

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

PRINTED: 09/16/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/12/2020
NAME OF PROVIDER OR SUPPLIER PARKVIEW NURSING			STREET ADDRESS, CITY, STATE, ZIP CODE 2801 W. 6TH STREET WILMINGTON, DE 19805	
(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 A Complaint Survey was conducted by the State of Delaware Division of Health Care Quality, Office of Long Term Care Residents Protection from May 6, 2020 through May 12, 2020. The facility was found to not be in compliance with 42 CFR §483.80 and CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. The facility census was 113. The survey sample totaled eight (8) residents. Abbreviations/definitions used are as follows: CDC - Centers for Disease Control and Prevention; COVID-19/Coronavirus - 'CO' stands for 'corona,' 'VI' for 'virus', and 'D' for disease. Formerly this disease was referred to as "2019 novel coronavirus" or "2019-nCoV". There are many types of human coronaviruses, including some that commonly cause mild to severe upper respiratory tract illness; DON - Director of Nursing; Droplet precautions - precautions for individuals known or suspected to be infected with pathogens transmitted by respiratory droplets that are generated by an individual who is coughing, sneezing, or talking; LPN - Licensed Practical Nurse; NHA - Nursing Home Administrator; Pneumonia - general term for lung infection; RN - Registered Nurse; Transmission based precautions - additional infection control measures in a healthcare setting.	F 000		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)	F 880		6/15/20

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

TITLE

(X6) DATE
05/21/2020

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 880	<p>Continued From page 1</p> <p>§483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation,</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observations, record review and interview it was determined that for three (R2, R3, and R4) out of eight residents reviewed the facility failed to properly isolate asymptomatic residents from COVID-19 symptomatic / COVID-19 positive residents. Findings include:</p> <p>4/2/2020 - CMS and the CDC issued COVID-19 Long-Term Care Facility Guidance that included: "Long-term care facilities should separate patients and residents who have COVID-19 from patients and residents who do not, or have an</p>	F 880	<p>1. R2 was immediately moved to another room. R3 and R4 are appropriately cohorted on a Covid-19 unit.</p> <p>2. A facility wide audit was completed by the DON of all residents Covid-19 test results and symptoms to ensure appropriate cohorting. One resident was moved to a more appropriate room as a result of the audit.</p> <p>3. A "hot wash" of the facilities Pandemic Response Plan was completed. As a result of the "hot wash", the facility was</p>		

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F 880	<p>Continued From page 3</p> <p>unknown status. When possible, facilities should exercise consistent assignment, or have separate staffing teams for COVID-19-positive and COVID-19-negative patients."</p> <p>April 2020 - R1, R2, R3, and R4 were all roommates in a four person room.</p> <p>4/9/2020 - According to the infection control line listing and progress notes, it was documented that R1 developed respiratory symptoms and had a chest x-ray showing pneumonia.</p> <p>4/11/2020 - A progress note documented, "continue droplet precautions." Later the same day, the resident went to the hospital for abdominal distention.</p> <p>It was unclear from the record if the facility considered testing R1 for COVID-19 or separating the roommates (R2, R3 and R4) from R1 once droplet precautions were initiated for a respiratory illness.</p> <p>4/14/2020 - The facility was made aware that R1 tested positive for COVID-19. R1 did not return from the hospital. R2, R3, and R4 were now considered to be residents exposed to COVID-19.</p> <p>4/23/2020 - Review of the infection control line listings documented the onset of symptoms for R2. Symptoms included fever, congestion, sore muscles, weakness/fatigue and a chest x-ray showing pneumonia. R2 was tested for COVID-19. R3 and R4 remained asymptomatic, yet continued to be roommates with R2.</p> <p>4/30/2020 - R3 was added to the infection control line listing for the onset of symptoms including</p>	F 880	<p>able to identify that at the time of the deficient practice, the facility had adopted a "shelter in place" defense as the facility had a widespread Covid 19 outbreak and had limitations due to lack of private/available rooms. To mitigate similar circumstances in the future, the facility will consider converting common areas into resident rooms(assuming waiver is in place). In the event that a waiver is not in place, the facility will consider transferring resident to sister facility. A Covid 19 policy review and revision was completed by the DON and Administrator. The EOP/Pandemic/Covid 19 Policy was updated to reflect CDC cohorting recommendations. All licensed nurses will be educated on the CDC cohorting recommendations by Staff Developer.</p> <p>4. All new infections will be reviewed and audited daily on an ongoing basis in the morning stand up meeting by the Infection Preventionist, DON and NHA to ensure appropriate cohorting by infection/symptoms. The results of these audits will be reviewed and discussed weekly with the IDT until 100% compliance has been maintained for 4 consecutive weeks. Then, the audits will be reviewed and discussed monthly until 100% compliance has been maintained for 3 consecutive months. The audits will continue to be reviewed by the IDT until 100% compliance has been achieved for 2 consecutive quarters.</p>		

