STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085006	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regal Heights Healthcare & Rehab Center	6525 Lancaster Pike Hockessin, DE 19707

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32810 Based on observation and interview, it was determined that for two (R154 and R28) out of 40 residents observed the facility failed to ensure the residents right for a dignified existence and privacy was upheld. Findings include: 1. 4/18/24 12:11 PM - During a lunch observation on the [NAME] unit E43 (LPN) referred to R154 as a feeder when removing the resident's lunch tray from the dining care. E43 then stood over R154 while assisting R154 with her meal. E43 immediately confirmed the finding. 2. 4/25/24 11:22 AM - 11:58 AM- During a dressing change observation the privacy curtain to R28's room remained opened. Additionally, E44 (RN) placed a bandage on R28's foot and buttocks. After placing the bandage on R28, E44 then signed and dated the bandages while they were already on the resident. E44 immediately confirmed the finding. 5/1/24 at 1:30 PM - Finding was reviewed during the exit conference with E1 (NHA), E2 (DON), E28 (CRM) and representatives with the Ombudsman's Office.

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.

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

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. 32545 Based on interview and record review, it was determined that for one (R35) out of four residents reviewed for advance directives, the facility failed to offer R35 the opportunity to formulate an advanced directive. Findings include: R35's clinical record revealed: 1/29/24 - R35's quarterly MDS assessment documented that she was cognitively intact with a BIMS (Brief Interview of Mental Status) of 15. Review of R35's clinical record lacked evidence that R35 was offered the opportunity to formulate an advanced directive. 4/26/24 at 2 PM - During an interview, E42 (SW) reviewed the facility's process and acknowledged that R35 was not offered the opportunity to formulate a written advanced directive. E42 stated that she would check with R35 right now and offer the opportunity. 5/1/24 at 1:30 PM - Finding was reviewed during the exit conference with E1 (NHA), E2 (DON), E28 (CRM) and representatives with the Ombudsman's Office.

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F 0620 Level of Harm - Potential for minimal harm Residents Affected - Some	Not require residents to give up Medicare or Medicaid benefits, or pay privately as a condition of admission; and must tell residents what care they do not provide. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32545 Based on interview and record review, it was determined that for one (R35) out of four residents reviewed for advanced directives, the facility failed to disclose and provide R35, a cognitively intact resident, with the facility's admission agreement that included, but was not limited to, addressing services, charges, consents, policies, advance directive form and resident rights. Findings include: Cross refer to F578 R35's clinical record revealed: 6/6/22 - R35 was admitted directly from another skilled nursing facility pending facility closure. Review of the R35's clinical record lacked evidence of a signed admission agreement by R35. 4/26/24 at 3:22 PM - In response to the Surveyor's request for R35's admission agreement, E6 (AD) confirmed in an interview that the admission agreement was not done when R35 was admitted on [DATE]. E6 confirmed that the admission agreement was completed today (4/26/24) with R35 as she was her own representative. 5/1/24 at 1:30 PM - Finding was reviewed during the exit conference with E1 (NHA), E2 (DON), E28 (CRM) and representative's with the Ombudsman's Office.

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F 0623 Level of Harm - Potential for minimal harm Residents Affected - Some	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. 47621 Based on record review and interviews, it was determined that for four (R12, R169, R176, R177) out of seven residents reviewed for hospitalization , the facility failed to ensure that all the mandatory contents of the transfer notice when a resident was transferred to the hospital. Findings include: 1. Review of R12's clinical record revealed: 1/24/14 - R12 was admitted to the facility. 12/25/23 - A progress note documented that R12 was transferred to the hospital to be evaluated after hitting her head on the windowsill. 4/29/24 2:20 PM- Review of the Notices for transfer for R12's 12/25/23 transfer revealed a lack of the required content within the notice such as: - an explanation of the right to appeal the transfer or discharge to the State; - the name, address and telephone number of the State entity that receives such appeal hearing requests; - the information on how to obtain an appeal form; - the information on obtaining assistance in completing and submitting the appeal hearing request; and - the name, address and telephone number of the representative of the Office of the State Long-term Care Ombudsman. 2. Review of R176's clinical record revealed: 11/27/23 - R176 was admitted to the facility. 1/12/24 - A progress note documented that R76 was transferred to the hospital for a change in mental status at the daughter's insistence. 4/29/24 2:20 PM- Review of the Notices for transfer for R176's 1/12/24 transfer revealed a lack of the required content within the notice such as: - an explanation of the right to appeal the transfer or discharge to the State; - the name, address and telephone number of the State entity that receives such appeal hearing requests; (continued on next page)

