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: Dover Place Assisted Living **DATE SURVEY COMPLETED:** November 19, 2021

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 complaint survey was conducted at this facility beginning on November 17, 2021 and ending on November 19, 2021. The facility census on the first day of the survey was 60. The survey sample included five (5) residents. The survey process included observations, interviews, review of residents' clinical records, review of other facility documentation, and review of hospital records. During this period, an Emergency Preparedness Survey was also conducted by the State of Delaware's Division of Health Care Quality, Office of Long-Term Care Residents Protection in accordance with 42 CFR 483.73. No deficiencies were cited. **Abbreviations/definitions used in this state report are as follows:** Arterial ulcer – a wound that does not heal because of poor blood flow to legs and feet; bid – twice a day; b/l (Bilateral) – affecting both sides; cm (Centimeter) – unit of measure; CSM (Care Services Manager); D (Depth) - the distance from the top or surface to the bottom; ED (Executive Director); Erythema - superficial reddening of the skin, usually in patches, as a result of injury or irritation;	Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.	

Provider's Signature _____ Title Temp ED/ACSM Date 2/10/22

NAME OF FACILITY: Dover Place Assisted Living **DATE SURVEY COMPLETED:** November 19, 2021

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	Eschar - dead tissue that is tan, brown or black and tissue damage that is more severe than slough in the wound bed or dead tissue forming a hard scab that's usually black in color; FACSM – Former Assistant Care Services Manager; F (Fahrenheit) – temperature scale; FM (Family Member); Hallux – person's big or great toe; INHA (Interim Nursing Home Administrator); L (Length); LPN - Licensed Practical Nurse; Medihoney – a wound gel used for its antibacterial and debriding properties (the process of removing dead tissue from pressure ulcers; Mobility – the ability to move or be moved freely and easily; NHA (Nursing Home Administrator); NHA/L (Nursing Home Administrator on Leave); NO (New Order); NP (Nurse Practitioner); P (Physician); POA (Power of Attorney); Prevalon boot – A pressure reducing boot that floats or offloads the heels; Pt. (Patient); PU (Pressure Ulcer) – sore area of skin that develops when the blood supply to it is cut off due to pressure. Stages of pressure ulcers (categorization system used to describe the severity of PUs): Stage II (2) - skin blisters or skin forms an open sore. The		

Provider's Signature Toni Whitaker Title Temp ED/ACSM Date 2/10/22

NAME OF FACILITY: Dover Place Assisted Living **DATE SURVEY COMPLETED:** November 19, 2021

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	area around the sore may be red and irritated. 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 more severe than slough in the wound bed); PVD (Peripheral Vascular Disease) - refers to diseases of the blood vessels – arteries and veins or common circulatory problem in which narrowed arteries reduce blood flow to your limbs; RDCS (Regional Director of Care Services); RLE (Right Lower Extremities) – right side of the body which includes the hip, knee and ankle; RN – Registered Nurse; SA (Service Agreement) – A written document developed for each resident which describes what services will be provided, who will provide the services, when the services will be provided, how the services will be provided, and, if applicable, the expected outcome; Sepsis - potentially deadly medical condition characterized by a whole-body inflammatory state- symptoms include fever, difficulty breathing, low blood pressure, fast heart rate, and mental confusion; Serous drainage – a thin, clear, light yellow watery fluid found in many body cavities; Slough – yellow, tan, gray, green or brown dead tissue; TAR (Treatment Administration Record) - list of daily/weekly/monthly treatments to be performed;		

Provider's Signature [signature] Title Temp ED/ACSM Date 2/10/22

NAME OF FACILITY: Dover Place Assisted Living **DATE SURVEY COMPLETED:** November 19, 2021

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	UAI (Uniform Assessment Instrument) - an assessment form used to collect information about the physical condition, medical status and psychosocial needs of an applicant/resident in order to determine eligibility for an assisted living facility; Ulcer- an open sore on an internal or external surface of the body; Ulceration – formation of an ulcer; W (Width) – a measurement from side to side.		
5.0	**General Requirements:**	Regulation 5.9.5	
5.9	**An assisted shall not admit, provide services to, or permit the provision of services to individuals who, as established by the resident assessment:**		
5.9.5	**Have developed stage three or four skin ulcers;** **This requirement was not met as evidenced by:** Based on interview and record review, it was determined that for one (R1) of three (3) sampled residents reviewed, the facility failed to adhere to the regulation and provided services to R1 who had an unstageable pressure ulcer (PU) on the left great toe. Findings include: Review of R1's clinical records revealed: Cross refer 6.1.	A. Unable to correct the action for R1 due to R1 no longer residing in the community. B. On 1/5/2022, the Care Service Manager (CSM) and Assistant Care Service Manger (ACSM) audited the Third Party Provider Charting Forms and skin integrity of current residents to ensure community had not admitted, provided services to, or permitted the provision of services to individuals who have developed stage three or four skin ulcers. No additional residents were noted with skin impairments of stage three or four skin ulcers. **(Exhibit A 1 – audit tool)** C. Root Cause Analysis (RCA) determined the breakdown occurred as a result of the CSM not aware of resident 1's pressure ulcers due to not following community's Third Party Provider policy	

Provider's Signature T. Whitaker Title Temp ED, ACSM Date 2/10/22

NAME OF FACILITY: Dover Place Assisted Living **DATE SURVEY COMPLETED:** November 19, 2021

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	9/4/20 – R1 was readmitted to the facility from the hospital and had a change in ambulation status, as R1 was no longer ambulating independently. R1's skin was intact. 10/23/20 – An order was written by NP1 (Nurse Practitioner 1) for home health care (HHC) skilled nursing to evaluate and treat wounds to bilateral toes. In addition, to continue daily dressing changes. 10/29/20 – The initial HHC RN assessment documented that R1 had a new stage 2 PU of the right great toe and an unstageable PU to the left great toe. Although R1 had acquired an unstageable PU to the left great toe, the facility continued to provide services and failed to adhere to the regulations. The PU was identified by the HHC RN during the first HHC visit on 10/29/20 and was being treated as a PU until 1/7/21. 11/19/21 - Beginning at approximately 12:00 PM – An interview with E1 (INHA/CSM) confirmed that she was not aware that R1 had an unstageable PU of the left great toe assessed by the HHC RN during the initial visit on 10/29/20. Findings were reviewed during the Exit Conference on 11/19/2021 beginning at 4:45 PM, with E1 (INHA/CSM) and E2 (RDCS). 6.0 Resident Waivers	and not properly utilizing community's Third Party Provider Charting Form. On 1/4/2022, the Regional Director of Care Services (RDCS) educated the CSM and ACSM on the requirements set within regulation 5.9.5, "An assisted living facility shall not admit, provide services to, or permit the provision of services to individuals who, as established by the resident assessment: Have developed stage three or four skin ulcers" **(Exhibit A 2 in-service)** On 1/5/2022, the CSM educated care services staff on 5.9.5, "An assisted living facility shall not admit, provide services to, or permit the provision of services to individuals who, as established by the resident assessment: Have developed stage three or four skin ulcers". **(Exhibit A 3 in service)** On 2/3/2022, the RDCS educated the ACSM on the Third Party Provider policy and proper use of the Third Party Provider Charting Form. **(Exhibit A 4 – in service)** On 2/9/2022, the ACSM educated nursing staff on t he Third Party Provider policy and proper use of the Third Party Provider Charting Form. **(Exhibit A 5 – in service)** D. Starting 2/8/2022, the ACSM and/or designee will audit the Third Party Provider Charting Forms and skin integrity of 5 residents to ensure community does not admit, provide services to, or permit the provision of services to	

