**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:** Seaford Center Nursing Home

**DATE SURVEY COMPLETED:** December 19, 2024

| 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.**<br><br>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. | | |
| **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.**<br><br>This requirement is not met as evidenced by:<br><br>Cross Refer to the CMS 2567-L survey completed December 19, 2024: cross refer: F635,<br>F698, F711, F775, F842. | | |

Provider's Signature _____ Title LNHA Date 1/23/25

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| | 085015 | A. BUILDING _____ B. WING _____ | C 12/19/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| SEAFORD CENTER | 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
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| F 000 | INITIAL COMMENTS<br><br>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).<br><br>Abbreviations/ Definitions:<br>ADON - Assistant Director of Nursing;<br>BiPAP - bilevel positive airway pressure- a form of non-invasive ventilatory therapy that supports both inhalation and exhalation;<br>CBC - complete blood count- a serum lab study;<br>CMP - complete metabolic profile- a serum lab study;<br>CNA - certified nurse's aide;<br>CPAP - continuous positive airway pressure- a form of non-invasive ventilatory support;<br>DON - Director of Nursing;<br>EHR - electronic health record;<br>EMR - electronic medical record;<br>FIO2 - fraction of inspired oxygen- an estiamtion of the oxygen content that a person inhales;<br>hemodialysis- invasive treatment for advanced kidney failure that uses a machine to filter wastes, salts and fluids from the patient's blood;<br>hypoxia - low levels of oxygen in the body's tissues'<br>LPN - Licensed practical nurse;<br>NHA - Nursing home administrator;<br>NP - Nurse Practitioner;<br>OSA - obstructive sleep apnea;<br>PEEP - positive end-expiratory pressure- the positive pressure that remains in the airways at | F 000 | | |

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|
| Electronically Signed | | 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.

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| F 000 | Continued From page 1<br>the end of exhalation;<br>RN - registered nurse;<br>RT - respiratory therapist. | F 000 | | |
| F 635 SS=D | Admission Physician Orders for Immediate Care<br>CFR(s): 483.20(a)<br><br>§483.20(a) Admission orders<br>At the time each resident is admitted, the facility must have physician orders for the resident's immediate care.<br>This REQUIREMENT is not met as evidenced by:<br>Based on record review and interview, it was determined that for one (R2) out of two residents reviewed for respiratory therapy, the facility failed to have R2's BiPAP settings orders in R2's EMR at admission. Findings include:<br><br>Facility's "Bi-Level Positive Airway Pressure (BiPAP)/ Continuous Positive Airway Pressure (CPAP) procedure policy- ... 1. Verify order ... 9. Initial set-up: 9.1 Apply ordered settings to the unit per manufacturer's instructions ..."<br><br>11/30/24 - C1 (MD) documented in R2's [Hospital] discharge summary, " ...Plan: ... OSA (Obstructive sleep apnea) BiPAP nightly ...".<br><br>11/30/24 - R2 was admitted to the facility with diagnoses, including but were not limited to, obstructive sleep apnea (OSA), emphysema and chronic respiratory failure with hypoxia (low oxygen concentration in the blood).<br><br>11/30/24 - E9 (Admissions) uploaded into R2's EMR a copy of R2's [hospital] BiPAP orders stating " ...Uses BiPAP HS at night. RT to titrate based home settings ...IPAP (cmH2O) 21, | F 635 | F635 Admission Physician orders for immediate care<br><br>Chart review found that R2 had Bipap orders placed that did not indicate the required settings.<br><br>1.The facility was unable to correct the deficient practice as the resident has been discharged from the facility.<br>2.The facility has determined that all residents receiving Bipap treatment have the potential to be affected. Residents on Bipap therapy had chart reviews to ensure the settings were present in the order.<br>3.The nurse practice educator or designee will educate license staff on the need for settings to be present when transcribing Bipap orders.<br>4.The Director of nursing and or designee will audit orders for residents on Bipap therapy for 4 consecutive weeks followed by monthly times 2. This plan of correction will be monitored at the monthly Quality Assurance meeting until such time consistent substantial compliance has | 2/5/25 |

