STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085019	A. Building B. Wing	12/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bay Terrace Rehabilitation and Health Center	889 South Little Creek Road Dover, DE 19901

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, it was determined that for one (R1) out of three reviewed for quality of care , the facility failed to provide services for hygiene that met with R1's stated preference of a shower for personal hygiene. Findings include: Cross refer F677 and F684. Review of R1's clinical record revealed: 8/14/15 - R1 admitted to the facility with diagnoses, including but not limited to, diabetes, stroke with left-sided weakness, constipation, dementia and PEG feeding tube in-situ. 10/14/24 - R1's annual Minimum Data Set (MDS) assessment documented in Section F- Preferences for Customary Routine and Activities that it was very important for R1 to choose between a tub bath, shower, bed bath or sponge bath. Due to R1 being nonverbal, F1 (R1's wife) was documented as the primary respondent who answered the MDS questions. Review of R1's care [NAME] revealed, Bathing: Showers preferred Sundays and Thursdays 3-11 (evening shift) (bed bath all other days unless otherwise specified). 11/3/24 10:43 PM - On Sunday, E8 (CNA) documented on R1's care [NAME] that R1 was totally dependent for bathing with a two+ person physical assist and had been given a bed bath. 11/7/24 8:28 PM - On Thursday, E6 (CNA) documented on R1's care [NAME] that R1 was totally dependent for bathing with a two+ person physical assist and had been given a bed bath. 11/10/24 10:12 PM - On Sunday, E9 (CNA) documented on R1's care [NAME] that R1 was totally dependent for bathing with a two+ person physical assist and had been given a bed bath. 11/14/24 10:55 PM - On Thursday, E6 (CNA) documented on R1's care [NAME] that R1 was totally dependent for bathing with a two+ person physical assist and had been given a bed bath. 11/17/24 10:27 PM - On Sunday, E10 (CNA) documented on R1's care [NAME] that R1 was totally dependent for bathing with a two+ person physical assist and had been given a bed bath. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085019	A. Building B. Wing	12/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bay Terrace Rehabilitation and Health Center	889 South Little Creek Road Dover, DE 19901

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	11/21/24 10:45 PM - On Thursday, E6 (CNA) documented on R1's care [NAME] that R1 was totally dependent for bathing with a one person physical assist and had been given a bed bath. Review of R1's entire month of November 2024 care [NAME] revealed there was no evidence that R1 was given his preferred shower at any point during the month. 12/2/24 3:10 PM - The findings were reviewed with E1 (NHA), E2 (DON), E3 (ADON), E4 (RCC) and E5 (RDO) at the exit conference.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085019	A. Building B. Wing	12/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bay Terrace Rehabilitation and Health Center	889 South Little Creek Road Dover, DE 19901

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, it was determined that for one (R2) out of three residents reviewed for Advanced Directives, the facility failed to have a process for documenting and communicating R2's code status decision to the staff. Findings include: The facility's Residents' Rights Regarding Treatment and Advanced Directives Policy: It is the policy of this facility to support and facilitate a resident's right to request, refuse and/or discontinue medical or surgical treatment and to formulate an advance directive .9. Any decision making regarding the resident's choices will be documented in the resident's medical record and communicated to the interdisciplinary team and staff responsible for the resident's care . revised 5/2024 [DATE] - R2 formulated an Advanced Health Care Directive in the presence of a lawyer that named her daughter, [F2], with her other children, as her attorneys-in-fact to make health and/or personal care decisions . Declarant's Health Care Instructions to Physicians - 2.01 If I am incapacitated and in a terminal condition . I direct that I DO NOT want my life prolonged .I do not want used cardiopulmonary resuscitation . [DATE] - R2 was admitted to the facility with diagnoses, including but not limited to, S/P right hip fracture repair and cognitive deficit. [DATE] - E21 (Guest Services) completed with R2 the facility Resuscitation Policy form marking R2 as a Full Code (start CPR) (cardiopulmonary resuscitation). On the line for R2's signature, R2 wrote Restudent. The back of the form contained the Consent to treatment, here R2 signed only her first name and failed to date the document. Both of R2's signatures were witnessed by E21. [DATE] - E20 (NP) ordered in R2's EMR, Full code. [DATE] - E22 (Guest Services) completed with F2 (R2's daughter/POA) the facility Resuscitation Policy form marking R2 as a DNR (Do not