



**DELAWARE HEALTH  
AND SOCIAL SERVICES**

Division of Health Care Quality  
Office of Long Term Care Residents Protection

DHSS - DHCQ  
263 Chapman Road Suite 200  
Newark, Delaware 19702  
(302) 421-7400

**STATE SURVEY REPORT**

**NAME OF FACILITY:** Churchman Village

**DATE SURVEY COMPLETED:** March 14, 2023

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
<p>3201.0</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 at this facility from March 6, 2023 through March 14, 2023. The deficiencies contained in this report are based on interviews, review of clinical records and other facility documentation as indicated. The facility census on the first day of the survey was 85. The survey sample size was 6 residents.</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 the following:</p> <p>Cross Refer to the CMS 2567-L survey completed March 14, 2023: F655, F676, F686, F710 and F760.</p>	<p>Please cross reference CMS 2567-POC submitted on 04/01/2023. Cross Refer to the CMS 2567-L survey completed March 14, 2023: F655, F676, F686, F710 and F760.</p>	<p>5/1/2023</p>

Provider's Signature

Title

NHA

Date

4-1-2023



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

PRINTED: 04/06/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>085025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/14/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CHURCHMAN VILLAGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4949 OGLETOWN-STANTON ROAD NEWARK, DE 19713</b>
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(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
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F 000	<p><b>INITIAL COMMENTS</b></p> <p>An unannounced Complaint Survey was conducted at this facility from March 6, 2023 through March 14, 2023. The deficiencies contained in this report are based on interviews, review of clinical records and other facility documentation as indicated. The facility census on the first day of the survey was 85. The survey sample size was six. Findings include:</p> <p>Abbreviations/definitions used in this report are as follows:</p> <p>ADON - Assistant Director of Nursing; cm (centimeter) - measurement of length; CNA - Certified Nurses Aide; DON - Director of Nursing; Deep Tissue Injury (DTI) - Purple or maroon localized area of discolored intact skin. May be preceded by tissue that is painful, mushy, firm, boggy (wet, spongy feeling), and/or warmer or cooler than adjacent tissue; EMR - electronic medical record; eTAR - electronic treatment administration record; Exudate - fluid from a wound; LPN - Licensed Practical Nurse; MD - Medical Doctor; NHA - Nursing Home Administrator; NP - Nurse Practitioner; PA - Physician Assistant; RN - Registered Nurse; Turgor - elasticity of the skin; Unstageable - tissue loss in which actual depth of the ulcer is unable to be determined due to the presence of slough (yellow, tan, gray, green or brown dead tissue) and/or eschar (dead tissue that is tan, brown or black and tissue damage</p>	F 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <b>Electronically Signed</b>	TITLE	(X6) DATE <b>03/31/2023</b>
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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 more severe than slough in the wound bed); VPO - Vice President of Operations; VP shunt - narrow plastic tube that drains excess cerebrospinal fluid into your abdomen.	F 000			
F 655 SS=D	Baseline Care Plan CFR(s): 483.21(a)(1)-(3)  §483.21 Comprehensive Person-Centered Care Planning §483.21(a) Baseline Care Plans §483.21(a)(1) The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must- (i) Be developed within 48 hours of a resident's admission. (ii) Include the minimum healthcare information necessary to properly care for a resident including, but not limited to- (A) Initial goals based on admission orders. (B) Physician orders. (C) Dietary orders. (D) Therapy services. (E) Social services. (F) PASARR recommendation, if applicable.  §483.21(a)(2) The facility may develop a comprehensive care plan in place of the baseline care plan if the comprehensive care plan- (i) Is developed within 48 hours of the resident's admission. (ii) Meets the requirements set forth in paragraph (b) of this section (excepting paragraph (b)(2)(i) of this section).  §483.21(a)(3) The facility must provide the	F 655		5/1/23	

