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: Lofland Park Center

DATE SURVEY COMPLETED: June 13, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	The State Report incorporates by reference and also cites the findings specified in the Federal Report. An unannounced Annual and Complaint Survey was conducted at this facility from June 5, 2025, through June 13, 2025. The deficiencies contained in this report are based on observations, interviews, review of residents' clinical records and review of other facility documents as indicated. The facility census the first day of the survey was ninety-nine (99). The survey sample totaled twenty-three (23) residents.		7/29/2025
3201	**Regulations for Skilled and Intermediate Care Facilities**		
3201.1.0	**Scope**		
3201.1.2	**Nursing facilities shall be subject to all applicable local, state and federal code requirements. The provisions of 42 CFR Ch. IV Part 483, Subpart B, requirements for Long Term Care Facilities, and any amendments or modifications thereto, are hereby adopted as the regulatory requirements for skilled and intermediate care nursing facilities in Delaware. Subpart B of Part 483 is hereby referred to, and made part of this Regulation, as if fully set out herein. All applicable code requirements of the State Fire Prevention Commission are hereby adopted and incorporated by reference.** **This requirement was not met as evidenced by:**		

Provider's Signature Tanya Downs, EdD, LNHA Title Administrator Date 7/2/2025

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: Lofland Park Center **DATE SURVEY COMPLETED:** June 13, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	Cross refer to the CMS-2567-L survey completed June 13, 2025: F552, F605, F690, F695 and F757.	Cross refer to the CMS 2567-L for F552, F605, F690, F695 and F757.	

Provider's Signature Tanya Emma, EdD, LNHA Title Administrator Date 7/2/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085040	A. BUILDING _____ B. WING _____	C 06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOFLAND PARK CENTER	715 E. KING STREET 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
E 000	Initial Comments In accordance with 42 CFR 483.73, an Emergency Preparedness survey was conducted by The Division of Health Care Quality, the Office of Long-Term Care Residents Protection at this facility from June 5, 2025 through June 13, 2025. Based on observations, interviews, and document review, no Emergency Preparedness deficiencies were identified.	E 000		
F 000	INITIAL COMMENTS An unannounced annual and complaint Survey was conducted at this facility from June 5, 2025 through June 13, 2025. The deficiencies contained in this report are based on observations, interviews, review of residents' clinical records and review of other facility documents as indicated. The facility census the first day of the survey was ninety-nine (99). The survey sample totaled twenty-three (23) residents. Abbreviations/definitions used in this report are as follows: ADON - Assistant Director of Nursing; CNA - Certified Nursing Assistant; DON - Director of Nursing; DM - Diabetes Mellitus FBS - Fasting Blood Sugars EMR - Electronic Medical Records COPD - Chronic Obstructive Pulmonary Disease UA - Urinalysis C&S - Culture and Sensitivity E. Coli - Eschericha Coli cfu/ml - colony-forming units per milliliter Antianxiety Medication - medication used to treat	F 000		