resuscitate) (No CPR) (cardiopulmonary resuscitation). F2's signature was witnessed by both E22 and E3 (ADON). The facility Resuscitation Policy form documented R2's wishes regarding life-sustaining treatment as DNR. [DATE] 8:41 PM - E19 (RN) documented in R2's EMR, Nurses note . patient new admission from [hospital] . The on-call from [medical practice] [E20] (NP) notified, confirmed all the orders, Rp (representative) [F2] (R2's daughter/POA) notified of patient arrival at the facility . [DATE] - E21 scanned into R2's EMR the copy of the facility Resuscitation Policy form that R2 signed, stating R2 wanted a Full code order. [DATE] - E21 scanned into R2's EMR a copy of R2's Advanced Directive (dated [DATE]), which the daughter had provided and stated R2 did not CPR. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085019	A. Building B. Wing	12/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bay Terrace Rehabilitation and Health Center	889 South Little Creek Road Dover, DE 19901

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	[DATE] approximately 10 AM- E20 (NP) documented in R2's EMR initial consult note, . History of present illness : 88 y.o (year old) with history of dementia . Patient was found resting in bed with patient's daughter at bedside .Code status: Full code (current and verified [DATE]) . Advance Care Planning- Details: I spent 20 minutes (start time : 1017 Stop time: 1037) in advanced care plan activities. Advance care planning services were explained to the patient and family/persons present as above . The patients' (sic) values and overall goals of future treatments/care were discussed. The patient has the following goals- full code . [DATE] - E22 scanned into R2's EMR the copy of the facility Resuscitation Policy form that F2 signed, stating R2 wanted a DNR order. The facility failed to provide evidence of a process that ensured that the providers were notified that R2's family had requested a change to R2's code status. [DATE] - R2's admission Minimum Data Set (MDS) documented R2's Basic Inventory of Mental Status (BIMS) score as a three, which reflected a severe cognitive impairment. [DATE] - E20 (NP) documented in R2's EMR follow up note, .History of present illness: patient found resting in bed with patient's daughter at bedside .Daughter request for foley to be removed .Code Status List: AD: Full code- other directive (current and verified) [DATE] . [DATE] - E20 (NP) documented in R2's EMR follow up note, .Code Status List: AD: Full code- other directive (current and verified) [DATE] . [DATE] 3:00 PM - E20 (NP) documented in R2's EMR follow up note, . History of present illness: . patient seen today for follow up . Daughter at bedside .Code Status List: AD: Full code- other directive (current and verified) [DATE] . [DATE] - E20 (NP) documented in R2's EMR follow up note, .Code Status List: AD: Full code- other directive (current and verified) [DATE] . [DATE] - E23 (MD) documented in R2's EMR follow up note, .Code Status List: AD: Full code- other directive (current and verified) [DATE] . Advanced Care Planning details: full code from records. This was the first physician encounter that R2 had at the facility, which occurred 20 days after her admission. The facility failed to produce evidence that the physician attempted to contact the family to discuss goals of care and code status. E23's [DATE] note documented that the full code order was confirmed from the records; however, R2's Advanced Health Care Directive (dated [DATE]) was uploaded into R2's facility EMR and stated that R2's wishes were DNR. [DATE] - E20 (NP) documented in R2's EMR follow up note, .Code Status List: AD: Full code- other directive (current and verified) [DATE] . [DATE] - E20 (NP) documented in R2's EMR follow up note, . Chief Complaint/ Nature of presenting problem: low BP (blood pressure) . BP 103/60 [DATE] 8:16 PM . Code Status List: AD: Full code- other directive (current and verified) [DATE] . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085019	A. Building B. Wing	12/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bay Terrace Rehabilitation and Health Center	889 South Little Creek Road Dover, DE 19901

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	[DATE] - E20 (NP) documented in R2's EMR follow up note, . Chief Complaint/ Nature of presenting problem: low BP (blood pressure) .BP 111/68 [DATE] 11:11 AM . Code Status List: AD: Full code- other directive (current and verified) [DATE] . [DATE] - E20 (NP) documented in R2's EMR follow up note, .Code Status List: AD: Full code- other directive (current and verified) [DATE] . [DATE] - E20 (NP) documented in R2's EMR follow up note, .Code Status List: AD: Full code- other directive (current and verified) [DATE] . [DATE] - E20 (NP) documented in R2's EMR follow up note, .History of present illness: . Patient daughter at bedside. Daughter had concerns on patient's right foot .Code Status List: AD: Full code- other directive (current and