



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Health Care Quality
Office of Long Term Care
Residents
Protection

DHSS - DHCQ
261 Chapman Road Suite 200
Newark, DE 19702

STATE SURVEY REPORT
Page 1

NAME OF FACILITY: Milford Center
COMPLETED: January 28, 2025

DATE SURVEY

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
3201	<p>The State Report incorporates by reference and also cites the findings specified in the Federal Report.</p> <p>An unannounced Follow-up Survey to the Annual, Complaint and Emergency Preparedness Survey ending November 25, 2024, was conducted by the State of Delaware Division of Health Care Quality, office of Long-Term Care Residents protection on January 24, 2025, through January 28, 2025. The facility census on the first day of the survey was ninety (90). The survey sample size was twenty-seven (27) residents.</p>		
1.1.0	<p>Regulations for Skilled and Intermediate Care Facilities</p>		
3201.1.2	<p>Scope</p> <p>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.</p> <p>The facility was found not to be in substantial compliance with 42 CFR Part 483, Subpart B, Requirements for Long Term Care as of December 5, 2024.</p>		

Provider's Signature

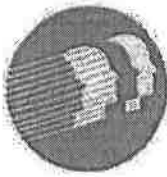
[Handwritten Signature]

Title

Administrator

Date

2/10/25



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	Cross Refer to the CMS 2567-L survey completed January 28, 2025: F690.	Please refer to F-tag 690	2/11/2025

Provider's Signature

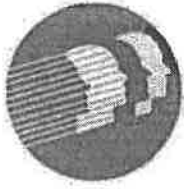
[Signature]

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Provider's Signature *[Signature]* Title Administrator Date 2/10/25

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

PRINTED: 02/11/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085010		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 01/28/2025	
NAME OF PROVIDER OR SUPPLIER MILFORD CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 700 MARVEL ROAD MILFORD, DE 19963			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{F 000}	INITIAL COMMENTS An unannounced Follow-up Survey to the Annual, Complaint and Emergency Preparedness Survey ending November 25, 2024 was conducted by the State of Delaware Division of Health Care Quality, office of Long Term Care Residents protection on January 24, 2025 through January 28, 2025. The facility census on the first day of the survey was ninety (90). The survey sample size was twenty-seven (27) residents. The facility was found not to be in substantial compliance with 42 CFR Part 483, Subpart B, Requirements for Long Term Care as of December 5, 2024. Abbreviations/definitions used in this report are as follows: CNA - Certified Nursing Assistant; DON - Director of Nursing; NHA - Nursing Home Administrator; RN - Registered nurse. BIMS - (Brief Interview for Mental Status) - Assessment of the resident's mental status. The total possible BIMS Score ranges from 0 to 15 with 15 being the best. 13-15: Cognitively intact (decisions consistent/reasonable); {F 690} Bowel/Bladder Incontinence, Catheter, UTI SS=D CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is			{F 000}			
				{F 690}			2/11/25

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

TITLE

(X6) DATE

Electronically Signed

02/07/2025

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 690}	<p>Continued From page 1 not possible to maintain.</p> <p>§483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that-</p> <p>(i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary;</p> <p>(ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and</p> <p>(iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.</p> <p>§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and record review it was determined that for one (R22) out of three residents reviewed for bowel and bladder the facility failed to assess resident's continence and implement measures to restore/maintain continence. Findings include:</p> <p>Review of R22's clinical records revealed:</p>	{F 690}	<p>F690- Bowel/Bladder Incontinence, Catheter, UTI.</p> <p>1. R22 has had a urinary incontinence assessment completed and 3 day voiding trial to restore and maintain continence. R22's plan for restoring continence per his preference is to ensure that he has his urinal at bedside.</p>		

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{F 690}	<p>Continued From page 2</p> <p>12/18/24 - 1/20/25 - A review of R22's hospitalization record prior to admission to the facility revealed R22 was hospitalized for a fractured pelvis and hip from a fall, acute kidney injury, kidney stone and a kidney infection. R22 did have a wound vac that was assessed on 1/20/25 as the canister being dry. There was a stent placed for a kidney stone. The resident was documented to be alert and oriented to person, place and time.</p> <p>1/21/25 - R22 was admitted to the facility with diagnoses including but not limited to a broken hip.</p> <p>1/21/25 - 1/28/25 - A review of the facility electronic medical record system for documenting care indicated that R22 was totally dependent on staff for toileting, continent of urine one time and incontinent 17 times. R22 was offered a device (urinal/bed pan) one time. R22 was documented as being incontinent for bowel.</p> <p>1/21/25 2:34 AM - A fecal and urinary incontinence evaluation documented that the resident was incontinent of bowel. Prior to hospitalization and admission to the facility R22 used the toilet. The evaluation documented "unable to determine if the resident wished to continue with the same continence management approach for fecal incontinence, no involuntary discharge of bowels, the assessment indicated that [R22] did have urge." The evaluation did not mention urinary incontinence but did document to move forward with a complete 3-day continence record.</p> <p>1/21/25 4:44 PM - A progress note documented that R22 was "observed to have a wide clear</p>	{F 690}	<p>2. Admissions and re-admissions in the past 30 days will be reviewed for completion of urinary and bowel assessment and implementation of measures to restore and maintain continence, if applicable. Current residents who have had a significant change within the last 30 days in bowel/bladder will be re-assessed to ensure that measures to restore/ maintain continence are implemented if appropriate.</p> <p>3. Licensed nursing staff will be re-educated by Nurse Practice Educator, ADON and/or designee on assessing residents' continence status on admission/re-admission and with a change in condition in bowel/bladder implementing measures to restore or maintain continence.</p> <p>4. The Director of nursing, assistant director of nursing, and/or nurse educator will audit new/readmit admissions, any significant changes, and quarterly assessments of bowel and/or bladder weekly x 4 then monthly x 2 to, to ensure that continence status has been assessed and interventions are implemented to maintain or restore continence. This plan of correction will be monitored at the monthly Quality Assurance meeting until such time consistent substantial compliance has been met.</p> <p>Root cause analysis- Lack of education to licensed nursing staff on completing and</p>		

