

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/02/2024
NAME OF PROVIDER OR SUPPLIER  Wilmington Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  700 Foulk Road Wilmington, DE 19803	

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)
<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p>46134</p> <p>Based on record review and interview, it was determined for one (R118) out of the survey sample reviewed for planning and implementing care, the facility failed to provide R118 the right to be informed of and participate in her treatment. Findings include:</p> <p>Delaware Medical Orders for Scope of Treatment (DMOST) is a form, that when completed and signed by the patient and a medical provider, documents the medical orders that indicate the level of life sustaining care a person wishes to have performed on them if they have no pulse or stop breathing.</p> <p>Review of R118's clinical record revealed:</p> <p>8/28/24 - R118 was admitted to the facility with a physician order Do Not Resuscitate.</p> <p>9/4/24 - A Minimum Data Set (MDS) assessment indicated that R118 had a BIMS of 15, meaning that R118 was cognitively intact.</p> <p>9/20/24 2:30 PM - A review of R118's electronic medical record (EMR) contained a document titled Delaware Medical Orders for Scope of Treatment (DMOST) form which was signed by R118 and E50 (Nurse Practitioner) on 9/3/24. R118's DMOST form indicated that she wished to have full treatment (Full Code) administered to her if she was ever found to have no pulse or stop breathing.</p> <p>9/20/24 2:40 PM - During an interview, E2 (DON) confirmed that R118's EMR chart contained her DMOST form, signed and dated by R118 and E50, that indicated that R118 wished to be a Full Code to her if she was ever found to have no pulse or stop breathing.</p> <p>10/2/24 3:00 PM - Finding was reviewed during the exit conference with E1(NHA), E2 (DON), E3(ADON), E46 (VPO) and a representative from the Ombudsman's Office.</p>

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:  085028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/02/2024
NAME OF PROVIDER OR SUPPLIER  Wilmington Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  700 Foulk Road Wilmington, DE 19803	
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)		
<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>32545</p> <p>Based on interview and record review, it was determined that one (R76) out of four residents reviewed for resident rights, the facility failed to identify and facilitate the resident's self-determination through support of resident choice with respect to his scheduled shower times. Findings include:</p> <p>R76's clinical record revealed:</p> <p>4/29/24 - The admission MDS assessment documented that R76's response to While you are in this facility, how important is it to you to choose between a tub bath, shower, bed bath, or sponge bath? R76's response was very important.</p> <p>10/11/24 (last revised) - R76 was care planned for requiring one staff person assist for bathing.</p> <p>According to the November 2024 CNA Documentation Survey Report, R76 was scheduled showers every Tuesday and Friday during day shift and as needed. However, closer review of the Report revealed that the report was setup for staff to document during day shift every Monday and Thursday and PRN (as needed). Four out of four scheduled opportunities from 11/18/24 to 11/30/24, no showers were provided to R76 nor was it documented that R76 refused. On Thursday, 11/21/24, staff documented that R76 received a shower during evening shift under PRN.</p> <p>Review of the December 2024 CNA Documentation Survey Report revealed that five out of five scheduled opportunities from 12/1/24 through 12/16/24, no showers were provided to R76 nor was it documented that R76 refused.</p> <p>12/19/24 at 8:30 AM - During an interview, R76 stated that he hasn't had a shower since last month. When asked about his scheduled showers, R76 explained that he gets up early every day and was already dressed when the staff approach him about a shower. R76 explained that he does not refuse showers, but that he doesn't want to get undressed.</p> <p>12/19/24 at 11:00 AM - During an interview, E18 (CNA) stated that R76 was already up and dressed when day shift starts care. E18 confirmed that R76 was scheduled for showers every Tuesday and Friday day shift. E18 stated that she tells the assigned nurse when he doesn't take a shower.</p> <p>12/19/24 at 11:02 AM - During a combined interview with E4 (RN/UM) and E6 (RN/UM), E4 heard that R76 refused yesterday. Surveyor reviewed the November 2024 and December 2024 CNA Documentation Survey Reports where the CNAs are not documenting refusals. Surveyor asked if any nursing staff spoke with R76 to determine why showers were not being done and to determine his choice of a scheduled shower time. There was no response.</p> <p>Review of R76's nursing progress notes lacked evidence that staff identified and facilitated discussion with R76 to determine his choice of a scheduled shower time.</p> <p>12/23/24 at 12:00 PM - Finding was reviewed during the exit conference with E1 (NHA) and E2 (DON).</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/02/2024
NAME OF PROVIDER OR SUPPLIER  Wilmington Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  700 Foulk Road Wilmington, DE 19803	
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)		
<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>32545</p> <p>Based on interview and record review, it was determined that for one (R26) out of five residents reviewed for pressure ulcers, the facility failed to accurately reflect R26's medical status in the annual MDS assessment. Findings include:</p> <p>The October 2023 RAI Manual stated the following under Section M: Skin Conditions:</p> <ul style="list-style-type: none"> <li>- Moisture Associated Skin Damage defined, . superficial skin damage caused by sustained exposure to moisture such as incontinence, wound exudate, or perspiration . MASD with skin erosion has superficial/partial thickness skin loss . the tissue is blanchable and diffuse and has irregular edges. Inflammation of the skin may be present. Necrosis is not found in MASD. If pressure and moisture are both present, code the skin damage as a pressure ulcer/injury in M0300. If there is tissue damage extending into the subcutaneous tissue or deeper and/or necrosis is present, code the skin damage as a pressure ulcer in M0300 .</li> </ul> <p>R26's clinical record revealed:</p> <p>8/13/24 - The Wound Assessment Report by C1 (WCC) revealed:</p> <ul style="list-style-type: none"> <li>-Location: sacrum</li> <li>-Measurements: 1 cm x 2 cm x 0.30 cm</li> <li>-Etiology: MASD (Moisture Associated Skin Damage)</li> <li>-Stage/severity: Full Thickness</li> <li>-50% epithelial</li> <li>-30% granulation</li> <li>-20% slough</li> <li>-Wound edges: attached.</li> <li>-Exudate Amount: moderate</li> <li>-Exudate Description: Serosanguineous.</li> </ul> <p>8/18/24 - The annual MDS assessment documented that R26 had no unhealed pressure ulcer and had MASD.</p> <p>Review of the 8/18/24 annual MDS assessment under Section M0300 revealed the following:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/02/2024
NAME OF PROVIDER OR SUPPLIER  Wilmington Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  700 Foulk Road Wilmington, DE 19803	

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)
<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Stage 2 was defined as Partial Thickness loss of dermis presenting as a shallow open ulcer with a red-pink wound bed, without slough or bruising .</p> <p>-Stage 3 was defined as Full Thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss .</p> <p>10/1/24 at 10:48 AM - During an interview, the Surveyor and E47 (MDS Coordinator) reviewed the annual MDS assessment. E47 stated that they code the MDS based on the Wound Care Consultant's documentation. The Surveyor confirmed with E47 that C1 was not staging R26's sacral pressure ulcer. Review of C1's documentation, E47 stated that for the 8/18/24 assessment R26's sacrum was documented as MASD.</p> <p>The facility failed to accurately reflect R26's sacral skin condition as a Stage 3 sacral pressure ulcer.</p> <p>10/2/24 at 3:00 PM - Finding was reviewed during the exit conference with E1 (NHA), E2 (DON), E3 (ADON), E46 (VPO) and a representative from the Ombudsman's Office.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/02/2024
NAME OF PROVIDER OR SUPPLIER  Wilmington Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  700 Foulk Road Wilmington, DE 19803	
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)		
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>48409</p> <p>Based on observation, interview, and record review, it was determined that for six (R26, R81, R89, R103, R326 and R328) out of 46 residents reviewed for care plans, the facility failed to develop and implement a comprehensive person-centered care plans for each resident. For R81, R89, R103 and R328, the facility failed to develop care plans based on assessment to restore and maintain their bladder and bladder continence to the extent possible. For R326, the facility failed to develop a person-centered care plan for R326 despite a high fall risk assessment. For R26, the facility failed to develop a pressure ulcer care plan. Findings include:</p> <p>Cross refer F690.</p> <p>1. Review of R81's clinical records revealed:</p> <p>1/19/23 - R81 was admitted to the facility with diagnoses including dementia and difficulty walking.</p> <p>9/13/24 - R81's annual MDS documented a BIMS score of 15, indicating an intact cognitive status. R81's annual urinary MDS assessment documented, Occasionally incontinent of urine .</p> <p>9/13/24 - R81's toileting care plan documented, Occasional incontinent of bladder and continent of bowels. The care plan interventions included, Check and change briefs frequently and provide toileting hygiene with brief changes.</p> <p>The facility failed to conduct a bowel and bladder assessment to formulate a person centered bowel and bladder care plan.</p> <p>9/13/24 - R81 was readmitted to hospital with diagnoses including internal bleeding.</p> <p>9/20/24 - R81 was readmitted to the facility with a new diagnoses of urinary tract infection.</p> <p>The facility failed to conduct a bowel and bladder assessment to formulate a person centered bowel and bladder care plan.</p> <p>2. Review of R89's clinical records revealed:</p> <p>2/28/24 - R89 was admitted to the facility with diagnoses including lung disease, and acute kidney failure. R89's admission bladder and bowel assessment documented, Continent.</p> <p>3/6/24 - R89's admission MDS documented a BIMS score of 15, indicating an intact cognitive intact status. The MDS also documented, Frequently incontinent of bladder.</p> <p>3/7/24 - R89's toileting care plan documented, . Incontinent of bladder and bowel . The interventions included, Check and change briefs frequently as needed, provide toileting hygiene with brief changes.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/02/2024
NAME OF PROVIDER OR SUPPLIER  Wilmington Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  700 Foulk Road Wilmington, DE 19803	
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)		
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The facility failed to conduct a bowel and bladder assessment to formulate a person centered bowel and bladder care plan.</p> <p>6/10/24 - R89's quarterly MDS assessment documented, Frequently incontinent of bowel and bladder.</p> <p>The facility failed to conduct a bowel and bladder assessment to formulate a person centered bowel and bladder care plan.</p> <p>9/17/24 - R89's quarterly MDS assessment documented, Frequently incontinent of bowel and bladder.</p> <p>The facility failed to conduct a bowel and bladder assessment to formulate a person centered bowel and bladder care plan.</p> <p>9/26/24 - A review R89's flow sheets from 8/28/24 to 9/25/24 revealed 113 episodes of urinary incontinence</p> <p>3. Review of R103's clinical records revealed:</p> <p>4/19/24 - R103 was admitted to the facility with diagnoses including left femur (thigh bone) fracture and dementia.</p> <p>5/2/24 - R103's admission MDS documented a BIMS score of 11, indicating a mild cognitive impairment. The MDS documented, Frequently incontinent of bladder and bladder. R103's care plan interventions included, Check and change .provide toileting hygiene with brief changes.</p> <p>The facility failed to conduct a bowel and bladder assessment to formulate a person centered bowel and bladder care plan.</p> <p>9/27/24 10:33 AM - During an interview, R103 stated that he was continent when he was at home, I started peeing on myself after I broke my hip, but its healed now. R103 was observed ambulating independently. The surveyor asked if he would consider trying to regain some urinary continence. R103 stated, That would be nice.</p> <p>9/27/24 - A review of R103's flow sheets from 8/29/24 to 9/26/24 revealed 74 episodes of urinary incontinence.</p> <p>4. Review of R326's clinical records revealed:</p> <p>9/7/24 - R326 was admitted to the facility with diagnoses including dementia and fractures of the pelvis. R103's admission fall assessment documented a score of 16 (indicating a high fall risk.)</p> <p>9/7/24 - R326's fall care plan documented, . At risk/had a fall . related to dementia . The interventions included, .Remind the resident to use the [call] light to ask for assistance .</p> <p>9/17/24 - R326's admission MDS documented a BIMS score of 2, indicating severe a cognitive impairment. R326 was dependent on staff for activities of daily living.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/02/2024
NAME OF PROVIDER OR SUPPLIER  Wilmington Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  700 Foulk Road Wilmington, DE 19803	
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)		
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>9/17/24 9:48 AM - R326's clinical records documented that he was emergently sent to the hospital for evaluation after he sustained a fall from the bed to the floor.</p> <p>9/27/24 10:30 - A review of R326's fall care plan revealed that even though he was identified as a high fall risk due to severe cognitive impairments, the care plan lacked person-centered interventions for fall preventions including but not limited to low bed, and non-skid socks.</p> <p>The facility failed to develop a person-centered fall care plan which included appropriate interventions for R103 despite a BIMS score of 2, and a fall score of 16.</p> <p>5. Review of R328's clinical records revealed:</p> <p>9/11/24 - R328 was admitted to the facility with diagnoses including urinary tract infection and difficulty walking. R328's admission fall assessment documented a fall score of 17 (high risk.) The bowel and bladder assessments were incomplete.</p> <p>9/24/24 - R328's admission MDS documented a BIMS score of 10, indicating a mild cognitive impairment. The bowel and bladder documented, Frequently incontinent. R328's toileting care plan interventions included, .Check and change briefs frequently as needed .</p> <p>9/25/24 4:33 AM - R326's clinical records documented that she sustained a fall while going to the bathroom. This fall resulted in an emergent hospital visit. R326's fall was reviewed by the facility's interdisciplinary team, but no additional interventions were implemented.</p> <p>9/27/24 9:00 AM - During an interview, R328 stated that she was continent of bladder and bladder prior to coming to the facility. R328 stated, I am so angry about how I am doing. I don't think I will be able to go home if I don't get better. The surveyor asked R328 if she was offered to go to the bathroom by the staff. She stated, No, I wear a diaper and I go in it.</p> <p>10/2/24 1:30 PM - A review of R328's clinical records from 9/12/24 to 10/2/24 revealed 28 episodes of bladder incontinence and 12 episodes of bowel incontinence.</p> <p>The facility failed to formulate person centered toileting care plans with interventions to promote continency for R81, R89, R103 and R328. Additionally, the facility failed to formulate a person-centered fall care plan with interventions for R326.</p> <p>32545</p> <p>6. Cross refer to F686, example 1</p> <p>The October 2023 RAI Manual defined Stages 3 and 4 Pressures Ulcers as:</p> <p>-Stage 3: Full Thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss.</p> <p>-Stage 4: Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/02/2024
NAME OF PROVIDER OR SUPPLIER  Wilmington Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  700 Foulk Road Wilmington, DE 19803	