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F 655	<p>Continued From page 2</p> <p>resident and their representative with a summary of the baseline care plan that includes but is not limited to:</p> <p>(i) The initial goals of the resident.</p> <p>(ii) A summary of the resident's medications and dietary instructions.</p> <p>(iii) Any services and treatments to be administered by the facility and personnel acting on behalf of the facility.</p> <p>(iv) Any updated information based on the details of the comprehensive care plan, as necessary.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and clinical record review, it was determined that for one (R3) out of three residents reviewed for admission, the facility failed to develop and implement a baseline care plan that addressed R3's two surgical wounds. Findings include:</p> <p>R3's clinical record revealed:</p> <p>9/21/22 at 12:15 AM - R3 was admitted to the facility following a VP shunt placement at the hospital.</p> <p>9/21/22 at 4:40 PM and 4:42 PM - The facility forms entitled Nonpressure Wound Documentation revealed that R3 had surgical wounds on the right side of his abdomen measuring 5 cm x 4 cm and on the back of his head, right side.</p> <p>Review of R3's baseline care plan revealed the absence of a care plan that addressed R3's surgical wounds.</p> <p>3/10/23 at 10:33 AM - During an interview, E2 (DON) reviewed R3's care plan with the Surveyor.</p>	F 655	<p>R3 is no longer a resident of the facility.</p> <p>2. All residents have the potential to be affected. B. All Residents with a surgical wound(s): a care plan audit will be conducted to ensure surgical wound is addressed. Corrections will be made accordingly.</p> <p>3. The RCA was determined to be that licensed staff failed to follow the facility's Comprehensive Care Plan policy. B. The Staff Developer will re- educate licensed staff on the facility' Comprehensive Care Plans policy and the need to develop and implement a comprehensive person-centered care plan for every resident. Comprehensive person-centered care plans include the resident's surgical wound. C. Monthly the DON/designee will audit 20% of residents with surgical wounds to ensure care plans include the resident's surgical wound.</p> <p>4. The results of audits will be presented in the facility's monthly QAPI meeting until 100% compliance is achieved for 3 months.</p>	

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F 655	Continued From page 3 The facility lacked evidence of a care plan for R3's surgical wounds.	F 655			
F 676 SS=D	3/14/23 at 12:30 PM - Findings were reviewed during the exit conference with E1 (NHA), E2, E3 (ADON) and E4 (VPO). Activities Daily Living (ADLs)/Mntn Abilities CFR(s): 483.24(a)(1)(b)(1)-(5)(i)-(iii)  §483.24(a) Based on the comprehensive assessment of a resident and consistent with the resident's needs and choices, the facility must provide the necessary care and services to ensure that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that such diminution was unavoidable. This includes the facility ensuring that:  §483.24(a)(1) A resident is given the appropriate treatment and services to maintain or improve his or her ability to carry out the activities of daily living, including those specified in paragraph (b) of this section ...  §483.24(b) Activities of daily living. The facility must provide care and services in accordance with paragraph (a) for the following activities of daily living:  §483.24(b)(1) Hygiene -bathing, dressing, grooming, and oral care,  §483.24(b)(2) Mobility-transfer and ambulation, including walking,  §483.24(b)(3) Elimination-toileting,	F 676		5/1/23	

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F 676	<p>Continued From page 4</p> <p>§483.24(b)(4) Dining-eating, including meals and snacks,</p> <p>§483.24(b)(5) Communication, including</p> <p>(i) Speech,</p> <p>(ii) Language,</p> <p>(iii) Other functional communication systems.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and clinical record review, it was determined that for one (R2) out of three residents reviewed for Activities of Daily Living (ADL) care, the facility failed to provide bathing in accordance to the resident's preference and scheduled frequency. Findings include:</p> <p>R2's clinical record revealed:</p> <p>11/25/22 at 5:30 PM - R2 was admitted to the facility.</p> <p>11/25/22 at 6:09 PM - R2's preferences evaluation documented that his bathing preference for a shower/bed bath was very important.</p> <p>According to the November and December 2022 CNA Documentation Survey Reports, R2 was scheduled to have a shower every Sunday (day shift) and Wednesday (evening shift). From 11/25/22 to 12/22/22, R2 received five out of eight scheduled showers/bed baths. The facility documented that R2 "refused or not applicable" for three bathing opportunities, however, a nurse's note on 12/8/22 at 12:36 AM documented R2 as being compliant with care. There was no evidence of follow-up as to why R2 refused or whether staff offered a shower at another time.</p>	F 676	<ol style="list-style-type: none"> <li>1. R2 is no longer a resident of the facility.</li> <li>2. All residents have the potential to be affected. B. A whole house audit will be completed to determine their shower preferences; resident refusals will be audited. Preferences will be documented.</li> <li>3. The RCA was determined that if resident refused a shower, it was not documented by a nurse nor was resident offered a shower at another time. Licensed Nursing staff will be re-educated by the Staff Developer on the need to provide residents with care and services in accordance with their shower preference and document when resident refuses. D. C.N.A.s will be re-educated on the need to report to their nurse when resident refuses a shower and the need to re-approach the resident to offer another shower time. 7 times a week the DON/designee will audit 100% of the shower documentation to monitor that they include the resident's refusals, documentation of the refusal, as well as documentation the resident was re-approached for another shower time.</li> <li>4. The results of audits will be presented in the facility's monthly QAPI meeting until 100% compliance is achieved for 3</li> </ol>	

