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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	085006		R-C 04/05/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REGAL HEIGHTS HEALTHCARE & REHAB CENTER	6526 LANCASTER PIKE HOCKESSIN, DE 19707

(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	(F 000)		

An unannounced follow-up survey #1 to the complaint visit of 1/23/17 was conducted at this facility from April 3, 2017 through April 5, 2017. The facility census the first day of the survey was 163. The survey sample totaled 10 residents. Based on record reviews, observations, interviews and review of other facility document as indicated, deficiencies were identified at the time of the survey. The facility was found not to be in substantial compliance with 42 CFR Part 483, subpart B, Requirement for LTC.

Abbreviations used in this report are as follows:

NHA - Nursing Home Administrator;
DON-Director of Nursing;
ADON-Assistant Director of Nursing;
LPN- Licensed Practical Nurse;
CNA- Certified Nurse's Aide;
MDS-Minimum Data Set-Standardized assessment forms used in nursing homes;
cm-centimeter-a measurement, 1 centimeter=0.39 inches;
ADL - activities of daily living;
Dementia - decline in mental ability, memory loss severe enough to interfere with daily life;
Rock and go wheelchair - rocking wheelchair;
non-compliance-failure to act in accordance with a wish or command;
w/c-wheelchair;
W/C - wheelchair;
intervention-action taken to improve situation;
PT-Physical Therapist;
OT-Occupational Therapist;
MS- Multiple Sclerosis - unpredictable disabling disease of the nervous system that disrupts the flow of information within brain and between brain

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Kristen Bem Perrone	NHA	4-13-17

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	F280		
	and body; Palliative care-focused on providing relief from symptoms and stress of serious illness; bilateral - both sides; B/L-bilateral; nss or NSS-Normal Saline Solution/sterile salt and water solution; flexion - bending movement around a joint or limb; contracture - shortening and hardening of muscles and other tissues leading to deformity; bacitracin - antibiotic ointment medication; adherent - sticking to an object; PM-Post meridian or afternoon; MD-Medical Doctor; ABT- antibiotic; pt-patient or physical therapist; LE-lower extremity - legs; leg rests- foot board; mesh - net; leg guard-strap to support feet and ankles on foot board on the wheelchair also known as foot buddy; r/t-related to.		R4's care plan was updated to reflect right toe injury. Intervention to raise leg strap higher on rock and go wheel chair and leg rests lower and posterior positioning added on 4/7/17. Care plan also updated for R4 to wear shoes on 4/5/17. An audit was conducted of all residents with incident reports from 3/20/17 through 4/5/17. All were reviewed for implementation of a new intervention to address the root cause of the incident and care plan update to reflect the incident and intervention. No deviations were identified. Compliance was 100%. Results were reported to the QAPI Committee on 4/12/14. Continued audits of newly developed Incident Log as sequenced below were recommended by the committee to ensure continued compliance. Interdisciplinary Team was educated regarding the timely implementation of interventions and immediate care plan updates in response to an incident. Log was developed to list incidents with intervention (including Rehab screens) implementation and care plan updates. This is reviewed and	4/12/17
(F 280) SS=D	483.10(c)(2)(i-ii,iv,v)(3),483.21(b)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP 483.10 (c)(2) The right to participate in the development and implementation of his or her person-centered plan of care, including but not limited to: (i) The right to participate in the planning process, including the right to identify individuals or roles to be included in the planning process, the right to request meetings and the right to request revisions to the person-centered plan of care.			

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{F 280}	Continued From page 2 (ii) The right to participate in establishing the expected goals and outcomes of care, the type, amount, frequency, and duration of care, and any other factors related to the effectiveness of the plan of care. (iv) The right to receive the services and/or items included in the plan of care. (v) The right to see the care plan, including the right to sign after significant changes to the plan of care. (c)(3) The facility shall inform the resident of the right to participate in his or her treatment and shall support the resident in this right. The planning process must-- (i) Facilitate the inclusion of the resident and/or resident representative. (ii) Include an assessment of the resident's strengths and needs. (iii) Incorporate the resident's personal and cultural preferences in developing goals of care. 483.21 (b) Comprehensive Care Plans (2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment, (ii) Prepared by an interdisciplinary team, that includes but is not limited to--	{F 280}	updated daily in the IDT meeting. Any incident with an outstanding intervention implementation is reviewed each day until the intervention is implemented. This log was implemented on 4/6/17. The incident and care plan log will be reviewed daily by NHA/designee until 100% compliance is reached over 3 consecutive evaluations, then weekly until 100% compliance is reached for 3 consecutive evaluations, then one more time one month later to ensure compliance. All audit results will be reported to the QAPI committee	

