	F 7	775	consistent substantial compliance heen met. Root cause analysis- Knowledge delicensed nursing staff that lab work obtained at dialysis is to be placed electronic medical record	eficit of	

	EMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA PLAN OF CORRECTION IDENTIFICATION NUMBER:			IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1100 NORMAN ESKRIDGE HIGHWAY SEAFORD, DE 19973		
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F 775	(LPN) stated, "The obinder that goes with appointmentsThe communication she center. It is not the object. It is not the object. The labs are and they send a har report in the patient."	ge 18 dialysis residents have a h them to their treatment eir labs are written in on the et by the staff at the dialysis official lab report" During an interview, E11 (NP) e obtained at the dialysis unit ndwritten communications s dialysis binder with written don't get copies of the official	F 77	75		
	C5 (outside hemodi administrator/RN) si center, we get stand had lab work on 12/ hemoglobin every 2 Honestly, if there are labs), we may not even the facility. Sometime report to the facility is but that is not the statypically write down	During a telephone interview, alysis center 3 tated, "At our hemodialysis ling labs on admission. R6 6/24. Then we get a weeks to once a month a no discrepancies (abnormal ven report or send the labs to les, we send the official lab in their communication book andard of practice. We certain lab results on a report in the patient's communication				
F 842 SS=D	E1 (NHA), E2 (DON clinical advisor) at the	Identifiable Information	F 84	2	2/5/25	
	(i) A facility may not resident-identifiable	ent-identifiable information. release information that is to the public. elease information that is				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		085015	B. WING			l .	0 19/2024
NAME OF I	PROVIDER OR SUPPLIER	000010		_	STREET ADDRESS. CITY, STATE, ZIP CODE	121	19/2024
NAME OF T	NOVIDEN ON BOTT EIEN			1	1100 NORMAN ESKRIDGE HIGHWAY		
SEAFOR	D CENTER			,	SEAFORD, DE 19973		
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F 842	agrees not to use of except to the extend to do so. §483.70(h) Medical §483.70(h)(1) In acceptodessional standard	to an agent only in contract under which the agent of disclose the information the facility itself is permitted records. cordance with accepted rds and practices, the facility itself records on each resident	F	342			
	(iii) Readily accessi (iv) Systematically of \$483.70(h)(2) The fall information contaregardless of the forecords, except where (i) To the individual, representative where (ii) Required by Law (iii) For treatment, properations, as permitted by the composition of the composition o	ble; and brganized acility must keep confidential ained in the resident's records, arm or storage method of the en release isor their resident re permitted by applicable law; //; sayment, or health care nitted by and in compliance					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED		
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	PROVIDER OR SUPPLIER D CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1100 NORMAN ESKRIDGE HIGHWAY SEAFORD, DE 19973		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLÉTION	
F 842	for- (i) The period of tim (ii) Five years from there is no requiren (iii) For a minor, 3 y legal age under Sta §483.70(h)(5) The r (i) Sufficient informa (ii) A record of the re (iii) The comprehen provided;	cal records must be retained the required by State law; or the date of discharge when then in State law; or the ears after a resident reaches the law. The discharge when then in State law; or the law in the resident reaches the law in the resident; the resident is assessments; the resident is assessments; the resident is assessments; the resident is assessments; the retained in	F 84	42		
	and resident review determinations cond (v) Physician's, nurs professional's progr (vi) Laboratory, radiservices reports as This REQUIREMEN by: Based on record redetermined that for three residents revietailed to maintain macomplete and readillab results. Findings Cross refer F698, F 1. Review of R5's cl 6/26/24 - R5 was addiagnoses including anemia, seizure disc	ducted by the State; se's, and other licensed sess notes; and ology and other diagnostic required under §483.50. IT is not met as evidenced view and interview, it was three (R1, R5, R6) out of ewed for dialysis, the facility edical records that were y accessible with regards to include: 711 and F775. Initial record revealed: Imitted to the facility with but not limited to, diabetes, order and end stage renal		F842 Resident records Chart review determined that R1, FR6 reviewed for dialysis, the facility to maintain medical records that we complete and readily accessible wi regards to lab results. 1. Labs drawn at the dialysis facility received and uploaded into the elemedical record for R5. The deficient practice could not be corrected for residents R1 and R6 as they have discharged from the facility. 2. Residents having labs drawn at a dialysis facility have the potential to effected by this deficient practice.	refailed ere the were extronic at been be	
	anemia, seizure disc				be Charts	