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F 0623 Level of Harm - Potential for minimal harm Residents Affected - Some	- the information on how to obtain an appeal form; - the information on obtaining assistance in completing and submitting the appeal hearing request; and - the name, address and telephone number of the representative of the Office of the State Long-term Care Ombudsman. 3. Review of R177's clinical record revealed: 11/1/23- R177 was admitted to the facility. 11/15/23 3:21 AM - E58 (LPN) documented R177 was sent to the hospital after a fall. 4/29/24 2:20 PM- Review of the Notices for transfer for R177's 11/15/23 transfer revealed a lack of the required content within the notice such as: - an explanation of the right to appeal the transfer or discharge to the State; - the name, address and telephone number of the State entity that receives such appeal hearing requests; - the information on how to obtain an appeal form; - the information on obtaining assistance in completing and submitting the appeal hearing request; and - the name, address and telephone number of the representative of the Office of the State Long-term Care Ombudsman. 4/26/24 12:20 PM- During an interview, E6 (Admission Director) confirmed that the facility's Notice of Transfer did not include the appeal information. 4/29/24 11:24 AM - During an interview, E1 (NHA) confirmed that the facility failed to complete appeal and Ombudsman contact information on the current facility's Notice of Transfer form. 40264 4. The following was reviewed in R169's clinical record: 11/7/23 - A progress note documented that R169 was admitted to the hospital. 11/21/23 - A progress note and MDS entry documented that R169 was admitted to the hospital. 4/26/24 11:15 AM - Review of R169's Notice of Transfers on 11/7/23 and 11/21/23 revealed a lack of the required information on the contents of the notice such as: - An explanation of the right to appeal the transfer or discharge to the State; (continued on next page)

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F 0623 Level of Harm - Potential for minimal harm Residents Affected - Some	- The name, address (mail and email), and telephone number of the State entity which receives such appeal hearing requests; - Information on how to obtain an appeal form; - Information on obtaining assistance in completing and submitting the appeal hearing request; and - The name, address (mailing and email), and phone number of the representative of the Office of the State Long-Term Care ombudsman. 4/26/24 12:20 PM - During an interview, E6 (Admission Director) stated that the facility's Notice of Transfer form does not include the appeal information. 4/29/24 11:24 AM - In an interview, E1 (NHA) confirmed that the facility did not have the complete appeal and ombudsman contact information in the Notice of Transfer forms currently being sent out to the resident/family representative during a resident transfer/discharge to the hospital. 5/1/24 at 1:30 PM - Findings were reviewed with E1 (NHA), E2 (DON), E28 (CRM) and representatives from the Ombudsman's Office.