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{F 280}	Continued From page 3 (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced by: Cross refer to tag F309 Based on record review and interview and review of other facility documentation, it was determined that the facility failed to ensure that the comprehensive resident centered care plans for one (R4) out of 10 sampled residents, was reviewed and revised , by a team of qualified person after each assessment as the resident's status changed to meet the resident's medical and nursing needs that were identified in the comprehensive assessment. Findings include:	{F 280}		

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{F 280}	Continued From page 4	{F 280}		
	Review of R4's clinical record revealed that R4's focused problems that included potential for skin integrity, leg rests refusal and poor safety awareness were identified in the following 3 separate care plans:			
	5/27/15-The facility last revised the individual care plan that addressed his ADL Self Care deficit r/t Dementia, that included his (Rock and go wheelchair) leg rests refusal. The following previous interventions included: For the Rock and go W/C, ok to pull resident backwards with permission when he refuses leg rests; Nurse will do skin inspection every week, Staff will observe for redness, open areas, scratches, cuts, bruises every shift with adl care and report changes to the nurse. R4 sustained right toes injury on 3/20/17 due to non-compliance to the use of the leg rests for w/c mobility. The care plan was not revised to identify the actual injury sustained and the needed new intervention.			
	6/26/16-The facility last revised the individual care plan that addressed his actual and potential for falls related to his poor safety awareness. The existing intervention included PT/OT evaluation to determine if Rock and Go wheel chair was appropriate; 10/24/16-Rock and Go w/c to be kept in reclined position when resident not attending meals to prevent resident sliding out of chair. The care plan was not revised to identify the actual injury sustained as related to his poor safety awareness. No new intervention was incorporated.			
	2/4/17-The facility last reviewed the individual care plan entitled, Potential for impaired skin integrity r/t incontinence and decreased mobility.			

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{F 280}	Continued From page 5 This care plan was not revised to address R4's right toes injury sustained on 3/30/17 while he was sitting on his Rock and Go wheelchair. No new intervention was added. The facility failed to ensure that any one of these care plans was revised to include/address R4's right toes injuries sustained while he was seated on the Rock and Go wheelchair. The facility failed to develop alternative approaches and/or modification to the existing interventions. Findings were reviewed with E1(NHA), E2 (DON) and E3 (ADON) on 4/5/17 at 12:45 PM.	{F 280}		
{F 309} SS=D	483.24, 483.25(k)(l) PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING 483.24 Quality of life Quality of life is a fundamental principle that applies to all care and services provided to facility residents. Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, consistent with the resident's comprehensive assessment and plan of care. 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices, including but not limited to the following:	F309	R4's care plan was updated to reflect right toe injury. Intervention to raise leg strap higher on rock and go wheel chair and leg rests lower and posterior positioning added on 4/7/17. Care plan also updated for R4 to wear shoes on 4/5/17. An audit was conducted of all residents with incident reports from 3/20/17 through 4/5/17. All were reviewed for implementation of a new intervention to address the issue and care plan update to reflect the issue and intervention. No deviations were identified. Compliance was 100%. Results were reported to the QAPI Committee on 4/12/14. Continued audits of	4/12/17