Provider's Signature Tori Kachuta Title Temp ED/ACSM Date 2/10/22

NAME OF FACILITY: Dover Place Assisted Living **DATE SURVEY COMPLETED:** November 19, 2021

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
6.1	An assisted living facility may request a resident-specific waiver so that it may serve a current resident who temporarily requires care otherwise excluded in section 5.9. A waiver request shall contain documentation by a physician stating that the resident's condition is expected to improve within 90 days. This requirement was not met as evidenced by: Based on interview and record review, it was determined that for one (R1) out of three sampled residents reviewed, the facility failed to request a resident-specific waiver when R1 was identified with an unstageable pressure ulcer (PU) of the left great toe on 10/25/20. Findings include: Cross refer 5.9.5. Review of R1's clinical records revealed: 9/4/20 – R1 was readmitted to the facility from the hospital. 10/23/20 – An order was written by NP1 (Nurse Practitioner 1) for home health care (HHC) skilled nursing to evaluate and treat wounds to the left and right toes. In addition, continue daily dressing change as ordered. 10/29/20 – The initial HHC RN assessment documented that R1 had a stage 2 PU on	individuals who have developed stage three or four skin ulcers per state assisted living regulations weekly until consistently reach 100% compliance over three consecutive audits. Then, bi-weekly until consistently reach 100% compliance over three consecutive audits. Then, monthly until consistently reach 100% compliance over three consecutive audits **(Exhibit A 6– audit tool)** Results of the audit will be discussed during monthly QI meetings. **Regulation 6.1** A. Unable to correct the action for R1 due to R1 no longer residing in the community. B. On 1/5/2022, the Care Service Manager (CSM) and Assistant Care Service Manger (ACSM) audited the Third Party Provider Charting Forms, skin integrity of current residents, and presence of waiver if needed, to ensure community had not admitted, provided services to, or permitted the provision of services to individuals who have developed stage three or four skin ulcers. No additional residents were noted with skin impairments of stage three or four skin ulcers. **(Exhibit B 1 – audit tool)** C. Root Cause Analysis (RCA) determined the breakdown occurred as a result of the CSM not following community's Third Party Provider policy and not properly utilizing community's Third Party Provider Charting Form. On 1/4/2022 the Regional Director of Care Services (RDCS) educated	Completion date 03/22/2022

Provider's Signature T. White Title Temp ED/ACSM Date 2/10/22

NAME OF FACILITY: Dover Place Assisted Living **DATE SURVEY COMPLETED:** November 19, 2021

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
11.0 11.5	the right great toe and an unstageable PU on the left great toe. Although R1 had an unstageable PU on the left great toe, there was lack of evidence that the facility requested a resident-specific waiver from the State Agency. 11/19/21 - Beginning at approximately 12:00 PM – An interview with E1 (INHA/CSM) confirmed that the facility did not request a waiver since she was unaware that R1 had an unstageable PU on the left great toe on 10/29/20. E1 added that if she was aware, the facility would have requested a waiver as required by the regulations. Findings were reviewed during the Exit Conference on 11/19/2021, beginning at 4:45 PM, with E1 (INHA/CSM) and E2 (RDCS). Resident Assessment The UAI, developed by the Department, shall be used to update the resident assessment. At a minimum, regular updates must occur 30 days after admission, annually and when there is a significant change in the resident's condition. This requirement was not met as evidenced by: Based on interview and record review, it was determined that for one (R1) out of three (3) sampled residents reviewed, the	the CSM and ACSM on the requirements set within regulation 6.0, Delaware assisted living facilities resident specific waivers **(Exhibit B 2 in-service)** On 1/5/2022 the CSM educated care services staff on regulation 6.0, regarding Delaware assisted living facilities resident specific waivers **(Exhibit B 3 in service)** On 2/3/2022, the RDCS educated the ACSM on the Third Party Provider policy and proper use of the Third Party Provider Charting Form to determine if a waiver is needed. **(Exhibit B 4 – in service)** On 2/9/2022, the ACSM educated nursing staff on the Third Party Provider policy and proper use of the Third Party Provider Charting Form to determine if a waiver is needed **(Exhibit B 5 – In service)** D. Starting 2/8/2022, the ACSM and/or designee will audit the Third Party Provider Charting Forms, skin integrity, and presence of waivers if needed of 5 residents to ensure community does not admit, provide services to, or permit the provision of services to individuals who have developed stage three or four skin ulcers per state assisted living regulations weekly until consistently reach 100% compliance over three consecutive audits. Then, bi-weekly until consistently reach 100% compliance over three consecutive audits. Then, monthly until consistently reach 100% compliance over three consecutive audits **(Exhibit B 6– audit tool)** Results of the audit will be discussed during monthly QI meetings. **Regulation 11.5** **Resident Assessment**	Completion date 03/22/2022

Provider's Signature T. White Title Temp GP, ACSM Date 2/10/22

NAME OF FACILITY: Dover Place Assisted Living **DATE SURVEY COMPLETED:** November 19, 2021