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{F 690}	<p>Continued From page 3</p> <p>plastic piece of tape on penile head with string attached, while turning resident for skin eval tape from penis stuck to disposable chuck present on admission and when we rolled back over the string dislodged from penises exposing thin catheter which was protruding from penis causing catheter to be dislodged, more than halfway out. Remaining catheter removed and unit manager notified called. Resident was incontinent large amount of clear yellow urine and was voiding when catheter became dislodged: Resident and wife aware."</p> <p>1/22/25 11:44 AM - A physician's order for R22 to have a bladder scan every eight hours and as needed, if more than 300 ml in the bladder to straight cath.</p> <p>1/22/25 1:52 PM - A progress note documented R22 was cognitively intact with a BIMS of 15 and that R22 was "continent of bladder, urine clear yellow and denies urinary complaints."</p> <p>1/27/25 - A review of the electronic medical record assessment tab, documented in red "Fecal and Urinary Incontinence Post Voiding Diary Follow-up: 3 days overdue - 1/25/2025".</p> <p>1/27/25 3:35 PM - A bowel and bladder assessment on R22 was requested from the facility. Only a fecal incontinence evaluation was provided. There was no assessment of the bladder.</p> <p>1/27/25 3:54 PM - During an interview with E2 (DON), R22's bladder assessment and three day voiding record was requested. E2 stated that they were looking for it.</p>	{F 690}	<p>assessing continence status and implementing measures to restore or maintain continence.</p>		

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{F 690}	<p>Continued From page 4</p> <p>1/27/25 4:27 PM - A progress note documented, "Resident incontinent of bowel and bladder. Antibiotic finished yesterday evening and he also had an episode of loose stool last week. Pt is on Senna nightly. Bladder scans completed on 1/22 and 1/23 showed at most 123 cc in bladder. Spoke to resident about bowel and bladder continence prior to illness. Said he was continent of bladder before his illness but would feel the need to have a bm and occasionally not make it to the toilet. Discussed that he is on senna and was not on a stool medication prior to hospitalization. Said 'let's stop that.' For bladder, [R22] says he had a catheter in and then a stent. Pt says he would like to consider starting the urinal use when he gets a little stronger with PT. Says he just got the wound vac off and has over 70 staples in his hip. Will schedule new Fecal and Urinary Incontinence Evaluation for early week and develop a plan with patient."</p> <p>1/28/25 2:57 AM - A nurse practitioner documented in the progress note that R22 "is incontinent of urine. Resident does not use adult briefs. New onset incontinence: No. Resident is always incontinent (no episodes of continent voiding)."</p> <p>1/28/25 - The admission MDS, in the progress notes documented always incontinent.</p> <p>1/28/25 8:24 AM - During an interview with the R22 it was revealed that prior to the broken hip and six weeks in the hospital he used the toilet and was continent of bowel and bladder. R22 stated that because he could not bear much weight to stand, he was unable to use the toilet independently. R22 further revealed that the facility brought him a urinal yesterday. When R22</p>	{F 690}			

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{F 690}	<p>Continued From page 5</p> <p>was asked if he could use the urinal he stated "yes, but I am all wrapped up so I can't". When asked what he was all wrapped up in R22 raised the sheet and an adult brief/diaper with tabs that fastened was observed.</p> <p>1/28/25 8:30 AM - During an interview with E4 (CNA) revealed she understood that R22 was provided the urinal after being reassessed yesterday. It was further revealed that R22 would use the call bell when needing to be changed for incontinence, prior to receiving the urinal.</p> <p>1/28/25 9:20 AM - During an interview with E7 (CNA) it was revealed that R22 was incontinent of urine, but he knows when he has to go and sometimes it is too late. R22 was cleaned up yesterday morning and was dry the rest of the shift. E7 further revealed that R22 may have had a urinal but maybe it was thrown away because it was dirty.</p> <p>1/28/25 9:30 AM - During an interview with E6 (CNA) revealed yes the urinal is offered to R22 but R22 "calls us when he needs to be changed."</p> <p>1/28/25 - During the exit conference at 11:15 AM the findings were reviewed with E1 (NHA), E2 and E3 (Corporate Nurse).</p>	{F 690}			