



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: Atlantic Shores Rehabilitation & Health Center **DATE SURVEY COMPLETED:** March 17, 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 COVID-19 Focused Infection Control Survey and Complaint Survey was conducted by the State of Delaware Division of Health Care Quality office of Long Term Care Resident Protection from March 5, 2021 to March 17, 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 166. The survey sample totaled nine (9).</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 17, 2021: F842.</p>		

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

PRINTED: 09/21/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085037	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/17/2021
NAME OF PROVIDER OR SUPPLIER ATLANTIC SHORES REHABILITATION & HEALTH CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 231 SOUTH WASHINGTON STREET MILLSBORO, DE 19966	
(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 COVID-19 Focused Infection Control Survey and Complaint Survey was conducted by the State of Delaware Division of Health Care Quality office of Long Term Care Resident Protection from March 5, 2021 to March 17, 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 166. The survey sample totaled nine (9). Abbreviations/Definitions used in this report are as follows: NHA - Nursing Home Administrator; DON - Director of Nursing; ADON - Assistant Director of Nursing; NP - Nurse Practitioner; COVID-19 - a respiratory illness spread from person to person; Ecchymosis - the medical term for a type of bruise; Herpes Zoster rash - Shingles, also known as Zoster or Herpes Zoster, is a viral disease characterized by a painful skin rash with blisters in a localized area; Pressure ulcer - a sore area of skin that develops when blood supply is cut off due to pressure; Petechial hemorrhage - pinpoint flat round red spots under the skin surface caused by bleeding into the skin.	F 000		
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) §483.20(f)(5) Resident-identifiable information.	F 842		5/14/21

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

TITLE

(X6) DATE

Electronically Signed

04/05/2021

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 842	<p>Continued From page 1</p> <p>(i) A facility may not release information that is resident-identifiable to the public.</p> <p>(ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.</p> <p>§483.70(i) Medical records.</p> <p>§483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-</p> <p>(i) Complete;</p> <p>(ii) Accurately documented;</p> <p>(iii) Readily accessible; and</p> <p>(iv) Systematically organized</p> <p>§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-</p> <p>(i) To the individual, or their resident representative where permitted by applicable law;</p> <p>(ii) Required by Law;</p> <p>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</p> <p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p>	F 842		

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F 842	<p>Continued From page 2</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <ul style="list-style-type: none"> (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. <p>§483.70(i)(5) The medical record must contain-</p> <ul style="list-style-type: none"> (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview it was determined that for one (R2) out of three residents reviewed for neglect, the facility failed to maintain accurate documentation in R2's clinical record. Findings include:</p> <p>Review of R2's clinical record included:</p> <p>10/30/2020 - R2 was admitted to the facility.</p> <p>10/30/2020 - R2's admission skin assessment documented that R2 had a pressure ulcer to his left hip.</p>	F 842	<ol style="list-style-type: none"> 1. Resident #1 is no longer in the facility. No further correction needed. 2. The facility's wound nurse or designee will complete a skin assessment documentation audit on all residents who were admitted/readmitted within the past 30 days. This audit will include reconciliation of the nursing admission assessment; skin wound nurse follow-up assessment, and the medical practitioners' admission History and Physical evaluation documentation, and 	

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F 842	<p>Continued From page 3</p> <p>11/2/2020 - R2's physician history and physical assessment documented that R2 had petechial hemorrhage of the buttocks and a pressure ulcer to the buttocks.</p> <p>11/2/2020 - R2's wound care Nurse Practitioner assessment documented R2 had a (Herpes) Zoster rash on his side; there was no documentation of a pressure ulcer to R2's buttock.</p> <p>11/4/2020 - R2's Nurse Practitioner progress note documented ecchymosis (scattered bruised spots on skin) and a pressure ulcer on the buttocks.</p> <p>11/5/2021, 11/13/2020, 11/17/2020, 11/18/2020 - R2's Nurse Practitioner progress notes documented ecchymosis and a pressure area to his buttock area.</p> <p>11/19/2020 - R2's physician progress note documented scattered ecchymosis was resolving.</p> <p>3/8/2021 9:06 AM - During an interview with E4 (Infection Preventionist), E4 confirmed that R2's skin assessment documentation on admission was inaccurate and that R2 was not admitted to the facility with a pressure ulcer.</p> <p>3/9/2021 approximately 12:30 PM - During an interview with E2 (DON), E2 confirmed there was a discrepancy in the documentation of the wound care Nurse Practitioner and the facility Medical Practitioners.</p> <p>The facility failed to have accurate documentation for R2 regarding a Herpes Zoster rash and a pressure ulcer.</p>	F 842	<p>subsequent progress notes to ensure they all reflect the correct description of the resident's skin status on admission. All discrepancies identified will be addressed.</p> <p>A root cause analysis was conducted, and it was determined that the root cause of the inaccurate skin information was related to the admitting nurse identified the old scab as a pressure ulcer. It was also determined that the inaccurate information from the provider's note was derived from the resident's history which was carried over in their H&P documentation as well as progress note documentation.</p> <p>3.</p> <p>a) Licensed nurse will be re-educated by the Staff Development Nurse or designee regarding accuracy of skin assessments. Education will include pressure ulcer stages.</p> <p>b) All facility providers will be educated regarding the accuracy of skin condition in relation to skin condition as a history or an active diagnosis when performing their H&P examination.</p> <p>c) The Staff Development Nurse or designee, will educate the facility's providers on the importance of verifying and documenting a resident's current skin status, as opposed utilizing the resident's skin history information.</p> <p>d) Daily during morning meeting, all new admissions and readmissions will be reviewed by the IDT team to review identified skin issue in the admission</p>	

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F 842	Continued From page 4 Findings were reviewed with E1 (NHA) and E2 (DON) on March 17, 2021 at the exit conference, beginning at 1:15 PM.	F 842	assessment. e) The facility wound nurse/designee will assess the resident the day after admission or on a Monday following a weekend admission to verify skin condition of the resident and compare findings with the admission assessment. In an event where a discrepancy is identified, wound nurse will write a clarification note. 4. The ADON or Designee will conduct a daily review of all new admissions and readmission skin assessments as compared to the wound nurse assessment to ensure accuracy of skin condition of residents. Following will be a weekly audit of all new admissions and readmissions skin assessment x 4 weeks of 5 new admission's chart. Following will be a monthly audit of 5 new admissions and readmission charts to review skin assessment and documentation for next quarter until a 100% compliance is achieved and sustained. Findings will be reviewed in the QAPI meetings monthly x 3 months.		