



**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:** PeachTree Assisted Living

**DATE SURVEY COMPLETED:** November 2, 2020

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	<p>An unannounced COVID-19 Focused Infection Control was conducted by the State of Delaware Division of Health Care Quality, Office of Long-Term Care Residents Protection from 10/23/2020 through 11/2/2020. The facility was found to be out of compliance with the Title 16 Health and Safety Delaware Administrative Code, 3225 Assisted Living Facilities infection control regulations and the Centers for Disease Control and Prevention (CDC) recommended practices for COVID-19. The sample size was twenty (20) residents. The facility census on the first day of the survey was twenty (20) residents.</p> <p>Abbreviations/definitions used are as follows:</p> <p>Asymptomatic - without symptoms;  AL - Assisted Living;  CNA - Certified Nurse Aide;  CDC - Centers for Disease Control &amp; Prevention;  Cloth face covering - Textile (cloth) covers that non-direct care facility staff may wear and are intended to keep the person wearing one from spreading respiratory secretions when talking, sneezing, or coughing. They are not PPE;  COVID 19/Corona Virus/ CO SARS 2 – 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;  DHCQ - the State’s Division of Health Care Quality;  DON - Director of Nursing;  DPH - The State Agency Division of Public Health;  ED – Executive Director;  Face masks - PPE and are often referred to as surgical or procedure masks; they are required to be worn by staff providing direct care to residents during the COVID-19 pandemic;  FM - Family Member;  HCP - Healthcare Provider;  LPN - Licensed Practical Nurse;</p>		

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<p><b>3225.0</b></p> <p><b>3225.9.0</b></p> <p><b>3225.9.1</b></p> <p><b>3225.9.1.1</b></p> <p><b>3225.9.1.2</b></p>	<p>LIMS - Laboratory Information Management System each State facility must onboard to complete the COVID-19 resident test requisition process;</p> <p>LTC – Long term care;</p> <p>POA (Power of Attorney) - someone appointed to make decisions on your behalf;</p> <p>PPE (Personal Protective Equipment) - specialized clothing or equipment worn by staff for protection against infectious materials, such as a mask, gloves, goggles and gowns;</p> <p>SNF - Skilled Nursing Facilities;</p> <p>Source control - use of cloth face coverings or facemasks to cover a person's mouth and nose to prevent the spread of respiratory secretions when talking, sneezing, or coughing;</p> <p>UAI - Uniform Assessment Instrument.</p> <p><b>Regulations for Assisted Living Facilities</b></p> <p><b>Infection Control</b></p> <p><b>The assisted living facility shall establish written procedures to be followed in the event that a resident with a communicable disease is admitted or an episode of communicable disease occurs. It is the responsibility of the assisted living facility to see that:</b></p> <p><b>The necessary precautions stated in the written procedures are followed; and</b></p> <p><b>All rules of the Delaware Division of Public Health are followed so there is minimal danger of transmission to staff and residents.</b></p> <p><b>4/15/2020 – The Governor’s Eleventh Modification of the Declaration of a State of Emergency for the State of Delaware due to a Public Health Threat stated, “... A. PUBLIC HEALTH ...</b></p>	<p>Preparation and/or execution of this Plan of Correction does not constitute admission of agreement by the Provider of the truth of the Statements of Deficiencies.</p> <p>This Plan of Corrections is prepared and/or executed solely because it is required by the provisions of Federal and State Laws.</p> <p>Plan of Correction</p> <p>3225.9.1 Policies and Procedures- COVID-19</p>	

