



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

PRINTED: 10/29/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>08G001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/25/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>STOCKLEY CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>26351 PATRIOTS WAY GEORGETOWN, DE 19947</b>	
(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
W 136	Continued From page 1 hand washing and gloves until 10/19/10 at 12 noon (no day programing or activities only)."  On 10/19/10 at 1:00 PM the facility had a Halloween Party with the residents dressed in costumes and dancing.  On 10/19/10 at 2:10 PM C6 was observed in her bed watching TV. An interview with E5 (RN) revealed C6 did not go to the Halloween party because she had a ear infection and conjunctivitis. C6 was on antibiotics. E5 continued to state C6 would not be going to large social events due to her diagnoses of conjunctivitis. E5 also stated C6 loved going to the events.  Review of the interdisciplinary notes for C6 revealed on 10/19/10 at 12:45 PM a nurse documented "Right eye red with no drainage noted". Another nurse documented on 10/19/10 at 11:00 PM " ... Eye clear tonight, no drainage noted."  An interview with E6 (NP) on 10/25/10 at 10:50 AM confirmed that C6 could have gone to the Halloween party as she was off isolation at 12 noon on 10/19/10.	W 136	<b>W 189</b>  Employee E11 has completed fire safety, infection control, and resident rights training.  Employee E12 is scheduled to attend fire safety, infection control, and resident rights training.  The mandatory training dates have been reviewed for all nurses and classes have been scheduled accordingly.  The Nurse Supervisors will review the quarterly training updates and schedule all nurses accordingly for their required annual training.  The Nurse Supervisors were instructed to include a review of mandatory training with each nurse at the time of their performance review.	<b>11/8/10</b>  <b>11/18/10</b>  <b>10/21/10</b>  <b>10/21/10 and Ongoing</b>  <b>10/26/10 and Ongoing</b>
W 189	483.430(e)(1) STAFF TRAINING PROGRAM  The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.  This STANDARD is not met as evidenced by: Based on record review of the employee in-service/training files on 10/22/10, it was	W 189	E10 has been scheduled for fire safety, infection control, and resident rights.  E13 has been scheduled for fire safety.  E14 is scheduled for CPR.  E15 has been scheduled for fire safety.	<b>11/18/10</b>  <b>11/18/10</b>  <b>11/17/10</b>  <b>12/16/10</b>

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W 189	<p>Continued From page 2</p> <p>determined that the facility failed to provide each employee with continuing training to enable the employee to perform his or her duties effectively, efficiently, and competently. Findings include:</p> <ol style="list-style-type: none"> <li>1. E10, an Active Treatment Facilitator, was lacking current fire safety, infection control, and resident rights training. The most recent training for this employee in these areas was January, 2009.</li> <li>2. E11, a unit nurse, was lacking current fire safety, infection control, and resident rights training. The most recent training for this employee in these areas was August, 2009.</li> <li>3. E12, a unit nurse, was lacking current fire safety, infection control, and resident rights training. The most recent training for this employee in these areas was December, 2008.</li> <li>4. E13, a seamstress, was lacking current fire safety training. The most recent training for this employee in this area was December, 2006.</li> <li>5. E14, a sheltered work production aide, was lacking current C.P.R. training. The most recent training for this employee in this area was December, 2006.</li> <li>6. E15, a telephone operator, was lacking current fire safety training. The most recent training for this employee in this area was April, 2007.</li> </ol>	W 189	<p><b>W189 continued</b></p> <p>A sweep was done of all employees assigned to Stockley Center and all staff identified as needing training will be scheduled. <b>10/26/10 and Ongoing</b></p> <p>The Resource Management Administrator will continue to keep records of training on the shared drive for managers/supervisors to review at least monthly. <b>11/8/10 and Ongoing</b></p> <p>The Executive Director will request the Training Administrator have the Training clerical staff send all sign-in sheets to the Resource Management Administrator and Nurse Supervisors immediately following the applicable training. <b>11/6/10 and Ongoing</b></p> <p>The Resource Management Administrator will continue to monitor the training records on the shared drive on a routine basis and schedule any needed trainings. <b>11/8/10 and Ongoing</b></p>	
W 257	<p>483.440(f)(1)(iii) PROGRAM MONITORING &amp; CHANGE</p> <p>The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including,</p>	W 257		