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. 32545 Based on interview and record review, it was determined that for one (R130) out of six residents sampled for nutrition and one (R146) out of seven residents sampled for hospitalization , the facility failed to ensure accuracy of the MDS assessments for each resident. Findings include: 1. R130's clinical record revealed: 12/11/23 - R130's physician ordered diet was mechanical soft texture. 4/16/24 - R130's quarterly MDS assessment was not accurately coded to reflect his mechanical diet. 4/24/24 at 10:01 AM - During an interview, finding was confirmed with E48 (RNAC). 2. R146's clinical record revealed: 2/23/23 (revised) - R146 was care planned for requiring hemodialysis for a diagnosis of end stage renal disorder with an approach that specified the offsite location and the treatment days: Tuesday, Thursday and Saturday. 2/16/24 - R146's quarterly MDS assessment was not accurately coded to reflect his required ongoing dialysis treatment under Section O - Special Treatments, Procedures, and Programs. 5/1/24 at 10:42 AM - During an interview, finding was confirmed with E48 (RNAC). 5/1/24 at 1:30 PM - Findings were reviewed with E1 (NHA), E2 (DON), E28 (CRM) and representatives from the Ombudsman's Office.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. 32810 Based on observation and interview, it was determined that for one (R29) out of three residents reviewed for dental services the facility failed to develop a care plan to address the resident's missing teeth. Additionally, for one (R169) out of three residents reviewed for behavior, the facility failed to develop a person centered care plan to address R169's new medical diagnoses of depression and anxiety disorder. Findings include: 1. 12/5/23 - An admission MDS assessment documented R29 had obvious cavity or broken natural teeth. During initial pool screening on 4/18/24 at 12:18 PM, R29 was observed to have missing teeth. During an interview on 4/19/24 at 10:43 AM, FM1 stated, He is losing teeth like crazy and I am worried about that. 4/20/24 - Review of R29's clinical record lacked evidence of a care plan that addressed the resident's broken teeth. During an interview on 4/24/24 at 12:33 PM, E17 (RN) and unit manager confirmed a care plan for R29's missing teeth had not been created but that one would be created immediately. 40264 2. Review of R169's clinical records revealed the following: 11/8/23 - R169 was readmitted to the facility. 11/9/23 - R169's list of diagnoses included depression and anxiety disorder. 11/14/23 - R169's physician's order for lorazepam (for anxiety) 0.5 mg, 1 tablet by mouth every 12 hours as needed for 14 days was discontinued on 11/16/23. 11/16/23 - R169 had a new physician's order for lorazepam 0.5 mg, 1 tablet by mouth every 8 hours as needed for 14 days. 4/25/24 11:42 AM - A further review of R169's records revealed a lack of evidence that the facility developed a person centered care plan to address R169's new medical diagnoses of depression and anxiety disorder. 5/1/24 at 1:30 PM - Findings were reviewed with E1 (NHA), E2 (DON), E28 (CRM) and representatives from the Ombudsman's Office.

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. 47114 Based on observation, interview and record review, it has been determined that for one (R41) out of one resident reviewed for range of motion and mobility, the facility failed to provide appropriate services, equipment and assistance to maintain function and mobility or prevent further decrease in range of motion to R41's left wrist and hand. Findings include: Review of R41's clinical record revealed: 3/14/24 - R41 was readmitted to the facility with diagnoses including but not limited to stroke, left side weakness and contractures. 2/9/23 - A review of the facility contracture measurement comparison evaluation revealed R41 has severe contractures to the left wrist and left hand. 2/2/24 - A review of the facility contracture measurment comparison evaluation revealed R41 has severe contractures to the left wrist and left hand. 3/13/24 3:00 PM - A treatment order for R41 documented adaptive equipment left hand/wrist orthotic to be donned for five hours as tolerated, with skin checks performed every shift for hand therapy. 4/18/24 11:01 AM - R41 was observed in bed and did not have a left hand/wrist orthotic on. The Surveyor asked R41 if she had a splint to wear on the left hand/wrist, R41 said, I have a drawer full. 4/19/24 12:57 PM - Another observation revealed R41 was not wearing a left hand/wrist orthotic. 4/23/24 11:36 AM - During an interview and observation (E17) LPN confirmed R41 is supposed to wear the left hand/wrist orthotic 5 hours a day as tolerated every shift. In addition E17 asked R41 if anyone offered to put the orthotic on, [R41] said, No, not until you asked me. 4/23/24 12:12 PM - An interview with E18 (CNA) confirmed that R41's left hand/wrist orthotic was not on. Additonally E18 stated, I would need to look at R41's care plan to know how long the orthotic should be worn. 4/30/24 1:12 PM - During an interview E34 (Rehab. D) confirmed R41 had left side weakness from a stroke and contractures to the left wrist and hand. In addition, E34 revealed, the orthotic is to prevent worsening of contractures. 5/1/24 at 1:30 PM - Findings were reviewed with E1 (NHA), E2 (DON), E28 (CRM) and representatives from the Ombudsman's Office.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32810 Based on observation and interview, it was determined that for four out of five unit's nourishment areas the facility failed to ensure unit refrigerator food items were dated and labeled. Findings include: The facility policy on Food brought by family/visitors last updated March 2024 indicated, Food bought in by family/visitors that is left with the resident to consume later is labeled, resident name and date. The following observations were made during unit refrigerator tours: - 4/24/24 11:08 AM - The [NAME] unit refrigerator contained one undated, unlabeled garden salad. Finding immediately confirmed by E10 unit clerk. - 4/24/24 11:10 AM - The Eastburn unit freezer/refrigerator contained an undated and unlabeled bag of frozen food, a tea bag, and a bowl of cold cereal. E46 (RN) immediately confirmed the finding. - 4/26/24 1:54 PM - The [NAME] unit refrigerator contained an unlabled and undated pint of fresh strawberries and a Tupperware inside a Ziploc bag. E45 (RN) immediately confirmed the finding. - 4/26/24 1:58 PM - The [NAME] unit refrigerator contained three undated, unlabeled frozen beverages. E19 (RN) immediately confirmed the finding. 5/1/24 at 1:30 PM - Findings were reviewed with E1 (NHA), E2 (DON), E28 (CRM) and representatives from the Ombudsman's Office.

