



**DELAWARE HEALTH  
AND SOCIAL SERVICES**

Division of Health Care Quality  
Office of Long Term Care Residents Protection

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

**STATE SURVEY REPORT**

NAME OF FACILITY: Harmony at Kent

DATE SURVEY COMPLETED: January 29, 2024

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
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	<p>An unannounced complaint survey was conducted at this facility beginning January 25, 2024 and ending January 29, 2024. The facility census on entrance day of the survey was 47 (forty-seven). The survey sample size totaled 9 (nine) residents. The survey process included observations, interviews, review of resident clinical records, facility documents, facility policies and procedures, and complaint and incident documentation from the State Agency.</p> <p><b>Abbreviations/definitions used in this state report are as follows:</b></p> <p>ED – Executive Director;</p> <p>DON – Director of Nursing;</p> <p>Med Aide – Medication Aide;</p> <p>NP – Nurse Practitioner;</p> <p>RN – Registered Nurse;</p> <p>LPN – Licensed Practical Nurse;</p> <p>CNA – Certified Nurse Assistant;</p> <p>Alprazolam – A psychotropic medication;</p> <p>Atorvastatin – A medication used to treat high cholesterol;</p> <p>Cyclobenzaprine – A medication used to treat pain and stiffness caused by muscle spasms;</p> <p>Diabetes – A chronic disease associated with abnormally high levels of the sugar glucose in the blood;</p> <p>Latanoprost – A medication used to treat pressure in the eye;</p> <p>Medication Aide – Certified nursing assistants (CNAs) who have completed additional training</p>	
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Provider's Signature

Title

Executive Director

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	<p>that allows them to give medications to patients, or to support patient self-administration of medication;</p> <p>Medication Administration Record (MAR) - list of daily medications to be administered;</p> <p>Metformin – A medication used to treat high blood sugar levels caused by diabetes;</p> <p>Psychotropic medication – A drug that affects a person's mental state;</p> <p>PRN – as needed;</p> <p>Topiramate – A medication to manage and treat migraines.</p>	
3225.0	<b>Assisted Living Facilities</b>	3225.8
3225.8.0	<b>Medication Management</b>	3225.8.0 3225.8.8 3225.8.8.2
3225.8.8	<b>Concurrently with all UAI-based assessments, the assisted living facility shall arrange for an on-site medication review by a registered nurse, for residents who need assistance with self-administration or staff administration of medication, to ensure that:</b>	3/19/24
3225.8.8.2	<p><b>Each resident receives the medications that have been specifically prescribed in the manner that has been ordered;</b></p> <p>This requirement was not met as evidenced by:</p> <p>Based on interview and record review, it was determined that for one (R4) out of three residents sampled for medication review, the facility failed to ensure that the resident received the medications that were prescribed as ordered. Findings include:</p> <p>Review of R4's clinical record revealed:</p>	<p>A. Nothing can be done to change past medication administration record (MAR) for scheduled medication on 12/26/23 at 8am that was not administered.</p> <p>B. All resident has the potential to be affected by this deficiency practice. No residents were harmed by this deficiency practice</p> <p>C. It was determined that Nurses/Med-Techs did not communicate the importance of documentation for medication administration. Nurses/Med-Techs will be re-educated/in-service on proper documentation and administered of medication and reading physician orders. The Harmony Square Supervisor (HSS) will review daily nursing schedule and communicate with Health Care Director (HCD) on staffing for medication management</p> <p>D. The Health Care Director/Designee will conduct an audit of 20% of the current medication administration records for completeness, im-</p>

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	<p>12/13/23 – R4 was admitted to facility on the following medications:</p> <p>Alprazolam 1mg tablet, take 1 tablet by mouth 2 times a day for anxiety.</p> <p>Atorvastatin 40mg tablet, take 1 tablet by mouth every day for hyperlipidemia.</p> <p>Cyclobenzaprine 5mg tablet, take 1 tablet by mouth 3 times a day for muscle spasm.</p> <p>Latanoprost 0.005% eye drops, instill 1 drop into both eyes at bedtime for glaucoma.</p> <p>Metformin 500mg tablet, take 1 tablet by mouth 2 times a day for diabetes.</p> <p>Topiramate 100mg tablet, take 1 tablet by mouth 2 times a day for migraines.</p> <p>The aforementioned medications were scheduled to be administered to R4 at 8:00 PM every night.</p> <p>1/29/24 – A review of the medication administration record (MAR) revealed the medications for the scheduled 12/26/23 at 8:00 PM administration time were not administered. A nursing note for the 8:00 PM medications included that there was "... no night nurse."</p> <p>1/29/24 12:40 PM – An interview with E2 (DON 2) confirmed the entries in R4's MAR were documented as not administered.</p> <p>1/29/24 – A review of the staff time sheets lacked evidence that a registered nurse, licensed practical nurse or medication aide had worked on 12/26/23 from 7:00 PM to 11:00 PM at the facility.</p>	<p>proper medication documentation on MAR, dosage, physician orders and Med Techs/nurses. Audit will be once a week for four weeks then monthly until 100 compliance is achieved. Findings will be reported to the QAPI committee.</p>
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Provider's Signature  Title Executive Director Date 2/14/24