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	facility failed to ensure that a UAI was updated when the resident had a significant change in condition. Findings include: Review of R1's record revealed the following: 6/30/14 – R1 was admitted to the facility. 12/16/19 – The Annual UAI documented that R1 was independent with toileting, mobility, bed mobility, and transfer activity. In addition, R1 required supervision with stairs. 8/26/20 – R1 experienced a fall and was transferred to the hospital for care. 9/4/20 – R1 was readmitted to the facility from the hospital and had a change in ambulation status and was no longer ambulating independently. R1's skin was intact. 9/11/20 – NP1's Progress Note documented R1's skin was intact. 9/12/20 – A Home Health Care Physical Therapy (HHCPT) evaluation documented R1's changes from her prior level of function which included that she was now only able to ambulate 28 feet, requiring assistance with sit to stand and transfers and requiring assistance with bed mobility. There was a lack of evidence that the facility identified that R1 had a significant change after readmission and they subsequently failed to complete a significant	**The UAI, developed by the Department, shall be used to update the resident assessment. At a minimum, regular updates must occur 30 days after admission, annually and when there is a significant change in the resident's condition.** A. Unable to correct the action for R1 due to R1 no longer residing in the community. B. On 1/5/2022, the Care Service Manager (CSM) and Assistant Care Service Manger (ACSM) audited current resident assessments and Uniform Assessment Instruments to assess the need of a significant change Uniform Assessment Instrument (UAI). Residents identified to have had a significant change were reassessed and a significant change UAI was completed **(Exhibit C 1 – audit tool)** C. RCA determined the CSM was not aware of Resident #1s pressure ulcers due to licensed nurses not following the community's Change in Condition policy, the community's Third-Party Provider policy and not properly utilizing the Third-Party Provider	

Provider's Signature T. Whitten Title Temp ED/ACSM Date 2/10/22

NAME OF FACILITY: Dover Place Assisted Living **DATE SURVEY COMPLETED:** November 19, 2021

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	change UAI. This failure resulted in R1's Service Agreement not being revised. 9/25/20 – A Resident Care Note by E3 (LPN) documented redness and shearing to R1's big toes and that skin prep was applied. 9/25/20 – A NP ordered Skin Prep to be applied to R1's left and right big toes twice a day. 9/25/20- 10/8/21 (14 days since identification of a new skin impairment) – The Treatment Administration Record (TAR) documented that Skin Prep was applied as ordered twice a day. There was a lack of evidence that the facility completed the significant change UAI when the wound continued beyond 14 days and was not healed. 10/23/20 – An order was written by NP1 (Nurse Practitioner 1) for home health care (HHC) skilled nursing to evaluate and treat the wounds on R1's toes. In addition, to continue daily dressing changes. 10/29/20 – The initial HHC RN assessment documented that R1 had a stage 2 pressure ulcer (PU) to the right great toe and an unstageable PU to the left great toe. Although R1 had an unstageable pressure ulcer (PU) of the left great toe, the facility failed to complete a significant change UAI.	Charting Form. On 1/4/2022 the Regional Director of Care Services (RDCS) educated the CSM and ACSM on the requirements set within regulation 11.5 and Enlivant's Policy on Change of Condition **(Exhibit C 2 in-service).** On 1/5/2022, the CSM educated care services staff on regulation 11.5, regarding Resident Assessments and Enlivant's Policy on Change of Condition ` D. Starting 2/8/2022, the CSM, ACSM and/or designee will audit the UAI's and Third-Party Provider Forms of 5 residents to assess the need of a significant change and ensure a significant change UAI and service plan was completed. The audit will occur weekly until compliance is maintained for three consecutive weeks. Then, bi-weekly until compliance is maintained for three consecutive audits. Then, monthly until compliance is maintained for three consecutive months. **(Exhibit C3 audit tool)** Results	

Provider's Signature T. Whitten Title TOP ED/ACSM Date 2/10/22

NAME OF FACILITY: Dover Place Assisted Living **DATE SURVEY COMPLETED:** November 19, 2021

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	1/5/21 – A Podiatry Note documented an arterial ulceration on the right foot which presented suddenly without a cause. 1/21/21 – Resident Care Notes revealed that the right lateral foot ulceration reopened. 11/18/21 4 PM – An interview with E1 (INHA/CSM) revealed that she was not working from 12/21/20 to 1/14/21 and in her absence, E4 (FACM) was assuming the CSM responsibilities, in addition to E5 (NHA-L). E1 stated that E5 has been on leave since July 2021. E1 confirmed that changes in toileting, mobility, and transfer that occurred with R1 post fall would require completion of a significant change UAI. E1 stated, however, that she does not review the home health care progress notes and if she was not informed by facility staff and/or HHC agency staff, she would not know to complete a UAI. E1 confirmed that a significant change UAI was not completed after R1's readmission on 9/4/20 and when R1's great toes failed to heal within 14 days after the initial identification on 9/25/20. Findings were reviewed during the Exit Conference on 11/19/2021, beginning at 4:45 PM, with E1 (INHA/CSM) and E2 (RDCS).	of the audit will be discussed during monthly QI meetings. By 2/14/2022, Registered professional nurses employed by the community will undergo pressure injury assessment interventions and prevention training. In addition, newly hired registered professional nurses will receive pressure injury assessment interventions and prevention training upon hire.	Completion date 03/22/2022

Provider's Signature T. Winter Title Temp ED/ACSM Date 2/10/22

NAME OF FACILITY: Dover Place Assisted Living **DATE SURVEY COMPLETED:** November 19, 2021

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
13.0 **13.3**	Service Agreements The resident's personal attending physician(s) shall be identified in the service agreement by name, address, and telephone number. This requirement was not met as evidenced by: Based on interview and record review, it was determined that for one (R1) out of three (3) sampled residents, the facility failed to ensure that the Service Agreement included the resident's personal attending physician's name, address, and telephone number. Findings include: Review of R1's record revealed the following: 6/30/14 – R1 was admitted to the facility. 9/11/20 and 12/8/20 – R1's Service Agreements (titled Assessment and Negotiated Service Plan Summary), under Special Services documented that facility staff were to coordinate care with her physician. R1's Service Agreement lacked the name of P1 (R1's attending physician), P1's address and P1's telephone number. Instead, the name of the Medical Provider Group was listed. Of note, the address and telephone numbers on these documents were the assisted living facility's address and telephone	<u>Regulation 13.3</u> A. Unable to correct the action for R1 due to R1 no longer residing in the community. B. On 1/5/2022, the Care Service Manager (CSM) and Assistant Care Service Manger (ACSM) audited current resident service agreements to ensure their attending physician name, address, and telephone number is documented correctly. For instances where this information was not documented on the service agreement, the CSM revised the service agreement to meet compliance **(Exhibit D 1 – audit tool)** C. RCA determined this was due to a misunderstanding on the CSM's part about the proper information required for regulation 13.3. On (1/4/2022), the RDCS in-serviced the CSM on the requirements set within regulation 13.3, "The resident's personal attending physician(s) shall be identified in the service agreement by name, address, and telephone number." **(Exhibit D 2 in-service)**	