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)
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R26's clinical record revealed:</p> <p>1/2/24 - R26 was care planned for at risk for pressure ulcers.</p> <p>6/27/24 at 7:06 AM - A Skin Wound Note by C1 (WCC) documented, . sacrum . full thickness . 3 cm x 1 cm x 0.10 cm, periwound fragile, moderate amount of serosanguineous exudate . debrided 100% removal of biofilm causing delayed wound closure. Removal of necrotic tissue .</p> <p>Review of R26's clinical record lacked evidence of a person-centered sacral pressure ulcer care plan from 6/27/24 through 10/2/24.</p> <p>10/2/24 at 3:00 PM - Findings were reviewed during the exit conference with E1 (NHA), E2 (DON), E3 (ADON), E46 (VPO) and a representative from the Ombudsman's Office.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/02/2024
NAME OF PROVIDER OR SUPPLIER  Wilmington Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  700 Foulk Road Wilmington, DE 19803	
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)		
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>32545</p> <p>Based on interview and record review, it was determined that for one (R116) out of seven residents sampled for incontinence and one (R26) out of one resident sampled for hospice, the facility failed to review and revise each residents' care plan. Findings include:</p> <p>1. Cross refer F690, example 5</p> <p>R116's clinical record revealed:</p> <p>8/20/24 - R116 was admitted to the facility.</p> <p>8/20/24 at 9:50 PM - The Admission Nursing Collection Tool documented that R116 was cognitively intact upon arrival, continent of bowel and bladder with an intervention to supervise or cue to toilet as needed and required partial/moderate assistance for toileting transfer and toileting hygiene.</p> <p>8/26/24 - The admission MDS assessment documented that R116's BIMS was a 9 (moderate cognitive impairment), required partial/moderate assistance for toileting transfer and toileting hygiene and was frequently incontinent of bowel and bladder.</p> <p>10/1/24 at 10:48 AM - During an interview, E47 (MDS Coordinator) stated that the MDS Coordinator was responsible for the resident's care plan. E47 confirmed that R116 was frequently incontinent of bowel and bladder in the 8/26/24 admission MDS assessment.</p> <p>The facility failed to review and revise R116's continence care plan to ensure it was person-centered and reflected interventions for her frequent incontinence.</p> <p>2. Cross refer to F849</p> <p>R26's clinical record revealed:</p> <p>8/4/23 - R26 was admitted to hospice services.</p> <p>8/14/23 (revised on 9/23/24) - R26 was care planned for hospice services and is not expected to improve in condition for diagnosis of: advanced age. The approaches included the following:</p> <p>-hospice to provide bath or shower aide (8/14/23); and</p> <p>-see hospice plan of care; [name of hospice] (revised on 9/7/23).</p> <p>1/2/24 (revised on 1/3/24) - R26 was care planned for End of Life: the resident requires assistance with ADLs and is receiving end of life care related to advanced age and chronic disease. The approaches included:</p> <p>-medicate as needed to maintain residents comfort;</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/02/2024
NAME OF PROVIDER OR SUPPLIER  Wilmington Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  700 Foulk Road Wilmington, DE 19803	

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)
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-spiritual needs met as requested.</p> <p>The facility failed to review and revise R26's hospice care plan to establish who was responsible for her bathing needs as the hospice aid was not coming into the facility as of 1/1/24. In addition, the care plan did not establish what and how often hospice services were to be provided, including visits from nursing, chaplain and social work. The hospice care plan failed to address the medical equipment, supplies, and medications the resident was to be provided.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/02/2024
NAME OF PROVIDER OR SUPPLIER  Wilmington Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  700 Foulk Road Wilmington, DE 19803	

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)
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>32545</p> <p>Based on interview and record review, it was determined that for one (R116) out of two residents sampled for hospitalization and one (R127) out of seven residents sampled for falls, the facility failed to ensure each resident received treatment and care in accordance with the person-centered care plan. Findings include:</p> <p>1. R116's clinical record revealed:</p> <p>8/20/24 - For R116, the hospital interagency nursing communication record documented under the Follow-Up Care section to make an appointment with D1 (Nephrologist).</p> <p>8/20/24 - R116 was admitted to the facility with diagnoses that included, but were not limited to, acute kidney injury.</p> <p>8/21/24 - R116's family member, F1, signed the admission paperwork. The admission paperwork stated the following, Appointments &amp; Transportation. All follow-up appointments will be scheduled by our unit clerk .</p> <p>8/26/24 - The admission MDS assessment documented that R116 had a BIMS of 9, a moderate cognitive impairment; no rejection of care since admission; and had active diagnoses of renal insufficiency.</p> <p>10/1/24 at 9:30 AM - During an interview, E48 (Unit Clerk/Scheduler) confirmed that the Nephrologist follow-up appointment was not scheduled.</p> <p>Review of R116's clinical record lacked evidence of facility staff discussions held with R116 and F1 regarding the follow-up appointment with the Nephrologist.</p> <p>46134</p> <p>2. According to the Mayo Clinic, May 2022, Orthostatic hypotension is a form of low blood pressure that happens when standing after sitting or lying down. Orthostatic hypotension can cause dizziness or lightheadedness and possibly fainting. A care provider might review medical history, medications and symptoms and conduct a physical exam to help diagnose the condition. A provider also might recommend orthostatic blood pressure monitoring. This involves measuring blood pressure while sitting and standing. A drop of 20 millimeters of mercury (mm Hg) in the top number (systolic blood pressure) within 2 to 5 minutes of standing is a sign of orthostatic hypotension. A drop of 10 mm Hg in the bottom number (diastolic blood pressure) within 2 to 5 minutes of standing also indicates orthostatic hypotension.</p> <p>Review of R127's clinical record revealed:</p> <p>7/23/24 - R127 was admitted to the facility with multiple diagnoses including kidney disease, high blood pressure, and anemia.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/02/2024
NAME OF PROVIDER OR SUPPLIER  Wilmington Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  700 Foulk Road Wilmington, DE 19803	

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)
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>7/31/24 - Physician's orders were written by E4 (Medical Director) for the following medications to be administered to R127 to treat his high blood pressure:</p> <ul style="list-style-type: none"> <li>-Amlodipine 10 mg, one tablet by mouth daily.</li> <li>-Doxazosin 2 mg, one tablet by mouth daily at bedtime.</li> <li>-Hydralazine 25 mg, one tablet by mouth twice daily.</li> <li>-Metoprolol Extended Release 100 mg, one tablet by mouth daily.</li> <li>-Valsarten 320 mg, one tablet by mouth daily.</li> </ul> <p>8/8/24 7:09 AM - R127 had a fall without injury.</p> <p>8/13/24 5:50 AM - R127 had a fall without injury, E4 ordered R127 to be sent to the hospital for an evaluation; no injuries were assessed during the hospital evaluation.</p> <p>8/14/24 3:30 PM - R127 had a fall without injury.</p> <p>8/14/24 - A physician order was written for R127 to have orthostatic vital signs taken because of falls, once a day for three days starting 8/15/24. The orthostatic blood pressure results were be documented in the electronic medical record (EMR)</p> <p>9/26/24 - A review of R127's vital signs in the EMR revealed the following:</p> <ul style="list-style-type: none"> <li>-8/15/2024 2:16 PM 126/72 Lying</li> <li>-8/15/2024 3:15 PM 126/72 Lying</li> <li>-8/15/2024 3:27 PM 119/68 Lying</li> <li>-8/16/2024 12:34 PM 138/84 Lying</li> <li>-8/16/2024 1:39 PM 121/68 Lying</li> <li>-8/16/2024 1:40 PM 127/63 Lying</li> <li>-8/17/2024 9:10 AM 147/69 Sitting</li> <li>-8/17/2024 12:26 PM 148/70 Lying</li> </ul> <p>R127's orthostatic vital signs were not measured according to standards of practice, as evidenced by the following:</p> <ul style="list-style-type: none"> <li>-8/15/24 - R127's blood pressure was measured three times, but all while R127 was lying down.</li> <li>-8/16/24 - R127's blood pressure was measured twice, but while R127 was lying down both times.</li> </ul> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/02/2024
NAME OF PROVIDER OR SUPPLIER  Wilmington Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  700 Foulk Road Wilmington, DE 19803	