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		085015	B. WING			12/	19/2024
NAME OF F	PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
SEAFOR	D CENTER				100 NORMAN ESKRIDGE HIGHWAY		
					SEAFORD, DE 19973		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTIO PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROP DEFICIENCY)		BE	(X5) COMPLETION DATE
F 842	Continued From pa	_	F8	842		aulta.	
	6/26/24 - E7 (MD) ordered in R5's electronic medical record (EMR), "Dialysis days: T-Th-Sat Time for pick up: 0600".				were reviewed to ensure that lab re were present 3.The nurse practice educator or designee will educate licensed nurs	sing	
	no laboratory blood	results tab in the EMR reveal work since 7/26/24. R5 did ning lab results as recent as esults profile.			staff on the need to have laboratory results drawn at dialysis present in EMR. 4.The DON and/or designee will do	the	
	12/19/24 2:40 PM - C4 ([outside hemod administrator) state every month. We ha hemodialysis patien work with redraws a the official lab repor	During a telephone interview, lialysis center 2]RN/ facility d, "[R5] gets lab work drawn ave standing orders for lits that require monthly lab as needed We do not send to the facility."		4.The DON and/or designee will do chart audits for dialysis patients will completed weekly x4 then monthly ensure labs drawn at the dialysis fare produced and uploaded into the This plan of correction will be monthly Quality Assurance meuntil such time consistent substant compliance has been met. Root Cause Analysis- Knowledge of		I be x2 to acility e EMR. tored at eting al	
	center in August, Se and December 202	tained at the hemodialysis eptember, October, November 4. obtain and enter these lab			licensed nursing staff that lab work obtained at dialysis is to be placed electronic medical record		
	results on R5's EMf						
	2. Review of R1's c	linical record revealed:					
	diagnoses including	admitted to the facility with go but not limited to, stage renal disease and			25		
		ordered in R1's EMR, " ndays, Wednesdays and					
	BMP (basic metal) ordered in R1's EMR, " bolic profile) STAT for rbon dioxide) level decrease".					

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				S	COMPLETED		
		085015	B. WING			12	C /19/2024
	PROVIDER OR SUPPLIER D CENTER			1	STREET ADDRESS, CITY, STATE, ZIP CODE 1100 NORMAN ESKRIDGE HIGHWAY SEAFORD, DE 19973	1 12	119/2024
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROFIDERICIENCY)	BE	(X5) COMPLETION DATE
	C3 ([outside hemody that R1 had weekly an acute kidney injusted were drawn on Montreatment and usual back until Tuesday of afternoon dialysis stated backs over to the stated of the sta	During a telephone interview, ialysis center 1] RN) stated labs drawn because he was my patient. "Typically his labs day (weekly) during his lly the results did not come due to [R1] having an eart timeNo, we don't fax the me facility " During an interview, E2 n't know why R1's 12/10/24 et into the EMR because ered and drawn here in the of labs (CBC) are from R5] has more recent labs as is. R6 had labs on 12/5/24. ut a process to get the results t into the residents' EMR." result tab in the EMR lacked 0/24 STAT lab results in R1's itionally, R1's lab results from hemodialysis lab draws on 2/6/24 and 12/13/24 were not lR. obtain and enter these lab at a lab and enter the enter the enter the enter time at a lab and enter the enter the enter the enter time at a lab and enter the enter time at a lab and enter the enter time at a lab and ente	F 8	342	,		
	anemia, hyperlipider end stage renal dise hemodialysis.	but not limited to, diabetes, nia, hypomagnesemia and ase with dependence on					
	LENEW OF KOS 190 L	esults tab in the EMR reveal		- 1			ı I

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
		085015	B. WING			C 12/19/2024		
NAME OF PROVIDER OR SUPPLIER SEAFORD CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1100 NORMAN ESKRIDGE HIGHWAY SEAFORD, DE 19973				
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	SHOULD BE COMPLETION		
F 842	Continued From page 23 no laboratory blood work since R6's CBC (complete blood count) and CMP (comprehensive metabolic profile) on 12/5/24. 12/4/24 - E7 (MD) ordered in R6's electronic medical record (EMR), "Dialysis days: Mondays, Wednesdays and Fridays, Time for pick up: 12:30". Review of R6's Hemodialysis Quarterly Report Card dated December 6, 2024 revealed R6's albumin, potassium, calcium, phosphorus, PTH-intact and hemoglobin results. This report that was generated at [hemodialysis center 3] documented only some select lab results; it did not provide the entire lab panel of results. Additionally, these results remained in R6's dialysis binder and were not uploaded into R6's EMR. The facility failed to obtain and enter these lab results on R6's EMR. 12/19/24 4:02 PM - Findings were reviewed with E1 (NHA), E2 (DON), E3 (ADON), E4 Corporate clinical advisor) at the exit conference.		F 842					