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| F 635 | Continued From page 2<br>PEEP/CPAP (cmH2O) 17, FiO2 40%".<br><br>11/30/24 9:44 PM - E8 (RN) documented in R2's EMR, " ... Admission details: arrived by ambulance ...Respiratory: Positive Air Pressure: BiPAP/CPAP ...Oxygen via nasal cannula ...".<br><br>11/30/24 - R2 was care planned for CPAP/BiPAP therapy with interventions including; "encourage resident's use of CPAP/BiPAP."<br><br>Review of R2's EMR orders lacked evidence of BiPAP settings orders from 11/30/24 to 12/2/24.<br><br>The facility failed to obtain BiPAP respiratory settings necessary for R2's immediate care as R2 required BiPAP nightly.<br><br>12/2/24 - E7 (MD) ordered in R2's EMR, " ...BiPAP (pressure settings) IPAP 21, EPAP 17 as needed and at bedtime."<br><br>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 635 | been met.<br>Root Cause Analysis- Knowledge deficit for licensed nursing staff on Bipap settings. | |
| F 698 SS=D | Dialysis<br>CFR(s): 483.25(l)<br><br>§483.25(l) Dialysis.<br>The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.<br>This REQUIREMENT is not met as evidenced by:<br>Based on record review and interviews, it was determined that for three (R1, R5, R6) out of | F 698 | F698 Dialysis<br>Chart review found that the facility failed | 2/5/25 |

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| F 698 | Continued From page 3<br>three residents reviewed for dialysis, the facility failed to establish a process to obtain complete lab reports from the dialysis provider. Findings include:<br><br>Cross refer F711, F775 and F842.<br><br>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 ...".<br><br>1 .Review of R5's clinical record revealed:<br><br>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 machine to filter wastes, salts and fluids from the patient's blood).<br><br>6/26/24 - E7 (MD) ordered in R5's electronic medical record (EMR), " ...Dialysis days: T-Th-Sat Time for pick up: 0600 ...".<br><br>Review of R5's lab results tab in the EMR reveal no laboratory blood work since 7/26/24. R5 did have COVID screening lab results as recent as 11/6/24 in the lab results profile.<br><br>12/19/24 2:15 PM - During an interview, E2 | F 698 | to establish a process to obtain complete lab reports from the dialysis provider.<br>1.The Director of Nursing contacted the dialysis facility for resident R5 and requested complete lab reports drawn at the dialysis facility since his admission date of 6/26/2024. The records received were uploaded into the documents tab in the EMR. The deficient practice could not be corrected on R1 and R6 as they have since been discharged from the facility.<br>2.The facility has determined that all residents receiving dialysis were reviewed to ensure lab work was present in their electronic medical record.<br>3.Nurse practice educator or designee will educate licensed nursing staff on the process of ensuring all lab results from the dialysis facility are present in the electronic medical record for dialysis patients.<br>4.The DON or designee will do a chart audits for dialysis patients completed weekly x4 then monthly x2 to ensure labs drawn at the dialysis facility are produced and uploaded into the EMR. This plan of correction will be monitored at the monthly Quality Assurance meeting until such time consistent substantial compliance has been met.<br>Root Cause Analysis- Knowledge deficit of licensed nursing staff that lab work obtained at dialysis is to be placed on the electronic medical record | |

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| F 698 | Continued From page 4<br>(DON) stated, " ... [R5's] last set of labs (CBC) are from 7/26/24, I know he [R5] has more recent labs as he is on hemodialysis ...."<br><br>12/19/24 2:40 PM - During a telephone interview, C4 (hemodialysis center 2 RN/ facility administrator) stated, "[R5] gets lab work drawn every month. We have standing orders for hemodialysis patients that require monthly lab work with redraws as needed. Redraws are done for abnormal labs results. It is our dietician who communicates with the facility the lab results on the patient's report card, which is a communication sheet that goes back to the facility usually in the patient's binder. We do not send the official lab reports to the facility."<br><br>R5's reports for lab work obtained by (hemodialysis center 2) for five months (August, September, October, November and December) were not filed in R5's EMR by the facility to allow review by the facility providers.<br><br>The facility failed to have a process for obtaining the (hemodialysis center 2's) lab results and communicating those results to the facility providers in order to coordinate R5's care.<br><br>2. Review of R1's clinical record revealed:<br><br>11/15/24 - R1 was admitted to the facility with diagnoses including but not limited to, hyperlipidemia, end stage renal disease and stroke.<br><br>11/15/24 - E7 (MD) ordered in R1's EMR, " ...Dialysis days: Mondays, Wednesdays and Fridays ...". | F 698 | | |