verified) [DATE] . [DATE] - E20 (NP) documented in R2's EMR follow up note, . History of present illness: . Patient daughter at bedside. I reviewed medication changes with daughter .Code Status List: AD: Full code- other directive (current and verified) [DATE] . [DATE] 2:21 PM - E23 (MD) ordered in R2's EMR, DNR (do not resuscitate) that was entered into R2's EMR by E18 (RN). There were twelve (12) provider encounters, often with the daughter/POA at the bedside, that provided the opportunity to affirm the code status directly with the POA. The facility failed to have a process that communicated to the providers responsible for R2's care that a second and changed facility resuscitation form had been filled out and uploaded into R2's EMR. This form reflected R2's wish to have a DNR order. [DATE] 4:38 PM - E18 (RN) documented in R2's EMR, Nurses note- resident has low oxygen level 77% on room air but improved with oxygen therapy to 95% @2 liter/min. Physician made aware and chest xray, cbc, bmp and urinalysis were ordered. At this time, no s/s (signs/symptoms) of acute distress. Family made aware. [DATE] 6:32 PM - R2's Prehospital care report documented EMTs arrived at R2's bedside. The report narrative written by C10 stated, EMS (emergency medical services) noted that the patient had a hospital band from [hospital] on her wrist from an admittance date of [DATE]. The wrist band had a DNR sticker on it. When EMS asked if the patient had a DNR, the nurse left the room after saying, 'I don't know' .EMS then started to move the patient out of her room when the pulse oximeter gave a reading that the patient's heart rate had [NAME] (heart rate slowing to a dangerous level) down to 20. EMS palpated the patient's pulse and it correlated on the way out of the nursing home. EMS asked if they could get a copy of the DNR, nursing staff was rude towards EMS and said, 'I don't know if I can find it. I will get you a copy . [DATE] 10:10 AM - C8 (hospital palliative NP) completed R2's Palliative medicine Inpatient consult which stated, Pt (patient) wishes no aggressive resuscitation in thee event of a cardiopulmonary emergency .once a LTC (long-term care) bed is found, they would like to have hospice services involved. Her current code status (hospital record) orders reflect her wishes .Code status: DNAR - dtr (daughter) brought paperwork for paper chart at desk. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085019	A. Building B. Wing	12/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bay Terrace Rehabilitation and Health Center	889 South Little Creek Road Dover, DE 19901

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	[DATE] 11:35 AM- During an interview, E22 (Guest Services) stated, I have been here since [DATE]. The old social worker left in August. She had been doing the DNR paperwork. After she left in August, it got assigned to me . I knew from the language on the form that I should not be filling it out . As of yesterday ([DATE]), the admitting nurse is responsible for getting the code status paperwork done. Guest services gets the admission paperwork completed 9with the resident) and then uploads it in the EMR. Guest services will upload the DNR/Advanced directive paperwork into the system if the nurse gives it to me. [DATE] 2:05 PM - During an interview with E2 (DON) and E4 (RCC), E2 stated, The process for advanced directives and code status- the nurse and supervisor on the floor got to the newly admitted resident and ask about code status. They have the resident sign the facility's Resuscitation Policy paperwork. If the resident is confused or has a low BIMS, they call the family or RP (representative person). If we cannot contact them, then the resident defaults to a full code. Both the nurse and the supervisor must sign the form. Then they call the provider to verify the order. We document orders in the EMR and on the ribbon on the PCC dashboard. E4 stated, We self-identified there was an issue and had E2 write a new process for obtaining code status orders. [DATE] 2:48 PM - During a telephone interview, C10 (EMT) stated, Myself and my partner [C9] went to [facility] on this run .She still had the DNR wrist band on from her hospitalization in September. The wrist band was blue and said DNR . At this point, [R2] had bradied down (heart rate had dropped) to 18 on our monitor. I asked about her code status. The nurse brought me a copy of an inhouse Resuscitation policy form that stated she [R2] was a full code. We knew the paramedics were coming so we wanted to get her to the ambulance quickly for them to work on her there. On our way out, we were met by the paramedics who assisted with her care in the ambulance. [DATE] 3:37 PM - During a telephone interview, F2 (R2's daughter/POA) stated that on [DATE], the hospital told her that her mom [R2] would be transferring to [facility]. F2 stated, I went home to get some things and it was during that time, that my mom was transported to [facility]. The facility did try to call to let me