

DHSS - DHCQ 3 Mill Road, Suite 308 Wilmington, Delaware 19806 (302) 421-7400

## STATE SURVEY REPORT

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NAME OF FACILITY: Silver Lake Center

DATE SURVEY COMPLETED: September 16, 2020

	TATEMENT OF DEFICIENCIES	ADMINISTRATOR'S PLAN FOR	COMPLETION	
SECTION	SPECIFIC DEFICIENCIES	CORRECTION OF DEFICIENCIES	DATE	
3201.0 3201.1.0 3201.6.11 3201.6.11.2 3201.6.11.2.3	***AMENDED***  ACOVID-19 Focused Infection Control Desk Review Survey was conducted by the State of Delaware Division of Health Care Quality, Office of Long Term Care Residents Protection from September 11, 2020 through September 16, 2020. The facility was found to not be in compliance with 3201.0 Regulations for Skilled and Intermediate Care Facilities.  Definitions and Abbreviations:  COVID-19 – A respiratory illness that can spread person to person; DHCQ - Division of Health Care Quality; DON - Director of Nursing; DPH - Division of Public Health; NHA - Nursing Home Administrator.  Regulations for Skilled and Intermediate Care Facilities  Scope  Specific Requirements for COVID-19  Staff, vendors and volunteers  All staff, vendors and volunteers who test negative must be retested consistent with Division of Public Health guidance for the durations of the public health emergency.  Facilities must report all staff, vendor and volunteer testing and test results, to the Delaware Division of Public Health.  This requirement was not met as evidenced by:	<ol> <li>All residents were impacted by the missed testing day.</li> <li>All residents had the potential to be affected. Beginning in September residents are being tested on a weekly basis and all results are being reported to the state.</li> <li>A Root Cause analysis was completed. It revealed that there was an error in the cadence of state employee testing. The State guidance on resident testing was reviewed by the Administrator, CNE and NPE to assure compliance. The CED or designee will complete an audit on the weekly schedule of resident testing for 100% compliance.</li> <li>The CED will report on results of audits at QAPI meeting for review and recommendations. Audits will be done weekly for 3 months with a goal of 100% compliance.</li> </ol>		

Provider's Signature	Warren Burke	Title _	CED	Date
10/8/20				



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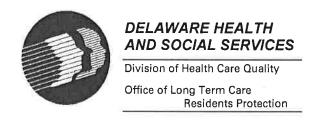
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	Based on interview and review of facility		
	documentation it was determined that the facility failed to conduct bi-weekly staff		
	COVID-19 testing consistent with Division of		
	Public Health (DPH) Guidance. Findings in-		
	clude:		
	Silver Lake Center was determined by DPH		
	to be on bi-weekly COVID-19 staff testing.		
	9/11/2020 – DHCQ was made aware by DPH		
	that no staff testing had been reported for over two weeks.		
	9/11/2020 10:37 AM - A telephone mes-		
	sage was left for E2 (DON) about staff COVID		
	testing.		
	9/11/2020 12:51 AM – A second phone call		
	was made to the facility. E2 was made		
	aware of the missing data for staff testing.		
	E2 stated that staff testing was conducted 9/2 and 9/3/2020 and she would check on		
	the staff testing. E2 stated "we may have		
	missed a week" and that she would check		ρ
	with the infection control nurse.		
	9/14/2020 1:27 PM – An email from E3 (in-		
	fection control nurse) documented, "We		
	tested employees on July 29 & 30 with re-		
	sults on August 3. We tested again on August 5 & 6 with results on August 10. We		
	tested employees again on Sept (Septem-		
	ber) 2 & 3."		
	9/14/2020 1:41 PM – DHCQ sent an email to		
	E3 inquiring about bi-weekly testing that		
	should have been conducted on August 19		
	& 20, 2020. A return email from E3 stated		
	that this question would be forwarded to E1 (NHA).		
	(10110).		



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OLO HON	9/16/2020 3:50 PM – DHCQ sent an email to E1 inquiring about the bi-weekly testing that was due August 19 & 20, 2020.  9/16/2020 4:01 PM - An email was received from E1 that documented, "I just returned from vacationwe tested in the first two weeks in the month of August. It was our error that the second testing was not done August 19 <sup>th</sup> and 20 <sup>th</sup> . In September we are scheduled appropriately."  The facility failed to comply with bi-weekly testing as directed by DPH guidance.		DATE

Provider's Signature	_Warren Burke	 Title	CED	 Date
10/8/20				