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| F 698 | Continued From page 5<br>12/19/24 1:45 PM - During a telephone interview, C3 (hemodialysis center 1 RN) stated that R1 had weekly labs drawn because he was an acute kidney injury patient. "Typically his (R1) labs were drawn on Monday (weekly) during his treatment and usually the results did not come back until Tuesday due to [R1] having an afternoon dialysis start time. If the labs were abnormal, we would call the results to the facility ...No, we don't fax the lab sheets over to the facility. It is just a phone call if abnormal or a handwritten report of some of the labs on the dialysis communication sheet ... For most hemodialysis patients, they get weekly hemoglobin checks done. "<br><br>Review of R1's lab results tab in the EMR reveal no documented laboratory blood work since his admission on 11/15/24. C3 stated that R1 had weekly lab work on Mondays during his hemodialysis treatments. R1's lab results from Monday 11/8/24, 11/25/24, 12/6/24 and 12/13/24 were not available in R1's EMR.<br><br>The facility failed to have a process for obtaining the [hemodialysis center 1's] lab results and communicating those results to the facility providers in order to coordinate R1's care.<br><br>3. Review of R6's clinical record revealed:<br><br>12/4/24 - R6 was admitted to the facility with diagnoses including but not limited to, diabetes, anemia, hyperlipidemia, hypomagnesemia and end stage renal disease with dependence on hemodialysis.<br><br>Review of R6's lab results tab in the EMR reveal no laboratory blood work since R6's CBC (complete blood count) and CMP (comprehensive | F 698 | | |

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| F 698 | Continued From page 6<br>metabolic profile) on 12/5/24.<br><br>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 ...".<br><br>Review of R6's Hemo Quarterly Report Card dated December 6, 2024 revealed R6's albumin, potassium, calcium, phosphorus, PTH, intact and hemoglobin levels. It did not include R6's full CBC and CMP results, just a select set of labs.<br><br>12/19/24 12:24 PM - During an interview, E10 (LPN) stated, "The dialysis residents have a binder that goes with them to their treatment appointments. Both [R5 & R6's] binders are with the residents right now at their dialysis centers ... Their labs are written in on the communication sheet by the staff at the dialysis center. It is not the official lab report. The dialysis staff write down any recommendations and how they treated the labs. If the labs are off (abnormal), they often call us. Typically the nurses are the only ones who look at the binders. If the labs are really off, they send the resident to the hospital and then call us to say that they sent them to the hospital."<br><br>12/19/24 1:39 PM - During an interview, E11 (NP) stated, "The labs are obtained at the dialysis unit and they send a handwritten communications report in the patient's dialysis binder with written abnormal labs. We don't get copies of the official lab reports. For long-term care residents that are on hemodialysis, we order the annual labs to be drawn by our lab and then the results are uploaded directly into the EMR. When the labs are done at dialysis if a lab is really abnormal, the dialysis unit calls the facility nurses station and | F 698 | | |

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| F 698 | Continued From page 7<br>the nurse tells us the problematic labs."<br><br>12/19/24 2:15 PM - During an interview, E2 (DON) stated, " ...R6 had labs on 12/5/24 here in the facility but no other lab results are documented in [R6's] chart... We need to figure out a process to get the results from the dialysis units into the residents' EMR."<br><br>12/19/24 3:33 PM - During a telephone interview, C5 ([hemodialysis center 3] administrator/RN) stated, "At our hemodialysis center, we get standing labs on admission. R6 had lab work on 12/6/24 ... Then we get a hemoglobin every 2 weeks to once a month depending on how low the hemoglobin is ... Honestly, if there are no discrepancies (abnormal labs), we may not even report or send the labs to the facility ... Sometimes, we send the official lab report to the facility in their communication book but that is not the standard of practice. We typically write down certain lab results on a report sheet and put that in the patient's communication book quarterly ... I was not aware that the facility does not order their own labs. We cannot obtain any labs that are not related to renal due to our regulations."<br><br>The facility failed to have a process for obtaining the (hemodialysis center 3's) lab results and communicating those results to the facility providers in order to coordinate R6's care.<br><br>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 698 | | |
| F 711 SS=D | Physician Visits - Review Care/Notes/Order<br>CFR(s): 483.30(b)(1)-(3) | F 711 | | 2/5/25 |

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| F 711 | Continued From page 8<br>§483.30(b) Physician Visits<br>The physician must-<br><br>§483.30(b)(1) Review the resident's total program of care, including medications and treatments, at each visit required by paragraph (c) of this section;<br><br>§483.30(b)(2) Write, sign, and date progress notes at each visit; and<br><br>§483.30(b)(3) Sign and date all orders with the exception of influenza and pneumococcal vaccines, which may be administered per physician-approved facility policy after an assessment for contraindications.<br>This REQUIREMENT is not met as evidenced by:<br>Based on record review and interviews, it was determined that for three (R1, R5, R6) out of six residents reviewed for Physician Services, the facility failed to have the physician review the resident's total program of care. For R1, the physician failed to review R1's lab work (resident had labs obtained at hemodialysis) and regarding R1's supplemental oxygen usage. For R5 and R6, the physician failed to review lab work obtained at hemodialysis. R6 had a known hospitalization for hyperkalemia in November 2024. Findings include:<br><br>Cross refer F698, F775 and F842<br><br>1. Review of R1's clinical record revealed:<br><br>11/15/24 - R1 was admitted to the facility with diagnoses including but not limited to, hyperlipidemia, end stage renal disease and stroke. | F 711 | F711 Physician visits<br>Chart review found that the provider failed to review the patient□s total program of care as evidenced by lack of documentation of R1 oxygen supplementation. For residents R1, R5, and R6 the provider failed to review labs obtained at the dialysis facility.<br>1) Original copies of laboratory results containing the name and address of the laboratory for resident R5 drawn at hemodialysis were uploaded into the electronic chart and reviewed by the physician.<br>R6 and R1 have been discharged.<br>2) Current residents having labs drawn at a dialysis facility have the potential to be affected by this deficient practice. Charts of all current residents receiving dialysis services were reviewed to ensure that lab results have been reviewed by the | |

