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: Cadia Rehabilitation Pike Creek **DATE SURVEY COMPLETED: January 11, 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 COVID-19 Focused Infection Control and Complaint Survey was conducted by the State of Delaware Division of Health Care Quality, Office of Long Term Care Residents Protection, which began on January 5, 2021 and ended on January 11, 2021. The deficiencies contained in this report are based on observations, interviews, review of clinical records and other documentation as indicated. The facility census on the first day of the survey was ninety one. The survey sample totaled seven (7).		
3201	**Regulations for Skilled and Intermediate Care Facilities**		
3201.1.0	**Scope**		
3201.1.2	**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.** This requirement is not met as evidenced by:		

Provider's Signature _____ Title _____ Date _____

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	Cross Refer to the CMS 2567-L survey completed January 11, 2021: F684 and F689.		

Provider's Signature _____ Title _____ Date _____

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085054	A. BUILDING _____ B. WING _____	C 01/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CADIA REHABILITATION PIKE CREEK	3540 THREE LITTLE BAKERS BLVD WILMINGTON, DE 19808

(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		

An unannounced COVID-19 Focused Infection Control and Complaint Survey was conducted by the State of Delaware Division of Health Care Quality, Office of Long Term Care Residents Protection, which began on January 5, 2021 and ended on January 11, 2021. The deficiencies contained in this report are based on observations, interviews, review of clinical records and other documentation as indicated. The facility census on the first day of the survey was ninety one. The survey sample totaled seven (7).

Abbreviations and Definitions used in this report are as follows:

ADON- Assistant Director of Nursing;
CNA - Certified Nurse's Aide;
DON - Director of Nursing;
MD - Medical Doctor;
NHA - Nursing Home Administrator;
NP - Nurse Practitioner;
RN - Registered Nurse;

ADL (Activities of daily living) - tasks needed for daily living, e.g. dressing, hygiene, eating, toileting, bathing;
BIMS (Brief Interview for Mental Status) - test to measure thinking ability with score ranges from 00 to 15:
13-15 - cognitively intact.
08-12 - moderately impaired.
00-07 - severe impairment;
Cognitively intact - fully oriented and able to make appropriate decisions;
Hoyer lift - a mechanical lift used to help with transferring a patient from one place to another

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 02/02/2021

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 when the patient is non-weight bearing and unable to assist with the transfer. MDS (Minimum Data Set) - an assessment tool used for residents in nursing homes; STS (Sit-to-Stand) - sometimes referred to as standing lifts - medical equipment designed to assist limited mobility patients when transferring between seated and standing position for patients that can bear some weight, but have trouble walking.	F 000		
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on record review, interview, and review of other related documentation, it was determined that the facility failed to ensure that one (R4) out of three sampled residents for falls, received treatment and care in accordance with professional standards of practice for post fall assessment and monitoring. R4 experienced a fall on 12/14/2021 that was not reported by the CNA's to a nurse until 12/17/2021, which resulted in a three day delay for post fall assessments for injury and monitoring. Findings include: Cross refer to F689	F 684	F684 a. R 4 was not negatively affected by this deficient practice b. All residents have the potential to be affected by this deficient practice of not reporting a fall timely. c. A Root-cause analysis was conducted to determine that E5 and E6 did not think the resident lowering herself to the floor was considered a fall. E5 and E6 were educated that any change in plane is considered a fall and it needs to be reported to the nurse immediately. Nursing will be educated on reporting falls	3/1/21