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)
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-8/17/24 - R127's blood pressure was measured twice, from a lying position to a sitting position, three hours apart.</p> <p>9/26/24 1:45 PM - During an interview, E16 (RN) confirmed that the orthostatic vital signs listed above, and as shown in R127's Emr were not obtained according to E4's order and the standards of practice to obtain orthostatic vital signs.</p> <p>R127 was on five different blood pressure medications to treat his high blood pressure at the time that he experienced three falls in six days. The facility failed to ensure that R127's orthostatic vital signs were obtained according to according to physician order and standards of practice.</p> <p>10/2/24 3:00 PM - Findings were reviewed during the exit conference with E1 (NHA), E2 (DON), E3 (ADON), E46 (VPO) and a representative from the Ombudsman's Office.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/02/2024
NAME OF PROVIDER OR SUPPLIER  Wilmington Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  700 Foulk Road Wilmington, DE 19803	
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)		
<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>32545</p> <p>Based on observation, interview and review of clinical record and other documentation as indicated, it was determined that for three (R26, R105, R228 and R533) out five residents sampled for pressure ulcer, the facility failed to provide the necessary treatment and services consistent with professional standards of practice to promote healing and prevent new ulcers from developing. For R26, the facility failed to initiate and implement a sacral pressure ulcer care plan with appropriate interventions and hospice involvement and appropriately Stage her sacral pressure ulcer that started as MASD. As a result of multiple failures, R26 was harmed. For R105, R228 and R533, the facility failed to provide pressure ulcer wound care as ordered. In addition, the facility failed to complete weekly skin audits. Findings include:</p> <p>A facility policy entitled, Pressure Ulcer Monitoring &amp; Documentation (initiated 11/1/2019) included, A licensed nurse will assess patients for the presence of pressure ulcers/injuries.</p> <p>A facility policy entitled, Skin Assessments (initiated 11/1/2019) included, A licensed nurse will ensure that the skin risk assessment is done upon admission and quarterly thereafter. The weekly skin assessment will be completed thereafter.</p> <p>1. Cross refer to F641, F656, F657, F697, F849</p> <p>R26's clinical record revealed:</p> <p>12/23/23 - R26 was care planned for requiring assistance with ADLs (activities of daily living) related to physical limitations with an intervention for one person assist for bed mobility and transfers.</p> <p>1/1/24 - R26 was readmitted to the facility from the hospital and remained on hospice services.</p> <p>1/2/24 - R26 was care planned for at risk for pressure ulcers related to chronic diseases, PVD, incontinence episodes and decreased mobility. The approaches included:</p> <ul style="list-style-type: none"> <li>-assess resident for risk of skin breakdown;</li> <li>-assist the resident to turn and reposition often;</li> <li>-encourage to turn and reposition often;</li> <li>-keep skin clean and dry as possible;</li> <li>-offload heels while in bed as tolerated;</li> <li>-skin assessments as indicated;</li> <li>-Treatment per TAR (Treatment Administration Record).</li> </ul> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/02/2024
NAME OF PROVIDER OR SUPPLIER  Wilmington Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  700 Foulk Road Wilmington, DE 19803	
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)		
<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>From 1/1/24 through 3/17/24, R26's nurse's notes documented that that she was being turned and repositioned every 2 hours and oral intake monitored.</p> <p>From 2/15/24 through 2/29/24, R26 was diagnosed and treated for a Stage 2 pressure ulcer on the sacrum. Per C1's (WCC) progress note on 2/29/24, the sacral pressure ulcer was resolved.</p> <p>3/9/24 at 3:09 PM - E8 (LPN, Wound Nurse) documented that R26's Braden scale for predicting pressure sore risk was 13, a moderate risk.</p> <p>3/18/24 at 11:48 PM - A nurse's note documented that R26's room was changed to another floor.</p> <p>4/19/24 - A hospice nurse's note documented that a Stage 1 pressure ulcer on the sacrum, painful.</p> <p>Review of the facility's nurse's notes lacked evidence that R26's sacrum pressure ulcer was being assessed and monitored.</p> <p>4/28/24 - A facility Skin Assessment documented no issues.</p> <p>Review of R26's clinical record lacked evidence that weekly skin assessments were completed by nursing staff from 4/29/24 through 6/5/24.</p> <p>5/20/24 - The quarterly MDS assessment documented that R26 was moderately impaired for daily decision making; no rejection of care; required supervision or touching assistance for eating and toileting hygiene; required partial/moderate assist with rolling left to right in bed; always incontinent of bladder and bowel; active diagnoses but were not limited to, coronary artery disease, dementia, adult failure to thrive, malnutrition; weight loss; at risk for pressure ulcers; no unhealed pressure ulcers at the present time; no other skin problems; and current skin treatments were pressure reducing device for bed and applications of ointments/medications.</p> <p>5/22/24 at 12:09 PM - A nutrition note documented, . significant weight loss . Resident is on comfort care so wt (weight) loss is anticipated. PO (oral) intake is variable 25-75%. Pt (Patient) receives Magic cup q (every) day which she accepts. Family is aware and NP made aware . Monitor . po intake .</p> <p>5/28/24 at 2:45 PM - E8 (LPN, Wound Nurse) documented that R26's Braden scale for predicting pressure sore risk was 13, a moderate risk.</p> <p>5/30/24 at 11:04 AM - A skin note by C1 (WCC) documented, . new skin and wound consult . location: sacrum</p> <p>primary etiology: MASD</p> <p>stage/severity: partial thickness .</p> <p>size: 2cm x 2 cm x 0.1 cm .</p> <p>treatment: apply collagen, zinc oxide paste to base of the wound, leave open to air, BID (twice a day) . Recommend washing area with soap and water and pat dry thoroughly .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/02/2024
NAME OF PROVIDER OR SUPPLIER  Wilmington Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  700 Foulk Road Wilmington, DE 19803	
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)		
<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>5/31/24 - R26 was care planned for MASD to the sacrum with interventions to:</p> <ul style="list-style-type: none"> <li>-notify MD as indicated;</li> <li>-observe for signs and symptoms of worsening or improvement;</li> <li>-supplement to aid in wound healing; and</li> <li>-treatments as ordered.</li> </ul> <p>6/5/24 at 2:43 PM - A skin note by C1 (WCC) documented, . Location: sacrum .</p> <p>Stage/severity: partial thickness . size: 1 cm x 2 cm x 0.2 cm, stable . treatment . medical grade honey fiber to base of the wound . bordered gauze. Change daily, and prn . The patient was noted to have incontinence associated dermatitis . Recommend washing area with soap and water and pat dry thoroughly .</p> <p>6/5/24 at 9:43 PM - E8 (LPN, Wound Nurse) documented that R26's Braden scale for predicting pressure sore risk was 13, a moderate risk.</p> <p>6/13/24 at 9:51 AM - A skin note by C1 (WCC) documented, . Location: sacrum . Stage/severity: partial thickness . improving without complications, Size: 1 cm x 1.5 cm x 0.2 cm . Treatment .medical grade honey fiber to base of the wound . bordered gauze. Change daily, and prn . reviewed treatment plan with nursing staff.</p> <p>6/20/24 at 8:15 AM - A skin note by C1 (WCC) documented, . Location: sacrum . Stage/severity: partial thickness . stable . Size: 1.5 cm x 2.2 cm x 0.1 cm .</p> <p>moderate amount of serosanguineous exudate . Treatment . Apply calcium alginate to base of the wound . Change daily and PRN . noted to have incontinence associated dermatitis . Continue with turning and repositioning schedule per protocol for pressure prevention. Position patient side to side as tolerated. Recommend an alternating air/low air loss mattress for pressure redistribution. Ensure settings are maintained at an appropriate level based on the patient's needs and body habitus.</p> <p>6/25/24 at 2:30 PM - A nutrition note documented, . hospice . magic cup q day . po intake: variable, typically 50-75% . weight loss is anticipated with decline and advanced age/hospice status . Recommend: continue with Magic Cup q day, honor pt preferences, comfort over satiety .</p> <p>6/27/24 at 7:06 AM - A skin note by C1 (WCC) documented, .</p> <p>Location: sacrum .</p> <p>Stage/severity: full thickness, stable,</p> <p>Size: 3 cm x 1 cm x 0.1 cm, periwound fragile,</p> <p>moderate amount of serosanguineous exudate .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/02/2024
NAME OF PROVIDER OR SUPPLIER  Wilmington Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  700 Foulk Road Wilmington, DE 19803	
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)		
<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>debrided 100% removal of biofilm causing delayed wound closure. Removal of necrotic tissue . topical lidocaine . Treatment . Apply medical grade honey fiber to base of the wound . bordered gauze . Change daily, and PRN . Continue with turning and repositioning schedule .</p> <p>The facility lacked evidence of R26's pressure ulcer stage as the severity increased to full thickness and removal of necrotic tissue was completed by debridement. In addition, there was no evidence in the clinical record of turning and repositioning R26.</p> <p>7/2/24 at 7:14 AM - A skin note by C2 (WCC #2) documented, .</p> <p>Location: sacrum .</p> <p>Stage/severity: full thickness, improving without complications .</p> <p>Size: 2.5 cm x 1.2 cm x 0.1 cm, wound base 100% epithelial,</p> <p>attached wound edges, periwound fragile, intact,</p> <p>moderate amount of serosanguineous exudate .</p> <p>Treatment . medical grade honey fiber to base of the wound . bordered gauze . Change daily, and prn . continue with turning and positioning schedule per protocol for pressure prevention. Position patient side to side as tolerated .</p> <p>Review of R26's clinical record lacked evidence that R26 sacral pressure ulcer was staged and R26 was being turned and repositioned.</p> <p>7/11/24 at 10:13 AM - A skin note by C1 (WCC) documented, .</p> <p>Location: sacrum .</p> <p>Stage/severity: full thickness . stable .</p> <p>Size: 1.5 cm x 2 cm x 0.3 cm,</p> <p>75-99% granulation, 1-24% slough,</p> <p>attached wound edges, fragile/intact periwound,</p> <p>moderate amount of serosanguineous exudate .</p> <p>debrided 100% removal of biofilm causing delayed wound closure, removal of necrotic tissue, topical lidocaine .</p> <p>Treatment . medical grade honey fiber to base of the wound . bordered gauze . Change BID and PRN . continue with turning and repositioning .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/02/2024
NAME OF PROVIDER OR SUPPLIER  Wilmington Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  700 Foulk Road Wilmington, DE 19803	
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)		
<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>The facility lacked evidence of R26's pressure ulcer stage as the severity was full thickness and removal of necrotic tissue was completed by debridement. In addition, there was no evidence in the clinical record of turning and repositioning R26.</p> <p>7/18/24 at 6:23 AM - A skin note by C1 (WCC) documented, .</p> <p>Location: sacrum .</p> <p>Stage/severity: full thickness, stable .</p> <p>Size: 1.5 cm x 2.5 cm x 0.2 cm,</p> <p>75-99% granulation, 75-99% slough .</p> <p>moderate amount of serosanguineous exudate .</p> <p>A sharp debridement was not performed today due to patient is palliative and/or under hospice care and debridement is not recommended at this time .</p> <p>Treatment . medical grade honey fiber to base of the wound . bordered gauze . Change BID and PRN . continue with turning and repositioning.</p> <p>The facility lacked evidence of the sacral PU stage and turning and repositioning of R26 in the clinical record.</p> <p>7/24/24 at 11:18 AM - A skin note by C1 (WCC) documented, .</p> <p>Location: sacrum .</p> <p>Stage/severity: full thickness .</p> <p>Size: 1.5 cm x 2 cm x 0.4 cm,</p> <p>1-24% epithelial, 75-99% granulation .</p> <p>moderate amount of serosanguineous exudate. A sharp debridement was not performed today due to patient is palliative and/or under hospice care and debridement is not recommended at this time . Treatment . calcium alginate to base of wound . bordered gauze . Change daily, and prn . Continue with turning and repositioning schedule .</p> <p>The facility lacked evidence of the sacral PU stage and turning and repositioning of R26 in the clinical record.</p> <p>7/26/24 - A progress note by E4 (MD) documented, . po intake has been relatively stable .</p> <p>7/30/24 - A skin note by C1 (WCC) documented, .</p> <p>Location: sacrum .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/02/2024
NAME OF PROVIDER OR SUPPLIER  Wilmington Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  700 Foulk Road Wilmington, DE 19803	
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)		
<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Stage/severity: full thickness, stable .</p> <p>Size: 1.5 cm x 2 cm x 0.4 cm,</p> <p>1-24 % epithelial, 75-99% granulation .</p> <p>moderate amount of serosanguineous exudate . A sharp debridement was not performed today due to patient is palliative and/or under hospice care and debridement is not recommended at this time . Treatment . calcium alginate to base of the wound . bordered gauze . Change daily, and PRN . Continue with turning and repositioning . for pressure prevention. Position patient side to side as tolerated . The patient was seen today for evaluation and management of a chronic ulcer. Despite individual interventions in place in accordance with the standards of care for patient's needs and goals . It is this provider's opinion that the ulcer is unavoidable due to the patient's chronic medical/comorbid conditions . The patient has the following risk factors and/or co-morbidities that delay, impair, or impede wound healing: age, bladder incontinence, bowel incontinence, fragile skin.</p> <p>The facility lacked evidence of the sacral PU stage and turning and repositioning of R26 in the clinical record.</p> <p>7/31/24 at 5:15 PM - A nutrition note documented, .She often refuses wts (weights), but past month was agreeable to obtaining wt . has gained significant amount of wt which is favorable considering her underweight status . Some wt loss and decline may be unavoidable due to medical condition. PO (oral intake) appears to be stable with most meals at 50-100% and good acceptance of supplements. Per wound notes, sacral wound is stable .</p> <p>8/9/24 at 1:53 PM - A skin note by C1 (WCC) documented, .</p> <p>Location: sacrum .</p> <p>Stage/severity: full thickness, improving without complications .</p> <p>Size: 2 cm x 2 cm x 0.1 cm, 100% epithelial, no exudate .</p> <p>Treatment . zinc oxide paste to base of the wound . leave open to air . (every) shift . continuing turning and repositioning .</p> <p>The facility lacked evidence of the sacral PU stage and turning and repositioning of R26 in the clinical record.</p> <p>8/13/24 at 7:37 AM - A skin noted by C1 (WCC) documented, .</p> <p>Location: sacrum .</p> <p>Stage/severity: full thickness, stable .</p> <p>Size: 1 cm x 2 cm x 0.3 cm,</p> <p>50% epithelial, 30% granulation, 20% slough,</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/02/2024
NAME OF PROVIDER OR SUPPLIER  Wilmington Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  700 Foulk Road Wilmington, DE 19803	
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)		
<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>moderate amount of serosanguineous exudate .</p> <p>Treatment . medical grade honey fiber to base of the wound . bordered gauze . Change daily . continue with turning and repositioning . The patient is currently under hospice services. Goals of care remain to minimize pain and risk of infection. Continue palliative wound management.</p> <p>The facility lacked evidence of R26's sacral PU stage and turning/repositioning in the clinical record.</p> <p>8/14/24 at 1:24 PM - E8 (LPN, Wound Nurse) documented that R26's Braden scale for predicting pressure sore risk was 14, a moderate risk.</p> <p>Despite having a full thickness, unstaged sacral PU, the facility assessed R26's pressure sore risk as moderate.</p> <p>8/18/24 - The annual MDS assessment documented that R26 was moderately impaired for daily decision making; no rejection of care; required supervision or touching assistance for eating and was dependent for toileting hygiene; required substantial/maximal assist with rolling left to right in bed; always incontinent of bladder and bowel; active diagnoses but were not limited to, coronary artery disease, peripheral vascular disease, dementia, adult failure to thrive, malnutrition; at risk for pressure ulcers; no unhealed pressure ulcers at the present time; other skin problem was MASD; and current skin treatments were pressure reducing device for bed and applications of nonsurgical dressing and ointments/medications.</p> <p>Despite R26 having a full thickness, unstaged sacral PU with 20% slough on 8/13/24, the MDS assessment was coded that R26 had MASD and no pressure ulcer. In addition, under current skin treatments, turning and repositioning was not checked as being completed nor was the nutrition or hydration intervention.</p> <p>8/20/24 at 12:27 PM - A skin note by C1 (WCC) documented, .</p> <p>Location: sacrum .</p> <p>Stage/severity: full thickness, stable .</p> <p>Size: 2 cm x 2 cm x 0.3 cm,</p> <p>50% epithelial, 30% granulation, 20% slough,</p> <p>moderate amount of serosanguineous exudate .</p> <p>Treatment . medical grade honey fiber to base of the wound . bordered gauze . Change daily . continue with turning and repositioning .</p> <p>8/23/24 - A nutrition note documented, . Supplements: magic cup .daily . active liquid protein . BID (twice a day) . Supplements in place to assist w/ (with) weight gain and also for healing of MASD to sacrum which is stable per recent wound report . MD notified of significant weight gain .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/02/2024
NAME OF PROVIDER OR SUPPLIER  Wilmington Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  700 Foulk Road Wilmington, DE 19803	