Provider's Signature T. Whitaker Title Temp ED/ACSM Date 2/10/22

NAME OF FACILITY: Dover Place Assisted Living **DATE SURVEY COMPLETED:** November 19, 2021

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
13.4	number and not P1's address and telephone number. 11/19/21 Approximately 11:00 AM – An interview with E1 (INHA/CSM) confirmed that R1's above Service Agreement failed to include R1's personal attending physician, telephone number and address. 11/19/20 11:53 AM – An interview with NP1 (Nurse Practitioner 1) confirmed that R1's clinical records should include MD1's name, the physician's address and telephone number. NP1 stated that she will assist the facility to address this. Findings were reviewed during the Exit Conference on 11/19/202, beginning at 4:45 PM, with E1 (INHA/CSM) and E2 (RDCS). The facility shall be responsible for appropriate documentation in the service agreement for services provided or arranged by the facility. **This requirement was not met as evidenced by:** Based on interview and record review, it was determined that for one (R1) of three (3) sampled residents, the facility failed to ensure appropriate documentation in the service agreement for services arranged by the facility. Findings include:	**D.** Start 2/8/2022 The CSM or designee will audit 5 resident service agreements to ensure their physician's name, address, and telephone number are documented correctly, completed weekly until consistently reach 100% compliance over three consecutive audits. Then, bi-weekly until consistently reach 100% compliance over three consecutive audits. Then, monthly until consistently reach 100% compliance over three consecutive audits. **(Exhibit D 3-Audit tool).** Results of the audit will be discussed during monthly QI meetings. Regulation 13.4 **A.** On (1/3/2022) the CSM updated resident R3's service agreement to reflect the name and services provided by the hospice agency. **(Exhibit E 1– service agreement)** B. On (1/5/2022), the CSM audited current resident service agreements to ensure the name of any third-party agency is documented. For instances where this information was not documented on the service agreement, the CSM revised the service agreement to meet compliance. **(Exhibit E 2 – audit tool)**	Completion date 03/22/2022

Provider's Signature T. Wh Title Dir of QI/Asst Date 2/10/22

NAME OF FACILITY: Dover Place Assisted Living **DATE SURVEY COMPLETED:** November 19, 2021

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
13.6	Review of R3's clinical records revealed: 12/2/16 – R3 was admitted to the facility. 10/9/20 – R3 was admitted to hospice services. 12/8/20 – R3's Service Agreement (titled Assessment and Negotiated Service Plan Summary) failed to include the name of the hospice agency. 11/19/21 Approximately 11:00 AM – An interview with E1 (INHA/CSM) confirmed that R3's above Service Agreement failed to include the hospice agency that R3 continues to receive services from. Findings were reviewed during the Exit Conference on 11/19/2021, beginning at 4:45 PM, with E1 (INHA/CSM) and E2 (RDCS). The service agreement shall be reviewed when the needs of the resident have changed and, minimally, in conjunction with each UAI. Within 10 days of such assessment, the resident and the assisted living facility shall execute a revised service agreement, if indicated. **This requirement was not met as evidenced by:** Based on interview and record review, it was determined that for two (R1 and R3) out of three (3) sampled residents, the facility failed to revise the service agreements	C. RCA determined this was due to a misunderstanding on the part of the CSM regarding updating service agreements. On (1/4/2022), the RDCS in-serviced the CSM on the requirements set within regulation 13.4 regarding name of any third party agency is documented **(Exhibit E 3 in-service)** **D.** Start 2/8/2022 The CSM or designee will audit 5 resident service agreements to ensure the name of any third-party providers are documented, completed weekly until consistently reach 100% compliance over three consecutive audits. Then, bi-weekly until consistently reach 100% compliance over three consecutive audits. Then, monthly until consistently reach 100% compliance over three consecutive audits. **(Exhibit E4-Audit tool)** Results of the audit will be discussed during monthly QI meetings. A. The community is unable to update R1's service plan because the resident no longer resides within the community. On (1/4/2022), the CSM updated resident R3's service agreement to reflect the resident's current needs **(Exhibit F 1 – service agreement)** B. By (1/5/2022), the CSM will audit current	Completion date 03/22/2022

Provider's Signature T. Whitten Title Temp ED/ACSM Date 2/10/22

NAME OF FACILITY: Dover Place Assisted Living DATE SURVEY COMPLETED: November 19, 2021

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	when the needs of the resident's changed. Findings include: 1. Review of R1's record revealed the following: 1a. 6/30/14 – R1 was admitted to the facility. 12/16/19 – The Annual UAI documented that R1 was independent with toileting, mobility, bed mobility, and transfers. In addition, R1 required supervision with stairs. 8/18/20 – Review of the Resident Care Note and the facility's incident report documented that R1 experienced a fall without injury. The facility's response to the fall was to remind R1 to use the emergency alert pendant when needing assistance and for R1 to wait for assistance to arrive. There was lack of evidence that the facility revised R1's Service Agreement (SA) to include the new interventions for staff to remind R1 to use her emergency alert pendant when needing assistance and for R1 to wait for assistance to arrive. 11/19/21 Approximately 11:00 AM – An interview with E1 (INHA/CSM) confirmed that R1's SA was not revised to include the new interventions to prevent falls. E1 stated that during the current survey, she was made aware by her organization that the SA can be revised when the needs of the resident's change.	residents care notes, incident reports, and new orders from third party providers in the preceding 30 days to ensure resident service agreements were updated to reflect an identified significant change. For instances where a significant change is not reflected on the service plan, the CSM will review Resident Care Notes, Incident Reports and/or Physician's Orders to ensure the update to the service plan is accurate. **(Exhibit F 3– audit tool)** C. RCA determined the breakdown occurred as a result of the CSM not reviewing the residents change of condition, including resident care notes, incident reports and new orders from third party providers and documenting these changes within the residents' service agreement. On (1/4/2022), the RDCS in-serviced the CSM on the requirements set within 13.6. **(Exhibit F 2 – in-service)** D. Starting 2/8/22, the CSM or designee will audit 5 residents service	

Provider's Signature T Mustin Title Temp CD Date 2/10/22

NAME OF FACILITY: Dover Place Assisted Living **DATE SURVEY COMPLETED:** November 19, 2021