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F 684	Continued From page 2 Review of the facility policy for falls, last updated 1/2/2020, indicated to "obtain orders per assessed needs." Review of R4's clinical record revealed: 10/15/2020 - An admission MDS assessment was completed that documented R4 as having a BIMS of "6" indicating severe cognitive impairment, R4 required assistance of two staff members for transfers, was only able to stabilize with staff assistance when engaging in transitions from surface to surface, and R4 had impairment on one side of both the upper and lower limbs. 12/17/2020 - A care plan was initiated for R4 having an actual fall with no injury, with multiple interventions, including neurological checks. An undated statement written by E5 (CNA) documented, "Monday, (E6) [CNA] and I found (R4) on the floor with no injury then we lower (sic) the bed and put (R4) back on the bed." An undated statement written by E6 (CNA) documented, "(R4) was screaming for an aide that (R4) needed help. I entered the room and (R4) was was sliding forward. I told (R4) not to move so I could find help...(E5) [CNA] and I put (R4) on the Hoyer lift but (R4) had slid too far forward and the lifts could not reach the machine arms. We then put the STS pad behind (R4) and pulled (R4) forward. (R4) was standing and then let go of the handle and stopped using her/his legs in return then slid down toward the floor. After (E5) and I put the bed all the way down to the floor and we used the STS lift to get (R4) close enough to the bed that we could lift (R4) into the bed."	F 684	timely and any change in plane is considered a fall. d. The Director of Nursing/ designee will monitor and review the 24-hour summary report to see if the facility had any falls. If facility had any falls the Director of Nursing/designee will audit to see reported timely to the nurse. The audit process will be conducted three times a week until compliance is consistently reached 100% of the time during 3 consecutive audits. This will be followed by audits performed once a week until compliance is consistently achieved over 3 consecutive weeks. Finally, a monthly audit will be performed to determine on-going compliance. If compliance is not achieved, re-assessment of on-going issues and corrective actions will be taken. If compliance is achieved, corrective measures will be noted as successful. All results will be brought through the QAPI meetings. Cross reference F689	

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F 684	Continued From page 3 12/17/2020 - A post fall assessment summary documented, "This resident was found on the floor on 12/14/20 by CNA's after (R4) slid to the floor from the wheelchair. The resident reports attempting to reposition self with left sided weakness. Fall event with delay reporting to Nursing until 12/17/20 - Assessed with vital signs, no complaint [of] pain and no injury... Teaching done with staff related to fall definition...". During an interview on 1/11/21 at 9:19 AM with E4 (RN), it was confirmed that R4's fall was not reported at the time of incident. E4 stated, "I became aware on the 17th, by the ADON, the CNA'S (E5) and (E6) did not report it." During an interview on 1/11/21 at 11:58 PM, E2 (DON) confirmed that the facility became aware of R4's 12/14/2020 fall on 12/17/2020 and stated, "It was from therapy, I have an email that on 12/17/2020 the resident said she/he slipped on Tuesday, which would have been the 14th, so I then discussed it with E3 (ADON) who was doing many of our investigations." During the same interview, E3 (ADON) stated, "I was told by E2 (DON) on 12/17/2020 and immediately went down to the unit, found the nurse and CNA and did an assessment on the resident. I spoke with E5 (CNA) who said they didn't report it...". During an interview on 1/13/21 at 11:58 AM with E5 (CNA), it was confirmed that R4's fall was not reported to a nurse at the time that it occurred on 12/14/2020; it was reported on 12/17/2020, three days later. E5 stated, "I was not the first one there, (E6) [CNA] came to get me, and when we came in (R4) was close to the floor. We tried to use the lift but it could not carry (R4) in that	F 684		

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F 684	Continued From page 4 position ,so we lowered (R4) to the floor, then we tried the other lift. I did not report it at first, but when they asked I did tell them and documented on paper to explain." These findings were reviewed during the exit conference on 1/11/2021 at 3:00 PM with E1 (NHA) and E2 (DON).	F 684		
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on record review and interview it was determined that for one (R4) out of three residents reviewed for accidents, the facility failed to ensure the appropriate transfer device was used to prevent accidents. Findings include: Review of the facility policy related to falls, last updated 1/2/2020 indicated that "A fall is an unintentional change in position coming to rest on the ground, floor or onto the next lower surface. Examples: resident loses balance and is assisted to the floor by caregivers. A resident is found on the floor and is unable to state whether a fall has occurred." Review of undated facility instructions on transfers indicated, "It is the responsibility of the	F 689	F689 a.R4 was not affected by this deficient practice. b.All residents have the potential to be affected by this deficient practice of not ensuring the appropriate transfer device was used to prevent accidents. c.A root cause analysis was conducted to determine the basis of the deficient practice. It was determined the E5 and E6 did not validate the transfer status upon transferring a resident. E5 and E6 both received education on the use of mechanical lift. E5 and E6 both received competency documenting the proficiency on the use of full body Hoyer lift and the	3/1/21