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)
<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Despite R26 having a full thickness, unstaged sacral PU with 20% slough, the facility's dietician documented MASD on the sacrum.</p> <p>8/28/24 at 10:55 AM - A skin note by C1 (WCC) documented, .</p> <p>Location: sacrum .</p> <p>Stage/severity: full thickness, stable,</p> <p>Size: 1 cm x 3 cm x 0.3 cm,</p> <p>100 % granulation, moderate amount of serosanguineous exudate .</p> <p>Treatment . medical grade honey fiber to base of the wound . bordered gauze . Change daily . continue with turning and repositioning .</p> <p>9/6/24 at 10:24 AM - A skin note by C2 (WCC #2) documented, .</p> <p>Location: sacrum .</p> <p>Stage/severity: full thickness, worsening .</p> <p>Size: 4 cm x 5 cm x 0.3 cm,</p> <p>50% granulation, 50% slough, periwound evolving DTI,</p> <p>moderate amount of serosanguineous exudate .</p> <p>Treatment . medical grade honey fiber to base of the wound . bordered gauze . Change daily . continue with turning and repositioning . Patient with worsening sacral wound to sacrum due to decreased PO intake, failure to thrive and end of life skin changes. Wound etiology changed to disorder of the skin: Kennedy ulcer.</p> <p>9/11/24 at 10:45 AM - A skin noted by C1 (WCC) documented, .</p> <p>Location: sacrum .</p> <p>Stage/severity: full thickness, worsening .</p> <p>Size: 4 cm x 5 cm x 0.3 cm,</p> <p>10% epithelial, 50% slough, 40% eschar, evolving DTI periwound,</p> <p>moderate amount of serosanguineous exudate . continue turning and repositioning . Treatment . medical grade honey fiber to base of the wound . bordered gauze . Change daily . Patient with worsening sacral wound to sacrum due to decreased PO intake, failure to thrive and end of life skin changes. Wound etiology changed to disorder of the skin to Kennedy ulcer.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/02/2024
NAME OF PROVIDER OR SUPPLIER  Wilmington Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  700 Foulk Road Wilmington, DE 19803	
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)		
<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>9/17/24 at 11:02 AM - A nutrition note documented, . wound sacral . presenting with a favorable weight gain . Per wound records, pt wound has worsening. Will increase pro liquid from BID to TID for optimal wound healing. Continue with magic cup QD (every day) .</p> <p>9/17/24 - A physician's orders documented, Active Liquid protein three times a day for wound healing 30ml . po, supplement .</p> <p>9/18/24 at 9:37 AM - A skin note by C1 (WCC) documented, .</p> <p>Location: sacrum .</p> <p>Stage/Severity: Full Thickness . worsening .</p> <p>Size: 4 cm x 7.5 cm x 0.2 cm . 10% epithelial, 50% granulation, 40% eschar .</p> <p>Periwound: Fragile, intact, evolving DTI.</p> <p>Exudate: Moderate amount of serosanguineous . A sharp debridement was not performed today due to patient is palliative and/or under hospice care and debridement is not recommended at this time . Treatment . medical grade honey fiber to base of the wound . bordered gauze . Change daily, and PRN . Continue with turning and repositioning . Position patient side to side as tolerated. The patient has the following risk factors that delay, impair, or impede wound healing: age, bladder incontinence, bowel incontinence, fragile skin. NEW RECOMMENDATIONS: The patient is currently under hospice services. Patient with worsening sacral wound to sacrum due to decreased PO intake, failure to thrive and end of life skin changes. Wound etiology changed to disorder of the skin to Kennedy ulcer. Goals of care remain to minimize pain and risk of infection. Continue palliative wound management.</p> <p>9/24/24 - Observations of R26 revealed:</p> <ul style="list-style-type: none"> <li>-at 9:00 AM, R26 laying on her left side facing doorway;</li> <li>-at 10:31 AM, R26 laying on her left side facing doorway;</li> <li>-at 12:02 PM, R26 sitting up in bed eating lunch with assistance of staff;</li> <li>-at 2:07 PM, R26 laying on her left side facing doorway.</li> </ul> <p>9/25/24 at 8:11 AM - A skin note by C1 (WCC) documented, .</p> <p>Location: sacrum .</p> <p>Stage/severity: full thickness . worsening .</p> <p>Size: 4.2 cm x 6.5 cm x 0.2 cm . 10% epithelial, 50% granulation, 40% slough .</p> <p>Periwound: fragile, intact, evolving DTI</p> <p>Exudate: moderate amount of serosanguineous .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/02/2024
NAME OF PROVIDER OR SUPPLIER  Wilmington Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  700 Foulk Road Wilmington, DE 19803	
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)		
<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Treatment . medical grade honey fiber to base of the wound . bordered gauze . change daily, and PRN . continue with turning and repositioning . position patient side to side as tolerated . Patient with worsening sacral wound . due to decreased PO intake, failure to thrive and end of life skin changes. Wound etiology changed to disorder of the skin to Kennedy terminal ulcer . can be present up to 6 weeks .</p> <p>9/25/24 at 8:00 AM - An observation of wound care with C1 (WCC) and E8 (LPN) revealed the following:</p> <ul style="list-style-type: none"> <li>-observed R16 moaning when R26 was being repositioned in bed and during the dressing change;</li> <li>-observed the saturated wound dressing dated 9/23 in black ink on R26's sacrum. The Surveyor asked if this was a daily dressing and E8 confirmed that it was and the dressing was not changed yesterday.</li> <li>-no enhanced barrier precautions were in place for R26's chronic wound and thus no gowns were worn during the dressing change;</li> <li>-observed that the low air loss mattress device at the foot of the bed was on standby;</li> <li>-observed C1 state 6 cm x 4 cm as she measured and took a picture of the wound;</li> </ul> <p>Immediately following the wound dressing change, the Surveyor asked C1 if she believed that the area was a Kennedy ulcer, which C1 replied no. C1 stated that her colleague, C2, filled in for her once about two weeks ago and believed it to be a Kennedy ulcer, but it has gone on too long. C1 stated that she believes R26 has rebounded. When the Surveyor asked about the black area on the sacrum, C1 stated that it was slough and that slough can be black in color. When the Surveyor asked about debridement, C1 stated that she does not do debridement because the resident was on hospice. When the Surveyor asked if she spoke to R26's hospice nurse, C1 stated no and that she would only talk to them if he/she are here in the facility when she was present.</p> <p>It should be noted that R26's daily sacral wound treatment was signed off on the September 2024 eTAR as completed on 9/24/25.</p> <p>9/25/24 at 8:17 AM - During an interview, E26 (LPN) stated that she did not administer any medications to R26 this morning.</p> <p>9/25/24 at 8:45 AM - Observed E26 administer two Tylenol tablets for pain to R26.</p> <p>9/25/24 at 11:00 AM - During an interview, the Surveyor asked C3 (Hospice Nurse) if hospice would prohibit debridement of a wound. C3 replied no, being on hospice does not prevent debridement.</p> <p>9/25/24 at 12:26 PM - Observed R26's low air loss mattress device on the footboard still on Standby.</p> <p>9/25/24 at 12:34 PM - During an interview, E52 (Maintenance) was asked if he could confirm if the low air loss mattress device on the footboard was working as the Standby green light was on. E52 stated no, it was not on and then he pushed the On button and the device turned on.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/02/2024
NAME OF PROVIDER OR SUPPLIER  Wilmington Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  700 Foulk Road Wilmington, DE 19803	
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)		
<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the September eTAR lacked evidence that R26's prescribed daily wound treatment to her sacrum was completed on 9/11/24, 9/16/24 and 9/18/24.</p> <p>10/1/24 at 1:48 PM - Reviewed findings with E1 (NHA), E2 (DON), E3 (ADON), E53 (Regional), E46 (VPO). No further information was provided to the Surveyor.</p> <p>10/2/24 at 9:44 AM - A skin note by C1 (WCC) documented, .</p> <p>Location: sacrum .</p> <p>Stage/severity: full thickness . worsening .</p> <p>Size: 4 cm x 6.7 cm x 0.2 cm . 10% epithelial, 40% slough 50% eschar .</p> <p>Periwound: fragile, intact, evolving DTI</p> <p>Exudate: moderate amount of serosanguineous .</p> <p>Treatment . medical grade honey fiber to base of the wound . bordered gauze . change daily, and PRN . continue with turning and repositioning . position patient side to side as tolerated . Patient with worsening sacral wound . due to decreased PO intake, failure to thrive and end of life skin changes. Wound etiology changed to disorder of the skin to Kennedy terminal ulcer .</p> <p>Review of R26's progress notes from 5/31/24 through 9/25/24 lacked evidence of any documentation of turning and repositioning R26 or monitoring her pressure ulcer on the sacrum by the nursing staff.</p> <p>With respect to R26's sacral pressure ulcer, the facility failed to do the following:</p> <ul style="list-style-type: none"> <li>- failed to develop a pressure ulcer care plan with appropriate interventions as of 6/27/24;</li> <li>- failed to implement turning and repositioning from 5/31/24 through 9/25/24;</li> <li>- failed to complete weekly skin assessments during the month of May 2024, August 2024 and September 2024;</li> <li>- failed to complete four daily sacral wound treatments on 9/11/24, 9/16/24, 9/18/24 and 9/24/24;</li> <li>- failed to ensure that wound care was not signed off on the eTAR as completed on 9/24/24 when it wasn't done;</li> <li>- failed to ensure that on 9/25/24 R26's air loss mattress device on the footboard was turned on;</li> <li>- failed to collaborate with R26's hospice provider from 6/27/24 through 9/25/24 on sacral wound care and treatment; and</li> <li>- failed to Stage R26's sacral PU from 6/27/24 through 10/2/24 on weekly wound assessments.</li> </ul> <p>46134</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/02/2024
NAME OF PROVIDER OR SUPPLIER  Wilmington Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  700 Foulk Road Wilmington, DE 19803	

