



**DELAWARE HEALTH AND SOCIAL SERVICES**

Division of Health Care Quality

Office of Long-Term Care Residents Protection

DHSS - DHCQ  
263 Chapman Road, Ste 200, Cambridge Bldg.  
Newark, Delaware 19702  
(302) 421-7400

**STATE SURVEY REPORT**

NAME OF FACILITY: The Moorings

DATE SURVEY COMPLETED: January 22, 2024

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><b>The State Report incorporates by reference and also cites the findings specified in the Federal Report.</b></p> <p>An unannounced Annual, Complaint and Emergency Preparedness survey was conducted at this facility from January 16, 202 through January 22, 2024. The deficiencies contained in this report are based on observation, interviews, review of clinical records and other facility documentation as indicated. The facility census on the first day of the survey was thirty-one (31). The survey sample size was ten (10) residents.</p> <p><b>Regulations for Skilled and Intermediate Care Nursing Facilities</b></p> <p><b>Scope</b></p> <p><b>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.</b></p> <p>This requirement is not met as evidenced by:</p> <p>Cross Refer to the CMS 2567-L survey completed January 22, 2024: cross refer: F758 and F812.</p>	<p>Please find the attached CMS-2567 and cross refer the plan of corrections for F758 and F812. Attachments as provided are attached.</p>	<p>02/21/2024</p>

Provider's Signature

*[Handwritten Signature]*

Title

*Administrator / ED*

Date

*2/1/2024*



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

PRINTED: 02/05/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>085053</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/22/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE MOORINGS AT LEWES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>17028 CADBURY CIRCLE LEWES, DE 19958</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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E 000	Initial Comments  An unannounced Annual and Complaint survey was conducted at this facility from January 16, 2024 through January 22, 2024. The facility census was 31 on the first day of the survey.  In accordance with 42 CFR 483.73, an Emergency Preparedness survey was also conducted by The Division of Health Care Quality, the Office of Long-Term Care Residents Protection at this facility during the same time period. Based on observations, interviews, and document review, no Emergency Preparedness deficiencies were identified.	E 000		
F 000	INITIAL COMMENTS  An unannounced Annual and Complaint Survey was conducted at this facility from January 16, 2024 through January 22, 2024. The deficiencies contained in this report are based on observations, interviews, review of residents' clinical records and review of other facility documents as indicated. The facility census the first day of the survey was thirty-one (31). The survey sample totaled ten (10) residents.  Abbreviations/definitions used in this report are as follows:  ADON - Assistant Director of Nursing; CNA - Certified Nursing Assistant; DON - Director of Nursing; LPN - Licensed practical nurse; MD - Medical Director; Mg - Milligram; NHA - Nursing Home Administrator; Psychotropic (medication) - medication capable of affecting the mind, emotions and behavior;	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE <b>02/01/2024</b>
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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 000	Continued From page 1 RN - Registered nurse.	F 000			
F 758 SS=D	<p>Agitation - emotional state of restlessness; Anxiety - unpleasant state of inner turmoil, often accompanied by nervous behavior, such as pacing back and forth; Clonazepam - a medication used to treat seizures, panic disorder, and anxiety; Sanitizer - a substance used to make something clean and hygienic.</p> <p>Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5)</p> <p>§483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that---</p> <p>§483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;</p> <p>§483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;</p>	F 758		2/21/24	

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F 758	<p>Continued From page 2</p> <p>§483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and</p> <p>§483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.</p> <p>§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by: Based on record review and interview it was determined that for one (R11) out of five residents reviewed for unnecessary medications, the facility failed to limit an as needed (PRN) psychotropic medication to 14 days. Findings include: Review of R11's medical record revealed: 2/14/23 - R11 was admitted to the facility. 1/2/24 - R11 had a Physician's order for clonazepam tablet 0.5 mg give 1 tablet by mouth PRN (as needed), two times a day for agitation and anxiety. There was no end date to the order. 1/22/24 8:58 AM - During an interview, E5 (LPN)</p>	F 758	<p>F758 R11s Drug Regimen Review for clonazepam was reviewed by the consultant Pharmacist on 1/19/2024. The attending physician provided a rationale and documentation for the continuation of the PRN medication as it remains therapeutic for R11s diagnosis and meets the goal of avoiding sedation.</p> <p>All other residents who have drug regimens inclusive of psychotropic PRN medications have been reviewed by the consultant pharmacist to ensure that PRN medications have a 14 day stop date associated or a rationale and</p>	