know my mom had arrived at the building, but they were calling my mom's landline, not my cell number. E21 and E22 from Guest Services had my mom sign all the paperwork .my mom can have a conversation, but she shouldn't be signing paperwork . anyway, my mom checked the box for full code on the facility form. When I came to the facility, I brought mom's advanced directive and power of attorney paperwork and gave a copy to them. I remember speaking with the social worker about code status. Not sure if I spoke to the nurse practitioner or doctor. There have been a lot of people with all my mom's transfers. I really don't remember . When asked about her mom's transfer back to the hospital on [DATE], F2 stated, Last Thursday [[DATE]], I came in and found my mom in distress. She was having trouble breathing. Two nurses came in to help her; they had trouble getting a pulse ox reading on my mom. They put her on oxygen. The one male nurse pointed to her bracelet (hospital DNR bracelet) and asked, 'what is this?' I replied that is her DNR bracelet. He then said that she was not marked in the system as a DNR. I told him that I gave the facility of her advanced directive and filled out the resuscitation form stating that was her wish . I typically visit my mom in the early afternoon and my sister comes in the evening. Both of us are there almost every day .My mom and our family went to the effort to get her an advanced directive back in 2018. Those are her wishes and we as a family support that. It was my family's intention that my mom be a DNR the entire time that she was in the facility. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085019	A. Building B. Wing	12/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bay Terrace Rehabilitation and Health Center	889 South Little Creek Road Dover, DE 19901

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	[DATE] 2:22 PM - During a telephone interview, C9 (EMT) stated, When I asked her [R2's] code status. The nurse replied that she was a DNR. I asked her to get me a copy. After we loaded R2 on the ambulance for the paramedics to work on her, I went back in the facility and the clinician handed me a DNR policy sheet that the daughter had signed stating that R2 was a DNR. [DATE] 10:35 AM - During an interview, E24 (Social Work) stated, .During the Social work assessment, the daughter [F2] stated that she was not sure and wanted to check her mom's advanced directive regarding code status. So we entered a full code status on the assessment Then the daughter brought in paperwork that said she was a DNR later that day. E24 confirmed that she as a social worker does not enter the order in R2's EMR regarding code status. E24 stated, That would be done by a provider. [DATE] 3:10 PM - The findings were reviewed with E1 (NHA), E2 (DON), E3 (ADON), E4 (RCC) and E5 (RDO) at the exit conference.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085019	A. Building B. Wing	12/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bay Terrace Rehabilitation and Health Center	889 South Little Creek Road Dover, DE 19901

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, it was determined that for one (R1) out of three residents reviewed for quality of care, the facility failed to provide the necessary services to R1 to maintain good grooming and oral hygiene. Findings include: Cross refer F561 and F684. Review of R1's clinical record revealed: 8/14/15 - R1 admitted to the facility with diagnoses, including but not limited to, diabetes, stroke with left-sided weakness, dementia, PEG feeding tube and supra- pubic catheter in-situ. 10/14/24 - R1's annual Minimum Data Set (MDS) assessment documented in Section GG- Functional Abilities documented R1 as dependent for oral hygiene, shower/bathe self, and personal hygiene. The MDS defined dependent as helper does all of the effort. Resident does none of the effort to complete the activity. Oral hygiene was defined in the MDS as the ability to use suitable items to clean teeth. The task of shower/bathe self was defined in the MDS as the ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment. Personal hygiene in the MDS assessment was defined as the ability to maintain personal hygiene, including combing hair, shaving, applying makeup, washing/drying face and hands (excludes baths, showers, and oral hygiene). Review of R1's care [NAME] for the month on November 2024 revealed multiple CNA's documented in the task section, Oral hygiene, personal hygiene and shower/bathe self - dependent. The helper does all of the effort. Resident does none of the effort to complete this activity. 11/23/24 6:24 PM - [Ambulance transport] Emergency medical technicians (EMTs) arrived at the facility to transport R1 to the hospital for respiratory distress. 