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	1b. 9/4/20 - A Resident Care Note documented that R1 was readmitted to the facility from the hospital and R1 had no alterations in skin integrity. 9/25/20 – A Home Health Care Physical Therapy Progress Note documented that a new alteration in skin integrity was observed on the tips of R1's great toes and that E3 (LPN) was informed. 9/25/20 – A Resident Care Note by E3 (LPN) documented redness and shearing to the big toes and that Skin Prep was applied. There was lack of evidence that the facility revised the Service Agreement to include the new treatment of Skin Prep. 11/19/21 Approximately 11:00 AM – An interview with E1 (INHA/CSM) revealed that it was her understanding that SA's were not updated continuously, thus, R1's SA was not revised to incorporate the changes of skin integrity and need for treatments beginning on 9/25/20. 2. Review of R3's clinical records revealed: 12/2/16 – R3 was admitted to the facility. 10/9/20 – R3 was admitted to hospice services. There was lack of evidence that the SA was revised to include the hospice agency services arranged by the facility.	notes, third party provider notes, and incident reports to ensure significant changes are reflected on the service agreement. The audit will occur weekly until compliance is maintained for three consecutive weeks. Then, bi-weekly until compliance is maintained for three consecutive audits. Then, monthly until compliance is maintained for three consecutive months. **(Exhibit F4-Audit tool).** Results of the audit will be discussed during monthly QI meetings.	Completion date 03/22/2022

Provider's Signature T. Winston Title Exp ED / ACSM Date 2/10/21

NAME OF FACILITY: Dover Place Assisted Living **DATE SURVEY COMPLETED:** November 19, 2021

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	12/8/20 – Review of R3's SA revealed that the facility failed to revise the SA when R3's needs changed. 11/19/21 Approximately 11:00 AM – An interview with E1 (INHA/CSM) confirmed that R3's SA was not updated although R3 was enrolled into hospice care beginning on 10/9/20. Findings were reviewed during the Exit Conference on 11/19/2021, beginning at 4:45 PM, with E1 (INHA/CSM) and E2 (RDCS). **Abuse, Neglect, Mistreatment or Financial Exploitation of Residents or Patients.** **Definitions** **(11) "Neglect" means the failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness. Neglect includes all of the following:** **a. Lack of attention to physical needs of the patient or resident including toileting, bathing, meals, and safety.** **This requirement was not met as evidenced by:** Based on record review, staff interviews, review of the facilities policies and procedures, and review of hospital records as indicated it was determined that for one (R1)	A. The community is unable to correct the action for R1 due to R1 no longer residing in the community. B. On 1/5/2022, the CSM and ACSM audited current resident care notes and skin integrity to ensure the community had not admitted, provided services to, or permitted the provision of services to individuals who have developed stage three or four	
16 Del. Code, Ch. 11, Sub-Chapter III **§1131**			

Provider's Signature T. Wint Title Temp CEP/ACSM Date 2/10/22

NAME OF FACILITY: Dover Place Assisted Living **DATE SURVEY COMPLETED:** November 19, 2021

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	out of three (3) residents reviewed, the facility failed to ensure attention to the physical needs of the resident when R1 had new skin impairments on her great toes beginning 9/25/20. The facility failed to follow their written policies and procedures for Change in Condition and Skin and Wound Care. Findings include: Cross refer 5.9.5. Cross refer 6.1. Cross refer 11.5. Cross refer 13.3. Cross refer 13.6. Review of the Agency for Healthcare Research and Quality, National Guideline Clearinghouse, included the clinical practice guidelines by the National Pressure Ulcer Advisory Panel dated 2014, which stated, "...Pressure Ulcer Assessment...1. Assess the pressure ulcer initially and reassess it at least weekly...3. Assess and document physical characteristics, including: Location, Category/Stage, Size, Tissue type(s), Color, Periwound condition, Wound edges, Sinus tracts, Undermining, tunneling, Exudate, Odor...". Review of the facility's policy and procedure titled Change of Condition, with an effective date 9/1/16, stated, "...Policy: The	skin ulcers. No additional residents were noted with skin impairments of stage three or four skin ulcers. **(Exhibit A 1 – audit tool).** On (1/5/2022), the ACSM audited the Third-Party Provider Charting Forms to ensure the community had not provided services to, or permitted the provision of services to individuals who have developed stage three or four skin ulcers. No additional residents were noted with skin impairments of stage three or four skin ulcers. **(Exhibit A 1– audit tool)** C. RCA determined there were several contributing factors: First, licensed nurse did not notify the CSM of R1's skin impairments on 9/25/20, so the nurse did not follow the community's Skin and Wound Care policy. Second, since the CSM was not made aware of R1's skin impairments from 9/25/20-10/22/20, the CSM	

Provider's Signature T. White Title Temp ED/ACSM Date 2/10/22

NAME OF FACILITY: Dover Place Assisted Living **DATE SURVEY COMPLETED:** November 19, 2021

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	Care Services Manager or designee is responsible for responding to a resident's change of condition, making appropriate notifications, and implementing appropriate interventions. Process: A change of condition is identified as a condition anticipated to last no more than 14 days. Staff will report to the CSM and/or ED, any observations that indicate a possible change of condition. The CSM and/or ED will document the observation and findings in the Resident Services Notes...If the condition is expected to last more than 14 days, a significant change evaluation will be completed. The Care Services Manager will notify the physician and responsible party, and document notifications. The CSM will identify possible causes or contributing factors, and initiate appropriate interventions after consulting with the resident's physician or other healthcare provider....". Review of the facility's policy and procedure titled Skin and Wound Care, with an effective date 9/1/16, stated, "...if any alterations in skin integrity are identified, the Care Services Manager will be notified...The CSM will document observation and the follow-up in the Resident Services Notes. The Care Services Manager will notify the physician and responsible party, and document notifications...The CSM will identify possible causes or contribution factors, and initiate appropriate interventions after consulting with the resident's physician or	did not assess the skin impairments during that time frame, notify R1's medical POA of the skin impairment, notify R1's primary care physician of the skin impairment, obtain a physician's order to consult home care nursing to conduct assessments of R1's skin impairments as indicated in the community's Skin and Wound Care policy. Third, NP1 did not conduct a comprehensive assessment of R1's wounds. Fourth, licensed nurses did not notify CSM that R1's wound became infected and Doxycycline treatment was ordered on 10/23/20; they did not follow the community's Skin and Wound Care policy. Fifth, since the CSM was not made aware that R1's wound became infected and Doxycycline treatment was ordered on 10/23/20, the CSM did not assess the skin impairments from 10/23/20-10/28/20,	

Provider's Signature T. White Title Temp ED ASM Date 2/10/22

NAME OF FACILITY: Dover Place Assisted Living **DATE SURVEY COMPLETED:** November 19, 2021