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

Electronically Signed | 07/02/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085040	A. BUILDING _____ B. WING _____	C 06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOFLAND PARK CENTER	715 E. KING STREET 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
F 000	Continued From page 1 any of several disorders that cause nervousness, fear, apprehension and worrying; Antipsychotic- class of medication used to manage psychosis, an abnormal condition of the mind involving a loss of contact with reality and other mental and emotional conditions; Anxiety- general term for several disorders that cause nervousness, fear, apprehension and worrying or Anxiety is an unpleasant state of inner turmoil, often accompanied by nervous behavior, such as pacing back and forth; 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. 0-7: Severe impairmen (never/rarely made decisions),08-12: Moderately impaired (decisions poor; cues/supervision required) 13-15: Centrilobular Emphysema - a predominant subtype of chronic obstructive pulmonary disease (COPD), is a pulmonary condition characterized by the enlargement and destruction of the alveoli located centrally in the secondary pulmonary lobules.Cognitively intact (decisions consistent/reasonable); cfu/ml - the concentration of bacteria in a sample; COPD - (Chronic Obstructive Pulmonary Disease) - an ongoing lung condition caused by damage to the lungs. The damage results in swelling and irritation, also called inflammation, inside the airways that limit airflow into and out of the lungs; EMS - Electronic Medical Record; Eschericha Coli - a group of bacteria that can cause infections in your gut (GI tract), urinary tract and other parts of your body.	F 000		
F 552 SS=D	Right to be Informed/Make Treatment Decisions CFR(s): 483.10(c)(1)(4)(5)	F 552		7/29/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085040	A. BUILDING _____ B. WING _____	C 06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOFLAND PARK CENTER	715 E. KING STREET 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
F 552	Continued From page 2 §483.10(c) Planning and Implementing Care. The resident has the right to be informed of, and participate in, his or her treatment, including: §483.10(c)(1) The right to be fully informed in language that he or she can understand of his or her total health status, including but not limited to, his or her medical condition. §483.10(c)(4) The right to be informed, in advance, of the care to be furnished and the type of care giver or professional that will furnish care. §483.10(c)(5) The right to be informed in advance, by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options and to choose the alternative or option he or she prefers. This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined that for one (R79) out of five residents sampled for medication review, the facility failed to discuss the risk and benefits of proposed care. Findings include: Review of R79's clinical record revealed: 9/12/24 - R79 was admitted to the facility. 9/18/24 - An admission MDS documented R79 was a BIMS of 6 indicating severe cognitive impairment. 2/13/25 - A physician's order was written for buspirone (anti-anxiety) 5 mg give one tablet by mouth every morning and and at bedtime for	F 552	A. R79 anti-psychotic was discontinued 3/11/2025. Psychotropic Medication Administration Disclosure (attachment A) for current psychotropic medications was completed with R79 guardian by 7/2/2025. B. An audit of all current residents is being completed for any resident with current orders for psychotropic medications and the Psychotropic Medication Administration Disclosure will be signed and uploaded in the electronic medical record by 7/22/2025. C. A root cause analysis was completed on 6/30/2025 to determine that the clinical leadership will now begin running the 24 hour summary of orders through the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085040	A. BUILDING _____ B. WING _____	C 06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOFLAND PARK CENTER	715 E. KING STREET 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
F 552	Continued From page 3 anxiety. 3/3/25 - A physician's order was written for lorazepam (anti-anxiety) 0.5 mg give one tablet by mouth every six hours for generalized anxiety disorder for 14 days. 3/9/25 - A physician's order was written for haloperidol (anti-psychotic) 5 mg/mL inject 5 mg/mL intramuscularly every four hours as needed for agitation. 6/11/25 1:41 PM - During an interview, E11 (RN) stated the expectation is to review each new medication (psychotropic) risk versus benefits with the resident if cognitively intact or with the resident's representative. E11 also stated the facility had a form that would be completed when discussing the treatment options. 6/12/25 10:19 AM - During an interview, E6 (RN) confirmed that R79's medical record lacked evidence of a "Psychotropic Medication Administration Disclosure" for the buspirone, haloperidol, and ativan medication. E6 also confirmed that the physician's progress notes lacked evidence of the risk versus benefit documentation regarding the aforementioned medications. 6/12/25 12:45 PM - Findings were reviewed with E1 (NHA), E2 (DON) and E3 (Corporate).	F 552	electronic health record order listing report and unchecking the order status so any new order for psychotropics will be presented at daily clinical leadership meetings to verify the disclosure form is in place. It was also determined that all licensed nurses need education (attachment B) on NSG206 Behaviors: Management of Symptoms for steps needed when any new psychotropic is ordered. Education will be completed for licensed nurses by 7/22/2025. D. The DON or designee will complete audits (attachment C) of all current residents with psychotropic medications to verify Psychotropic Medication Administration Disclosure forms are completed and uploaded into the electronic health record. The audits will occur daily until 100% compliance is achieved on 3 consecutive reviews, then weekly until 100% compliance is achieved on 3 consecutive reviews, then monthly until 100% compliance is achieved on 3 consecutive reviews. Results of audits will be presented to the monthly Quality Assurance Performance Improvement Committee monthly for review and recommendations.	