11/23/24 8:56 PM - C4 (RN, hospital forensic nurse) photographed R1's appearance upon his admission to [hospital] emergency room. Review of R1's [hospital] forensic photos and documents revealed, .Photograph #4 [IMG_1740] Patient [R1] suprapubic cath, dried drainage around cath . The surveyor noted photo to have crusty, dark debris surrounding the insertion site of R1's suprapubic catheter. .Photograph #7 [IMG_1744] Patients (sic) pillow, linen dirty . The surveyor noted R1 with greasy hair and pillowcase with yellowish, brown stain where R1's head was on the pillow. .Photograph #10 [IMG_1747] inside of patients (sic) mouth, poor dental care . The surveyor noted R1's lips were cracked and flaking, R1 's tongue had dry, white patches on it, which can be a sign of bacteria build up and discolored, dull teeth with plaque buildup. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085019	A. Building B. Wing	12/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bay Terrace Rehabilitation and Health Center	889 South Little Creek Road Dover, DE 19901

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	.Photograph #11 [IMG_1748] Patient rolled to right side. Image of patients (sic) back, dried skin, yellowing, scabs . The surveyor noted the majority of R1's back was covered with patches of skin that are hyperpigmented, scaly and rough due to poor hygiene (dermatitis neglecta) with underlying inflamed, pink skin. 11/27/24 11:05 AM - During an interview when asked about the facility's shower beds for bedbound residents, E2 (DON) stated, Yes we have one but I am not sure it is available for the staff to use. E11 (RN Supervisor/Unit manager) piped in, no there are no shower beds in the facility. To which , E4 (RCC) responded, What do you mean there aren't any shower beds? 11/27/24 12:01 PM - During an interview, E7 (NP) stated, . [R1] has contact dermatitis and he sweats a lot so the derm [consult] ordered the hibclens wash. After being shown photograph #11 [IMG_1748], E7 stated, [R1] is not being properly cleaned. That (pointing at the dry flaky skin patches) should all come off with water and a washcloth . When asked if she or the other providers had been notified that the facility had no functional shower beds, E7 stated that she was not aware of that. 12/2/24 2:10 PM - The surveyor toured each unit and requested to see the unit's shower rooms. On D wing, during an interview, E12 (LPN) stated, We have a brand new shower bed. It has never been used. It can't fit into the shower room. The surveyor observed there was a cement tiled half wall that made it impossible to maneuver the shower bed into the shower area in the shower room. On B wing, E13 (LPN) stated that the unit did have a shower bed and it could fit in the shower area, if the CNAs moved the wheelchair tub out of the way. She stated there were issues with draining the shower bed because there was a drain in the shower so when they use the shower bed, they have to run a tube from the shower bed into the wheelchair tub to drain the dirty water from the shower bed. On C wing, E14 (CNA) stated, We don't have a shower bed. Ours is broken. That is why [R1] does not get showers. And even if it works, it really does not fit in the shower are because of that wall (pointing to the tiled half wall). 12/2/24 3:10 PM - The findings were reviewed with E1 (NHA), E2 (DON), E3 (ADON), E4 (RCC) and E5 (RDO) at the exit conference.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085019	A. Building B. Wing	12/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bay Terrace Rehabilitation and Health Center	889 South Little Creek Road Dover, DE 19901

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, it was determined for one (R1) out of three residents reviewed for hospitalization, the facility failed to provide services to maintain R1's bowel function. The facility's failure to initiate the bowel protocol resulted in harm to R1 as it resulted in R1 undergoing a fecal disimpaction procedure during his 11/23/24 hospitalization. Additionally, the facility failed to obtain ordered blood work, to provide neb treatment due to machine not available and failed to obtain peripheral access for intravenous fluid infusion and supplemental oxygen order. Findings include: Cross refer F561 and F677. Review of R1's clinical record revealed: 8/14/15 - R1 was admitted to the facility with diagnoses, including but not limited to, diabetes, stroke with left-sided weakness, constipation, dementia and PEG feeding tube in-situ. a. The facility's Bowel Protocol- Laxative: Milk of Magnesia 30 cc after 3rd day without BM (bowel movement) (3-11) (signifies given on the 3 PM to 11 PM shift) - if no BM, then bisacodyl suppository (7-3) (signifies 7 AM to 3 PM shift) - if no BM, then fleets enema (3-11) (signifies 3 PM to 11 PM shift) 2/1/18 - R1 was ordered senna syrup (a medication used to treat constipation) 8.8. mg/5 ml - give 10 ml via PEG tube two times a day related to constipation. 1/31/21 - R1 was started on Lactulose solution (a medication used to treat constipation by increasing water absorption and pressure in the colon) 20 gm/30 ml- give 30 ml via PEG two times a day for ileus (a partial or complete non-mechanical blockage of the intestine). It should be noted that R1 was ordered to be administered the two above- mentioned laxative medications twice a day every day as part of his routine medications. 