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F 880	<p>Continued From page 4 fever, cough, congestion, and a chest x-ray showing pneumonia.</p> <p>4/30/2020 - R4 was added to the infection control line listing for the onset of symptoms including a low grade fever with gastrointestinal symptoms (nausea, vomiting and/or diarrhea).</p> <p>R3 and R4 continued to room with R2, although R2 had symptoms of possible COVID-19 since 4/23/2020.</p> <p>5/5/2020 - The facility received positive COVID-19 test results for R2. Despite this, R3 and R4 remained roommates with R2.</p> <p>5/6/2020 (7:00 PM - 11:30 PM) - R2, R3, and R4 were observed sharing a room with an isolation sign and supplies at the door to the room.</p> <p>5/6/2020 7:30 PM - During an interview with E3 (LPN), it was revealed that the room R2, R3 and R4 resided in was under isolation and the same nurse and aide cared for all three residents. It was further revealed that the facility was considering all of the residents as presumed positive for COVID-19.</p> <p>5/6/2020 9:54 PM - During a conversation between E3 (LPN) and a doctor on the phone, E3, after telling the doctor on the phone what room R3 was in, stated, "we were told to assume they (residents) were all positive."</p> <p>5/6/2020 around 10:30 PM - During an interview with E1 (NHA) and E2 (DON), it was revealed that by the time R2's positive COVID-19 result came back, R3 and R4 already had elevated temperatures, so the facility was sheltering these</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>residents in place after having made so many room changes in the past with other residents.</p> <p>5/6/2020 around 11:30 PM - E1 (NHA) and E2 (DON) stated they were going to move R3 and R4 to the facility COVID-19 wing.</p> <p>The facility failed to isolate R2 when symptoms consistent with COVID-19 were identified and the resident was tested for COVID. The facility again then failed to isolate R2 from R3 and R4 when positive COVID-19 results were received.</p> <p>Undated - The facility's COVID-19 policy documented, "Separate suspected infected residents for non-infected residents...".</p> <p>These findings were reviewed with E1 (NHA) and E2 (DON) on 5/12/2020 at 3:30 PM.</p>	F 880		
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**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
Page 1**

**NAME OF FACILITY: Parkview Nursing
May 12, 2020**

DATE SURVEY COMPLETED:

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>A Complaint Survey was conducted by the State of Delaware Division of Health Care Quality, Office of Long Term Care Residents Protection from May 6, 2020 through May 12, 2020. The facility was found to not be in compliance with 42 CFR §483.80. The facility census was 113. The survey sample totaled eight (8) 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: Cross Refer to the CMS 2567-L survey completed May 12, 2020: F880.</p>	<p>Cross Reference CMS 2567-L</p>	<p>6/15/2020</p>

Provider's Signature *Debra J. Kachine* Title *NHA* Date *5/21/2020*



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Residents Protection

DHSS - DHCQ
3 Mill Road, Suite 308
Wilmington, Delaware 19806
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STATE SURVEY REPORT

NAME OF FACILITY: Parkview Nursing

DATE SURVEY COMPLETED: May 12, 2020

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>A Complaint Survey was conducted by the State of Delaware Division of Health Care Quality, Office of Long Term Care Residents Protection from May 6, 2020 through May 12, 2020. The facility was found to not be in compliance with 42 CFR §483.80. The facility census was 113. The survey sample totaled eight (8) 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: Cross Refer to the CMS 2567-L survey completed May 12, 2020: F880.</p>		