F 605 SS=D	Right to be Free from Chemical Restraints CFR(s): 483.10(e)(1), 483.12(a)(2), 483.45(c)(3)(d)(e) §483.10(e) Respect and Dignity. The resident has a right to be treated with respect	F 605		7/29/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085040	A. BUILDING _____ B. WING _____	C 06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOFLAND PARK CENTER	715 E. KING STREET 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
F 605	Continued From page 4 and dignity, including: §483.10(e)(1) The right to be free from any . . . chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms, consistent with §483.12(a)(2). §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must-. . . §483.12(a)(2) Ensure that the resident is free from . . . chemical restraints imposed for purposes of discipline or convenience and that are not required to treat the resident's medical symptoms. . . . . §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic. §483.45(d) Unnecessary drugs-General. Each resident's drug regimen must be free from	F 605		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085040	A. BUILDING _____ B. WING _____	C 06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOFLAND PARK CENTER	715 E. KING STREET 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
F 605	Continued From page 5 unnecessary drugs. An unnecessary drug is any drug when used- (1) In excessive dose (including duplicate drug therapy); or (2) For excessive duration; or (3) Without adequate monitoring; or (4) Without adequate indications for its use; or (5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or (6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. §483.45(e) Psychotropic Drugs. Based on a comprehensive assessment of a resident, the facility must ensure that-- §483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record; §483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs; §483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and §483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or	F 605		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085040	A. BUILDING _____ B. WING _____	C 06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOFLAND PARK CENTER	715 E. KING STREET 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
F 605	Continued From page 6 prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order. §483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined that for one (R79) out of five residents sampled for medication review, the facility failed to limit a PRN psychotropic medication to 14 days. Findings include: Review of R79's clinical record revealed: 9/12/24 - R79 was admitted to the facility. 3/6/25 - A quarterly MDS assessment documented that R79 was a BIMS of 9 indicating that R79 was moderate cognitively impaired. 3/9/25 - A physician's order was written for haloperidol (anti-psychotic) 5 mg/mL inject 5 mg/mL intramuscularly every four hours as needed for agitation with an indefinite stop date. 3/31/25 - A physician's order was written for lorazepam (anti-anxiety) 0.5 mg give one tablet by mouth every six hours as needed for generalized anxiety disorder for 180 days. 6/12/25 10:19 AM - During an interview, E6 (RN) stated the expectation for PRN medications have	F 605	A. R79 lorazepam prn was ordered for an acute illness which resolved and was last given 5/1/2025. The lorazepam prn order was discontinued by the physician on 6/28/2025. The anti-psychotic was discontinued 3/11/2025. B. Current residents with prn psychotropic medications are being reviewed to verify that these medications have 14 day stop dates or have attending physician or prescribing practitioner evaluation documenting the appropriateness of the medication for renewal of the medication. Current residents will have this completed by 7/16/2025. C. A root cause analysis was completed on 6/30/2025 to determine a new process needed to be added to our monthly psychotropic medication meeting. The monthly meeting will now include discussion for new orders for psychotropic prn medications to verify that orders include 14 day stop dates or have attending physician or prescribing	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085040	A. BUILDING _____ B. WING _____	C 06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOFLAND PARK CENTER	715 E. KING STREET 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