11/19/24 9:54 PM - E6 (CNA) documented in R1's electronic medical record (EMR) that R1 was incontinent of a large, putty-like stool. Review of R1's EMR progress notes revealed no documentation by nursing or the providers regarding R1's lack of bowel movement from 11/19/24 night shift to 11/23/24 evening shift. Any notes during this time period lacked evidence of assessment of R1's abdomen and documentation of bowel sounds. Review of R1's EMR revealed no additional bowel/laxative medication was ordered after nine shifts (3 days) with no documentation of R1 having a bowel movement. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085019	A. Building B. Wing	12/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bay Terrace Rehabilitation and Health Center	889 South Little Creek Road Dover, DE 19901

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Actual harm Residents Affected - Few	11/22/24 12:51 PM - E7 (NP) documented in R1's EMR progress notes, XXX[AGE] year old male with pmhx (past medical history) of CVA (cerebral vascular accident/stroke) with hemiplegia and dependent for all ADLs (activities of daily living) .Notified this morning that patient is hypoxic, tachypneic, rhonchorus (sic) and febrile . Physical exam: Gastrointestinal: soft: positive; Tender: negative; Distended; negative; Dysphagia; positive; Bowel sounds Present: X 4 Quadrants; PEG tube; positive . This note lacked evidence of any documentation regarding R1's lack of bowel movement in three days or any interventions to alleviate his constipation. R1's last documented bowel movement (BM) was 11/19/24 at 9:54 PM. From 11/19/24 at 9:54 PM until 11/23/24 at 6:24 PM ,which was a total of eleven and a half shifts, R1 did not have a bowel movement. 11/23/24 6:24 PM - [Ambulance transport] Emergency medical technicians (EMTs) arrived at the facility to transport R1 to the hospital for respiratory distress. 11/24/24 2:02 AM - C1 (hospital emergency room physician) documented in R1's Hospitalist History and Physical Note, .Physical Exam- Abdominal: General: Abdomen is flat. Tenderness: There is generalized abdominal tenderness . 11/24/24 5:28 PM - C3 (hospital general surgery resident/MD) documented in R1's medical record, . diagnostic workup for his sepsis shows large fecal stool burden in rectum, general surgery consulted for fecal disimpaction .Physical Exam- Abdomen: mildly distended .CT of abdomen and pelvis .There is moderate fecal retention, especially within the rectum, which is distended up to 8 cm (centimeters) .will evaluate patient at bedside and perform digital rectal exam and fecal disimpaction. Will also order soap suds enema. After his disimpaction, recommend resident be placed on a bowel regimen . C2 (hospital general surgeon attending/MD) documented in R1's medical record a consult note, [AGE] year old male bedbound, previous stroke, contractures, PEG tube dependent for feeding, suprapubic cystostomy catheter in place, admitted for urosepsis. General surgery consulted for fecal (stool) disimpaction (a procedure to remove trapped stool from the rectum). Will perform a fecal disimpaction at bedside. Continue enemas. Review of R1's EMR CNA (certified nurses aide) tasks revealed various CNAs documented, DN- No bowel movement from Tuesday, 11/19/24 night shift to Saturday, 11/23/24 day shift. This confirmed that R1 went a total of eleven 8-hour shifts without having a bowel movement. 12/2/24 2:45 PM - During an interview with E2 (DON) and E4 (RCC), E2 reiterated the facility's bowel protocol for when a resident goes three days without a bowel movement. We run the report from the EMR. It is called a complex alert documentation report. Usually it is the day shift supervisor who runs the report. Then we discuss the residents on the BM list at the morning clinical meeting. Then an order is entered to start the protocol with milk of magnesia to be given on evening shift (3-11 PM) as a one-time order so it flags red in the MAR for the nurse to administer and sign off the medication. The facility was unable to provide evidence of the complex alert documentation report for 11/22/24 and 11/23/24 when requested. The facility was unable to provide evidence of the one-time order for milk of magnesia for R1 that was to be entered on 11/23/24 and administered on 11/23/24 evening shift. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085019	A. Building B. Wing	12/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bay Terrace Rehabilitation and Health Center	889 South Little Creek Road Dover, DE 19901