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	<p><b>4. Nursing facilities, assisted living facilities, ... licensed under Title 16, Chapter 11 shall immediately ensure that they are in full compliance with Public Health Authority guidance related to COVID-19. Such facilities shall check Division of Public Health guidance daily to ensure that the facilities are complying with the most current guidance and shall adjust their policies, procedures, and protocols accordingly."</b></p> <p><b>This requirement was not met as evidenced by:</b></p> <p>1. Residents' use of facemasks/cloth face coverings:</p> <p>Based on observations, interviews and review of facility documentation it was determined that the facility failed to ensure that residents wore facemasks/cloth face coverings appropriately according to State and Federal requirements. Findings include:</p> <p>April 2020 – Memo to facility staff entitled "COVID-19 UPDATES" included that "All residents are to wear fabric masks and practice social distancing while in the public areas of PeachTree. They may remove the masks while in their personal rooms."</p> <p>4/8/2020 – In-service / Education Sign-in Sheet documented that 16 staff members received education "Reminding residents to Cover Nose &amp; Mouth and/or wear Masks (if possible) when around others. This is a strong recommendation from CMS and DHSS [State Department of Health and Social Services]..."</p> <p>7/15/2020 (updated) – The CDC guidance "Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic" included: "Implement Universal Source Control Measures. Source control refers to use of cloth</p>	<p>1. No residents were affected by the deficient practice as evident by zero positive COVID-19 resident test results. 17 out of 20 were tested from 10/27/20-11/10/20, 3 continued to refuse test offering.</p> <p>2. Residents were reeducated and reminded during 11/19/20 Resident Council about the importance of wearing face-masks/coverings when not in the respective room.</p> <p>3. Education provided to all staff regarding the importance of reminding residents to wear facemasks when around others and not in their rooms.</p> <p>4. Nursing document labeled "PeachTree Health Group: Resident Daily Temperature Check and Questionnaire" added Hand Sanitizer and Mask/Face Covering reminder check for AM and PM in form.</p> <p>5. PeachTree Health Group COVID-19 policies will be reviewed with the QA&amp;A committee quarterly until substantial compliance is met. Policy manual will be reviewed annually to ensure compliance with regulations.</p>	

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	<p>face coverings or facemasks to cover a person's mouth and nose to prevent spread of respiratory secretions when they are talking, sneezing, or coughing...Because of the potential for asymptomatic and pre-symptomatic transmission, source control measures are recommended for everyone in a healthcare facility, even if they do not have symptoms of COVID-19. Patients and visitors should, ideally, wear their own cloth face covering (if tolerated) upon arrival to and throughout their stay in the facility...Patients may remove their cloth face covering when in their rooms but should put it back on when around others (e.g., when visitors enter their room) or leaving their room. Facemasks and cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or anyone who is unconscious, incapacitated or otherwise unable to remove the mask without assistance."</p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html</a></p> <p>10/23/2020 3:00 PM – 5:30 PM – During random observations in the facility, none of the 20 residents were wearing a facemask/cloth face covering.</p> <p>10/23/2020 4:35 PM – During an interview, R7 stated "We wear masks when we go out of the building. Like, I wear one when I meet with my counselor and sit outside, but this is our home we do not have to wear one in here."</p> <p>10/23/2020 6:10 PM – During an interview, R11 stated "We do not have to wear a face mask in here [the facility], only when we go out to an appointment."</p>		

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<p>3225.0 3225.9.0  9.8 9.8.1 9.8.1.1</p>	<p>10/23/2020 6:20 PM – During an interview, R10 stated “We only have to wear face mask when we go out of the building.”</p> <p>10/23/2020 7:00 PM - E1 (NHA) &amp; E2 (DON) were notified that no residents were observed wearing facemasks/cloth face coverings and that during interviews the residents said they do not need to wear a mask in common areas of the facility. E1 responded that “We have difficulty getting the residents to wear masks in the building. They refuse.”</p> <p>10/29/2020 2:30 PM – 3:00 PM – Upon an unannounced entry into the facility, random observations in the multi-purpose room and lobby revealed the following residents were not wearing a face mask or cloth face covering: R1, R2, R3, R4, R7, R10, R12 and R20.</p> <p>10/29/2020 3:10 – 3:20 PM - Random observations in the multi-purpose room and lobby revealed that now the following residents were wearing a face mask or cloth face covering: R2, R4, R7, R10, R12, R14, R17, R18. R19 and R20.</p> <p>11/2/2020 2:30 PM - Findings were reviewed with E1 (ED) and E2 (DON) during the exit teleconference.</p> <p><b>Regulations for Assisted Living Facilities Infection Control</b></p> <p><b>Specific Requirements for COVID-19:</b></p> <p><b>Residents</b></p> <p><b>All residents should be tested upon identification of another resident with symptoms consistent with COVID-19, or if facility staff have tested positive for COVID-19.</b></p>	<p><b>Preparation and/or execution of this Plan of Correction does not constitute admission of agreement by the Provider of the truth of the Statements of Deficiencies. This Plan of Corrections is prepared and/or executed solely because it is required by the provisions of Federal and State Laws.</b></p> <p><b>Plan of Correction</b></p> <p><b>3225.9.8 Specific Requirements for COVID-19: Residents</b></p> <p>1. All residents were reeducated about their right to accept or decline testing for COVID-19.</p>	