F 605	Continued From page 7 a 14 day stop date so the provider can evaluate resident for usage of the medication. E6 confirmed that the lorazepam and haldol did not have the 14 day stop date. E6 also confirmed the physician's progress note did not have a rationale to extend the lorazepam order for 180 days. 6/12/25 11:15 AM - During an interview, E1 (NHA) stated that the expectation was a 14 day stop date on PRN medication and the provider will evaluate the usage. E1 confirmed that the lorazepam order was written for 180 days. 6/12/25 12:45 PM - Findings were reviewed with E1 (NHA), E2 (DON) and E3 (Corporate). 6/13/25 9:25 AM - During an interview, E1 confirmed that R79 was evaluated for use of PRN lorazepam and confirmed the physician's progress notes lacked evidence of rationale to extend medication for 180 days. E1 stated that R79 was not using the lorazepam consistently and would discuss with the provider about discontinuing medication.	F 605	practitioner evaluation documenting the appropriateness of the medication for renewal of the medication. In addition, the order listing report will be reviewed at daily clinical leadership meetings by unit managers/designees to identify any new prn psychotropic medication orders requiring a 14 day stop date. It was also determined that all licensed nurses need education (attachment B) on Pharmerica's Medication Monitoring Medication Management section 8.4 for steps needed when any new prn psychotropic is ordered. Education will be completed for licensed nurses by 7/22/2025. D. The DON or designee will complete audits (attachment D) of all current residents with prn psychotropic medications to verify 14 day stop dates or attending physician or prescribing practitioner evaluation documenting the appropriateness of the medication for renewal of the medication are in place. The audits will occur daily until 100% compliance is achieved on 3 consecutive reviews, then weekly until 100% compliance is achieved on 3 consecutive reviews, then monthly until 100% compliance is achieved on 3 consecutive reviews. Results of audits will be presented to the monthly Quality Assurance Performance Improvement Committee monthly for review and recommendations.	
F 690 SS=D	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3)	F 690		7/29/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085040	A. BUILDING _____ B. WING _____	C 06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOFLAND PARK CENTER	715 E. KING STREET 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
F 690	Continued From page 8 §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 not possible to maintain. §483.25(e)(2)For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (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; (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 (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. §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. This REQUIREMENT is not met as evidenced by: Based on interview and record review it was determined that for two (R9 and R58) out of two residents reviewed for bowel and bladder, the	F 690	A. R9 antibiotic completed 4/19/2025 with no further need for treatment. R58 antibiotic completed 5/25/2025 with no	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085040	A. BUILDING _____ B. WING _____	C 06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOFLAND PARK CENTER	715 E. KING STREET 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
F 690	Continued From page 9 facility failed to initiate antibiotic therapy for signs and symptoms of a UTI. For R9 with a urinary catheter who met criteria of a positive urine culture and for R58 without a urinary catheter who met criteria of a positive urine culture. Findings include: 1. Review of R9's clinical record revealed: 10/4/18 - R9 admitted to the facility with diagnoses including, but not limited to, thoracic spinal cord injury. 2/25/25 - An annual MDS documented R9 having an indwelling urinary catheter. 4/11/25 11:31 PM - A nursing note documented "Obtain UA [urinalysis] and C&S [culture and sensitivity] for urinary discomfort ...reported done on day shift." 4/11/25 11:50 AM - A specimen tracking report provided by E9 (Hospital Lab Supervisor) revealed the urine sample for UA and C&S was obtained. 4/11/25 3:38 PM - A specimen tracking report provided by E9 revealed the urine sample for UA and C&S was received from the facility and a urinalysis and urine culture was completed. 4/12/25 1:56 PM - A lab report in the hard copy medical record revealed abnormal UA results with cloudy clarity, 2+ [moderate] blood, positive nitrates, and 3+ [large] white blood cells and an E. Coli count > 100,000 cfu/ml indicating a positive urine culture. 4/12/25 1:56 PM - A specimen tracking report	F 690	further need for treatment. B. Current residents with active UTIs have been reviewed and have current orders for antibiotic treatments. C. A root cause analysis was completed on 6/30/2025 to determine that all licensed nurses need education (attachment B) on NSG115 Physician/Advanced Practice Provider (APP) Notification for practice standards needed by the licensed nurse for prompt notification of positive urine culture reports to the provider so timely initiation of antibiotic therapy is ordered. Education will be completed for licensed nurses by 7/22/2025. D. The Infection Preventionist or designee will complete audits (attachment E) to ensure antibiotics are prescribed if indicated by the UA or culture and sensitivity results. The audits will occur daily until 100% compliance is achieved on 3 consecutive reviews, then weekly until 100% compliance is achieved on 3 consecutive reviews, then monthly until 100% compliance is achieved on 3 consecutive reviews. Results of audits will be presented to the monthly Quality Assurance Performance Improvement Committee monthly for review and recommendations.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085040	A. BUILDING _____ B. WING _____	C 06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOFLAND PARK CENTER	715 E. KING STREET 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
F 690	Continued From page 10	F 690		