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Actual harm Residents Affected - Few	It should be noted that, per the facility's protocol, day three (9 shifts) without a bowel movement for R1 would flag in the report system on Friday, 11/22/24 after evening shift. The first complex alert documentation report that would reflect this information was Saturday, 11/23/24. There were no morning clinical meetings on weekends and therefore no complex alert documentation report. b. The facility's Oxygen Administration Policy: .Policy Explanation and Compliance Guidelines: 1. Oxygen is administered under orders of a physician, except in the case of an emergency. In such case, oxygen is administered and orders for oxygen are obtained as soon as practicable when the situation is under control . 8. Staff shall notify the physician of any changes in the resident's condition, including changes in vital signs, oxygen concentrations, or evidence of complications associated with the use of oxygen. Revised 5/2024 11/22/24 Friday 10:29 AM - E15 (LPN) documented in R1's Electronic medical record (EMR), .On assessment @approx. (sic) 0830, resident appear (sic) to be struggling to breathe, lung sounds assessed resident has coarse and crackling lung sounds. O2 (oxygen) assessed, resident at 77 %, O2 @2L (liters) applied, rose to 93% via NC (nasal cannula), B/P (blood pressure) - 133/81, HR (heart rate) 120 (normal adult heart rate is 60 to 100 beats per minute), Temp 98.9, 42 breaths per minute (normal adult respiratory rate is 12 to 20 per minute). On-call NP contacted with no answer, [E16] (MD) contacted with no answer, NP later called back with N. O (new order) ceftriaxone (antibiotic) 1 gm, guaifenesin liquid (cough medicine) 100 mg/5 ml, CBC w/diff (blood work- complete blood count with differential), BMP (blood work- basic metabolic panel). [E16] applied to N.O. for Xray. Resident emergency contact #1 contacted to make aware of the resident condition. 11/22/24 Friday 12:51 PM - E7 (NP) documented in R1's EMR progress notes, XXX[AGE] year old male with pmhx (past medical history) of CVA with hemiplegia and dependent for all ADLs . Notified this morning that patient is hypoxic, tachypneic, rhonchorus (sic) and febrile . Plan: Ceftriaxone 1 gm IM (intramuscular) q (every) 24 hours X (times) 5 days, Normal saline @ 50 ml/hr for 3 days. Antitussive, antipyretics as needed, suction q 2 hours . 11/22/24 - E7 (NP) ordered in R1's EMR, .BMP one time only for febrile illness .CBC with Diff one time only for febrile illness . flu, COVID, RSV one time only for viral panel swab .please place peripheral IV, if unable to obtain, consider external IV team to come and place midline .vital signs q shift x 3 days . Ipratropium-Albuterol solution (inhaled bronchodilator medication) 0.5-2.5 (3) mg/ 3 ml - 1 dose inhale orally four times a day for congestion; Start date - 11/23/2024 0000 .Sodium chloride solution 0.9% - use 50 ml/hr intravenously x 24 hours for IV infusion for hydration X 3 days. 11/22/24 Friday 2:13 PM - E15 (LPN) documented in R1's EMR, Nurses Note -NP notified and confirmed N. O . Use 50 ml/hr intravenously X 24 hours for IV infusion for hydration for 3 days. Please place peripheral IV (intravenous access). Flu, COVID, RSV (respiratory syncytial virus) (swabs). Vital signs q shift for 3 days. BMP, CBC with diff, Chest X-ray- crackles heard during assessment. Resident RP (representative) made aware of all N.O, is ok with treating resident in house. 11/22/24 Friday 7:35 PM - E11 (RN supervisor) documented in R1's EMR, Nurses note - NP called for update on patient. Gave her the vitals, pts (sic) heart rate is 110, orders received, informed her that his labs will not be drawn until 7:00 AM 11-23-24, she verbalized understanding. 11/22/24 Friday 8:10 PM - E11 documented in R1's EMR, Nurses note - Called [facility contracted laboratory] lab to get STAT labs ordered, left message on voice mail, will pass on in report. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085019	A. Building B. Wing	12/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bay Terrace Rehabilitation and Health Center	889 South Little Creek Road Dover, DE 19901

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Actual harm Residents Affected - Few	11/22/24 Friday 9:21 PM - E11 documented in R1's EMR, Administration note - Sodium chloride solution 0. 9% use 50 ml/hr intravenously x 24 hours for IV infusion for hydration for 3 days, no IV access. 11/23/24 Saturday 11:34 AM - E11 documented in R1's EMR, Nurses note - call placed to [medical practice] awaiting call back, can't get IV in patient. 11/23/24 Saturday 1:05 PM - E11 documented in R1's EMR, Nurse note - spoke to NP [E17] informed her pts. (sic) vitals, breathing at a rate of 28 on 5 liters nasal cannula, expiratory wheezes, 112/72, 107, 98.3. Unable to get IV access several attempts, facility does not have outside company to insert IV venous access. Phlebotomist unable to draw labs . Review of R1's clinical records lacked evidence of the facility's plan for obtaining peripheral access after several failed attempts and having no external company to come insert a midline. 