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F 676	Continued From page 5 3/13/23 at approximately 12:00 PM - During an interview, E3 (ADON) reviewed R2's showers with the Surveyor and acknowledged the missing scheduled showers.	F 676	months.		
F 686 SS=D	3/14/23 at 12:30 PM - Finding was reviewed during the exit conference with E1 (NHA), E2 (DON), E3 and E4 (VPO). Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii)  §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: Based on interview and review of the clinical record and facility documentation as indicated, it was determined that for one (R2) out of three residents reviewed for pressure ulcers (PUs), the facility failed to ensure that a resident admitted with a pressure ulcer received the necessary treatment and services consistent with professional standards of care. Findings include:  The facility's policy and procedure entitled Treatment/Services to Prevent/Heal Pressure	F 686	1. 1. R2 is no longer a resident of the facility. 2. All residents that are admitted have the potential to be affected. An audit of all newly admitted resident's have had their admission skin assessments reviewed to ensure documentation included: location, size, odor (if any), drainage (if any), and treatment orders. Corrections will be made accordingly. A whole house audit of residents with wounds will be	5/1/23	



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F 686	<p>Continued From page 6</p> <p>Ulcers, dated 4/1/20, stated, " ...2. Upon admission, the resident will receive a head to toe skin check to identify any skin issues ... 4. When the resident is admitted with a pressure sore(s) the admitting nurse will document the size, location, odor (if any), drainage (if any), and current treatment ordered. 5. Interventions will be implemented in the resident's plan of care to prevent deterioration and promote healing of the pressure sore. 6. The admitting nurse will notify the attending physician as well as the resident and/or resident's representative of the condition of the pressure sore on admission ... 8. The nurse will notify the physician anytime the pressure sore is showing signs of nonhealing or infection and request treatment order changes."</p> <p>The facility's Skin and Wound Care Management Program, dated 4/1/20, stated, " ... Admission: -Nursing will complete the Clinical Admission Documentation assess the resident from head to toe to determine the residents current skin condition ... -Each resident standard mattress is pressure reducing/reduction mattress. -Ulcers will be identified as pressure ... Weekly: -A licensed nurse performs a head-to-toe skin check of the resident and documents the findings in the EMR ... Planning: -The Interdisciplinary Team develops a person-centered care plan to prevent or treat skin breakdown based on resident assessments, preferences and goals. Include mobility, activity, moisture, nutrition, sensation, and friction. Implementation: -The Interdisciplinary Team ensure that planned interventions and treatments are carried out as</p>	F 686	<p>conducted to monitor that the physician order and eTAR match. Corrections will be made accordingly. All newly admitted resident's will have their admission skin assessments audited to ensure documentation includes: location, size, odor (if any), drainage (if any), and treatment orders. An audit of physician and nutrition notes regarding residents with wounds was conducted to ensure documentation of the wound. Corrections will be made accordingly. An audit was completed for all treatment referrals to ensure notification to the physician and there was a corresponding note present. 3. The RCA was determined to be that licensed staff failed to follow the facility's Comprehensive Assessment policy. The physician failed to document on the residents' wounds, wound changes. The Dietitian failed to document on admission regarding the wound. The Staff Developer will re- educate licensed staff on the facility' Comprehensive Assessment policy and the need to develop and implement an actual vs potential care plan, when necessary, for every resident. The Staff Developer will re- educate physicians and dietitian on documentation of wounds and wound changes, when necessary, for every resident. Weekly the DON/designee will audit 100% of residents with wounds to monitor, admission documentation to included: location, size, odor (if any), drainage (if any), and treatment orders match the eTAR, physician and nutrition notes are appropriately documented. Weekly the DON/designee will audit 20% of residents with skin issues and if</p>	
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F 686	<p>Continued From page 7 written in the Care Plan ... -Teach residents and their families what they can do to help prevent pressure ulcers ...".</p> <p>R2's clinical record revealed:</p> <p>11/25/22 at 5:30 PM - R2 was admitted to the facility.</p> <p>11/25/22 at 11:40 PM - The Clinical Admission documented that R2 was alert and oriented and that he had no skin issues.</p> <p>11/25/22 at 11:55 PM - The nurse's admission summary note documented that R2 had "intact skin with mild skin tears on both knees and open blister on the left heel." This note contradicts the Clinical Admission document of no skin issues.</p> <p>The facility failed to document the characteristics of the left heel open blister, for example the size, odor (if any), drainage (if any), wound bed color, surrounding skin, and temperature to use as a baseline for monitoring the effectiveness of interventions/treatments.</p> <p>11/25/22 at 11:27 PM - R2's Braden Scale for predicting pressure ulcer risk, a facility assessment tool, documented that R2 scored a 17 (at risk). *A score of 19 or higher would indicate that a resident was at low risk, with no treatment at this time.</p> <p>11/26/22 at 12:48 AM - A Physician's order by E5 (PA) stated to cleanse the left heel wound with normal saline solution and apply Optifoam (type of wound dressing) every day shift.</p> <p>11/26/22 - Despite being admitted with a left heel</p>	F 686	<p>refusing wound care, documented appropriately.</p> <p>4. The results of audits will be presented in the facility's monthly QAPI meeting until 100% compliance is achieved for 3 months.</p>		