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| F 711 | Continued From page 9<br><br>11/15/24 - E7 (MD) ordered in R1's EMR, " ...Dialysis days: Mondays, Wednesdays and Fridays ...".<br><br>11/18/24 - E7 (MD) ordered in R1's EMR, " ... Oxygen 2 L (liters) every shift ...".<br><br>Review of R1's vital signs for pulse oximetry monitoring from 11/18/24 to 12/11/24 (the date of transfer to the hospital) revealed thirty-six documented occasions of pulse ox monitoring with eleven incidents where R1 was not utilizing his supplemental oxygen as ordered and on several occasions, R1's pulse ox was lower than the 92% acceptable range. Review of E7's progress notes dated 11/18/24, 11/25/24, 12/2/24 and 12/10/24 revealed no evidence of documentation or a plan to address R1's non-compliance with his supplemental oxygen therapy.<br><br>11/18/24 - E7 (MD) documented in R1's admission history and physical, " ...61 yo (year old) male with CAD (coronary artery disease), CVA (cerebral vascular accident) with left hemiplegia admitted with weakness ...pt (patient) underwent exploratory laproscopic procedure on 10/21/ Severe AKI (acute kidney injury) after surgery lead to hemodialysis. Patient experienced cardiac arrest but quickly achieved ROSC (return of spontaneous circulation). Likely aspirated ... Physical Exam: ... Respiratory: CTAB (clear to auscultation bilaterally), diminished bibasilarly ...Assessment and Plan: Dependence on renal dialysis ...OSA (obstructive sleep apnea) - CPAP ...".<br><br>This physician note lacked evidence of | F 711 | physician or physician extender.<br>Current residents receiving supplemental oxygen have the potential to be affected by this deficient practice. Charts of all current residents receiving supplemental oxygen have had the past 30 days of oxygen use and pulse oxygen readings reviewed with the physician or physician extender.<br>3) The Nurse practice educator or designee will re- educate licensed nursing staff on the process of ensuring all lab results from the dialysis facility are present in the EMR for dialysis patients and that the refusal of supplemental oxygen or an abnormal pulse ox level requires notification to the physician or physician extender. The nurse practice educator will re-educte physicians and physician extenders that dialysis labs will be located in the provider□s binder for review and also on how to review supplemental oxygen and pulse oxygen level recordings in PCC.<br>4) The DON/designee will complete an audit of dialysis labs weekly x 4 then monthly x 2 to ensure that the physician services has reviewed the results. DON and or designed will conduct 10 random audits of residents receiving supplemental oxygen will be conducted weekly x 4 then monthly x2 to ensure that the physician or physician extender has reviewed oxygen use for abnormal pulse oximetry levels and/or refusal of supplemental oxygen. This plan of correction will be monitored at the monthly Quality Assurance meeting until such time consistent substantial compliance has been met. | |

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| F 711 | Continued From page 10<br>documentation of and a plan of care regarding R1's new supplemental oxygen usage. It also lacked a plan of care regarding frequency of lab draws for R1, who was initiated on hemodialysis due to an acute kidney injury.<br>11/18/24 - R1's weekly lab draw obtained at (hemodialysis center 1).<br><br>Review of R1's EMR revealed no evidence of (hemodialysis center 1's) 11/18/24 weekly lab results.<br><br>11/25/24 6:54 PM - E7 (MD) documented in R1's EMR progress note, " ...Vital Signs: O2 (oxygen) sat (saturation): 95 RA ( room air) 11/24/24 9:12 PM ....History of present Illness: 61 yo male with CAD, CHF (congestive heart failure) ...ESRD (end stage renal disease) on HD (hemodialysis) ...Physical Exam: ... Respiratory: CTAB, diminished bilaterally ... ...Labs- All labs, images, reports and previous notes reviewed. For full lab/imaging results, see EHR (electronic health record) ... Assessment and Plan: ... End stage renal disease - HD MWF (Monday, Wednesday, Friday) .... OSA - CPAP ...".<br><br>This physician note lacked evidence of documentation of R1's supplemental oxygen usage and a plan of care regarding R1's compliance and usage of supplemental oxygen. It also lacked a plan of care regarding frequency of lab draws and review of recent labs drawn on 11/18/24 for R1, who was initiated on hemodialysis due to an acute kidney injury.<br><br>The facility lacked evidence of how E7, as stated in E7's 11/25/24 note, was able to review R1's 11/18/24 lab results as the results were not uploaded into R1's EMR. | F 711 | Root Cause Analysis- Knowledge deficit of the physician and physician extender on reviewing dialysis labs and supplemental oxygen use. | |