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F 758	<p>Continued From page 3</p> <p>stated that the doctor would look back at the behaviors that we document and put in a new order for PRN psychotropic medications.</p> <p>1/22/24 9:17 AM - During an interview, E3 (ADON) confirmed the current order for the clonazepam did not have a stop date since it was ordered on 1/2/24 and that there was no evidence of an evaluation to extend the use of clonazepam for more than 14 days.</p> <p>1/22/24 9:55 AM - During an interview, E4 (MD) stated the the of for the medication for 14 days then re-evaluate and if effective, then reorder it. E4 confirmed the clonazepam ordered on 1/2/24 did not have a stop date and did not have any documentation to continue the medication after the 14 day period.</p> <p>The facility failed to provide evidence that R11 was reassessed by the Physician for the need to extend the use of clonazepam for more than 14 days.</p> <p>1/22/24 at 1:00 PM - Findings were reviewed with E1 (NHA), E2 (DON) and E3 (ADON) at the exit conference.</p>	F 758	<p>documentation for continuation following MD assessment is noted.</p> <p>Residents who receive a PRN medication that is a psychotropic (excluding antipsychotics) will be given a 14 day stop date or other duration for use with a physician's clinical rationale for the extension if continuation of use is warranted. The Interdisciplinary Team will track the effectiveness of the medication, alerting the ordering physician at the time of renewal, basis for possible continued need at which time the physician will a) renew the order for an additional 14 days following assessment b) renew the order without a stop date indicating clinical rationale for the extended duration and c) provide a diagnosis and basis for use. All licensed nurses and attending physicians will be inserviced regarding the need for a 14 day stop date for PRN psychotropic medications or the required components to document that the course of treatment chosen by the attending physician and that continued use without a stop date is therapeutic and offers the least restrictive course of treatment for the resident.</p> <p>Weekly, and on-going, the IDT will review as part of its KPI (Key Performance Indicators) review, all residents receiving PRN psychotropics to ensure that 1) 14 day stop date has been determined. 2) at renewal, attending has documented a 14 day stop date or clinical rationale for extension along with a specific duration of medication use as well as appropriate use of the therapeutic medication. Quarterly</p>		

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F 758	Continued From page 4	F 758	the QAPI Team will track and trend results and provide further recommendation.	
F 812 SS=E	<p>Food Procurement, Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)</p> <p>§483.60(i) Food safety requirements. The facility must -</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation and interview it was determined that the facility failed to ensure that food was properly stored, prepared and served in a manner that protects residents from foodborne illness and food contact surfaces are maintained in a sanitary condition. Findings include:  1/18/24 12:15 PM- During a tour of the kitchen, the surveyor observed E6 (District Dining Manager) test the sanitizer level of the solution in three red sanitizing buckets. When E6 tested the sanitizing solution, the test strips from two out of</p>	F 812	<p>F 812 The sanitizer solution in the red buckets whose level of chemical concentration did not read as sufficient when tested, was disposed of immediately and new solution was obtained and tested within parameters prior to continued use. All areas were re-sanitized. Regarding Food Temperatures, all cooks on duty were immediately inserviced on proper recording of food temperatures on logs.</p>	2/21/24

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F 812	<p>Continued From page 5</p> <p>three buckets indicated that the level of chemical concentration in the buckets was not at a sufficient level to provide proper sanitization.</p> <p>1/18/24 2:43 PM- During a review of the food temperature logs, the surveyor observed the facility kitchen records had no food temperatures recorded for fifty-eight (58) meals out of two-hundred thirty-four (234) meals sampled. Temperatures of cooked foods and cold ready to eat foods were not being consistently recorded prior to being served. Fish, meat and poultry must be heated to an appropriate specific temperature depending on the type of food and the method used to prepare it. Vegetables must be heated to one hundred thirty-five (135) degrees Fahrenheit (F), and cold ready to eat foods must be held below forty-one (41) degrees (F) to maintain food safety.</p> <p>1/18/24 3:24 PM - Findings were confirmed with E1 (NHA)</p> <p>1/22/24 at 1:00 PM - Findings were reviewed with E1 (NHA), E2 (DON) and E3 (ADON) at the exit conference.</p>	F 812	<p>All red buckets containing sanitizer solution have been assigned the individual at each work station in the kitchen per shift who will be responsible to change the solution every 2 hours and to record their initials indicating completion. The solution will be obtained from the Sanitizer Solution Dispenser located in the main kitchen following testing to indicate proper concentration. Any deviation will be immediately reported to the Kitchen Manager for correction prior to using sanitation solution. All staff will be inserviced on this process and how to test and record tasks properly. All cooks will be inserviced related to recording food temperatures on a newly created log that will capture readings as required.</p> <p>Daily, the Kitchen Manager or designee, will review the sanitizer solution logs and food temperature logs for completion until 100% compliance is achieved. Following 30 days of compliance, the manager will review the logs weekly to ensure 100% compliance is maintained. Omissions will be referred to the Director of Dining Services for immediate correction.</p> <p>Tracking and Trending of sanitation solution outcomes as well as Meal Temperature results will be referred to QAPI for further recommendation.</p>		