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	other healthcare provider. Wound care, as ordered, may be carried out by the CSM or other licensed nurse, unlicensed staff to whom the task has been delegated...or a third party provider such as home health or hospice...If the condition is expected to last more than 14 days, significant change evaluation must be completed.". 1. Review of R1's record revealed the following: 6/30/14 – R1 was admitted to the facility. 12/16/19 – The Annual UAI documented that R1 was independent with walking, toileting, bed mobility, transfers, and required supervision with stairs. 8/26/20 – R1 experienced a fall and was transferred to the hospital for care. 9/4/20 – R1 was readmitted to the facility from the hospital and was no longer independent with ambulation, toileting, transfers, and bed mobility since she required the assistance of staff to complete these activities. R1's skin was intact. 9/11/20 – A Progress Note by NP1 (NP) documented that R1 had a skin tear on her right forearm, but no other skin impairments. 9/12/20 – The initial Home Health Care Physical Therapy (HHCPT) evaluation documented R1's changes from her level of function prior to readmission to the facility.	as indicated in the community's Skin and Wound Care policy. Sixth, Home Healthcare (HHC) Registered Nurse (RN) did not notify CSM that R1's great toes were deteriorating and the plan to send R1 to the emergency room for evaluation, or plan by NP1 to keep R1 at the community, draw laboratory tests and start a second round of Doxycycline as indicated on the community's Third-Party Provider Charting form. Seventh, a licensed nurse did not notify R1's PCP on 12/28/20 of changes to R1's toes, including redness and swelling. Eighth, a licensed nurse did not notify the CSM of R1's skin impairments on 1/21/21, so the nurse did not follow the community's Skin and Wound Care policy. Ninth, since the CSM was not made aware of R1's skin impairments on 1/21/21, the CSM did not notify	

Provider's Signature T. Wheeler Title Temp ED/ACSM Date 2/10/22

NAME OF FACILITY: Dover Place Assisted Living **DATE SURVEY COMPLETED:** November 19, 2021

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	Changes included that R1 was only able to ambulate a short distance of 28 feet, she required assistance with sit to stand and transfers, and assistance with bed mobility. 9/25/20 – The HHCPT Progress Note documented new skin impairments on the tips of R1's great toes and E3 (LPN) was informed. 9/25/20 – A Resident Care Note by E3 (LPN) documented redness and shearing of R1's great toes and that Skin Prep was applied. 9/25/20 – An order by NP1 was obtained to apply Skin Prep to the great toes twice a day. 9/25/20- 10/8/21 – The Treatment Administration Record (TAR) documented that Skin Prep was applied twice a day to the tips of the great toes. There was lack of evidence that the facility notified the CSM of the new alteration in skin integrity on 9/25/20, which resulted lack of CSM observing and comprehensively assessing the skin impairment, including the type of wound, identifying possible causes or contributing factors, and initiating appropriate interventions. Lastly, there was lack of evidence that R1's medical Power of Attorney, FM1 was notified of the new wounds.	R1's medical POA or R1's PCP as indicated in the community's Skin and Wound Care policy. On 1/4/2022, the RDCS educated the CSM and ACSM on the requirements set within Delaware C. Chapter 11, 1131 (11) regarding neglect, "Neglect" means the failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness. Neglect includes all of the following: Lack of attention to physical needs of the patient or resident including toileting, bathing, meals, and safety." RDCS also educated CSM and ACSM on Enlivant Policies "Change of Condition" and "Skin and Wound Care". **(Exhibit G 1 – In-service)** On 1/5/2022, the CSM in-serviced Care Services staff on the requirements set within Delaware C. Chapter 11, 1131 (11) regarding neglect, "Neglect" means the failure to provide	

Provider's Signature T. Wark Title Temp ED/ACSM Date 2/10/22

NAME OF FACILITY: Dover Place Assisted Living **DATE SURVEY COMPLETED:** November 19, 2021

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	9/25/20 through 10/22/20 – Review of the clinical record lacked evidence of a comprehensive assessment of the bilateral great toe wounds to include the type of wounds. 9/25/20 through 10/22/20 – The TAR documented treatments to the great toe wounds were completed as ordered by NP1 (NP). There was lack of evidence of a comprehensive assessment of the great toe wounds minimally on a weekly basis and in addition, the treatment of the wounds remained unchanged from 9/25/20 through 10/22/20, approximately four (4) weeks. 10/22/20 – The Resident Care Note by E3 (LPN) documented, "Bilateral great toes infected, Bloody sanguine [sic] discharge from tips of toes, cleaned & dressed with oil emersion. To see (Name of the Medical Group) tomorrow." 10/22/20 – NP1 ordered an antibiotic, Doxycycline twice a day for 10 days for the infected toes. 10/23/20 – A Progress Note by NP1 (NP) documented, "... seen and evaluated for lab review and b/l (bilateral) great toe wounds, nursing noticed two scabbed open areas earlier this week and I started doxy [Doxycycline] and medihoney dressing to area...Diagnoses, Assessment, and	goods and services necessary to avoid physical harm, mental anguish, or mental illness. Neglect includes all of the following: Lack of attention to physical needs of the patient or resident including toileting, bathing, meals, and safety." On (2/4/22), the RDCS in-serviced the ACSM on the Third-Party Provider policy, proper use of the Third-Party Provider Charting Form as well as ensuring timely notifications are made to a resident's medical POA and/or primary care physician regarding any change in condition. **(Exhibit A 4 in service)** On 2/5/2022, the ACSM in-serviced the community nursing staff on the Third-Party Provider policy, proper use of the Third-Party Provider Charting Form as well as ensuring timely notifications are made to the CSM or ACSM, a resident's medical POA and/or primary	

Provider's Signature T. White Title Temp ED/ACSM Date 2/10/2022

NAME OF FACILITY: Dover Place Assisted Living **DATE SURVEY COMPLETED:** November 19, 2021

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	Plan...open wound of great toe...Consult with wound care placed...". Although NP1 evaluated the wounds, there was lack of evidence of a comprehensive assessment of the wounds to include type(s). In addition, "...Consult with wound care was placed...", there was no order for consultation with wound care, however, a Home Health Care skilled nursing to evaluate and treat pressure wounds of toes were ordered. 10/23/20 – A Resident Services Note documented, "Seen by [Name of the Medical Provider Group] N.O. [New Order] skilled nursing to evaluate and treat pressure wounds to toes. Continue Medihoney dressing daily until evaluated or wound changes...". In addition, R1 had a new order for potassium supplements. 10/23/20 – An order was written by NP1 (Nurse Practitioner 1) for home health care (HHC) skilled nursing to evaluate and treat R1's wounds on the great toes and to continue daily dressing changes. There was lack of evidence that the CSM was notified when R1's wounds were found to be infected and treatment with Doxycycline was ordered on 10/23/20. In addition, there was lack of evidence that R1's Service Agreement was reviewed and revised to include the treatments for the bilateral toe wounds.	care physician regarding any change in condition. **(Exhibit A 5 in service)** On (2/10/2022), the ACSM provided HHC RN with education regarding Third Party Provider policy as well as proper utilization of Third-Party Provider Charting Form. **(Exhibit A5)** On (2/17/22), the Regional Executive Director (RED) instructed NP1 to ensure assessments related to wounds are completed and corresponding documentation is maintained in resident health charts. **(Exhibit G 2)** D. Starting 2/8/2022, the CSM, ACSM and/or designee will audit the Third-Party Provider Charting Forms and skin integrity of 5 residents to ensure community does not admit, provide services to, or permit the provision of services to individuals who have developed stage three or four skin ulcers per state assisted living regulations. The	