provided by E9 revealed the abnormal UA and the preliminary positive urine culture results were filed to R9's chart.

4/13/25 7:04 AM - A specimen tracking report provided by E9 revealed susceptibility results from the positive urine culture was filed to R9's chart.

4/14/25 5:50 PM - An order documented: "Cipro Oral Tablet 500 MG (Ciprofloxacin HCl) Give 1 tablet by mouth every 12 hours for UTI for 5 days ...".

6/10/25 11:36 AM - During an interview, E16 (RN) stated that "when a resident shows symptoms of a UTI, the nurse will take vital signs to check for fever, assess urine color and clarity, note any foul odor, and notify the physician of the findings. The facility does not perform in-house urine dipstick tests; instead, urine specimens are sent to the hospital lab. Lab results are faxed back to the facility, and any nurse on the unit can contact the physician with the results. Some physicians initiate prophylactic antibiotics immediately, while others prefer to wait for susceptibility and sensitivity results before starting treatment."

6/11/25 1:24 PM - During an interview, (E9) confirmed the accuracy of the data in the specimen tracking report provided. E9 further explained that upon receipt of a specimen by their laboratory, a urinalysis and preliminary urine culture are performed and the results are uploaded to R9 ' s chart. If further testing is indicated, such as susceptibility testing for a positive urine culture, the urine specimen is then shipped to a larger reference laboratory, where it is plated and incubated for susceptibility analysis