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W 257	<p>Continued From page 3</p> <p>but not limited to situations in which the client is failing to progress toward identified objectives after reasonable efforts have been made.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview it was determined that for one (C5) out of 11 sampled clients the facility failed to re-evaluate the active treatment plan when no progress was made toward the identified objectives. Findings include:</p> <p>C5 had a plan initiated in March 2010 " To reduce anxiety when (C5) requires blood work without the use of chemical or mechanical restraint ". The plan included a specific 3-11 nurse to swab the client ' s antecubital space three times a week and record data. The plan included step by step instructions to perform and document on this task including documenting in the ID (interdisciplinary notes) if there is an unusual response.</p> <p>Review of the collected data included: April 2010 - 1 out of 12 positive (responses) and 11 out of 12 negative (responses). May 2010 - 7 out of 12 negative 5 blank. June 2010 - 9 out of 11 negative 2 blank. July 2010 - 8 out of 11 negative 3 blank. August 2010 - 10 out of 12 negative 2 blank. September 2010 - 6 out of 11 negative 5 blank October 2010 - no data recorded.</p> <p>Review of the monthly reviews done by the QMRP and the quarterly assessments done by nursing lacked evidence that this plan to reduce anxiety during blood draws was addressed.</p> <p>An interview on 10/25/10 with the QMRP E8</p>	W 257	<p><b>W257</b></p> <p>A Monthly Review Audit was completed on resident C-5 by the Program Administrator. Revisions have been made to the plan and the changes were documented in the October Monthly Review. <b>11/8/10</b></p> <p>The Service Plan states where the data is kept on the plan and the area QMRP is aware of where Nursing is keeping the data for future Monthly Reviews. <b>11/8/10 and Ongoing</b></p> <p>A facility wide sweep of all residents who have a Medical/Dental Service Plan will be completed to ensure appropriate monitoring of the plan by the QMRP/RN. <b>12/1/10 and Ongoing</b></p> <p>A monthly peer review of residents' charts will be held by the QMRP/PA/ADRS/DRS especially reviewing the past three months to monitor for discrepancies or conflicts between programmatic or medical aspects of residents' ELP. <b>12/15/10 and Ongoing</b></p> <p>Random Monthly Review Audits will be routinely completed by the area Program Administrator and any problem areas will be brought to the area QMRP's attention. <b>11/8/10 and Ongoing</b></p>	

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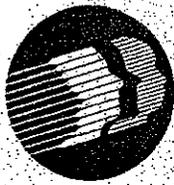
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W 257	Continued From page 4 revealed that nursing was handling this plan and she did not have data to include on her monthly reports. She stated that there was one ID note on 3/24/10 that the client was resistive to an attempt to carry out the plan. There were no further ID notes about the plan.  An interview with the nursing supervisor E9 revealed that the nurse implementing the plan told her he was not having much success. She further revealed that there was no documentation in the quarterly nursing reviews about this plan.  There was no evidence that C5's plan was monitored on a monthly basis and revised when the client failed to progress over a six month period of time.	W 257		
W 369	483.460(k)(2) DRUG ADMINISTRATION  The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.  This STANDARD is not met as evidenced by: Based on clinical record review, interview and observation it was determined that the facility failed to ensure that C1 was administered medications without error. Findings include:  C1 had a physician order dated 2/10/09 for "Claritin OTC (over the counter) 10 mg. one tablet by mouth every morning". During the medication observation on 10/21/10 at 8:45 AM with E4 (RN) revealed that E4 administered C1 her medications in a cup. Review of the physician order sheet in comparison to the medications observed being administered revealed E4 failed to administer C1 her Claritin 10 mg as ordered by	W 369	<b>W369</b>  The medication error for the missed dose of Claritin for resident C1 was documented as a medication error. Appropriate corrective action was taken with the staff involved.  Nurses will report any medication error that is identified and/or discovered according to the Medication Error Procedure.  The nurse supervisors will review the Medication Administration Procedure with each nurse and have them sign an In-Service form to indicate they have read and understand the procedure.  Employee E4 will have a Medication Pass Observation completed by a nurse supervisor monthly for three months.  All nurses will continue to have a quarterly Medication Pass Observation completed by a nursing supervisor.	  <b>11/9/10</b>  <b>10/26/10 and Ongoing</b>  <b>12/31/10</b>  <b>11/30/10 through 1/25/11</b>  <b>10/26/10 and Ongoing</b>