Provider's Signature T. Whitter Title Temp ED/ACSM Date 2/10/2022

NAME OF FACILITY: Dover Place Assisted Living **DATE SURVEY COMPLETED:** November 19, 2021

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	10/23/20 through 10/28/20 – There was lack of evidence of a comprehensive assessment of the great toe wounds, minimally on a weekly basis. 10/29/20 – The initial HHC RN Note documented R1's pressure ulcer wounds, "... great toes wounds R [right] toe 0.5 cm L X 0.5 cm W x 0.1 cm W (with) no drainage...Left great toe 1 cm L x 1 cm W x 0.1 cm D unstageable due to yellow slough present, second toe on left foot small scab... MD notified and new order received...". 10/29/20 through 11/16/20 - Review of clinical records revealed the facility was monitoring R1's great toes, her daily temperature, response to the antibiotic treatment, and treatments to wounds were completed as ordered. 11/17/20- A HHC RN note documented, "...Right great toe has deteriorated with necrotic tissue present and red and warm...(Name of E3/LPN) called daughter and was calling 911 to transport to ER for eval. (Name of NP1), NP decided to keep client in ALF [Assisted Living Facility] and do blood work and start on antibiotic...". 11/17/21 – A Resident Services Note by E3 (LPN) documented, "Resident R [right] toe warm to touch, red/raw with black escar [sic]. L [left] toe able to be open to air. N.O. [new order] from [Name of the Medi-	audit will occur weekly until compliance is maintained for three consecutive weeks. Then, bi-weekly until compliance is maintained for three consecutive audits. Then, monthly until compliance is maintained for three consecutive months. **(Exhibit A 6 – audit tool)** E. Results of the audit will be discussed during monthly QI meetings.	Completion date 03/22/2022

Provider's Signature T. White Title Temp ED/ACSU Date 2/10/22

NAME OF FACILITY: Dover Place Assisted Living **DATE SURVEY COMPLETED:** November 19, 2021

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	cal Provider Group] check BMP & CBC [laboratory tests], Doxycycline 100 mg. bid x 10 days. See [Name of the Medical Provider Group] on Friday....". The note further stated new wound care orders . 11/17/20 – An order was written by NP1 (NP) for a second course of antibiotic, Doxycycline 100 mg. twice a day for 10 days. (Previous order of Doxycycline was ordered on 10/22/20 and the 10 day course was completed on 11/1/20). Although the above 11/17/20 HHC RN note documented that R1's great toes were deteriorating and the plan was to send R1 to the ER for evaluation, there was lack of evidence that the CSM was notified. 11/18/20 – A Cardiology Consult documented, "...New Orders: rec. [recommend] consult with Podiatry re [regarding] infected toes. [Name of podiatrist] cared for pt. [patient] 8/2019...". 11/18/20 – A Resident Services Note documented, "Seen by (Name of Cardiologist). N.O. Refer to Podiatry for toe...To see (Name of Medical Provider Group) 11/19/20. 11/19/20 – A Progress Note by NP1 (NP) documented, "...She has had no pain with b/l toe wounds. She had seen a podiatrist in the past and nursing is currently making an appointment with them to evaluate current wounds...Physical Exam...Skin: b/l		

Provider's Signature _____ Title MD/DO/ACSM Date 2/10/22

NAME OF FACILITY: Dover Place Assisted Living DATE SURVEY COMPLETED: November 19, 2021

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	great toes with scabbed areas noted, open area to right great toe some minimal serous drainage noted on dressing....Diagnoses, Assessment, and Plan...open wound of great toe...Consult with wound care placed. Complete course of doxycycline bid x 10 days. Pt [patient] to follow-up with podiatry for eval [evaluation] of wounds will cont [continue] to follow closely...". Although NP1 (NP) documented on the 11/19/20 Progress Note, "...Consult with wound care placed...", there was lack of evidence of an order for wound care consult. 11/19/20 through 12/4/20 - Review of clinical records revealed the facility was monitoring R1's great toes, her daily temperature, response to the antibiotic treatment, and treatments to wounds were completed as ordered. 12/3/20 – A Podiatry Office Visit Note documented, "...ulceration of right foot. She states that this problem presented suddenly with no definitive cause and affect and/or occurrence....Assessment and plan: arterial ulcer right foot...Patient to be seen again in 3 weeks...". 12/5/20 – A Progress Note by NP1 (NP) documented, "...Pt saw the podiatrist and R great toe dressing changed. Currently being followed by wound care nursing services. Left great toe almost resolved and		

Provider's Signature T. White Title Tech CD/ACSM Date 2/10/22

NAME OF FACILITY: Dover Place Assisted Living **DATE SURVEY COMPLETED:** November 19, 2021

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	no longer requires a dressing change. Pt denies pain... note left great toe almost healed. Right great toe with some minimal serous drainage noted on old dressing...Diagnoses, Assessment, and Plan...open wound of great toe...continue with dressing changes to right toe only now. Wound care following as well as podiatry. pt does not require abx [antibiotics], s/p [status post] doxycycline course, will continue to follow...". 12/8/20 – A HHC Skilled Nursing Note documented wound measurements of 0.5 cm L x 0.5 cm W x 0.1 cm D. 12/28/20 – A Resident Services Note documented that R1's right great toe wound had swelling and redness with a small amount of slough to the wound bed. The left great toe wound had redness and mild swelling. R1's temperature was 97.4 F and these symptoms and signs were reported to R1's podiatrist office. There was lack of evidence that R1's physician was notified of these changes by the facility, including redness and swelling of the toes. 12/31/20 – A HHC RN Note documented that the left great toe wound reoccurred and measured 0.8 cm L x 0.8 cm W x 0.1 cm D with no slough. The right great toe wound measured 1 cm L x 0.8 cm W x 0.1 cm D.		