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F 0842 Level of Harm - Potential for minimal harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. 32810 Based on record review and interview it was determined for one (R134) out of four residents reviewed for communication sensory and for one (R51) out of one residents reviewed for smoking the facility failed to ensure resident records were complete and accurate. Findings include: 1. 11/18/22- R134 had cataract surgery. 1/27/24 - An order for protective eye shield as resident allows every shift for cataract surgery was discontinued. 3/12/24-3/15/24 - R134 was hospitalized and returned then readmitted to the facility. 3/16/24 - The order was resumed for R134 to receive a protective eye shield as resident allows every shift for cataract surgery. R143 was not scheduled to receive another cataract surgery. March 2024 - Review of TAR for R134 revealed the protective eye shield was documented as given to the resident. April 2024 - Review of TAR for R134 revealed the protective eye shield was documented as given to the resident. During an interview on 4/25/24 at 11:12 AM, E17 (RN) confirmed the error and stated, The order was discontinued in January. The day of readmission they must have accidentally added it back. E17 then confirmed that staff had been signing the order for protective eye covering as completed and stated, it shouldn't have been signed. During an interview on 4/25/24 at 12:43 PM, E43 (LPN) stated, There's an order for a protective eye covering but he doesn't like it. He doesn't wear it so we still sign it off. E43 was unable to show the R134's eye patch or describe it. E43 then confirmed she had never seen it. During an interview on 4/26/24 at 12:43 PM, R134 confirmed the date of cataract surgery as, and that protective eye covering was no longer needed and not worn by the resident in months. 47114 2. Review of R51's clinical record revealed: 7/20/23 - R51 was admitted to the facility with diagnoses including, but not limited to diabetes, hypertension and chronic obstructive pulmonary disease. 1/15/24 - Review of the facility smoking screen evaluation for R51 documented "no, that the resident does not smoke. (continued on next page)

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F 0842 Level of Harm - Potential for minimal harm Residents Affected - Some	2/8/24 - Review of R51's care plan for smoking documented . 1. Resident is at risk for injury related to smoking . 2. Resident will require supervision while outside smoking . 3. Resident will smoke at designated smoking times and locations. 4/9/24 - Review of the facility smoking evaluation for R51 documented, no, that the resident does not smoke. 4/18/24 2:19 PM - R51 was observed smoking outside. 4/23/24 11:15 AM - During an interview E17 (LPN) confirmed R51's smoking screen evaluation for 1/15/24 and 4/9/24 documented R51 does not smoke. E17 stated, [R51] is definetly a smoker. 5/1/24 10:50 AM - Findings were confirmed with E1 (NHA) and E2 (DON). 5/1/24 at 1:30 PM - Findings were reviewed with E1 (NHA), E2 (DON), E28 (CRM) and representatives from the Ombudsman's Office.