



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Health Care Quality

Office of Long Term Care
Residents Protection

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

STATE SURVEY REPORT

NAME OF FACILITY: Silver Lake Center Nursing Home

DATE SURVEY COMPLETED: March 29, 2021

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
<p>3201</p> <p>3201.1.0</p> <p>3201.1.2</p>	<p>The State Report incorporates by reference and also cites the findings specified in the Federal Report.</p> <p>An unannounced Complaint Survey was conducted by the State of Delaware Division of Health Care Quality, Office of Long Term Care Residents Protection from March 22, 2021 through March 29, 2021. The deficiencies contained in this report are based on observations, interviews, review of clinical records and other documentation as indicated. The facility census on the first day of the survey was ninety-eight (98). The survey sample totaled four (4).</p> <p>Regulations for Skilled and Intermediate Care Facilities</p> <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>This requirement is not met as evidenced by: Cross Refer to the CMS 2567-L survey completed March 29, 2021: F580.</p>		

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

PRINTED: 08/10/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085027	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/29/2021
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT SILVER LAKE LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1080 SILVER LAKE BLVD DOVER, DE 19904	
(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 Complaint Survey was conducted by the State of Delaware Division of Health Care Quality, Office of Long Term Care Residents Protection from March 22, 2021 through March 29, 2021. The deficiencies contained in this report are based on observations, interviews, review of clinical records and other documentation as indicated. The facility census on the first day of the survey was ninety-eight (98). The survey sample totaled four (4). Abbreviations and definitions used for this report are as follows: DON - Director of Nursing; NHA - Nursing Home Administrator; RN - Registered Nurse; UM - Unit Manager; Nutritionist - a person who advises on matters of food and nutrition and impacts on health; Power of Attorney - a written document in which one person appoints another person to act as an agent on his or her behalf; Resident representative - an individual chosen by the resident to act on behalf of the resident in order to support the resident in decision-making; access medical, social or other personal information of the resident; manage financial matters; or receive notifications.	F 000		
F 580 SS=E	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify,	F 580		4/27/21

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

TITLE

(X6) DATE

Electronically Signed

04/14/2021

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 580	<p>Continued From page 1</p> <p>consistent with his or her authority, the resident representative(s) when there is-</p> <p>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;</p> <p>(B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);</p> <p>(C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or</p> <p>(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in</p>	F 580		

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F 580	<p>Continued From page 2</p> <p>§483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview, it was determined that for one (R1) out of three residents sampled for care planning, the facility failed to inform R1's representative (power of attorney) regarding unavoidable, continued significant changes in weight loss. Findings include:</p> <p>A facility policy entitled Change in Condition (last reviewed 11/30/2020), included, "A center must immediately inform the resident/patient, consult with the patient's physician, and notify, consistent with his/her authority, the patient's health decision maker where there is: a significant change in the patient's physical, mental, or psychosocial status. The purpose is to provide appropriate and timely information relevant to the patient's condition."</p> <p>Review of R1's clinical record revealed:</p> <p>11/6/2019 - R1 was admitted to the facility.</p> <p>11/6/2019 - R1's admission care plan included: "Resident is at nutritional risk: hx (history of) significant weight loss."</p> <p>11/7/2019 - R1's clinical record documented that R1's admission weight was 283.1 pounds.</p> <p>12/9/2020, 1/23/2020, 4/23/2020, 10/22/2020, and 1/22/2020 - R1's MDS's documented R1 was not</p>	F 580	<ol style="list-style-type: none"> 1. Resident R1 currently resides in the facility and is stable. Resident R1's representative was notified of unavoidable, continued significant changes in weight loss. 2. All current residents experiencing a change in condition related to weight exceptions have the potential to be affected by the same deficient practice. Center Nurse Executive (CNE) or designee will audit all current residents for significant weight exceptions for the last 30 days to ensure notification have been made to include resident representative as applicable. 3. Nurse Practice Educator/NPE will educate all licensed nursing staff on policy NSG122 (changes in condition), policy NSG244 (Weight and Height), and the procedure for weights and heights with an emphasis on appropriate notifications. 4. Center Nurse Executive or designee will randomly audit all current residents with weight exceptions weekly for 4 weeks, then monthly for 3 months until 100% compliance with resident representative notifications is achieved. Results of all audits will be presented 	

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F 580	<p>Continued From page 3 on a physician prescribed weight loss regimen.</p> <p>1/22/2021 - R1's quarterly MDS assessment documented that R1 was cognitively impaired and required assistance with meals. Due to the impairment, R1 has a power of attorney for healthcare decision making.</p> <p>Review of R1's nutrition progress notes revealed R1 had significant weight loss on: 3/10/2020, 4/3/2020, 4/20/2020, 5/15/2020, 7/20/2020, 8/17/2020, 10/19/2020, 11/9/2020, 12/7/2020, 12/11/2020, 1/12/2021, 1/18/2021 and 3/2/2021. R1's clinical record lacked evidence of resident representative notification regarding ongoing weight loss on the aforementioned dates.</p> <p>3/18/2021 - R1's clinical record documented R1's weight as 177.8 pounds. From 11/7/2019 (admission) to 3/18/2021 (approximately 16 1/2 months) the resident lost a total of 105.3 pounds. The facility failed to notify R1's resident representative of significant weight loss changes.</p> <p>3/22/2021 12:05 PM - During an interview, E3 (RN, UM) stated there was no particular person that notifies the resident representative of (significant) changes in the resident's plan of care. If there was a change in status, it was the resident's nurse or the unit manager's responsibility to inform the family; usually it was the staff member who noted the change that was responsible.</p> <p>3/25/2021 4:08 PM - E1 (NHA) confirmed that although there was evidence in R1's clinical record of R1's representative being notified on 8/14/2020 (approximately nine months after R1 was admitted to the facility) and 2/24/2021 by the</p>	F 580	monthly for 3 months to the Quality Assurance Performance Improvement Committee for further evaluation, recommendations and sustainability of plan.	

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F 580	<p>Continued From page 4</p> <p>facility of R1's ongoing weight loss, E1 confirmed that R1's nutrition and nursing progress notes lacked evidence of resident representative notification for unavoidable significant weight loss on the above mentioned dates.</p> <p>Although R1's clinical record documented unavoidable ongoing weight loss, the facility failed to notify R1's representative of the significant weight loss in a timely manner and keep R1's representative updated.</p> <p>Findings were reviewed during the exit conference on 3/29/2021 at 3:58 PM with E1 (NHA) and E2 (DON).</p>	F 580		
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