11/23/24 Saturday 2:00 PM - E11 documented in R1's EMR, Nurses note - spoke with NP [E17] she reordered labs, station called the lab. I was informed unable to send phlebotomist out until Monday. Review of R1's clinical records lacked evidence of the facility's plan for obtaining STAT labs in a timely fashion after [laboratory] was unable to obtain the lab draw and allegedly informed the facility of a delay in another attempt until Monday, 11/24/24, which was close to seventy-two hours after the STAT labs were ordered. 11/23/24 Saturday 3:36 PM - E15 (LPN) documented in R1's EMR, Orders administration note - Ipratropium-Albuterol solution 1 dose inhaled orally four times a day for congestion . Machine not available per supervisor. Review of R1's clinical record lacked evidence of the facility's plan for the administration of the ipratropium-albuterol medication in light of the lack of a nebulizer machine availability. This medication was ordered to start on 11/23/24 at 0000 (midnight) so R5 missed four doses of the medication by the time R5 was sent to the hospital. Review of R1'S clinical record revealed a lack of any documented vital signs or nurses notes for the entire 11/22/24 night shift (from 11 PM on 11/22/24 to 7 AM 11/23/24). There were vitals signs documented for day and evening shifts on 11/22/24 and day and evening shifts on 11/23/24. 11/23/24 Saturday 6:26 PM - From R1's [Emergency transport company] Prehospital Care Report, the emergency medical technicians (EMTs) arrived in R1's room and increased his supplemental oxygen to 6 L NC. 11/23/24 Saturday 6:59 PM - R1 arrived at [hospital] emergency room. 11/23/24 Saturday 7:09 PM - E18 (RN) documented in R1's EMR, Nurses note - With the resident's spouse agreement and provider, sent to ED (emergency room) for increased respiratory distress and lethargy. Spouse disallowed labs work pending until Monday. Resident sent to ED for further evaluation and treatment. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085019	A. Building B. Wing	12/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bay Terrace Rehabilitation and Health Center	889 South Little Creek Road Dover, DE 19901

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Actual harm Residents Affected - Few	11/24/24 Sunday 2:02 AM - C1 (hospital ER physician) documented in R1 's hospital EMR, Hospitalist History and Physical- In the ED, patient meets sepsis criteria with fever, tachypnea, tachycardia .labs 11/23/24 7:07 PM- WBC (white blood count) 13.8 (normal range 4.5-11.0), glucose 1359 (normal range 70-140), BUN 190 (normal range 7-20), creatinine 4.3 (normal range 0.7-1.3), sodium 153 (normal range 137-145) and potassium 5.9 (normal range 3.5-5.1) .Plan: 1. Admit to ICU (intensive care unit), consult critical care team. Manage hyperglycemia with insulin drip. Received IV sepsis bolus . 11/27/24 8:28 AM - During a telephone interview, C5 (laboratory supervisor) stated, For STAT labs, we come out our next availability. We have a phlebotomist available on weekends from 5 AM to 12 noon. It is limited . [laboratory] lab did have staff available on Sunday 11/24/24 to draw lab work. 11/27/24 9:44 AM - During an interview, E15 (LPN) stated, A guy from [laboratory] lab did come out on Saturday to draw labs. I think his name was [C7] and he was unsuccessful at getting the labs. 11/27/24 9:59 AM - During a telephone interview, C6 (lab personnel) confirmed that their company has a lab tech named [C7], who was sent to [facility] on Saturday morning to obtain labs. C6 also stated, No on came out on Friday (11/22/24) after the morning run . During weekdays, if a STAT lab order is called in prior to 3 PM, we have the availability to send a phlebotomist out that day. If the order comes in after 3 PM, the STAT lab order is added to the next morning's lab run . There were STAT labs called in on Saturday (11/23/24). There was a message on the voicemail. I was here on Saturday and checked the answering machine. [C7] came to the facility on Saturday 11/23/24 for the STAT labs. I am not seeing any labs in the system for [R1] on that day, probably put in as a UTL (unable to obtain). Of note, the order for the STAT was documented by E15 (LPN) on Friday 11/22/24 at 2:13 PM. 11/27/24 12:11 PM - During an interview, E2 (DON) confirmed that R1's EMR orders did not have an order entered for supplemental oxygen on 11/22/24 or 11/23/24. E2 also confirmed that the facility was not able to provide evidence of R1's STAT lab results as the lab was not successful at obtaining the ordered lab work. E2 also stated, We don't have the swabs results (flu, COVID, RSV). E2 confirmed the facility had the ability to perform a COVID swab in house. The facility failed to enter a supplemental oxygen order from its initiation during R1's respiratory crisis on 11/22/24 at 10:29 AM until R1's transfer to the hospital thirty-two hours later. During these thirty-two hours, R1's supplemental oxygen was titrated from 2L NC to 5L NC. 12/2/24 3:10 PM - The findings were reviewed with E1 (NHA), E2 (DON), E3 (ADON), E4 (RCC) and E5 (RDO) at the exit conference.