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F 686	<p>Continued From page 8</p> <p>open blister, R2 was care planned for potential for alteration in skin integrity related to impaired mobility, decreased activity, potential for alteration in nutrition and potential for friction. Interventions included:</p> <ul style="list-style-type: none"> <li>-barrier cream as ordered;</li> <li>-monitor for adequate nutrition and hydration;</li> <li>-offload heels while in bed;</li> <li>-pressure reducing cushion to wheelchair;</li> <li>-pressure reducing mattress to bed;</li> <li>-skin check every two hours and report abnormalities to nurse;</li> <li>-turn and reposition every two hours and as needed; and</li> <li>-weekly and quarterly skin checks as ordered.</li> </ul> <p>11/26/22 (day shift) - While the eTAR documented that R2 refused the left heel wound treatment, there was no corresponding nurse's note as to why the treatment was refused and no evidence of notification to the Physician of R2's refusal. The treatment was discontinued on 11/26/22 at 5:00 PM.</p> <p>11/26/22 at 4:53 PM - Approximately 24 hours after admission, the facility's form entitled Nonpressure Wound form documented that R2 had a left heel fluid filled blister measuring 5 cm (length) x 9 cm (width), Deep Tissue Injury, no drainage, no odor, healthy condition of the surrounding tissue and no wound related pain. Treatment was initiated and the Provider (MD/PA/NP) was notified.</p> <p>11/26/22 at 5:03 PM - A verbal Physician's order by E8 (Physician) stated to apply skin prep to both heels twice a day. Make sure left heel is offloaded every day and evening shift.</p>	F 686		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>085025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/14/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>CHURCHMAN VILLAGE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>4949 OGLETOWN-STANTON ROAD NEWARK, DE 19713</b>		
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F 686	<p>Continued From page 9</p> <p>Review of the eTAR from 11/27/22 through 12/13/22 revealed that nursing staff was signing off that this treatment was done twice a day despite Physician orders dated 11/28/22 and 11/29/22 changing the treatments to R2's left heel DTI. The 11/26/22 Physician order was not discontinued until 12/13/22.</p> <p>11/26/22 at 11:12 PM - A late entry Physician note by E5 (PA) documented that a physical exam was performed and R2's skin was warm and dry with positive turgor. The note lacked evidence of R2's left heel DTI and the treatment plan.</p> <p>11/28/22 at 7:41 AM - A Nutrition note documented there were no concerns at this time related to R2's skin integrity. The facility lacked evidence that the Registered Dietician was notified of R2's left heel DTI.</p> <p>11/28/22 at 11:04 AM - A Physician's order by E8 (Physician) stated to cleanse R2's left heel wound with normal saline solution, apply ABD (wound treatment) and wrap with kling (dressing) every day. While R2's left heel DTI treatment was changed, there was no wound assessment documented to reflect the current condition of his left heel.</p> <p>Review of R2's November 2022 eTAR revealed that the treatment was signed off as done by nursing on 11/28/22. The treatment was discontinued on 11/29/22 at 1:26 PM.</p> <p>11/29/22 (untimed) - The Wound Care Consultant, C1 (Medical Doctor), evaluated R2's left heel. C1 documented that R2 had an unstageable pressure injury to the left heel and to continue offloading and turn per facility protocol.</p>	F 686			