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<p>3225.16.0</p> <p>3225.16.11</p>	<p>1/29/24 3:15 PM – Findings were reviewed with E1 (Executive Director) and E2 during the exit conference.</p> <p><b>Staffing</b></p> <p>Every assisted living facility shall have a Director of Nursing who is a registered nurse. Facilities licensed for 25 assisted living beds or more shall have a full-time Director of Nursing. Facilities licensed for 5 through 24 assisted living beds shall have a part-time Director of Nursing on-site and on-duty at least 20 hours a week. The nursing director of a facility for 4 assisted living beds or fewer shall be on-site at least 8 hours a week.</p> <p>This requirement was not met as evidenced by:</p> <p>Based on interview and review of facility documentation it was determined that the facility lacked evidence that a fulltime DON (a registered nurse, active in the State of Delaware) from November 21, 2023 to January 15, 2024. Findings include:</p> <p>11/20/23 – The last day E6 (DON 1), the facility Director of Nursing worked in the facility.</p> <p>1/15/24 – The first day E2 (DON 2) worked in the facility.</p> <p>1/26/24 – Facility documentation revealed that E5 (Corporate RN 1) was the chief nursing officer from November 21, 2023 to January 15, 2024.</p> <p>1/26/24 2:25 PM – An interview with E1 (Executive Director) confirmed that information provided listed E5 as the acting DON.</p> <p>1/29/24 11:22 AM – An interview with E4 (Corporate RN 2) revealed she was licensed in</p>	<p>3225.16.0</p> <p>3225.16.11</p> <p style="text-align: right; font-size: 1.2em;">3/19/24</p> <p>A. No resident was affected by this deficiency. All residents have the potential to be affected by this deficiency</p> <p>B. Health Care Director/designee coverage was reviewed for the rest of the schedule with Health Care Director on record to filled the role as of 1/15/24</p> <p>C. Facility will make sure compliance with regulation. Regional Staff were educated on the requirement of an RN on record for at least 8 consecutive hours a day for 7 days.</p> <p>D. The Executive Director/designee will monitor RN on record once per month until 100 percent compliance: at least 8 hours a week and any changes will be reported to the QA on coverage and facility will seek agency replacement until position is filled</p>

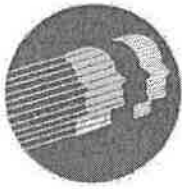
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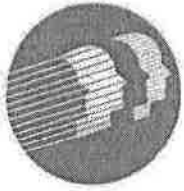
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3225.16.2	<p>Pennsylvania and did not have an active multi-state license to practice in Delaware.</p> <p>1/29/24 12:47 PM – An interview with E5 (Corporate RN 1) confirmed that she was not physically present in the facility stating, "I have not been to the facility in person since the departure of the previous DON...I was there when the new DON was hired."</p> <p>The facility lacked evidence of a licensed registered nurse, filling the role of the DON position, present in the facility from November 21, 2023 to January 15, 2024.</p> <p>1/29/24 3:15 PM – Findings were reviewed with E1 and E2 during the exit conference.</p> <p><b>A staff of persons sufficient in number and adequately trained, certified or licensed to meet the requirements of the residents shall be employed and shall comply with applicable state laws and regulations.</b></p> <p>This requirement was not met as evidenced by:</p> <p>Based on interview and review of facility documentation it was determined that the facility failed to have sufficient staff to administer medications to meet the requirements of residents resulting in no available staff or staff working extremely long work hours. Findings include:</p> <p>1. Review of R4's clinical record revealed:</p> <p>12/13/23 – R4 was admitted to facility.</p> <p>1/29/24 – A review of the staff time sheets lacked evidence that a registered nurse (RN), licensed practical nurse (LPN) or medication aide</p>	<p style="text-align: right;">3/19/24</p> <p>3225.16.2</p> <p>A. All resident has the potential to be affected by this deficiency practice. No residents were harmed by this deficiency practice</p> <p>B. Executive Director/Health Care Director/designee will be in-service of sufficient staff in number to meet the requirement of staffing needs.</p> <p>C. Health Care Director/designee will review all schedule to ensure coverage on each shift for 24-hours of care. Current Health Care Director in-service on sufficient staff in number to meet the requirement of staffing need with applicable state laws and regulations.</p> <p>D. Health Care Director/designee will monitor the daily schedule and time clock punches daily, until 100%, then three times per week until 100%, then once per a week until 100% and finally one per month until 100% compliance</p>

Provider's Signature

Title Deputy Director

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	<p>had worked on 12/26/23 from 7:00 PM to 11:00 PM at the facility.</p> <p>1/29/24 – A review of the medication administration record (MAR) revealed the medications for the scheduled 8:00 PM administration time were not administered. A nursing note for the 8:00 PM medications included that there was "... no night nurse."</p> <p>1/29/24 12:40 PM – An interview with E2 (DON 2) confirmed the entries in R4's MAR were documented as not administered.</p> <p>2. Review of facility documentation revealed:</p> <p>12/24/23 – The staff time sheets revealed E7 (medication aide) worked 19.43 hours continuous without any relief.</p> <p>12/27/23 – The staff time sheets revealed E8 (LPN) worked 18.02 hours continuous without any relief.</p> <p>12/29/23 – The staff time sheets revealed E8 (LPN) worked 17.6 hours continuous without any relief.</p> <p>1/29/24 8:50 AM – During an interview, when asked about the extended work hours E7 stated the facility had nurses call out of work. That the facility did not have anyone to come in. Other nurses were called to come in to work, the agency was trying to get someone to come in and E4 (Corporate RN 2) was contacted. E4 was not located in Delaware and she could not come in to provide relief to E7.</p> <p>1/29/24 11:22 AM – During an interview, E4 confirmed she was contacted about the lack of staff on 12/24/23 but was unable to practice in</p>	<p>Monday through Sunday for all shifts and report any findings to QAPI.</p>

Provider's Signature  Title Relative Director Date 02/14/24



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	<p>Delaware due to her limited license and contacted E9 (Corporate Operations Specialist).</p> <p>1/29/24 3:15 PM – Findings were reviewed with E1 (Executive Director) and E2 during the exit conference.</p>	

Provider's Signature

Title Executive Director

Date 02/14/24