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)
<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>2. Review of R533's clinical record revealed:</p> <p>9/10/24 - R533 was admitted to the facility with multiple diagnoses including CVA, right sided paralysis, aspiration pneumonia, aphasia and dysphagia. R533 had a PEG tube for nutrition.</p> <p>9/10/24 11:30 PM - A nursing admission progress note revealed that R533's skin assessment included that he had a scar on his sacrum.</p> <p>9/10/24 - A Braden Scale Assessment revealed R533 had a moderate risk for pressure ulcer development.</p> <p>9/11/24 - A nursing skin assessment was completed on R533 that revealed that he had no skin impairments.</p> <p>9/16/24 - MDS Assessment, section M Skin Conditions: R533 had no unhealed pressure ulcers/injuries.</p> <p>9/17/24 - A Braden Scale Assessment for R533 revealed a high risk for pressure ulcer development.</p> <p>9/18/24 - A progress note was written by E10 (Nurse Practitioner) that R533 had a new wound to the sacrum:</p> <p>Wound: 1</p> <p>Location: sacrum</p> <p>Primary Etiology: Incontinence Associated Dermatitis (IAD)</p> <p>Stage/Severity: Partial Thickness</p> <p>Wound Status: New</p> <p>Size: 2.7 cm x 5 cm x 0.1 cm. Calculated area is 13.5 sq cm.</p> <p>Wound Edges: Attached.</p> <p>9/18/24 - A physician order was written to apply collagen particles/zinc oxide paste to sacrum incontinence associated dermatitis (IAD) twice a day and as needed for incontinence care.</p> <p>9/23/24 - A Braden Scale Assessment revealed a very high risk for pressure ulcer development.</p> <p>09/24/24 10:33 AM - During an observation, wound care was performed on R533 by E8 (LPN wound care). The wound on R533's sacrum was observed to be a stage II pressure ulcer wound.</p> <p>The following electronic medical record documents were reviewed on 9/24/24:</p> <p>-9/11/24 care plan revealed: The resident is at risk for pressure ulcers related to chronic health conditions, cognitive impairment, inability to turn and reposition independently, incontinence.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/02/2024
NAME OF PROVIDER OR SUPPLIER  Wilmington Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  700 Foulk Road Wilmington, DE 19803	
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)		
<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>- The kardex aide task list revealed the lack of a regular timed turning and repositioning task for R533. The Resident Care section of the Kardex documented for the aide to encourage to turn and reposition often. Additionally, the kardex directed that R533's should roll left and right. R533 was dependent on staff to reposition him while he was in bed.</p> <p>R533 was not repositioned for six out of forty-two opportunities from 9/17/24-9/25/24. Additionally, the times that R533 was repositioned in bed from 9/17/24-9/25/24 was not consistent, and the times were documented anywhere between two hours apart to fourteen plus hours apart, meaning R533 was left in one position for ten to fourteen hours on several occasions.</p> <p>9/24/24 10:45 AM - During an interview E11 (LPN) confirmed that R533's Kardex documented to encourage to turn and reposition often, but that R533 could not turn himself in bed.</p> <p>9/24/23 - A physician order was written to cleanse sacrum with wound cleanser, apply medical grade honey fiber and cover with bordered gauze, every day shift AND as needed for incontinence care.</p> <p>9/25/23 - A review of a September Medication Administration report revealed that collagen particles/zinc oxide paste was applied once a day 9/19/24 thru 9/23/24, and not twice a day as ordered.</p> <p>9/26/24 2:30 PM - During an interview, E9 (RN UM) confirmed that collagen particles/zinc oxide paste was applied once a day to R533 on 9/19/24 thru 9/23/24, and not twice a day as ordered.</p> <p>R533's stage II sacral wound was acquired after he was admitted to the facility. R533 entered the facility with a scar on his sacrum, but eight days later, that scar was a stage II 2.7 cm x 5 cm x 0.1 cm. pressure ulcer wound. The wound required changes to wound care management; the orders were not followed by nursing as written by the physician. R533 did not have bed turning and prepositioning as an aide task, which made it difficult to determine how often he was turned and repositioned in bed.</p> <p>50650</p> <p>3. Review of R105's clinical record revealed:</p> <p>4/30/24 - R105 was admitted to the facility with a diagnosis of a stroke and had two existing pressure ulcers to her buttock area.</p> <p>7/23/24- A review of the care plan revealed that R105 had a chronic wound or pressure ulcer: stage 4 on the right buttock and stage 4 on the left buttock.</p> <p>8/21/24 - A physician's order was written by E4 (MD) to cleanse the left buttock wound with wound cleanser, apply collagen/ hydrogel, and to cover the wound with bordered gauze, every day shift. The same treatment order was written for the right buttock wound.</p> <p>9/25/24 - A review of the treatment administration record (TAR) revealed the lack of dressing changes to both the left and the right buttock on 9/17/24 and 9/23/24.</p> <p>9/25/24 - During an interview with E8 (LPN), she verbally confirmed the dressing changes were not documented on 9/17/24 and 9/23/24.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/02/2024
NAME OF PROVIDER OR SUPPLIER  Wilmington Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  700 Foulk Road Wilmington, DE 19803	

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)
<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>48409</p> <p>4. Review of R228's clinical records included:</p> <p>10/24/22 - R228 was admitted to the facility with diagnoses including muscle weakness and stroke affecting the left side.</p> <p>4/8/24 - 4/12/24 - R228 was hospitalized .</p> <p>4/13/24 - R228 was readmitted to the facility. The admission skin assessment documented open areas on her groin and sacrum. R228's physician's orders included, Weekly skin audits. An undated Kardex entry included, Daily skin audits.</p> <p>6/5/24 - R228's clinical records documented, Clean sacral MASD . and cover with hydrocolloid dressing .</p> <p>10/1/24 - A review of R228's clinical records lacked evidence that the daily or weekly skin audits were completed for 4/17/24, 4/24/24, 5/8/24, 5/15/24, 5/22/24 and 6/12/24. R228's clinical records lacked evidence of treatment for the groin and sacral area from 4/13/24 through 6/4/24.</p> <p>10/2/24 3:00 PM - Findings were reviewed during the exit conference with E1 (NHA), E2 (DON), E3 (ADON), E46 (VPO) and a representative from the Ombudsman's Office.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/02/2024
NAME OF PROVIDER OR SUPPLIER  Wilmington Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  700 Foulk Road Wilmington, DE 19803	
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)		
<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>50650</p> <p>Based on observations, interviews, and record review, it was determined that for one (R105) out of two residents reviewed for mobility, the facility failed to provide assistance to maintain or improve mobility. For R105, the facility failed to ensure the resident's therapy devices were applied per physician orders. Findings include:</p> <p>Review of R105's clinical record revealed:</p> <p>4/30/24 - R105 was admitted to the facility with a diagnosis of a stroke.</p> <p>7/29/24 - A care plan for R105 indicated that the resident requires assistance with ADLs (activities of daily living) related to having a previous stroke and is dependent with self-care and mobility. A care plan intervention was to apply a therapy carrot to the left hand and wear it as tolerated during the day.</p> <p>8/8/24 - An additional intervention to the ADL care plan was created to apply the palm guard to the right hand and wear it as tolerated during the day.</p> <p>A review of R105's orders revealed a physician's order to apply palm guard to right hand and wear as tolerated during the day, as well as apply therapy carrot to left hand and wear as tolerated during the day.</p> <p>A review of the Kardex, revealed the instruction of the therapy device applications to R105's right and left hands during the day was present.</p> <p>9/19/24 10:44 AM - During an observation, the resident had contractures to both of her hands, with no therapy devices in use, or by the bedside.</p> <p>9/20/24 11:30 AM - During an observation, the resident was observed not wearing the therapeutic devices on either of her hands.</p> <p>9/23/24 2:03 PM - During an observation, the resident was observed not wearing the therapeutic devices on either of her hands.</p> <p>9/24/24 9:15 AM - During an observation, the resident was observed to be not wearing the therapeutic devices on either of her hands. During an interview, E43 (LPN) confirmed that [R105] should have the therapeutic mobility devices in place, but they are not on. E43 found the left palm guard in R105's closet but could not find the therapy carrot for her right hand.</p> <p>10/2/24 3:00 PM - Findings were reviewed during the exit conference with E1 (NHA), E2 (DON), E3 (ADON), E46 (VPO) and a representative from the Ombudsman's Office.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/02/2024
NAME OF PROVIDER OR SUPPLIER  Wilmington Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  700 Foulk Road Wilmington, DE 19803	