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

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F 686	<p>Continued From page 10</p> <p>11/29/22 at 1:27 PM - A Physician's order by C1 (MD) stated to clean the left heel wound with normal saline solution, apply collagen wound filler (wound treatment) and bordered gauze every other day.</p> <p>Review of R2's November and December 2022 eTARs revealed that the treatment was signed off as done by nursing from 11/30/22 through 12/14/22.</p> <p>11/29/22 - Despite being admitted with a left heel DTI on 11/25/22, R2 was care planned for actual impairment to skin integrity related to an unstageable wound to the left heel. Interventions included: -encourage good nutrition and hydration in order to promote healthier skin; -follow facility protocols for treatment of injury; -monitor/document location, size and treatment of skin injury. Report abnormalities, failure to heal, signs/symptoms of infection, maceration (softening of tissue by soaking in fluid), etc. to MD (Medical Doctor). -weekly treatment documentation to include measurement of each area of skin breakdown's width, length, depth, type of tissue, exudate and any other notable changes or observations.</p> <p>11/29/22 at 1:38 PM - A Physician's note by E5 (PA) documented that R2 was seen and examined. The Physician's note lacked evidence of R2's changes in skin integrity, specifically the left heel DTI upon admission and now an unstageable PU.</p> <p>11/30/22 at 6:42 AM - A nutrition note documented that nursing reported that R2 had a</p>	F 686		
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F 686	Continued From page 11 wound to the left heel and nutritional interventions were recommended.  12/1/22 at 3:25 PM - A history and physical by E7 (Physician) documented that R2 was seen and examined. The Physician's note lacked evidence of R2's unstageable left heel PU.  12/3/22 at 5:05 PM - A late entry Physician note by E5 (PA) documented that R2's condition and medications were reviewed. The Physician's note lacked evidence of R2's left heel PU.  3/13/22 at approximately 12:00 PM - During an interview, E3 (ADON) reviewed R2's care with the Surveyor and acknowledged that R2's nursing assessments of his left heel were incomplete. E3 also stated that the facility was using the Nonpressure Wound Documentation form on 11/26/22 to document R2's PU, but the facility changed to a pressure ulcer form.	F 686			
F 710 SS=E	Resident's Care Supervised by a Physician CFR(s): 483.30(a)(1)(2)  §483.30 Physician Services A physician must personally approve in writing a recommendation that an individual be admitted to a facility. Each resident must remain under the care of a physician. A physician, physician assistant, nurse practitioner, or clinical nurse specialist must provide orders for the resident's immediate care and needs.  §483.30(a) Physician Supervision. The facility must ensure that-	F 710		5/1/23	

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F 710	<p>Continued From page 12</p> <p>§483.30(a)(1) The medical care of each resident is supervised by a physician;</p> <p>§483.30(a)(2) Another physician supervises the medical care of residents when their attending physician is unavailable. This REQUIREMENT is not met as evidenced by: Based on interview, review of clinical records and review of other documentation as indicated, it was determined that for two (R1 and R3) out of three residents reviewed for admission, the facility's providers failed to provide orders for each residents' immediate care and needs. Findings include:</p> <p>1. Cross refer to F760</p> <p>R1's clinical record revealed:</p> <p>9/30/22 at 1:06 PM - The facility received a 13 page fax that included an interagency form and discharge instructions for R1 from an acute rehabilitation hospital.</p> <p>Review of the fax, which included R1's discharge medications and possible side effects of each medication listed on pages 1 through 9, revealed that pages 2, 4, 6 and 8 were missing.</p> <p>9/30/22 at 2:50 PM - R1 was admitted to the facility with multiple diagnoses.</p> <p>10/1/22 at 12:37 AM - A nursing note documented that R1's medication regimen was reviewed and reconciled by telephone with E6 (on-call NP).</p> <p>10/1/22 at 2:08 PM - A Physician note by E5 (PA)</p>	F 710	<p>A. 1. R1 is no longer in the facility, missing medications were ordered 10/4/22.</p> <p>2. R3 is no longer in the facility</p> <p>B. 1. All residents that have their admission interagency faxed to the facility have the potential to be affected.</p> <p>2. All residents that have surgical wounds upon admission have the potential to be affected.</p> <p>3. All residents that had their admission interagency faxed to the facility in the past 7 days will be audited to monitor that all pages were faxed and medications were reconciled. The MD/PA will be notified and corrections will be made accordingly.</p> <p>4. All residents that had a surgical wound at admission were be audited to monitor that the MD/PA addressed them on their plan and assessment. The MD/PA will be notified and corrections will be made accordingly.</p> <p>C. 1. The RCA was determined to be that the facility did not have a second check by a licensed nurse to monitor that all the pages were received when the interagency for R1 was faxed to</p>	