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F 689	Continued From page 5 CNA or nurse to validate transfer status prior to transferring a resident...Both Hoyer lift and Sit-to-Stand lift require two staff members at all times." 8/11/2020 - E6 (CNA) received education regarding the use of mechanical lifts. 8/12/2020 - E5 (CNA) received education regarding the use of mechanical lifts. 9/9/2020 - E5 (CNA) and E6 (CNA) both received competency documenting proficiency on the use of the full body [Hoyer] lift and the Sit-to-Stand lift. Review of R4's clinical record revealed: 10/15/2020 - An admission MDS assessment was completed that documented R4 as having a BIMS of "6" indicating severe cognitive impairment, R4 required assistance of two staff members for transfers, was only able to stabilize with staff assistance when engaging in transitions from surface to surface, and R4 had impairment on one side of both the upper and lower limbs. 10/21/2020 - An order was written for R4 to "transfer: Hoyer (lift requires assistance of two staff)." 12/8/2020 - A physical therapy note documented "Trialed STS (Sit-to-Stand) lift for transfers...patient requiring left upper extremity stability and foot and knee placement in order to complete safely. R4 with standing tolerance of 1.5 minutes however demonstrates sliding down, making it unsafe. R4 inappropriate at this time for STS lift."	F 689	Sit to Stand lift. The nursing staff will be in-serviced that it is their responsibility to validates the transfer status prior to transferring the residents and educated on when using the Hoyer or sit to lift you always need 2 people. d.The Director of Nursing/designee will make rounds observing the staff using the mechanical lifts to validate they are using the correct mechanical lift and checking the transfer status prior to using the lift. The audit process will be conducted three times a week until compliance is consistently reached 100% of the time during 3 consecutive audits. This will be followed by audits performed once a week until compliance is consistently achieved over 3 consecutive weeks. Finally, a monthly audit will be performed to determine on-going compliance. If compliance is not achieved, re-assessment of on-going issues and corrective actions will be taken. If compliance is achieved, corrective measures will be noted as successful. All results will be brought through the QAPI meetings.	

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F 689	Continued From page 6 12/13/2020 11:15 AM - A note in R4's clinical record documented "Hoyer lift for transfer...". 12/14/2020- R4's fall risk assessment was documented as "10", scores greater than 10 are considered high risk. 12/17/2020 - A care plan was initiated for R4 having an actual fall with no injury. An undated statement written by (E6) [CNA] documented "(R4) was screaming for an aide that he/she needed help. I entered the room and (R4) was was sliding forward. I told (R4) not to move so I could find help...(E5) [CNA] and I put (R4) on the Hoyer lift but (R4) had slid too far forward and the lifts could not reach the machine arms. We then put the STS pad behind (R4) and pulled (R4) forward. (R4) was standing and then let go of the handle and stopped using her/his legs in return then slid down toward the floor. After (E5) and I put the bed all the way down to the floor and we used the STS lift to get (R4) close enough to the bed that we could lift (R4) into the bed." During an interview on 1/11/21 at 10:21 AM with E7 (therapy director) it was reported that "R4 requires a Hoyer lift for transfer." During an interview on 1/13/2020 at 11:58 AM with E5 (CNA), it was confirmed that R4 was assisted back to the bed using a transfer device that was not appropriate for R4. E5 stated, "The way (R4) was positioned, the Hoyer lift pad couldn't be placed underneath, so we used the Sit-to-Stand lift, but (R4) could only hold one side so we (E5) and (E6) [CNA] got (R4) close enough to the bed that we could slide (R4) to the bed safely."	F 689		

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F 689	Continued From page 7 These findings were reviewed during the exit conference on 1/11/2021 at 3:00 PM with E1(NHA) and E2 (DON).	F 689		