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9.8.1.2	<p><b>All other resident testing should be consistent with Division of Public Health guidance for the duration of the public health emergency...This Emergency Order shall take effect on June 1, 2020.</b></p> <p><b>This requirement was not met as evidenced by:</b></p> <p>2. Resident testing for COVID-19:</p> <p>Based on record review and interview it was revealed that the facility failed to implement an in-house plan to offer testing to all asymptomatic residents who have not previously tested positive for COVID-19. Findings include:</p> <p>5/5/2020 – The Governor and the Delaware Division of Public Health (DPH) announced a plan to test "...all residents and staff of Delaware long-term care facilities for COVID-19."</p> <p>6/20/2020 - The Division of Public Health's (DPH) "Delaware Long Term Care Surveillance and Testing Program FAQ" included: "Facilities should have a comprehensive plan for testing, which includes testing at a minimum of once a month for all residents who have not previously tested positive. All residents should receive a single baseline test for COVID-19. Also, all residents should be tested upon identification of an individual with symptoms consistent with COVID-19 or if an employee or staff member tested positive for COVID-19."</p> <p>6/24/2020 (revised) – The facility policy for COVID-19 included that "It is the policy of [the facility] to ensure the health and safety of all the residents. [the facility] will closely monitor and adhere to the national and state preventative recommendations made by CDC regarding COVID-19..."</p>	<p>2. Residents will continue to be asked if they would like to get tested for COVID-19 monthly. During a facility outbreak as defined in the "Updated COVID-19 Reopening Plan in Long Term Care Facilities" by DHCQ, facility will ask residents weekly if they would like to get tested.</p> <p>3. A total of 17 out of 20 residents were tested from 10/27/20 to 11/10/20, all results came back negative. 3 residents refused testing.</p> <p>4. Nursing staff that initiate the "Long-Term Care Resident COVID-19 Testing Consent-Declination Form" when asking resident for COVID-19 testing were reeducated for timely reporting.</p> <p>5. All residents signed forms: "Long-Term Care Resident COVID-19 Testing Consent-Declination Form", will be reviewed on a weekly basis for 3 months or until substantial compliance is met and then reviewed again with the QA&amp;A committee quarterly.</p>	

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	<p>7/8/2020 (updated) - The Division of Public Health's (DPH) "Monthly Asymptomatic Resident COVID-19 Testing" guidelines included: "This process applies to Skilled Nursing Facilities (SNFs) and Assisted Living Facilities (ALs)...LTC [Long-term care] facility shall develop and implement an in-house plan to offer testing to all asymptomatic residents who have not previously tested positive for COVID-19. LTC facility shall test interested residents monthly. All consents and declinations must be recorded on a Long-Term Care Residents Consent Declination Form, or a similar form documenting consent/declination, and filed in the resident's medical record.</p> <p>8/18/2020 – DHCQ was made aware by DPH that no resident testing had been reported by the facility since mandated (7/1/2020).</p> <p>8/18/2020 4:41 PM – During a phone interview when asked why the facility has not submitted resident COVID-19 test results to DPH, E1 (NHA) stated the facility has had no positive staff or residents. E1 was reminded that the facility still needs to submit weekly reports to DPH stating "no new cases".</p> <p>8/18/2020 – Resident Council Meeting Minutes included an announcement from E2 (DON) that "...residents that wanted to be tested will be done within the next few days – waiting for registration with the state..."</p> <p>8/19/2020 6:51 PM – An email was received by DHCQ from E1 (NHA) that included "I have sent the COVID-19 tracking form you requested to the DPH email today like we discussed yesterday. We dated it for 8/19/2020 and have not has any positive cases from both residents and staff alike, since the shutdowns started to occur in March..."</p>		

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	<p>8/25/2020 4:38 PM – In response to an email request by DHCQ for evidence of offering each facility resident (or their responsible party) COVID-19 testing, an email was received from E2 (DON) that included “All of our residents have declined up to now and their guardians have concurred...” with attached declination forms from May, June and July. Review of the “Long-Term Care Resident COVID-19 Testing Consent – Declination Form” for the 20 facility residents dated 7/28/2020 revealed the actual resident signed or initialed the form to indicate they declined the test because of discomfort.</p> <p>8/31/2020 – Review of the “Long-Term Care Resident COVID-19 Testing Consent – Declination Form” for the 20 facility residents revealed the actual resident signed or initialed the form. 14 of the residents consented to being tested for COVID-19 on 8/31/2020.</p> <p>10/23/2020 4:00 PM – During an interview, R16 stated “I want to get tested. We all need to get it [Covid-19 test]. It is important because we don’t know if people we are around got it [COVID-19].”</p> <p>10/23/2020 4:10 PM – During an interview, R18 stated she did sign that she did not want a COVID-19 test. When asked why, she said “For no particular reason, but I would like to get a test next time it is offered.”</p> <p>10/23/2020 4:15 PM – During an interview, R20 stated “Only one person asked me one time. I think I would like to [get a COVID-19 test].”</p> <p>10/23/2020 4:45 PM – During an interview, R15 stated “Yea, I get one [COVID-19 test]. I think I already said ok and signed for it. But, the nurse never did it.”</p>		