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)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>48409</p> <p>Based on observation, interview, record review, it was determined that for one (R64) out of two residents reviewed for accidents, the facility failed to ensure that R64 received supervision to prevent accidents. Findings include:</p> <p>9/3/24 - R64 was admitted to the facility with diagnoses including dementia and muscle weakness. R64's admission assessment documented a fall score of 18, which indicated a high fall risk.</p> <p>9/4/24 - R64's fall care plan included, At risk for falls related to cognitive impairment, poor balance, and muscle weakness. The interventions included, Low bed, and place items within reach of resident.</p> <p>9/9/24 - R64's admission MDS assessment documented a BIMS score of 00, indicating severe cognitive impairment. R64's ADLs (Activities of Daily Living) documented, Dependent for bed mobility/turning and repositioning.</p> <p>9/12/24 10:30 AM - R64's clinical records documented, . Notified that resident [R64] fell out of bed while receiving care . A scrape and hematoma were located separately on the right upper forehead . Sent to the hospital for evaluation . Staff education on body positioning techniques to use while performing personal care in bed to resident when alone .</p> <p>10/1/24 10:15 AM - During an interview, E18 (CNA) stated, The resident [R64] was lying on her side, and I placed a clean brief under her. I turned to get some lotion from the table behind me and she rolled out of the bed.</p> <p>The facility failed to provide enough supervision to R64, a dependent resident which resulted in a fall and an emergent transfer to the hospital. R64 did not sustain any significant injuries.</p> <p>10/2/24 3:00 PM - Findings were reviewed during the exit conference with E1 (NHA), E2 (DON), E3 (ADON), E46 (VPO) and a representative from the Ombudsman's Office.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/02/2024
NAME OF PROVIDER OR SUPPLIER  Wilmington Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  700 Foulk Road Wilmington, DE 19803	
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)		
<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>48409</p> <p>Based on observations, interviews, and record reviews, it was determined that for five (R81, R89, R103, R116 and R328) out of seven residents reviewed for bowel and bladder assessments, the facility failed to conduct bowel and bladder assessments to develop an individualized care plan to restore and maintain their bladder and bladder continence to extent possible. Findings include:</p> <p>11/1/19 - A facility document titled, Assessment for Bowel and Urinary Toileting Program documented, Licensed nurse will perform a bowel and/or urinary assessment on admission, readmission, annually, and PRN using the RAI process .Bowel and urinary toileting approaches will be documented in the care plan . evaluation of the toileting program will be documented in the Nurses Progress Notes.</p> <p>1. Review of R81's clinical records revealed:</p> <p>1/19/23 - R81 was admitted to the facility with diagnoses including dementia and difficulty walking.</p> <p>9/13/24 - R81's annual MDS documented a BIMS score of 15, indicating an intact cognitive status. R81's annual urinary MDS assessment documented, Occasionally incontinent of urine . R81's toileting care plan documented, Occasional incontinent of bladder and continent of bowels. The care plan interventions included, Check and change briefs frequently and provide toileting hygiene with brief changes.</p> <p>9/13/24 - R81 was admitted to hospital with diagnoses including internal bleeding.</p> <p>9/20/24 - R81 was readmitted to the facility with a new diagnoses of a urinary tract infection. R81's readmission nursing assessment lacked evidence of a bladder and bowel reassessment for the new diagnoses of a urinary tract infection.</p> <p>9/27/24 8:58 AM - During an interview, R81 stated, I used to be able to go to the toilet. I really don't like when I pee on myself.</p> <p>9/29/24 - A review of R81's flow sheets from 9/5/24 to 9/28/24 revealed 18 episodes of urinary incontinence out of 60 opportunities for bowel and bladder continence.</p> <p>2. Review of R89's clinical records revealed:</p> <p>2/28/24 - R89 was admitted to the facility with diagnoses including lung disease, and acute kidney failure. R89's admission bladder and bowel assessment documented, Continent.</p> <p>3/6/24 - R89's admission MDS documented a BIMS score of 15, indicating an intact cognitive intact status. The MDS also documented, Frequently incontinent of bladder. R89's clinical records lacked evidence of assessments to restore bladder continence.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/02/2024
NAME OF PROVIDER OR SUPPLIER  Wilmington Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  700 Foulk Road Wilmington, DE 19803	
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)		
<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3/7/24 - R89's toileting care plan documented, .ncontinent of bladder and bowel . The interventions included, Check and change briefs frequently as needed, provide toileting hygiene with brief changes.</p> <p>6/10/24 - R89's quarterly MDS assessment documented, Frequently incontinent of bowel and bladder. R89's clinical records lacked evidence of assessments to restore bladder and bowel continence.</p> <p>9/17/24 - R89's quarterly MDS assessment documented, Frequently incontinent of bowel and bladder. R89's clinical records lacked evidence of assessments to restore bladder and bowel continence.</p> <p>9/25/24 11:00 AM - During an interview, R89 stated, I used the toilet and stayed dry when I was at home. I am wet all the time now. I pee in the diaper and the aides change me. The surveyor asked R89 if she would like to use the toilet to void and have a bowel movement, stated, I would really like to use the toilet. I don't like that I must go in a diaper. It's not good for me to think that this is how I am.</p> <p>9/26/24 10:12 AM - During an interview, E19 (CNA) stated, I did not receive any information on toileting this resident. The Kardex says, check and change. I change her when she asks me to change her.</p> <p>9/26/24 - A review R89's flow sheets from 8/28/24 to 9/25/24 revealed 113 episodes of urinary incontinence, and 24 episodes of bowel incontinence out of 175 opportunities for bowel and bladder continence.</p> <p>3. Review of R103's clinical records revealed:</p> <p>4/19/24 - R103 was admitted to the facility with diagnoses including left femur (thigh bone) fracture and dementia.</p> <p>5/2/24 - R103's admission MDS documented a BIMS score of 11, indicating a mild cognitive impairment. The MDS documented, Frequently incontinent of bladder and bladder. R103's care plan interventions included, Check and change .provide toileting hygiene with brief changes. R103's clinical documents lacked evidence of bladder and bowel assessments to restore continence.</p> <p>9/27/24 10:33 AM - During an interview, R103 stated that he was continent when he was at home, I started peeing on myself after I broke my hip, but its healed now. R103 was observed ambulating independently. The surveyor asked if he would consider trying to regain some urinary continence. R103 stated, That would be nice.</p> <p>9/27/24 - A review of R103's flow sheets from 8/29/24 to 9/26/24 revealed 74 episodes of urinary incontinence out of 90 opportunities for urinary continence.</p> <p>4. Review of R328's clinical records revealed:</p> <p>9/11/24 - R328 was admitted to the facility with diagnoses including urinary tract infection and difficulty walking. R328's admission fall assessment documented a fall score of 17 (high risk.) The bowel and bladder assessments were incomplete.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/02/2024
NAME OF PROVIDER OR SUPPLIER  Wilmington Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  700 Foulk Road Wilmington, DE 19803	
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)		
<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>9/24/24 - R328's admission MDS documented a BIMS score of 10, indicating a mild cognitive impairment. The bowel and bladder documented, Frequently incontinent. R328's toileting care plan interventions included, .Check and change briefs frequently as needed .</p> <p>9/25/24 4:33 AM - R328's clinical records documented that she sustained a fall while going to the bathroom. This fall resulted in an emergent hospital visit. The fall was reviewed by the facility's interdisciplinary team but lacked evidence of assessment or additional interventions for R328's toileting needs.</p> <p>9/27/24 9:00 AM - During an interview, R328 stated that she was continent of bladder and bladder prior to coming to the facility. R328 stated, I am so angry about how I am doing. I don't think I will be able to go home if I don't get better. The surveyor asked R326 if she was offered to go to the bathroom by the staff. She stated, No, I wear a diaper and I go in it.</p> <p>10/2/24 1:30 PM - A review of R328's clinical records from 9/12/24 to 10/2/24 revealed 28 episodes of bladder incontinence and 12 episodes of bowel incontinence out of 80 opportunities for bladder and bowel continence.</p> <p>10/2/24 2:30 PM - During an interview with E2 (DON), the Surveyor asked if the residents are assessed for bladder and bowel, E2 stated, PCC [eMAR] does not have the set up for bladder and bowel assessments.</p> <p>The facility failed to conduct bladder and bowel assessments for R81, R89, R103 and R328 to restore their bladder and bowel continence to the extent possible.</p> <p>32545</p> <p>5. Cross refer to F657, example 1</p> <p>R116's clinical record revealed:</p> <p>8/20/24 at 2:00 PM - The Interagency Nursing Communication Record from the hospital documented that R116 was continent of bladder and incontinent of bowel.</p> <p>8/20/24 - R116 was admitted to the facility with diagnoses that included, but were not limited to, urinary tract infection (UTI).</p> <p>8/20/24 at 9:50 PM - The Admission Nursing Collection Tool documented that R116 was cognitively intact upon arrival, continent of bowel and bladder with an intervention to supervise or cue to toilet as needed and required partial/moderate assistance for toileting transfer and toileting hygiene.</p> <p>8/20/24 - R116 was care planned for continent of bladder and bowel with approaches that included:</p> <ul style="list-style-type: none"> <li>-one person assist with toileting;</li> <li>-provide with toileting supplies and incontinence supplies as needed;</li> <li>-record bowel movements;</li> </ul> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/02/2024
NAME OF PROVIDER OR SUPPLIER  Wilmington Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  700 Foulk Road Wilmington, DE 19803	

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)
<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-refer to Occupational Therapy (OT) as indicated; and</p> <p>-supervise or cue to toilet as needed.</p> <p>The above approaches were also listed on the CNA Kardex.</p> <p>8/26/24 - The admission MDS assessment documented that R116's BIMS was a 9 (moderate cognitive impairment), required partial/moderate assistance for toileting transfer and toileting hygiene and was frequently incontinent of bowel and bladder.</p> <p>Despite the admission MDS assessment capturing that R116 was frequently incontinent of bladder and bowel, the facility failed to comprehensively assess and update R116's continent care plan to ensure it was person-centered.</p> <p>Review of the CNA Documentation Survey Reports revealed:</p> <p>- from 8/20/24 through 8/31/24 revealed that R116 had 23 episodes of urinary incontinence and 7 episodes of bowel incontinence out of 55 opportunities; and</p> <p>- from 9/1/24 through 9/15/24 revealed that R116 had 37 episodes of urinary incontinence and 2 episodes of bowel incontinence out of 76 opportunities.</p> <p>10/1/24 at 10:48 AM - During a combined interview, E47 (MDS Coordinator) stated that the MDS Coordinator was responsible for the resident's care plan. E47 confirmed that R116 was frequently incontinent of bowel and bladder in the 8/26/24 admission MDS assessment. E51 (MDS Coordinator 2) stated that when a resident triggers on the MDS assessment for incontinence, she reviews the resident's diagnoses, how the resident communicates, BIMS score, and mobility. When asked by the Surveyor if she initiates a 3 day voiding diary after the MDS triggers an incontinence care issue, she replied no. E51 acknowledged that the care plan may not be person centered. When asked by the Surveyor if the facility initiates a voiding diary upon a resident's admission, both E47 and E51 were not sure.</p> <p>10/2/24 at 3:00 PM - Findings were reviewed during the exit conference with E1 (NHA), E2 (DON), E3 (ADON), E46 (VPO) and a representative from the Ombudsman's Office.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/02/2024
NAME OF PROVIDER OR SUPPLIER  Wilmington Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  700 Foulk Road Wilmington, DE 19803	
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)		
<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>46134</p> <p>Based on interviews and record review, it was determined that for one (R83) out of four residents reviewed for nutrition, the facility failed to maintain acceptable parameters of nutrition. Findings include:</p> <p>Review of a facility policy titled, Weight Monitoring and Tracking, effective 1/29/24, indicated Policy: The center has a system in place to weigh, monitor, and track patient's weights. Weights are tracked, monitored, and analyzed by the Interdisciplinary Team. Procedure . 2. Patients will be weighed on admission/readmission and weekly x 4 weeks thereafter, or until the Interdisciplinary Team determines weight is stable, then monthly thereafter . 6. Weekly weights should continue greater than 4 weeks if one or more of the following criteria are met: .Patients &lt; 100 pounds .</p> <p>Review of R83's clinical chart revealed:</p> <p>7/19/24 - R83 was admitted to the facility with multiple diagnoses including pneumonia, malnutrition, swallowing disorder, and dementia. R83's weight was 96.6 pounds (lbs).</p> <p>7/23/24 - Review of a dietary progress note revealed that R83's BMI was 14.7, indicating that he was severely underweight, and that his food intake was highly varied, ranging from 0-100%. The dietician recommended adding a nutritional supplement Magic Cup to R83's meal plan.</p> <p>8/2/24 - An order was written for Magic Cup 4 oz daily with lunch by E4 (Medical Director), 10 days after R83's dietary recommendation.</p> <p>9/25/24 - A review of R83's weights revealed the following:</p> <p>-8/5/24 - 97.2 lbs.</p> <p>-9/4/24 - 86.8 lbs.</p> <p>-9/13/24 - 89.2 lbs.</p> <p>-9/20/24 - 85.6 lbs.</p> <p>09/26/24 10:42 AM - During an interview, E13 (Dietician) stated that in the presence of significant weight loss, the facility policy is to weigh a resident weekly.</p> <p>R83 had an 11% loss of weight in two months, July thru September 2024. The facility policy for obtaining weights was not adhered to when weights were not obtained for R83 when he was below 100 lbs. at admission thru his discharge on 9/26/24. R83 should have had weekly weights to monitor his declining nutritional status. Additionally, R83 was not ordered the nutritional supplement Magic Cup for almost two weeks after the dietician made the initial recommendation.</p> <p>10/2/24 at 3:00 PM - Findings were reviewed during the exit conference with E1 (NHA), E2 (DON), E3 (ADON), E46 (VPO) and a representative from the Ombudsman's Office.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/02/2024
NAME OF PROVIDER OR SUPPLIER  Wilmington Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  700 Foulk Road Wilmington, DE 19803	