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085040	A. BUILDING _____ B. WING _____	C 06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOFLAND PARK CENTER	715 E. KING STREET 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
F 690	Continued From page 11 and the are results uploaded to R9's chart. R9 had a positive urine culture and met the minimum criteria for initiating antibiotic therapy as a resident with a urinary catheter. However, the facility failed to initiate antibiotics on 4/12/25 when R9 met the criteria of a positive urine culture. 2. Review of R58's clinical record revealed: 7/7/22 - R58 admitted to the facility with diagnoses including, but not limited to, spastic quadriplegia cerebral palsy. 5/13/25 2:30 PM: An order documented, "Obtain UA [urinalysis] /C&S [Culture and Sensitivity] for altered mental status." 5/13/25 2:15 PM - A lab report in the EMR revealed that a urine sample for urinalysis (UA) and culture and sensitivity (C&S) was obtained, and at 3:56 PM, the same report showed that the sample was received by the laboratory. 5/14/25 3:36 PM - A faxed lab report in the hard copy medical record revealed a Poteus mirabilis colony count >100,000 cfu/ml indicating a positive culture. 5/15/25 7:17 AM - A faxed lab report in the hard copy medical record revealed culture sensitivity results were reported to facility. 5/15/25 - 11:40 AM - An order documented: "Amoxicillin-pot Clavulanate 875/125mg. Give one tablet by mouth BID [two times daily] x 10 days for UTI...[administration times 9 PM and 9 AM"	F 690		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085040	A. BUILDING _____ B. WING _____	C 06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOFLAND PARK CENTER	715 E. KING STREET 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
F 690	Continued From page 12 R58 had a positive urine culture and met the minimum criteria for initiating antibiotic therapy as a resident without a urinary catheter. However, the facility failed to administer antibiotics on 5/14/25 after R58 met the criteria of a positive urine culture. 6/12/25 12:45 PM - Findings were reviewed with E1 (NHA), E2 (DON) and E3 (Corporate).	F 690		
F 695 SS=D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on interview, observation and record review, it was determined that for one (R346) out of one residents reviewed for respiratory care, the facility failed to change oxygen tubing weekly per plan of care. Findings include: 1. Review of R346's clinical record revealed: 7/20/24 - R346 admitted to the facility with diagnoses including but not limited to COPD and Centrilobular Emphysema. 7/20/24 4:05 PM - An order documented, "Oxygen tubing change weekly on 11-7 [PM] Wednesdays ...Label each component with date	F 695	A. R346 tubing was corrected on 6/5/2025. B. Current residents with oxygen tubing have had their oxygen tubing changed and dated within the last 7 days. C. A root cause analysis was completed on 6/30/2025 to determine that all licensed nurses need education (attachment B) on NSG230 Respiratory Equipment/Supply Cleaning/Disinfection for a reminder of schedule for oxygen supply changes. It was also determined that residents often have 2 sets of oxygen	7/29/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085040	A. BUILDING _____ B. WING _____	C 06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOFLAND PARK CENTER	715 E. KING STREET 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
F 695	Continued From page 13 and initials." 6/5/25 10:34 AM - Observation of R346's continuous oxygen tubing label was dated Saturday, May 24, 2025 and nebulizer tubing dated Thursday, May 29, 2025. 6/5/25 3:15 PM - A subsequent observation of R346's continuous oxygen tubing label dated Thursday, June 5, 2025. 6/5/25 3:18 PM - During an observation interview E8 (LPN) confirmed that she changed R346's continuous oxygen tubing at the start of their shift [3 PM to 11 PM] on Thursday, June 5, 2025 and that R346's nebulizer tubing was dated Thursday, May 29, 2025. E8 further stated that R346's nebulizer tubing should have been changed and that she would change the nebulizer tubing. The facility changed R346's oxygen tubing after 11 days, failing to follow the physician's order for weekly oxygen tubing changes. 6/12/25 12:45 PM - Findings were reviewed with E1 (NHA), E2 (DON) and E3 (Corporate).	F 695	tubing due to concentrator, wall oxygen and portable; therefore, attention on this was added. The facility has a consistent day & shift of every Wednesday on the 11p-7a shift, as well as neon yellow stickers for ease & consistency of labeling tubing and a template order set for oxygen tubing change. Education will be completed for licensed nurses by 7/22/2025. D. The DON or designee will complete audits (attachment F) to ensure oxygen tubing is dated within the last 7 days on all current residents receiving oxygen therapy. Audits will occur weekly until 100% compliance is achieved on 4 consecutive reviews, then monthly until 100% compliance is achieved on 3 consecutive reviews. Results of audits will be presented to the monthly Quality Assurance Performance Improvement Committee monthly for review and recommendations.	
F 757 SS=D	Drug Regimen is Free from Unnecessary Drugs CFR(s): 483.45(d)(1)-(6) §483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used- §483.45(d)(1) In excessive dose (including duplicate drug therapy); or §483.45(d)(2) For excessive duration; or	F 757		7/29/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085040	A. BUILDING _____ B. WING _____	C 06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOFLAND PARK CENTER	715 E. KING STREET 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
F 757	Continued From page 14 §483.45(d)(3) Without adequate monitoring; or §483.45(d)(4) Without adequate indications for its use; or §483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or §483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined that for one (R98) out of six residents reviewed for unnecessary medications, the facility failed to ensure a resident on insulin had adequate monitoring of blood sugar levels R98. Findings include: A review of R98's clinical record revealed: 11/25/24 - R98 was admitted to the facility, with diagnoses including diabetes mellitus. 11/25/24 - A physician's order for Humalog solution 100 unit /mL Inject 5 units subcutaneously in the evening for diabetes mellitus. 12/5/24 - A physician's order for Insulin glargine subcutaneous solution pen-injector 100 unit/mL, inject 15 units subcutaneously one time a day for diabetes mellitus. 6/9/25 - The EMR lacked evidence of a physician's order for blood sugar monitoring for	F 757	A. R98 blood sugar monitoring was ordered 11/26/2024 for Humalog. R98 was discharged from the facility not related to deficient practice. B. Current residents receiving insulin are being reviewed by the DON or designee and the advanced practice provider to endure blood sugar is being monitored with frequency that meets current standards of practice. Review will be completed by 7/16/2025. C. A root cause analysis was completed on 6/30/2025 to determine the facility needed to adopt a new practice that for new admissions with insulin standing orders for finger stick blood sugar monitoring four times a day for three days will be initiated unless there is already orders for blood sugar monitoring from the transferring facility. The facility admission checklist was revised to add this new practice. It was also determined that all	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085040	A. BUILDING _____ B. WING _____	C 06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOFLAND PARK CENTER	715 E. KING STREET 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
F 757	Continued From page 15 R98. 6/9/25 11:48 AM, an interview with E6 (RN) confirmed that when a resident is receiving insulin, E6 obtains a physician's order to monitor a resident's finger stick blood sugar level. 6/9/25 1:10 PM - An interview with E4 (RN) confirmed that upon resident admission, finger stick blood sugars are monitored for three days if blood glucose levels exceed 200. The physician is notified, and E4 would obtain an insulin order and enters it into the computer system, which then prompts a choice between sliding scale or non-sliding scale insulin. However, E4 confirmed that the EMR did not include an order for finger stick blood sugar monitoring for resident R98. 6/10/25 10:45 AM - An interview with E5 (NP) confirmed that if a resident is receiving insulin on admission, finger sticks are ordered for three days in the AM to monitor the finger stick blood sugar level. If the resident is controlled, then the order would be discontinued. E5 confirmed it would be a separate order. 6/12/25 12:45 PM - Findings were reviewed with E1 (NHA), E2 (DON) and E3 (Corporate).	F 757	licensed nurses need education (attachment B) on Pharmerica's Medication Monitoring Medication Management section 8.4 for understanding the need for adequate monitoring of medications to prevent unnecessary drugs. Education will be completed for licensed nurses by 7/22/2025. D. The DON or designee will complete audits (attachment G) of all new admissions with insulin orders to verify adequate monitoring of blood sugar levels. The audits will occur daily until 100% compliance is achieved on 3 consecutive reviews, then weekly until 100% compliance is achieved on 3 consecutive reviews, then monthly until 100% compliance is achieved on 3 consecutive reviews. Results of audits will be presented to the monthly Quality Assurance Performance Improvement Committee monthly for review and recommendations.	