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	<p>10/23/2020 6:10 PM – During an interview, R11 stated “I’ve never been tested but its better to be on the safe side so yes I’ll get tested.”</p> <p>10/23/2020 7:00 PM – During an interview, when asked if any of the residents at the facility were their own decision makers, E2 (DON) stated “No. Most of the residents have a court appointed guardian. The rest of the residents have a POA [power of attorney] to make decisions. But we usually ask the residents their wishes.”</p> <p>10/24/2020 1:00 PM – During a phone interview, FM1 (family member) stated he wanted R6 tested for COVID-19 and he thought they [the residents] were already being tested.”</p> <p>10/24/2020 1:15 PM – During a phone interview, FM2 (family member) stated she is a nurse and would like R5 tested for COVID-19. “How it is presented has a lot to do with R5 agreeing. If he thinks it is important, he would agree.”</p> <p>10/24/2020 1:25 PM – During a phone interview, FM3 (family member) stated, “Yes I want him [R8] tested. They [the facility] never asked me.”</p> <p>10/29/2020 5:00 PM – Review of the charts for all 20 residents confirmed they all had either a court appointed guardian or POA [power of attorney]. Review of each of the 20 residents’ most recent UAI (Uniform Assessment Instrument) revealed that 12 (R1, R2, R3, R4, R7, R8, R9, R10, R11, R13, R16 and R20) of the 20 residents had memory problems.</p> <p>10/29/2020 6:00 PM – During an interview E2 (DON) was asked why the facility has not submitted resident COVID-19 test results to DPH since this was mandated four months ago. E2</p>		

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	<p>provided a timeline regarding issues encountered that delayed testing residents for COVID-19:</p> <p>8/24/2020 – COVID-19 test kits were ordered from DPH (State Division of Public Health).</p> <p>8/31/2020 – Some residents consented to testing and the process for setting up LIMs [the State's electronic system for submitting lab test requests] and obtaining physician orders was started. This process took until about the last week in September.</p> <p>9/29/2020 – All residents declined testing. (The facility was assigned by DPH's lab to deliver 10 resident tests on the second and fourth Wednesdays of each month.)</p> <p>10/13/2020 – E2 was away and the next day the LIMs account had not been set up for the facility to access.</p> <p>10/27/2020 – 10 residents consented and were tested for COVID-19.</p> <p>11/2/2020 2:25 PM - During a phone interview E1 (NHA) was asked for clarification of the transcript of the family information hotline recording from 5/11/2020 which stated "...Only one staff member has tested positive for COVID-19 at our facility..." Up till this point, E1 had only disclosed to the surveyor and to DPH that two employees had tested positive (E4 (LPN) on 8/20/2020 and E5 (LPN) on 10/13 /2020). E1 stated in May when a staff member E3 (CNA) tested positive for COVID-19 she worked prn night shifts and therefore had little contact with residents. E1 did not respond if contact tracing occurred to determine what residents and staff were exposed to E3. E1 stated that E3 was tested at another LTC facility where she worked full-time but is now employed here full-time.</p> <p>The facility failed to implement a plan for resident COVID-19 testing when DPH announced this mandate in June 2020 and did not begin testing residents for COVID-19 until after the</p>		

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	<p>surveyor visited the facility and interviewed all residents and some family members about agreeing to COVID-19 testing. Even though 14 of the 20 residents agreed to be tested in August 2020, the facility did not conduct resident testing until 10/27/2020 (two months after 14 residents consented and four months after the State of Emergency Order to offer all residents monthly testing went into effect).</p> <p>11/2/2020 2:30 PM - Findings were reviewed with E1 (ED) and E2 (DON) during the exit teleconference.</p> <p>11/13/2020 – E1 (NHA) sent an email to the surveyor that seven other residents were tested for COVID-19 on 11/10/2020, and only three residents refused testing.</p>		

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