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)
<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>50650</p> <p>Based on observation and interview, it was determined that for one (R105) out of four residents reviewed for tube feeding, the facility failed to ensure that the standard of care for the proper labeling and dating of tube feeding bottles was followed.</p> <p>A review of R105's clinical record revealed:</p> <p>4/30/24 - R105 was admitted to the facility with a diagnosis of a stroke, and difficulty swallowing food and liquids.</p> <p>9/19/24 10:40 AM - During an observation, the tube feeding bottle was being administered at R105's bedside. No date was written on the tube feeding bottle.</p> <p>9/20/24 11:30 AM - During an observation, the tube feeding bottle was administered at R105's bedside. No date was written on the tube feeding bottle.</p> <p>09/20/24 11:54 AM - During an interview, E24 (RN) confirmed that the tube feed bottle had no date written on it.</p> <p>10/2/24 3:00 PM - Findings were reviewed during the exit conference with E1 (NHA), E2 (DON), E3 (ADON), E46 (VPO) and a representative from the Ombudsman's Office.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/02/2024
NAME OF PROVIDER OR SUPPLIER  Wilmington Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  700 Foulk Road Wilmington, DE 19803	
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)		
<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>40264</p> <p>Based on observation, interview and record review, it was determined that for one (R3) out of three sampled residents reviewed for respiratory care, the facility failed to ensure that R3 was provided respiratory care consistent with her physician orders and comprehensive person-centered care plan. Findings include:</p> <p>Review of R3's clinical record revealed:</p> <p>4/22/24 - R3 was readmitted to the facility.</p> <p>5/28/24 - R3 had a physician's order for oxygen therapy at 2 liters per minute via nasal cannula (a medical device used to provide supplemental oxygen therapy to people who have lower oxygen levels).</p> <p>5/28/24 11:09 PM - A nurse progress note documented that R3 had a new physician's order for oxygen therapy for SOB (shortness of breath).</p> <p>6/30/24 - R3's quarterly MDS (Minimum Data Set) assessment revealed that R3 was receiving oxygen therapy during the review period.</p> <p>7/30/24 (created 5/12/21) - R3 was care planned for cardiac disease related to .and SOB. R3's interventions including but not limited to administering oxygen as ordered.</p> <p>During multiple random observations, R3's oxygen concentrator and tubing were noted set up at R3's bedside but R3 was observed not receiving oxygen therapy on the following dates and times:</p> <ul style="list-style-type: none"> <li>- 9/20/24 at 10:30 AM;</li> <li>- 9/23/24 at 9:40 AM;</li> <li>- 9/23/24 at 1:48 PM;</li> <li>- 9/30/24 at 9:10 AM.</li> </ul> <p>9/30/24 9:15 AM - Review of R3's September 1-28, 2024 MAR (Medication Administration Records) revealed that licensed nurses had signed off R3's oxygen therapy as administered via nasal cannula every shift.</p> <p>9/30/20 9:20 AM - During interview, E26 (LPN) confirmed that R3 had an active order for oxygen therapy every shift. E26 further confirmed that R3's oxygen was not administered . because R3's oxygen saturation level is high above 95%. E26 further stated, I will need to let the physician know so that [R3]'s oxygen therapy order can be changed to PRN (as needed).</p> <p>10/2/24 3:00 PM - Findings were reviewed during the exit conference with E1 (NHA), E2 (DON), E3 (ADON), E46 (VPO) and a representative from the Ombudsman's Office.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/02/2024
NAME OF PROVIDER OR SUPPLIER  Wilmington Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  700 Foulk Road Wilmington, DE 19803	

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)
<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>32545</p> <p>Based on observation, interview and record review, it was determined that for one (R26) out of five residents reviewed for pressure ulcers, the facility failed to ensure R26's pain management during wound care was consistent with her care plan and professional standards of practice. Findings include:</p> <p>According to the Lippincott Manual of Nursing Practice, 11th Edition, Chapter 2 entitled, Standards of Care and Ethical and Legal Issues . Nonmaleficence. 1. The principle of nonmaleficence . obligates the professional nurse not to harm the patient directly . it is common for the nurse to cause pain or expose the patient to risk of harm when such actions are justified by the benefits of the procedures or treatments .</p> <p>Cross refer to F686, example 1</p> <p>R26's clinical record revealed:</p> <p>4/11/24 revised - R26 was care planned for at risk for pain related to advanced age, osteoarthritis pain in right shoulder, right leg, back, neck, buttocks, knee pain, left foot, being more sedentary/bedbound related to poor prognosis. The approaches included, but were not limited to, observe for physical indicators of pain and administer medications as ordered.</p> <p>9/25/24 at 8:00 AM - An observation of wound care rounds with C1 (Wound Care Consultant) and E8 (LPN) revealed that R26 was moaning during repositioning and during the removal of the saturated sacral wound dressing.</p> <p>9/25/24 at 8:17 AM - During an interview after the wound care observation, the Surveyor asked E26 (LPN) if she administered any medications to R26 this morning. E26 replied no.</p> <p>Review of the September 2024 eMAR revealed that R26 was last medicated with Tylenol for pain on 9/24/24 at 9:00 PM.</p> <p>9/25/24 at 8:45 AM - The Surveyor observed E26 administer two Tylenol tablets to R26 for pain.</p> <p>The facility failed to administer pain medication prior to R26's wound care on 9/25/24.</p> <p>10/2/24 at 3:00 PM - Finding was reviewed during the exit conference with E1 (NHA), E2 (DON), E3 (ADON), E46 (VPO) and a representative from the Ombudsman's Office.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/02/2024
NAME OF PROVIDER OR SUPPLIER  Wilmington Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  700 Foulk Road Wilmington, DE 19803	
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)		
<p>F 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Post nurse staffing information every day.</p> <p>40264</p> <p>Based on observation, review of facility documentation and staff interviews, it was determined that the facility failed to post the required federal staffing information in a conspicuous area that was readily accessible to residents and visitors. Findings include:</p> <p>1. 10/2/24 9:27 AM - An observation in the facility's main lobby revealed a state agency staffing worksheet encased in an acrylic sign holder. The sign holder was placed on top of the small round table at the lobby's corner near facility entrance door. The staffing worksheet had information of the facility's average daily census, care hours per resident and staffing ratios by daily shift with a date range from 9/22/24 through 9/28/24. There was a lack of federal staffing posting in the lobby with the daily (10/2/24) census, correct date and licensed RNs/LPNs and CNA worked hours per shift.</p> <p>10/2/24 9:28 AM - During interview, E29 (HR Director) stated that the staffing worksheet displayed in the lobby was the facility's staff posting.</p> <p>2. 10/2/24 - Observations of the four units: Arcadia, New Castle, Heritage and Dover from 9:36 AM - 9:43 AM revealed that the staffing sheets did not contain the facility name, daily census and the total worked hours per shift for each discipline, Registered Nurse (RN), Licensed Practical Nurse (LPN) and Certified Nursing Assistants (CNA).</p> <p>10/2/24 9:51 AM - Findings were discussed with E1 (NHA). E1 confirmed that the nursing staffing postings in the lobby and in the four units did not meet the federal staffing requirements.</p> <p>10/2/24 3:00 PM - Findings were reviewed during the exit conference with E1 (NHA), E2 (DON), E3 (ADON), E46 (VPO) and a representative from the Ombudsman's Office.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/02/2024
NAME OF PROVIDER OR SUPPLIER  Wilmington Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  700 Foulk Road Wilmington, DE 19803	
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)		
<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>32545</p> <p>Based on interview and record review, it was determined that for one (R116) out of two residents reviewed for hospitalization s, the facility failed to monitor and hold R116's blood pressure medication based on physician ordered parameters. Findings include:</p> <p>1a. R116's clinical record revealed:</p> <p>8/20/24 - R116 was admitted to the facility with diagnosis of high blood pressure among other medical conditions.</p> <p>8/22/24 - A physician's order stated, Norvasc oral tablet 5 MG . Give 1 tablet by mouth one time a day . hold if sbp (systolic blood pressure) less than 110.</p> <p>Review of R116's eMARs and nurse's notes for August 2024 and September 2024 lacked evidence that R116's blood pressures were taken prior to administration of her daily blood pressure medication for:</p> <p>-four out of nine opportunities from 8/23/24 through 8/31/24; and</p> <p>-three out of five opportunities from 9/1/24 through 9/5/24.</p> <p>1b. R116's clinical record revealed:</p> <p>8/20/24 - R116 was admitted to the facility with diagnosis of high blood pressure among other medical conditions.</p> <p>8/22/24 - A physician's order stated, Norvasc oral tablet 5 MG . Give 1 tablet by mouth one time a day . hold if sbp (systolic blood pressure) less than 110.</p> <p>Review of the September 2024 EMARs and nurse's notes revealed that R116 was administered her blood pressure medication on the following days despite the parameters:</p> <p>-blood pressure 98/51 on 9/8/24;</p> <p>-blood pressure 109/76 on 9/11/24; and</p> <p>-blood pressure 107/69 on 9/12/24.</p> <p>9/30/24 at approximately 3:30 PM - Finding was reviewed with E1 (NHA), E2 (DON) and E3 (ADON). No further information was provided to the Surveyor.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/02/2024
NAME OF PROVIDER OR SUPPLIER  Wilmington Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  700 Foulk Road Wilmington, DE 19803	
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)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>46134</p> <p>Based on observations and interviews, it was determined that the facility failed store, prepare, distribute, and serve food in accordance with professional standards for food service safety. Findings include:</p> <p>9/19/24 8:45 AM - During the initial kitchen tour the following was observed:</p> <ul style="list-style-type: none"> <li>- The lack of hand drying towels at the handwashing sink.</li> <li>- A cooked pork roast left uncovered on a counter, with flying insects (gnats) observed in the kitchen.</li> <li>-Pork sausage patties in open unsecured plastic bag in walk in freezer.</li> </ul> <p>9/23/24 approximately 10:00 AM - Observations revealed the following:</p> <ul style="list-style-type: none"> <li>-the walk-in freezer temperature was reading 27 F.</li> <li>-review of the walk-in freezer temperature logs for July revealed temperatures between -6 F and 35 F.</li> </ul> <p>9/23/24 1:45 PM - During an interview, E7 (Director of Dietary Services), confirmed the findings.</p> <p>9/23/24 12:30 PM - During the survey of the facility at approximately 12:30 PM, the first-floor nourishment refrigerator was observed to have spilled substances at the base of the refrigerator, the presence of unlabeled resident food items, and open juice container, without an open date.</p> <p>9/23/24 12:30 PM - During an interview, E8 (Regional Director of Clinical Reimbursement) confirmed the findings.</p> <p>10/2/24 3:00 PM - Findings were reviewed during the exit conference with E1 (NHA), E2 (DON), E3 (ADON), E46 (VPO) and a representative from the Ombudsman's Office.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/02/2024
NAME OF PROVIDER OR SUPPLIER  Wilmington Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  700 Foulk Road Wilmington, DE 19803	
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)		
<p>F 0842</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>32545</p> <p>Based on interview and record review, it was determined that for three (R6, R26 and R116) out of 46 sampled residents, the facility failed to clinical records are complete and accurately documented. Findings include:</p> <ol style="list-style-type: none"> <li>1. R26's clinical record revealed:  1/17/24 at 11:21 AM - A Medical Progress Note documented by E50 (NP) documented, . Assessment and Plan .</li> <li>1. Protein malnutrition- encourage PO intake (sic) monitor CMP.</li> <li>2. Muscle weakness-PT/OT.</li> <li>3. MDD-Mirtazapine 7.5mg GDR not appropriate at this time.</li> <li>4. GERD- D/C (discontinue) Omeprazole 20mg to trial symptoms and need for medication.</li> <li>5. HTN- Monitor BP Q shift Lasix 40mg Amlodipine 5mg.</li> <li>6. Constipation monitor BM Miralax, Fleet enema, MOM, Senna, Biscodyl, Colace.</li> <li>7. CAD- ASA 81mg.</li> <li>8. Anemia- Iron 325mg monitor CBC.</li> <li>9. Cellulitis BLE- continue wound care LLE add Santyl and gauze.</li> <li>10. ABD distention check US ABD Pelvis.</li> <li>11. MI - Ativan and Morphine continue on oxygen and hospice Nitro SL . Chart and medications reviewed .</li> </ol> <p>The following 12 Medical Progress Notes documented by E50 repeated the same Assessment and Plan.</p> <ul style="list-style-type: none"> <li>- 2/6/24 at 2:03 PM;</li> <li>- 2/28/24 at 10:05 PM;</li> <li>- 3/11/24 at 2:33 PM;</li> <li>- 3/20/24 at 1:34 PM;</li> <li>- 3/27/24 at 1:15 PM;</li> </ul> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/02/2024
NAME OF PROVIDER OR SUPPLIER  Wilmington Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  700 Foulk Road Wilmington, DE 19803	