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| F 711 | Continued From page 11<br><br>11/25/24 - R1's weekly lab draw obtained at (hemodialysis center 1).<br><br>Review of R1's EMR revealed no evidence of (hemodialysis center 1's) 11/25/24 weekly lab results.<br><br>12/2/24 6:36 PM - E7 (MD) documented in R1's EMR progress note, " ...Vital Signs: O2 sat: 94 RA 12/1/24 2:41 PM... History of present Illness: 61 yo male with CAD, CHF ...ESRD on HD ...Physical Exam: ... Respiratory: CTAB, diminished bilaterally ... ...Labs- All labs, images, reports and previous notes reviewed. For full lab/imaging results, see HER ... Assessment and Plan: ... End stage renal disease - HD MWF, Nephrology follow up .... OSA - CPAP ...".<br><br>This physician note lacked evidence of documentation of R1's supplemental oxygen usage and a plan of care regarding R1's compliance and usage of supplemental oxygen. It also lacked a plan of care regarding frequency of lab draws and review of recent labs drawn on 11/25/24 for R1, who was initiated on hemodialysis due to an acute kidney injury.<br><br>The facility lacked evidence of how E7, as stated in E7's 12/2/24 note, was able to review R1's 11/25/24 lab results as the results were not uploaded into R1's EMR.<br><br>12/6/24 - R1's weekly lab draw obtained at [hemodialysis center 1].<br><br>Review of R1's EMR revealed no evidence of (hemodialysis center 1's) 12/6/24 weekly lab results. | F 711 | | |

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| F 711 | Continued From page 12<br><br>12/10/24 9:01 AM - E7 (MD) documented in R1's EMR progress note, " ...Vital Signs: O2 sat: 92 RA 12/10/24 12:49 PM... History of present Illness: 61 yo male with CAD, CHF ...ESRD on HD ...Physical Exam: ... Respiratory: CTAB, diminished bilaterally ... ...Labs- All labs, images, reports and previous notes reviewed. For full lab/imaging results, see HER ... Assessment and Plan: ... End stage renal disease - HD MWF, Nephrology follow up .... OSA - CPAP ...".<br><br>This physician note lacked evidence of documentation of R1's supplemental oxygen usage and a plan of care regarding R1's compliance and usage of supplemental oxygen. It also lacked a plan of care regarding frequency of lab draws and review of recent labs drawn on 12/6/24 for R1, who was initiated on hemodialysis due to an acute kidney injury.<br><br>The facility lacked evidence of how E7, as stated in E7's 12/10/24 note, was able to review R1's 12/6/24 lab results as the results were not uploaded into R1's EMR.<br><br>12/19/24 1:45 PM - During a telephone interview, C3 (hemodialysis center 1 RN) stated that R1 had weekly labs drawn because he was an acute kidney injury patient. "Typically his (R1) labs were drawn on Monday (weekly) during his treatment and usually the results did not come back until Tuesday due to [R1] having an afternoon dialysis start time. If the labs were abnormal, we would call the results to the facility ...No, we don't fax the lab sheets over to the facility. It is just a phone call if abnormal or a handwritten report of some of the labs on the dialysis communication sheet ... For most hemodialysis patients, they get weekly | F 711 | | |

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| F 711 | Continued From page 13<br>hemoglobin checks done. "<br><br>2. Review of R5's clinical record revealed:<br><br>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.<br><br>6/26/24 - E7 (MD) ordered in R5's electronic medical record (EMR), " ...Dialysis days: T-Th-Sat Time for pick up: 0600 ...".<br>R5 had lab work obtained at the hemodialysis center in August, September, October, November and December 2024. Review of R5's EMR lacked evidence of official [laboratory] reports of R5's monthly hemodialysis labs. R5's dialysis binder had communication sheets, which mentioned various labs from some of these dates but these results were not uploaded into R5's EMR.<br><br>Since 11/5/24, R5 had three documented encounters with providers, E7 (MD) and E11 (NP). The progress notes from E11 for the 12/5/24 and 12/12 24 encounters lacked evidence of any review of R5's lab results.<br><br>11/13/24 - E7 (MD) documented in R5's EMR progress note, " ...History of present illness: 48 yo (year old) male with ESRD on HD, TThS (Tuesday, Thursday, Saturday), DM2 (diabetes), CHF (congestive heart failure) ...Labs: All labs, images, reports and previous notes reviewed. For full lab/imaging results, see Facility EHR (electronic health record) ...".<br><br>The facility lacked evidence of how E7, as stated in E7's 11/13/24 note, was able to review R5's lab results as the results were not uploaded into R5's | F 711 | | |