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{F 309}	Continued From page 6 (k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. (l) Dialysis. 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. This REQUIREMENT is not met as evidenced by: Cross refer to F280 Based on record review, observation, interview and review of other facility documentation, it was determined that the facility failed to ensure that one (R4) out of 10 sampled residents, received the necessary care and services to attain or maintain the highest practicable physical well-being, consistent with the resident's comprehensive assessment and plan of care. R4 was non-ambulatory, totally dependent on 2 staff for bed mobility and transfer (to or from bed, chair and wheelchair). R4 used a Rock and Go wheelchair when out of bed. After R4 sustained foot injuries while using the Rock and Go the facility failed to screen/assess/evaluate this resident for possible modification and/or provide alternative approaches. R4 was not screened/assessed/evaluated for 11 days. Findings include: Review of R4's clinical record revealed the following: R4 was originally admitted on 2/8/07 with history	{F 309}	newly developed Incident Log as sequenced below were recommended by the committee to ensure continued compliance. Interdisciplinary Team was educated regarding the timely implementation of interventions and immediate care plan updates in response to an incident. Log was developed to list incidents with intervention (including Rehab screens) implementation and care plan updates. This is reviewed and updated daily in the IDT meeting. Any incident with an outstanding intervention implementation is reviewed each day until the intervention is implemented. This log was implemented on 4/6/17. The Incident and care plan log will be reviewed daily by NHA/designee until 100% compliance is reached over 3 consecutive days, then weekly until 100% compliance is reached for 3 consecutive evaluations, then one more time one month later. All audit results will be reported to the QAPI committee.	

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(F 309)	Continued From page 7 of Multiple Sclerosis and Dementia. R4 was currently on Palliative Care. 5/27/16 - Revised Care plan entitled ...ADL Self Care Performance Deficit r/t Dementia, Disease Process of MS. He will ...refuse leg rests. The care plan approaches included: Rock and Go W/C, OK to pull resident backward with permission when he refuses leg rests; Nurse will do skin inspection every week; Staff will observe for redness, open areas, scratches, cuts, bruises every shift with ADL care and report changes to the Nurse. This care plan identified his refusal to use the leg rests or leg board. 6/24/16 - Revised Care plan entitled ...actual and potential for falls r/t his poor safety awareness. The care plan included the approach, PT/OT evaluation to determine if Rock and Go appropriate; Rock and Go w/c to be kept in reclined position when resident not attending meals to prevent resident sliding out of chair; 10/24/16 - included the approach Rock and go wheelchair to be kept in reclined position when resident not attending meals to prevent resident sliding out of chair. This care plan identified his poor safety awareness. 2/4/17-The facility last reviewed the individual care plan entitled, Potential for impaired skin integrity r/t incontinence and decreased mobility. This care plan identified his potential for impaired skin integrity. 3/9/17- R4's Significant Change in status MDS assessment stated, R4's cognition was severely impaired and was totally dependent on 2 staff support for bed mobility and transfers. R4 had impairment on both sides of the lower extremities	(F 309)		

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(F 309)	Continued From page 8 (Bilateral knee flexion contractures). R4 had a life expectancy of less than 6 months and was on Palliative Care. 3/20/17 at 11:12 AM-Skin/Wound/Bruise Note by E4 (LPN) stated that she received a skin notification regarding resident had abrasion to right second, third, and fourth toes. Resident placed feet behind foot rest and scrapped his toes on foot rest. Area was cleansed with nss and bacitracin applied and left without bandages; wound edges were adherent to wound base. 3/20/17 at 10:01 PM - Health Status Note by E10 (LPN) stated that during PM care resident noted with open areas on the right foot, 2nd toe, 3rd toe, 4th toe. Resident swing both legs of footplate on Geri-chair. MD aware new order cleanse with NSS apply ABT ointment, family aware, will monitor. 3/24/17 at 10:45 AM-Late entry note by E4 stated that Resident seen for skin tears on right 2nd, third, and fourth toe from placing feet on ground and scraping them on his foot rest. Verbally spoke to pt (therapist) regarding resident able to put feet on the floor behind the leg guard and foot rest, therapist stated that he would modify the leg guard and foot rest to prevent any injuries. There was no record found that PT/therapist screened/assessed/evaluated this resident. And no new interventions were identified/addressed in R4's care plans. 3/31/17- (11 days after the incident), a screen request was received by E8 (OT) from nursing for positioning to screen for foot rest modification to prevent injury to skin.	(F 309)		