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F 710	<p>Continued From page 13</p> <p>documented that R1's hospital record was reviewed and his medications were reconciled. Medications listed as reviewed and reconciled in E5's note were:</p> <ul style="list-style-type: none"> <li>-Aplisol (used to test for Tuberculosis, a contagious lung infection);</li> <li>-Acetaminophen (for pain);</li> <li>-Bisacodyl / Fleet enema / Milk of Magnesia (for constipation);</li> <li>-Amlodipine (for high blood pressure);</li> <li>-Carvedilol (for high blood pressure);</li> <li>-Clopidogrel Bisulfate (for blood clot prevention);</li> <li>-Aspirin (for coronary artery disease/heart attack);</li> <li>-Gabapentin (for nerve pain);</li> <li>-Cholecalciferol (for Vitamin D);</li> <li>-Cyanocobalamin (for Vitamin B-12 deficiency);</li> <li>-Atorvastatin (for high Cholesterol);</li> <li>-Multivitamins (supplement);</li> <li>-Heparin (blood thinner);</li> <li>-Desmopressin (controls urine output);</li> <li>-Sodium Chloride (regulates the amount of water in the body),</li> <li>-Fish Oil (for high Cholesterol); and</li> <li>-Insulin Aspart (for high blood sugars).</li> </ul> <p>10/3/22 at 1:00 PM - A care conference was held with R1 and F1 (R1's family member). F1 was provided with a copy of R1's ordered medications during this conference.</p> <p>10/3/22 at 2:50 PM - A Physician note documented that E5 (PA) performed a review of recent labs, medications and blood sugars for R1. Medications listed as reviewed and reconciled in E5's note were identical to the 10/1/22 Physician note.</p> <p>10/4/22 at 10:11 AM - A Physician note documented that E7 (MD) performed an</p>	F 710	<p>the facility.</p> <p>2. The RCA was determined to be that the facility was not providing the MD/PA with the facility's skin reports.</p> <p>3. The facility has initiated a second check by a licensed nurse on all admission interagency documents that are faxed to the facility and will monitor that all pages were received. The Staff Developer will educate licensed nurses on the new process.</p> <p>4. The facility will now provide the MD/PA with the facility's skin reports that include surgical and new wounds.</p> <p>5. The DON/designee will audit daily 100% of all faxed admission interagency to monitor that all pages of the fax were received.</p> <p>6. The DON/designee will audit 100% of residents that were admitted with surgical wounds to monitor were addressed by the MD/PA on their plan and assessment.</p> <p>D. The audits will continue until 100% compliance is achieved for 3 months. Results of audits will be reviewed in monthly QAPI.</p>		



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F 710	<p>Continued From page 14</p> <p>admission History and Physical, reviewed the hospital record, did medication reconciliation and examined R1. Medications reconciled were the same medications listed on E5's (PA) progress notes dated 10/1/22 and 10/3/22.</p> <p>10/4/22 at 2:52 PM - In response to F1 (R1's family member) informing the facility that R1's medication list was incomplete, the facility contacted the acute rehabilitation hospital and requested a faxed list of R1's discharge medications. 13 medications were not ordered when R1 was admitted on 9/30/22:</p> <p>Despite multiple PA/Physician assessments, including review of R1's hospital course and medication reconciliation, 13 medications were not detected as missing and ordered until 10/4/22, four days after admission to the facility.</p> <p>2. Review of R3's clinical record revealed:</p> <p>9/21/22 at 12:15 AM - R3 was admitted to the facility following a VP shunt placement at the hospital.</p> <p>9/21/22 at 11:32 AM - A Physician note by E5 (PA) documented that a hospital record review and medication reconciliation was done. The note documented that R3 "underwent VP shunt placement on 9/7." The physical exam and assessment/plan by E5 failed to address R3's surgical wounds on the head and on the right side of his abdomen.</p> <p>9/21/22 to 9/26/22 - R3's clinical record revealed the absence of Physician orders for treatment and to monitor R3's two surgical wounds.</p>	F 710		