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| F 711 | Continued From page 14<br>EMR.<br><br>12/19/24 2:40 PM - During a telephone interview, C4 ([outside hemodialysis center 2] RN/ facility administrator) stated, "[R5] gets lab work drawn every month. We use [laboratory] for our lab work. We have standing orders for hemodialysis patients that require monthly lab work with redraws as needed ... We do not send the official lab reports to the facility."<br><br>3. Review of R6's clinical record revealed:<br><br>12/4/24 - R6 was admitted to the facility with diagnoses including but not limited to, diabetes, anemia, hyperlipidemia, hypomagnesemia and end stage renal disease with dependence on hemodialysis.<br><br>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 ...".<br><br>12/5/24 - E7 (MD) documented in R6's admission history and physical, " ... 58 yo female with CAD, CHF, CKD (chronic kidney disease) stage V admitted with weakness ...Labs showed elevated creatinine at 3.6 and elevated potassium. She underwent hemodialysis on 11/18/24 ...".<br><br>12/6/24 - E11 (NP) documented in R6's EMR progress note, " ...Assessment and Plan: ...Acute kidney failure- continue HD as per Nephrology, monitor labs ...".<br><br>12/16/24 - E7 (MD) documented in R6's EMR progress note, " ...58 yo female with CAD ... Labs: All labs, images, reports and previous | F 711 | | |

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| F 711 | Continued From page 15<br>notes reviewed. For full lab/imaging results, see Facility EHR ...".<br><br>The facility lacked evidence of how E7, as stated in E7's 12/16/24 note, was able to review R6's lab results as the results were not uploaded into R6's EMR.<br><br>12/19/24 1:39 PM - During an interview, E11 (NP) stated, "The labs are obtained at the dialysis unit and they send a handwritten communications report in the patient's dialysis binder with written abnormal labs. We don't get copies of the official lab reports."<br><br>12/19/24 3:33 PM - During a telephone interview, C5 ([outside hemodialysis center 3 administrator/RN) stated, "At our hemodialysis center, we get standing labs on admission. R6 had lab work on 12/6/24. Then we get a hemoglobin every 2 weeks to once a month ... Honestly, if there are no discrepancies (abnormal labs), we may not even report or send the labs to the facility. Sometimes, we send the official lab report to the facility in their communication book but that is not the standard of practice. We typically write down certain lab results on a report sheet and put that in the patient's communication book quarterly ..."<br><br>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 711 | | |
| F 775 SS=D | Lab Reports in Record - Lab Name/Address CFR(s): 483.50(a)(2)(iv)<br><br>§483.50(a)(2) The facility must-<br>(iv) File in the resident's clinical record laboratory | F 775 | | 2/5/25 |

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| F 775 | Continued From page 16<br>reports that are dated and contain the name and address of the testing laboratory.<br>This REQUIREMENT is not met as evidenced by:<br>Based on record review and interview, it was determined that for two (R5, R6) out of three residents reviewed for dialysis, the facility failed to have the clinical record laboratory report containing the name and address of the testing lab in the residents' EMR. Findings include:<br><br>Cross refer F698, F711 and F842.<br><br>1. Review of R5's clinical record revealed:<br><br>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.<br><br>6/26/24 - E7 (MD) ordered in R5's electronic medical record (EMR), " ...Dialysis days: T-Th-Sat Time for pick up: 0600 ...".<br><br>12/19/24 2:40 PM - During a telephone interview, C4 ([outside hemodialysis center 2] RN/ facility administrator) stated, "[R5] gets lab work drawn every month. We use [laboratory] for our lab work. We have standing orders for hemodialysis patients that require monthly lab work with redraws as needed ... We do not send the official lab reports to the facility."<br><br>R5 had lab work obtained at the [hemodialysis center 2] in August, September, October, November and December 2024.<br><br>Review of R5's EMR lacked evidence of official [laboratory] reports of R5's monthly hemodialysis | F 775 | F775 Lab reports in record- Lab name/ address<br>Chart review found that for residents R5 and R6 the facility failed to provide original copies of lab results drawn at hemodialysis with the laboratory name and address in the residents electronic chart.<br>1.Original copies of laboratory results containing the name and address of the laboratory for resident R5 drawn at hemodialysis were uploaded into the electronic chart. The deficient practice for R6 could not be corrected as the resident has been discharged from the facility<br>2.All residents having labs drawn at a dialysis facility have the potential to be affected by this deficient practice. Charts of all current residents receiving dialysis services were reviewed to ensure that lab results containing the name and address of the laboratory were present.<br>3.The nurse practice educator or designee will educate licensed nursing staff on the need to have laboratory results with the name and address of the laboratory present.<br>4.The DON and or designee will complete audits of charts of patients receiving dialysis services weekly x4 then monthly x2 to ensure lab results are present and contain the name and address of the laboratory. This plan of correction will be monitored at the monthly Quality Assurance meeting until such time | |