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W 369	Continued From page 5 the physician. Review of the observation with E2 (DON) revealed she would count the medications to be sure that all the medications were given.  On 10/22/10 at 10:35 AM E2 confirmed E4 failed to administer C1's Claritin 10 mg during the medication observation pass on 10/21/10.	W 369			



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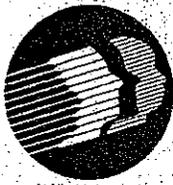
STATE SURVEY REPORT

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NAME OF FACILITY: Stockley Center

DATE SURVEY COMPLETED: October 25, 2010

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
<p>3201</p> <p>3201.5.4.1</p>	<p><b>The State Report incorporates by reference and also cites the findings specified in the Federal Report.</b></p> <p>An unannounced annual survey was conducted at this facility from October 19, 2010 through October 25, 2010. The deficiencies contained in this report are based on observation, interviews, review of clients' records and review of other facility documentation as indicated. The facility census the first day of the survey was sixty-nine (69). The survey sample totaled eleven (11) clients.</p> <p><b>Skilled and Intermediate Care Nursing Facilities</b></p> <p><b>Nursing facilities subject to 16 Delaware Code, §1161 to §1165 shall provide professional nursing, nursing services direct care and other services in accordance with statutory requirements.</b></p> <p><b>§ 1162. Nursing staffing.</b></p> <p><b>(a) Every residential health facility must at all times provide a staffing level adequate to meet the care needs of each resident, including those residents who have special needs due to dementia or a medical condition, illness or injury. Every residential health facility shall post, for each shift, the names and titles of the nursing services direct</b></p>	<p><b>3201.5.4.1</b></p> <p>The Facility does not currently have public postings of staffing in the residential living areas.</p> <p>The Facility is exploring appropriate display items to maintain a home-like environment. Once something is found, the Facility will order and then publically post the staffing for each area and shift.</p> <p style="text-align: right;"><b>3/11</b></p> <p>In the meantime, the Facility will publically post a typed list of personnel on duty in each living area.</p> <p style="text-align: right;"><b>12/1/10</b></p>



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STATE SURVEY REPORT

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NAME OF FACILITY: Stockley Center

DATE SURVEY COMPLETED: October 25, 2010

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
3201.6.3.2	<p><b>caregivers assigned to each floor, unit or wing and the nursing supervisor on duty. This information shall be conspicuously displayed in common areas of the facility, in no fewer number than the number of nursing stations. Every residential health facility employee shall wear a nametag prominently displaying his or her full name and title. Personnel hired through temporary agencies shall be required to wear photo identification listing their names and titles.</b></p> <p><b>This requirement is not met as evidenced by:</b></p> <p>Based on observations made on all three units of the Mary Anne Coverdale (MAC) center and in the 101 Waples Way cottage, throughout the survey, it was determined that the facility failed to post staffing information. Findings include:</p> <ol style="list-style-type: none"> <li>1. The Chandler, McCabe, West units in the MAC had no staffing information posted at the nurses stations for public view.</li> <li>2. The 101 Waples Way cottage had no staffing information posted at the nurses station for public view.</li> </ol> <p><b>Treatments and medications ordered by a physician shall be administered using professionally accepted techniques in accordance with 24 Delaware Code, Chapter 19.</b></p>	