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F 710	Continued From page 15 3/10/23 at 10:16 AM - During an interview with E1 (NHA), the Surveyor was informed that E5 (PA) was no longer working in the facility as of 2/13/22.	F 710			
F 760 SS=E	3/14/22 at 12:30 PM - Findings were reviewed during the exit conference with E1 (NHA), E2 (DON), E3 (ADON) and E4 (VPO). Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2)  The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on interview and clinical record review, it was determined that for one (R1) out of three residents reviewed for admission, the facility failed to ensure that R1 was free of any significant medication errors when thirteen (13) medications weren't ordered upon admission, resulting in R1 missing multiple doses of each medication. Findings include:  Cross refer to F710  R1's clinical record revealed:  9/30/22 at 1:06 PM - The facility received a 13 page fax that included an interagency form and discharge instructions for R1 from an acute rehabilitation hospital.  Review of the fax, which included R1's discharge medications and possible side effects of each medication listed on pages 1 through 9, revealed that pages 2, 4, 6 and 8 were missing.	F 760	1. R1 is no longer in the facility, missing medications were ordered 10/4/22. B. 1. All residents that have their admission interagency faxed to the facility have the potential to be affected. 2. All residents that had their admission interagency faxed to the facility in the past 30 days will be audited to monitor that all pages were faxed and medications were reconciled. The MD/PA will be notified, and corrections will be made accordingly. C. 1. The RCA was determined to be that the facility did not have a second check by a licensed nurse to monitor that all the pages were received when the interagency for R1 was faxed to the facility. 2. The facility has initiated a second check by a licensed nurse on all admission interagency documents that are faxed to the facility and will monitor	5/1/23	

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F 760	<p>Continued From page 16</p> <p>9/30/22 at 2:50 PM - R1 was admitted to the facility with diagnoses including, but not limited to, adrenal insufficiency (a rare disorder where the adrenal glands don't make enough of certain hormones. Symptoms include weight loss, loss of appetite, nausea, vomiting, diarrhea, muscle weakness, fatigue, low blood pressure, low blood sugar and patchy or dark skin), high blood pressure, hypothyroidism (underactive thyroid) and fractures of the rib and spine.</p> <p>10/1/22 at 12:37 AM - A nursing note documented that R1's medication regimen was reviewed and reconciled by telephone with E6 (on-call NP).</p> <p>10/1/22 at 2:08 PM - A Physician note by E5 (PA) documented that R1's hospital record was reviewed and his medications reconciled. The note captured R1's medical history as " ...Hyponatremia (low sodium from dilution, loss of sodium in urine from taking medication to reduce fluid or Addison's disease) thought to be secondary to taper of hydrocortisone (a steroid medication) on prior recent hospital discharge back in August 2022 as patient has hypopituitarism (a deficit or shortage of one or more of the pituitary hormones) secondary to hypophysectomy (surgery done to remove the pituitary gland) done back in 1990s. Patient follows with outpatient endocrinologist (Physician with special training including glands and organs that make hormones)... consulted endocrinology team who recommended increasing hydrocortisone back to 20 mg (milligrams) once each morning and 10 mg once each evening (ideally between 2 PM and 3 PM) and recommended patient be discharged on this regimen with follow up outpatient ... Patient was also on home desmopressin (medication that</p>	F 760	<p>that all pages were received. The Staff Developer will educate licensed nurses on the new process.</p> <p>3. The DON/designee will audit daily 100% of all faxed admission interagency to monitor that all pages of the fax were received.</p> <p>D. The audits will continue until 100% compliance is achieved for 3 months. Results of audits will be reviewed in monthly QAPI.</p>		