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| F 775 | Continued From page 17<br>labs with [laboratory's] name and address. R5's dialysis binder had communication sheets, which mentioned various labs from some of these dates; however, these lab results were handwritten, not on the official [laboratory] report with the [laboratory's] name and address and not uploaded into R5'e EMR.<br><br>The facility failed to have R5's dated clinical laboratory reports with the testing laboratory's name and address filed in R5's EMR.<br><br>2. Review of R6's clinical record revealed:<br><br>12/4/24 - R6 was admitted to the facility with diagnoses including but not limited to, diabetes, anemia, hyperlipidemia, hypomagnesemia and end stage renal disease with dependence on hemodialysis.<br><br>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 ...".<br><br>Review of R6's dialysis binder revealed a Hemo Quarterly Report Card dated December 6, 2024 with R6's albumin, potassium, calcium, phosphorus, PTH- intact and hemoglobin results. These lab results were typed on the [hemodialysis center] generated report, did not include the name and address of the testing laboratory and were not uploaded into R6's EMR.<br><br>The facility failed to have R6's dated clinical laboratory reports with the testing laboratory's name and address filed in R6's EMR.<br><br>12/19/24 12:24 PM - During an interview, E10 | F 775 | consistent substantial compliance has been met.<br>Root cause analysis- Knowledge deficit of licensed nursing staff that lab work obtained at dialysis is to be placed on the electronic medical record | |

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| F 775 | Continued From page 18<br>(LPN) stated, "The dialysis residents have a binder that goes with them to their treatment appointments ...Their labs are written in on the communication sheet by the staff at the dialysis center. It is not the official lab report ...."<br><br>12/19/24 1:39 PM - During an interview, E11 (NP) stated, "The labs are obtained at the dialysis unit and they send a handwritten communications report in the patient's dialysis binder with written abnormal labs. We don't get copies of the official lab reports."<br><br>12/19/24 3:33 PM - During a telephone interview, C5 (outside hemodialysis center 3 administrator/RN) stated, "At our hemodialysis center, we get standing labs on admission. R6 had lab work on 12/6/24. Then we get a hemoglobin every 2 weeks to once a month ... Honestly, if there are no discrepancies (abnormal labs), we may not even report or send the labs to the facility. Sometimes, we send the official lab report to the facility in their communication book but that is not the standard of practice. We typically write down certain lab results on a report sheet and put that in the patient's communication book quarterly ..."<br><br>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 775 | | |
| F 842 SS=D | Resident Records - Identifiable Information<br>CFR(s): 483.20(f)(5), 483.70(h)(1)-(5)<br><br>§483.20(f)(5) Resident-identifiable information.<br>(i) A facility may not release information that is resident-identifiable to the public.<br>(ii) The facility may release information that is | F 842 | | 2/5/25 |

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| F 842 | Continued From page 19<br>resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.<br><br>§483.70(h) Medical records.<br>§483.70(h)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-<br>(i) Complete;<br>(ii) Accurately documented;<br>(iii) Readily accessible; and<br>(iv) Systematically organized<br><br>§483.70(h)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-<br>(i) To the individual, or their resident representative where permitted by applicable law;<br>(ii) Required by Law;<br>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;<br>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.<br><br>§483.70(h)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. | F 842 | | |