Provider's Signature T. Wint Title Temp ED/ACSM Date 2/09/22

NAME OF FACILITY: Dover Place Assisted Living **DATE SURVEY COMPLETED:** November 19, 2021

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	1/5/21 – A Podiatry Office Visit Note documented, "...ulceration of right foot. She states that this problem presented suddenly with no definitive cause and affect and/or occurrence....Assessment and plan: arterial ulcer right foot...Patient to be seen again in 3 weeks...". 1/7/21 – A Progress Note by NP1 (NP) documented, "...both toe wounds resolved...Diagnoses, Assessment, and Plan...b/l great toes healed and will continue to follow...". 1/21/21 – A Resident Care Note documented that a previously healed wound of the right lateral (side) foot reopened. There was lack of evidence that the facility notified the CSM of the new alteration in skin integrity on 1/21/21, which resulted in lack of CSM observing and comprehensively assessing the skin impairment, including the type of wound, identifying possible causes or contributing factors, and initiating appropriate interventions. Lastly, there was lack of evidence that R1's attending physician and R1's medical Power of Attorney (FM1) were notified of the new wound. 1/21/21 – A Follow-up Podiatry Office Visit Note documented, "...arterial ulcer of right lateral leg and bilateral hallux...New Order...Prevalon boots B/L...". 1/21/21 through 2/3/21 – Review of the clinical record lacked evidence that the Prevalon boots were acquired and it was		

Provider's Signature T. White Title Temp ED/ACSM Date 2/10/22

NAME OF FACILITY: Dover Place Assisted Living **DATE SURVEY COMPLETED:** November 19, 2021

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	not clear what approaches were implemented in place of the Prevalon boots. 1/28/21- A HHC RN Note documented, "...area to left great toe appears to be trying to come off and hard to get an accurate measurement...Lt [Left] great toe 1.8 x 1.0 x 0.1 and Rt [Right] great toe 0.5 x 0.5 x 0.1...client remains stable...". 1/29/21 – A Progress Note by NP1 (NP) documented. "...Both toe wounds resolved and most recently left great toe wound opened back up...Physical Exam: L great toe with dressing...Diagnoses, Assessment, and Plan...Open wound to great toe. L great toe with open area currently being followed by podiatry and wound care cont (continue) with dressing changes and will continue to follow...". 2/4/21 – A HHC RN Progress Note documented that R1 had right leg redness up to the mid calf from the 2nd toe with red/purple color. In addition, there was a blister between the right great toe and second toe and R1 was sent to the hospital as agreed upon by R1's son (FM2). 2/4/21 1:00 PM – A Resident Care Note by E3 (LPN) documented that R1's right lower extremity (leg) and 2nd toe was red and now purple with redness up to the mid-calf. The wound care nurse recommended that R1 to be sent to ER for evaluation and		

Provider's Signature _____ Title Tech ED/Admin Date 2/10/22

NAME OF FACILITY: Dover Place Assisted Living **DATE SURVEY COMPLETED:** November 19, 2021

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	treatment. POA R1's son (FM2) was notified. 11/18/21 9 AM – An interview with E1 (INHA/CSM) revealed that she was not working in the facility from 12/21/20 to 1/14/21 and that E4 (FACSM) was responsible for the role of the CSM, along with E5 (NHA/L) during her absence. The Surveyor requested evidence for the following related to the 9/25/20 identification of new skin impairments including, E1's observation and assessment of the skin impairments, including the types of wounds, R1's physician and R1's medical POA notification, E1's identification of possible causes or contributing factors, and care plan with appropriate interventions after consulting with the resident's physician or other healthcare provider. The Surveyor was no provided follow-up information to this request. In addition, on 10/22/20, when R1's wound was infected and treatment ordered, R1's Service Agreement was not revised to include the treatments to the bilateral toes. E1 confirmed that the facility had no evidence that a significant change evaluation was completed when the great toes did not heal within 14 days. 11/18/21 11:30 AM – An interview with E3 (LPN) revealed that she was informed the great toe wounds identified on 9/25/20 were the result of pressure from shoes being worn by R1. E3 verbalized that the skin		

Provider's Signature _____ Title Temp ED/ACSM Date 7/10/22

NAME OF FACILITY: Dover Place Assisted Living **DATE SURVEY COMPLETED:** November 19, 2021

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	impairments were at the tips of both great toes and she thought it was shearing from the shoes R1 was wearing. After identification of the impairments, R1 was only to wear shoes with open toes and/or non skid socks. E3 was uncertain if CSM was notified when the wounds were identified. E3 notified NP1 (NP). E3 confirmed there was lack of evidence in the clinical record as to who decided that R1 would not be sent to the ER for an evaluation of the right great toe deterioration on 11/17/20. E3 stated it was mostly likely a decision made by the family of R1 since R1 was scheduled to be seen by cardiologist the next day on 11/18/20 and NP1 (NP) was scheduled to re-evaluate the wound on 11/19/20. However, E3 could not say for certain that was what happened and will follow-up with the Surveyor if additional information is available. 11/19/21 9 AM – A follow-up interview with E3 (LPN) revealed that since the decision was made not to send R1 to the ER on 11/17/20 for an evaluation, an order was not written to send R1 to the hospital. The Surveyor was provided a Resident Care Note which was completed by E3 during the survey. The document was dated 11/17/20 and stated that FM1, R1's daughter was the family member who did not want to have R1 sent to the ER. In addition, although not documented, E1 (INHA/CSM) was notified of the new skin impairment on		

Provider's Signature T. Wheeler Title Temp ED/ACSM Date 2/10/22

NAME OF FACILITY: Dover Place Assisted Living **DATE SURVEY COMPLETED:** November 19, 2021

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	9/25/21, however, when the Surveyor inquired "Did (Name of E1) assess the new skin impairment?", E3 replied "Probably not." E3 stated that she notified NP1. 11/19/20 11:53 AM – During a telephone interview, NP1 (NP) revealed that she was part of a medical group of healthcare providers. NP1 said she relied on wound care services of the HHC Skilled Nursing to monitor the wounds and recommend treatment plans as NP1 does not have any special training in wound care. With regard to the 11/17/20 decision not to send R1 to the hospital for an evaluation of the deteriorating wound, NP1 stated that she would have to review her notes and follow-up with the Surveyor. No additional information was received by the Surveyor. Findings were reviewed during the Exit Conference on 11/19/2021, beginning at 4:45 PM, with E1 (INHA/CSM) and E2 (RDCS).		

Provider's Signature T. White Title Temp ED/ACSM Date 2/10/22