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F 760	<p>Continued From page 17</p> <p>controls urine output) which was also adjust for patient's hyponatremia given significant excessive urine output ...". Medications listed as reviewed and reconciled in E5's note were:</p> <ul style="list-style-type: none"> <li>-Aplisol (used to test for Tuberculosis, a contagious lung infection);</li> <li>-Acetaminophen (for pain);</li> <li>-Bisacodyl / Fleet enema / Milk of Magnesia (for constipation);</li> <li>-Amlodipine (for high blood pressure);</li> <li>-Carvedilol (for high blood pressure);</li> <li>-Clopidogrel Bisulfate (for blood clot prevention);</li> <li>-Aspirin (for coronary artery disease/heart attack);</li> <li>-Gabapentin (for nerve pain);</li> <li>-Cholecalciferol (for Vitamin D);</li> <li>-Cyanocobalamin (for Vitamin B-12 deficiency);</li> <li>-Atorvastatin (for high Cholesterol);</li> <li>-Multivitamins (supplement);</li> <li>-Heparin (blood thinner);</li> <li>-Desmopressin (controls urine output);</li> <li>-Sodium Chloride (regulates the amount of water in the body),</li> <li>-Fish Oil (for high Cholesterol); and</li> <li>-Insulin Aspart (for high blood sugars).</li> </ul> <p>10/3/22 at 1:00 PM - A care conference was held with R1 and F1 (R1's family member). F1 was provided with a copy of R1's ordered medications during this conference.</p> <p>10/3/22 at 2:50 PM - A Physician note documented that E5 (PA) performed a review of recent labs, medications and blood sugars for R1. Medications listed as reviewed and reconciled in E5's note were identical to the 10/1/22 Physician note.</p> <p>10/4/22 at 10:11 AM - A Physician note documented that E7 (MD) performed an</p>	F 760			

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F 760	<p>Continued From page 18</p> <p>admission History and Physical, reviewed the hospital record and medication reconciliation and examined R1. Medications reconciled were the same medications listed on E5's (PA) progress notes dated 10/1/22 and 10/3/22.</p> <p>10/4/22 at 2:52 PM - In response to F1 (R1's family member) informing the facility that R1's medication list was incomplete, the facility contacted the acute rehabilitation hospital and requested a faxed list of R1's discharge medications. The following 13 medications were not ordered when R1 was admitted on 9/30/22:</p> <ul style="list-style-type: none"> <li>-Hydrocortisone for Adrenal Insufficiency (life-threatening medical condition where the body does not make enough hormone cortisol...cortisol also controls blood pressure and affects how a person's immune system works);</li> <li>-Levothyroxine for Hypothyroidism (decrease production of thyroid hormones);</li> <li>-Lisinopril for high blood pressure;</li> <li>-Hydralazine for high blood pressure;</li> <li>-Morphine for severe pain;</li> <li>-Calcium Carbonate for Hypocalcemia (low calcium levels in the blood);</li> <li>-Acetaminophen for pain;</li> <li>-Pantoprazole for acid reflux;</li> <li>-Tizanidine for muscle spasms;</li> <li>-Trazadone for major depressive disorder;</li> <li>-Ubiquione for supplement;</li> <li>-Albuterol inhaler for shortness of breath as needed; and</li> <li>-Desmopressin (used to control the amount of urine the kidneys make) second Physician's order based on his urine output as needed.</li> </ul> <p>Review of R1's October 2022 eMAR revealed that R1 missed the following medications from 10/1/22 through 10/11/22:</p>	F 760		

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

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>085025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/14/2023</b>
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F 760	<p>Continued From page 19</p> <ul style="list-style-type: none"> <li>-five (5) doses of Hydrocortisone for Adrenal Insufficiency (life-threatening medical condition where the body does not make enough hormone cortisol...cortisol also controls blood pressure and affects how a person's immune system works);</li> <li>-five (5) doses of Levothyroxine;</li> <li>-four (4) doses of Lisinopril;</li> <li>-eight (8) doses of Hydralazine;</li> <li>-thirty-one (31) doses of Morphine for severe pain;</li> <li>-eight (8) doses of Calcium Carbonate;</li> <li>-nine (9) doses of Acetaminophen for pain;</li> <li>-four (4) doses of Pantoprazole;</li> <li>-thirty-one (31) doses of Tizanidine;</li> <li>-four (4) doses of Trazodone;</li> <li>-seven (7) doses of Ubiquione; and</li> <li>-eleven (11) doses of Desmopressin.</li> </ul> <p>3/10/23 at 10:16 AM - During an interview with E1 (NHA), the Surveyor was informed that E5 (PA) was no longer working in the facility as of 2/13/23.</p> <p>3/14/23 at 12:30 PM - Findings were reviewed during the exit conference with E1, E2 (DON), E3 (ADON) and E4 (VPO).</p>	F 760			