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
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| F 842 | Continued From page 20<br><br>§483.70(h)(4) Medical records must be retained for-<br>(i) The period of time required by State law; or<br>(ii) Five years from the date of discharge when there is no requirement in State law; or<br>(iii) For a minor, 3 years after a resident reaches legal age under State law.<br><br>§483.70(h)(5) The medical record must contain-<br>(i) Sufficient information to identify the resident;<br>(ii) A record of the resident's assessments;<br>(iii) The comprehensive plan of care and services provided;<br>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;<br>(v) Physician's, nurse's, and other licensed professional's progress notes; and<br>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.<br>This REQUIREMENT is not met as evidenced by:<br>Based on record review and interview, it was determined that for three (R1, R5, R6) out of three residents reviewed for dialysis, the facility failed to maintain medical records that were complete and readily accessible with regards to lab results. Findings include:<br><br>Cross refer F698, F711 and F775.<br><br>1. Review of R5's clinical record revealed:<br><br>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. | F 842 | F842 Resident records<br>Chart review determined that R1, R5, and R6 reviewed for dialysis, the facility failed to maintain medical records that were complete and readily accessible with regards to lab results.<br>1.Labs drawn at the dialysis facility were received and uploaded into the electronic medical record for R5. The deficient practice could not be corrected for residents R1 and R6 as they have been discharged from the facility.<br>2.Residents having labs drawn at a dialysis facility have the potential to be affected by this deficient practice. Charts of all residents receiving dialysis services | |

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| F 842 | Continued From page 21<br>6/26/24 - E7 (MD) ordered in R5's electronic medical record (EMR), " ...Dialysis days: T-Th-Sat Time for pick up: 0600 ...".<br><br>Review of R5's lab results tab in the EMR reveal no laboratory blood work since 7/26/24. R5 did have COVID screening lab results as recent as 11/6/24 in the lab results profile.<br><br>12/19/24 2:40 PM - During a telephone interview, C4 ([outside hemodialysis center 2]RN/ facility administrator) stated, "[R5] gets lab work drawn every month. We have standing orders for hemodialysis patients that require monthly lab work with redraws as needed ... We do not send the official lab reports to the facility."<br><br>R5 had lab work obtained at the hemodialysis center in August, September, October, November and December 2024.<br><br>The facility failed to obtain and enter these lab results on R5's EMR.<br><br>2. Review of R1's clinical record revealed:<br><br>11/15/24 - R1 was admitted to the facility with diagnoses including but not limited to, hyperlipidemia, end stage renal disease and stroke.<br><br>11/15/24 - E7 (MD) ordered in R1's EMR, " ...Dialysis days: Mondays, Wednesdays and Fridays ...".<br><br>12/10/24 - E11 (NP) ordered in R1's EMR, " ...BMP (basic metabolic profile) STAT for suspected CO2 (carbon dioxide) level decrease". | F 842 | were reviewed to ensure that lab results were present<br>3.The nurse practice educator or designee will educate licensed nursing staff on the need to have laboratory results drawn at dialysis present in the EMR.<br>4.The DON and/or designee will do a chart audits for dialysis patients will be completed weekly x4 then monthly x2 to ensure labs drawn at the dialysis facility are produced and uploaded into the EMR. This plan of correction will be monitored at the monthly Quality Assurance meeting until such time consistent substantial compliance has been met.<br>Root Cause Analysis- Knowledge deficit of licensed nursing staff that lab work obtained at dialysis is to be placed on the electronic medical record | |

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| F 842 | Continued From page 22<br>12/19/24 1:45 PM - During a telephone interview, C3 ([outside hemodialysis center 1] RN) stated that R1 had weekly labs drawn because he was an acute kidney injury patient. "Typically his labs were drawn on Monday (weekly) during his treatment and usually the results did not come back until Tuesday due to [R1] having an afternoon dialysis start time ...No, we don't fax the lab sheets over to the facility... "<br><br>12/19/24 2:15 PM - During an interview, E2 (DON) stated, "I don't know why R1's 12/10/24 STAT labs did not get into the EMR because those labs were ordered and drawn here in the facility. R5's last set of labs (CBC) are from 7/26/24, I know he [R5] has more recent labs as he is on hemodialysis. R6 had labs on 12/5/24. We need to figure out a process to get the results from the dialysis unit into the residents' EMR."<br><br>Review of R1's lab result tab in the EMR lacked evidence of the 12/10/24 STAT lab results in R1's medical record. Additionally, R1's lab results from the weekly Monday hemodialysis lab draws on 11/8/24, 11/25/24, 12/6/24 and 12/13/24 were not available in R1's EMR.<br><br>The facility failed to obtain and enter these lab results on R1's EMR.<br><br>3. Review of R6's clinical record revealed:<br><br>12/4/24 - R6 was admitted to the facility with diagnoses including but not limited to, diabetes, anemia, hyperlipidemia, hypomagnesemia and end stage renal disease with dependence on hemodialysis.<br><br>Review of R6's lab results tab in the EMR reveal | F 842 | | |

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| F 842 | Continued From page 23<br>no laboratory blood work since R6's CBC (complete blood count) and CMP (comprehensive metabolic profile) on 12/5/24.<br><br>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 ...".<br><br>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.<br><br>The facility failed to obtain and enter these lab results on R6's EMR.<br><br>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 | | |