

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

PRINTED: 02/04/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085015	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/24/2014
NAME OF PROVIDER OR SUPPLIER SEAFORD CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1100 NORMAN ESKRIDGE HIGHWAY SEAFORD, DE 19973		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS	F 000			
F 309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined that the facility failed to provide the necessary care to maintain the highest practicable physical well being for one (R1) out of three sampled residents. Findings include:</p> <p>On 12/3/13 R1 was admitted to the facility. Admission information was documented on the Interagency Nursing Communication Record that indicated R1 was to receive Dialysis (process used to clean the blood when kidneys are failing) three times per week and also had a 1200 milliliter (mL) a day fluid restriction.</p>	F 309	<p>F 309</p> <p>A. Resident R 1 is no longer in the facility. All or 100% of new admission orders and transfer/discharge paperwork will be reviewed by two (2) licensed nurses within 24 hours of admission. The Admission Checklist (Exhibit A) will be completed and reviewed and signed by the unit manager/designee within 24 hours of admission. An admission reconciliation form (Exhibit B) will be completed on all new admissions during the shift of admission and reviewed by Unit Manager/designee within 24 hours.</p> <p>B. Admission orders have been reviewed for all admissions in the last 30 days and all current residents with fluid restrictions have been reviewed and orders verified.</p>	3/10/14 3/10/14	

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

Carol Leashycki

TITLE

NHA

(X6) DATE

2/11/14

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 309	<p>Continued From page 1</p> <p>On 12/3/13 E4, Registered Nurse transcribed information from the Interagency Nursing Communication Record to the Initial Order Sheet for physician authorization and signature. However, E4 failed to include the fluid restriction of 1200 mL per day and this fluid restriction was not transcribed for the nurses or Certified Nurse's Aides to put into practice.</p> <p>On 12/3/13 E3, Registered Nurse initiated the Diet Order and Communication Form. This form indicated to the dietary staff that the resident needed a low sodium diet and a fluid restriction of 1200 mL each day. This form is used as a communication tool between nursing and the dietary department.</p> <p>On 12/7/13 E5, Registered Dietician completed the Nutritional Care Recommendations form and documented recommendations for liberalizing R1's diet and increasing the fluid restriction to 1450 mL a day to accommodate the recommended nutritional supplement (drink used to increase daily calories and protein).</p> <p>On 12/7/13 the Nutritional Care Recommendations form was faxed to R1's physician's office for review. The form was faxed back to the facility the same day with acknowledgement and authorization from the physician to implement the orders. However, E6, Registered Nurse wrote on the form that the resident was not on a fluid restriction and the order was again not implemented by facility staff.</p> <p>The facility failed to implement the 1200 mL a day fluid restriction for a resident who received dialysis three times each week. Even though it was communicated to dietary staff that the</p>	F 309	<p>C. In-servicing shall be completed on or before February 27, 2014 for licensed nursing staff on the new admissions reconciliation form which includes fluid restrictions and revised admission checklist. This shall be the responsibility of the Nurse Practice Educator (NPE).</p> <p>D. The following process: All or 100% of new admission orders and transfer/discharge paperwork will be reviewed by two (2) licensed nurses within 24 hours of admission. The Admission Checklist (Exhibit A) will be completed and reviewed and signed by the unit manager/designee within 24 hours of admission. An admission reconciliation form (Exhibit B) will be completed on all new admissions during the shift of admission and reviewed by Unit Manager/designee within 24 hours and will be audited daily until 100% consistency is achieved over three consecutive evaluations. Then after 100% compliance after three consecutive evaluations we will audit the process three times a week until we consistently reach 100% compliance with additional consecutive evaluations. Finally we will audit our process once a week until we consistently reach 100% success over three consecutive evaluations. At the one month period we audit one time and if 100% compliance is reached we will conclude that we have successfully addressed the problem. The Quality Assurance and Performance Improvement committee shall assess and evaluate the data and provide recommendations as necessary to obtain and maintain compliance, For the next 3 months.</p>	3/10/14	3/10/14

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F 309	<p>Continued From page 2</p> <p>resident was to have a limited amount of fluid. The facility failed to assess and monitor the fluid intake for this resident. The nursing staff and Certified Nurse's Aides were never made aware of the fluid restriction and did not ensure that the resident was meeting this fluid restriction of 1200 mL per day.</p> <p>During an interview on 1/23/14 at approximately 1:55 PM with E7, Registered Dietitian it was confirmed that R1 required a daily fluid restriction due to his kidney failure and subsequent dialysis treatments and that the facility failed to implement the restriction.</p> <p>During an interview on 1/23/14 at approximately 2:30 PM with E6, Registered Nurse it was confirmed that on the Interagency Nursing Communication Record the facility failed to record the instruction to implement a fluid restriction of 1200 mL a day. E6 also confirmed that on 12/7/14 the fluid restriction was again omitted when the physician agreed to increase the fluid restriction to 1450 mL daily.</p> <p>On 1/23/14 at approximately 3:00 PM E2, Director of Nursing confirmed that the facility failed to implement the fluid restriction for R1 and failed to assess and monitor R1's daily fluid intake.</p> <p>On 1/24/14 at approximately 10:30 AM the above information was reviewed with E1 Administrator and E2, Director of Nursing.</p>	F 309			



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Long Term Care
Residents Protection

DHSS - DLTCRP
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 577-6661

STATE SURVEY REPORT

Page 1 of 2

NAME OF FACILITY: Seaford Center

DATE SURVEY COMPLETED: January 24, 2014

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
<p>3201</p> <p>3201.1.0</p> <p>3201.1.2</p>	<p>The State Report incorporates by reference and also cites the findings specified in the Federal Report.</p> <p>An unannounced complaint survey was conducted at this facility from January 17, 2014 through January 24, 2014. The deficiencies contained in this report are based on observation, interview, review of residents' clinical records and review of other facility documentation as indicated. The facility census the first day of the survey was one hundred-ten (110). The survey sample totaled three (3) residents.</p> <p>Regulations for Skilled and Intermediate Care Facilities.</p> <p>Scope</p> <p>Nursing facilities shall be subject to all applicable local, state and federal code requirements. The provisions of 42 CFR Ch. IV Part 483, Subpart B, requirements for Long Term Care Facilities, and any amendments or modifications thereto, are hereby adopted as the regulatory requirements for skilled and intermediate care nursing facilities in Delaware. Subpart B of Part 483 is hereby referred to, and made part of this Regulation, as if fully set out herein. All applicable code requirements of the State Fire Prevention Commission are hereby adopted and incorporated by reference.</p> <p>This requirement is not met as evidenced by:</p>	<p>Cross Reference Federal Tag 309.</p> <p>Date of Compliance 3/10/14</p>

Provider's Signature Carel Leashycki Title NHA Date 2/11/14



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	Cross refer the CMS 2567-L survey ending January 24, 2014, F309.	
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Provider's Signature Carol Gashup Title N/A Date 2/11/14