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{F 309}	Continued From page 9 4/3/17 at 11:00 AM-During interview with E6 (PT) confirmed that there was no record of any PT/OT screening/evaluation report found during that time for R4's foot rest modification. 4/5/17 at 9:30 AM, E7 (OT) handed the Surveyor the result of R4's screening/evaluation related to the 3/31/17 request. At that time, during interview with E7 (OT) revealed that he was not aware of the incident related to R4's incident with resulting skin injuries on 3/20/17 with the Rock and Go wheelchair, nor was asked to screen. In addition, he stated that he was not informed of the current screening request for R4 dated 3/31/17 until 4/3/17. Review of E7's (OT) screening/evaluation and plan of care for R4 dated 4/3/17 revealed the following: Reason for referral dated 3/31/17: Resident was referred to Occupational Therapy department due to B/L feet dragging on floor during W/C mobility. Resident is currently positioned well in a Rock and Go W/C with a metal foot board and a 5" foot buddy to support feet and ankles on foot board. Resident is able to actively flex hips and raise his feet over the 5" foot buddy and place his feet onto floor (increasing flexion at knees). Resident requires skilled Occupational Therapy services in order to trial various positioning techniques/devices that will improve position of Resident's LE's and prevent his feet from coming in contact with floor during W/C mobility. Resident is at risk for further skin breakdown and injury to feet without skilled OT services. 4/5/17- 9:30 AM-E7 evaluated R4's OT screen	{F 309}		

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(F 309)	Continued From page 10 referral (dated 3/31/17) on 4/3/17 to screen for foot rest modification. 4/5/17 10:30 AM- R4 was observed lying in bed with bilateral knee flexed. Rock and go Wheelchair was observed with a wide metal foot board and a wide strap at the back of the foot board. In an interview with E5 (LPN), she stated that the strap looked wider than the previous strap. However, E5 stated that she was not sure whether it was changed. At 11:00 AM-R4 was observed seated on the same wheelchair. Feet with shoes on was on the foot board. 4/6/17-Additional written information was received from facility that stated the following: On 3/21/17 -Since foot board and mesh are still in place and no concern was brought up, the facility confirmed that no therapy intervention was indicated. This information failed to reflect that a concern was brought up verbally by E4 (LPN) on her late entry note dated 3/24/17 to the therapist and the therapist stated that he would modify the leg guard and foot rest to prevent any injuries. However, there was no record found to indicate that the leg guard and foot rest was modified. On 3/29/17 - R4's recent abrasion was discussed in relation to the skin and wheelchair positioning aspects. It was discussed that the lower extremity positioning devices were in place with no issues identified that warranted no intervention at that time. The facility failed to recognize the need for an immediate therapy screening and evaluation when R4 placed his feet behind the foot rest and scrapped his toes on the foot rest. Eleven (11)	(F 309)		

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{F 309}	Continued From page 11 days later, he was found with his B/L feet dragging on floor during W/C mobility and it was then that R4 was referred to OT to screen for foot rest modification to prevent injury to skin. OT's evaluation stated that R4's current impairment level was based upon his ability to place his feet onto the floor putting the resident at risk for injury. During those 11 days, without therapy evaluation, the facility failed to ensure that R4 received the necessary care and services to maintain the highest practicable level physical and mental well-being. This finding was reviewed with E1 (NHA), E2 (DON) and E3 (ADON) on 4/5/17 at 12:45 PM. During this review, E1, E2 and E3 confirmed that no new modifications were made to the resident's wheelchair, the leg guard and foot rest.	{F 309}		

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Long Term Care Residents Protection

DHSS - DLTCRP
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 577-6661

STATE SURVEY REPORT

NAME OF FACILITY: Regal Heights HealthCare & Rehabilitation Center DATE SURVEY COMPLETED: April 5, 2017

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 follow-up survey to the complaint survey of January 23, 2017 was conducted at this facility from April 3, 2017 through April 5, 2017. The deficiencies contained in this report are based on observation, interviews, review of residents' clinical records and review of other facility documentation as indicated. The facility census the first day of the survey was 163. The survey sample totaled 10 residents.	Please refer to CMS FORM 2567 for POC	4/12/17
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 is not met as evidenced by: Cross Refer to the CMS 2567-L survey completed April 5, 2017 F280 and F309.**		

Provider's Signature [signature] Title NHA Date 4-12-17

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Long Term Care Residents Protection

DHSS - DLTCRP
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 577-6661

STATE SURVEY REPORT

NAME OF FACILITY: Regal Heights HealthCare & Rehabilitation Center DATE SURVEY COMPLETED: April 5, 2017

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE

Provider's Signature _____ Title _____ Date _____