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)
<p>F 0842</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>- 4/15/24 at 10:58 PM;</p> <p>- 5/6/24 at 5:45 PM;</p> <p>- 6/11/24 at 1:03 PM;</p> <p>- 6/25/24 at 1:58 PM;</p> <p>- 7/8/24 at 10:14 PM:</p> <p>- 8/7/24 at 8:18 PM; and</p> <p>- 9/9/24 at 11:18 AM:</p> <p>The following should be noted that were not accurately documented in R26's medical progress notes by E50:</p> <p>-R26 was not receiving PT and OT services as they were discontinued on 1/2/24.</p> <p>-From 12/1/23 through 10/2/24, R26 was not prescribed Mirtazapine 7.5mg.</p> <p>-Omeprazole 40mg tablet was discontinued on 1/8/24.</p> <p>-Lasix and Amlodipine medications were discontinued on 1/8/24.</p> <p>-Miralax medication was discontinued on 1/1/24. Senna and Colace were discontinued on 1/8/24.</p> <p>-Aspirin was discontinued on 1/8/24.</p> <p>-Iron was discontinued on 1/8/24.</p> <p>-Santyl treatment was discontinued on 1/1/24.</p> <p>-Ultrasound abdomen/pelvis for abdominal distention was completed on 12/30/23.</p> <p>-Ativan was discontinued on 1/14/24. Oxygen was discontinued on 7/8/24.</p> <p>It should also be noted that from 6/27/24 through 10/2/24, R26 was being treated for an ongoing sacral pressure ulcer, which was not addressed in R50's progress notes.</p> <p>The facility failed to ensure documentation on the 1/17/24 Medical Progress Note by E50 (NP) was accurate and not repeatedly copied on 12 subsequent Medical Progress Notes for R26 from 2/6/24 through 9/9/24.</p> <p>2. R116's clinical record revealed:</p> <p>9/30/24 at 4:00 PM - During an interview, F1 (R116's family member) stated that he arrived at the facility and found R116 incontinent laying on her bed.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/02/2024
NAME OF PROVIDER OR SUPPLIER  Wilmington Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  700 Foulk Road Wilmington, DE 19803	
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)		
<p>F 0842</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Review of the September 2024 CNA Documentation Survey Report revealed that care was not documented for R116 on 9/15/24 during 7 AM to 3 PM shift prior to R116 being sent to the emergency room at 11:30 AM.</p> <p>The facility failed to ensure R116's care was documented in the clinical record.</p> <p>40264</p> <p>3. Review of R6's clinical record revealed the following:</p> <p>A facility policy titled Fall Management Program effective 1/29/24 documented, .A fall is defined . unintentional change in elevation coming to rest on the ground or onto the next lower surface .Procedure . Prevention 1. A Fall Risk Scoring Tool will be completed .and as needed for change in condition .</p> <p>8/6/24 11:55 AM - A nurse progress note documented that R6 was noted on the floor on her knees, and her head was over the bath tub in her bathroom.</p> <p>8/7/24 - A facility Fall Risk Scoring Tool for R6 with a score of 7 (low risk) was completed by E28 (LPN).</p> <p>8/11/24 3:51 AM - The same Fall Risk Scoring Tool for R6 was struck out for the reason: data entry error.</p> <p>9/30/24 10:30 AM - In an interview, E2 (DON) stated that the Fall Risk Scoring Tool for [R6] completed by [E28] on 8/7/24 was not accurate. E2 further confirmed that R6's Fall Risk Scoring Tool after the 8/6/24 fall incident was not updated and not corrected.</p> <p>10/2/24 at 3:00 PM - Findings were reviewed during the exit conference with E1 (NHA), E2 (DON), E3 (ADON), E46 (VPO) and a representative from the Ombudsman's Office.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/02/2024
NAME OF PROVIDER OR SUPPLIER  Wilmington Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  700 Foulk Road Wilmington, DE 19803	
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)		
<p>F 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services.</p> <p>32545</p> <p>Based on interview and review of the clinical record and other documentation as indicated, it was determined that for one (R26) out of one resident reviewed for hospice, the facility failed to ensure that R26 received hospice care and services as per the written agreement with the Hospice Provider. Specifically in reference to the deficiency cited at Severity Level 3, at F686, the facility failed to notify and collaborate with the Hospice Provider on developing and implementing a sacral pressure ulcer plan of care with interventions to meet the resident's needs. In addition, the facility failed to update the Hospice Provider that R26's eight medications were discontinued in January 2024; and ensure that current Hospice documentation was present and readily accessible in R26's facility clinical record. Findings include:</p> <p>Cross refer to F686, example 1, F656, F657, F697</p> <p>8/9/23 - The General Inpatient and Respite Care Skilled Nursing Facility Agreement stated the following:</p> <p>. 3.3 Designation of an Interdisciplinary Group Member. Facility will designate a member of the Facility's Interdisciplinary Group (IDG Member) who is responsible to work with Hospice staff to coordinate care provided to the Hospice Patient. The IDG Member must have a clinical background, function within their state scope of practice act, and have the ability to assess the Hospice patient or have access to another person who has the skills and capabilities to asses the Hospice patient. The IDG Member is responsible for the following:</p> <p>3.3.1 Collaborating with Hospice representatives and coordinating Facility staff participation in the care planning process for those Hospice Patients receiving Hospice Services. This includes establishing how communication will be documented between Hospice and Facility to ensure the needs of the patient are addressed and met 24 hours per day;</p> <p>3.3.2 Communicating with Hospice representatives and other healthcare providers participating in the provision of care for patient's terminal illness, related conditions, and other conditions to ensure quality of care for the patient and family.</p> <p>3.3.3 Ensuring that Facility communicates with the Hospice medical director, the patient's attending physician . participating in the provision of care to the patient as needed to coordinate the hospice care with the medical care provided by other physicians.</p> <p>3.3.4 Obtaining the following information from the Hospice:</p> <p>a. The most recent Hospice Plan of Care for each Hospice Patient;</p> <p>b. Hospice election form;</p> <p>c. Physician certification or recertification of the terminal illness for each Hospice Patient;</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/02/2024
NAME OF PROVIDER OR SUPPLIER  Wilmington Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  700 Foulk Road Wilmington, DE 19803	

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)
<p>F 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>d. Names and contact information for the Hospice personnel involved in the care of each Hospice Patient;</p> <p>e. Instructions on how to access Hospice's 24 hour on call system;</p> <p>f. Hospice medication information specific to each Hospice Patient;</p> <p>g. Hospice physician and attending physician orders for each Hospice Patient;</p> <p>3.3.5 Ensuring Facility staff provides orientation to Hospice staff concerning Facility policies and procedures, including patient rights, appropriate forms, and record keeping requirements.</p> <p>3.4 Plan of Care. Hospice will collaborate with Facility on a coordinated Plan of Care developed jointly between Hospice and Facility. Each patient's written plan of care must include both the most recent Hospice Plan of Care and a description of the services furnished by Facility to attain or maintain the Hospice Patient's highest practicable physical, mental and psychological well-being . Facility agrees to abide by patient care protocols for palliative medicine established by Hospice and to collaborate with the Hospice Interdisciplinary Group prior to any action relating to treatment .</p> <p>3.5 Medical Record . Documentation of care and services provided by Hospice will be filed and maintained in the Facility medical record. Facility will provide Hospice with a copy of the medical record .</p> <p>3.12 Notification to Hospice. Facility will immediately notify Hospice if:</p> <p>3.12.1 A significant change in a Hospice Patient's physical, mental, social, or emotional status occurs .</p> <p>R26's clinical record revealed:</p> <p>8/14/23 (revised on 9/23/24) - R26 was care planned for hospice with the following interventions:</p> <ul style="list-style-type: none"> <li>-hospice to provide bath or shower aid (dated 8/14/23); and</li> <li>-see hospice plan of care [name of hospice]. (dated 8/14/23, revised 9/7/23).</li> </ul> <p>The facility failed to review, revise and collaborate with the Hospice Provider on R26's care plan. It should be noted that R26 was not being bathed or showered by Hospice staff from January 2024 through October 2024.</p> <p>9/24/24 - Observation of R26's hospice binder located in the nurse's station revealed the following:</p> <ul style="list-style-type: none"> <li>-the absence of who and how to contact members of the Hospice Care Team;</li> <li>-sign-in sheet of hospice staff starting from 2/1/24 through 9/10/24;</li> <li>-8/4/23 hospice election statement;</li> </ul> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/02/2024
NAME OF PROVIDER OR SUPPLIER  Wilmington Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  700 Foulk Road Wilmington, DE 19803	
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)		
<p>F 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-8/4/23 admission agreement;</p> <p>-8/4/23 plan for primary caregiving;</p> <p>-8/7/23 verbal certification by attending physician;</p> <p>-8/7/23 hospice certification period adjustment order;</p> <p>-8/4/23 to 11/1/23 Hospice Certification and Plan of Care;</p> <p>-12/20/23 Hospice IDG Comprehensive Assessment and Plan of Care Update Report; and</p> <p>-handwritten hospice staff notes from 8/7/23 through 8/27/24, which included 28 notes from the Chaplain, one from a Priest and three from C5, hospice RN.</p> <p>The facility failed to ensure that current Hospice documentation was present and readily accessible in R26's facility clinical record.</p> <p>9/25/24 at 11:00 AM - An observation of C1 (Hospice RN) at R26's bedside with R26's family member and C7 (Chaplain). Immediately following, the Surveyor interviewed C1 and asked if hospice would prohibit debridement of a wound. C1 replied no, being on hospice does not prevent debridement. The Surveyor asked C1 to observe R26's hospice binder in the nurse's station. C1 confirmed that there was no contact information for hospice on the front cover nor inside. After reviewing the hospice binder contents, C1 confirmed that there was no current recertification, no current care plan and no current list of medications. When asked if the hospice nurse assessed R26's sacral pressure ulcer, C1 could not answer, and she requested the nurse's notes to be sent over to the facility. C1 stated that the hospice contact was the Social Worker and documentation should be being sent to her so she can place it in the hospice binder.</p> <p>In response to the Surveyor's request with the facility management, the Hospice Provider provided the Hospice documentation for R26, which included:</p> <p>9/25/24 Hospice IDG Comprehensive Assessment and Plan of Care Update Report - . Current Meeting Summary .</p> <p>Hospice Physician [documented] . plan of care reviewed . I attest that I have reviewed the medication profile .</p> <p>[C2, RN documented] . Describe what has occurred during the last two weeks . Is there any improvement or worsening in wound(s) condition, or any new wounds? (checked) No wounds present .</p> <p>[included in the Meeting Summary was] Medication List . Tylenol . Amlodipine . Aspirin . Colace . Ensure . Furosemide . Icy Hot Patch . Iron . Miralax . Morphine . Senna .</p> <p>Review of R26's current medications on her September 2024 eMAR in the facility were: Tylenol for pain, Active Liquid Protein for wound healing, Morphine as needed for pain, Milk of Magnesia, Bisacodyl suppository and an enema as needed for constipation.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/02/2024
NAME OF PROVIDER OR SUPPLIER  Wilmington Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  700 Foulk Road Wilmington, DE 19803	

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)
<p>F 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R26 was no longer on Amlodipine, Aspirin, Colace, Furosemide, Icy Hot Patch, Iron, Miralax or Senna. The 9/25/24 IDG Report inaccurately documented R26 on seven medications that she was no longer taking.</p> <p>9/30/24 at approximately 3:30 PM - Finding was reviewed with E1 (NHA), E2 (DON) and E3 (ADON). No further information was provided to the Surveyor.</p> <p>10/2/24 at 3:00 PM - Finding was reviewed during the exit conference with E1 (NHA), E2 (DON), E3 (ADON), E46 (VPO) and a representative from the Ombudsman's Office.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/02/2024
NAME OF PROVIDER OR SUPPLIER  Wilmington Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  700 Foulk Road Wilmington, DE 19803	

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)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>46134</p> <p>Based on observations, interviews and record reviews, it was determined that for four ( R533, R105, R12 and R26) out of four residents reviewed for infection control, the facility failed to establish and maintain an infection control program using enhanced barrier precautions. R12, R105 and R533 had indwelling feeding tubes which met the criteria for Enhanced Barrier Precautions (EBP). Findings include:</p> <p>As per CDC (Centers for Disease Control and Prevention) definition (6/28/24), Enhanced Barrier Precautions are an infection control intervention designed to reduce transmission of multidrug-resistant organisms (MDROs) in nursing homes. Enhanced Barrier Precautions involve gown and glove use during high-contact resident care activities for residents known to be colonized or infected with a MDRO as well as those at increased risk of MDRO acquisition (e.g., residents with wounds or indwelling medical devices).</p> <p>1. Review of 533 clinical record revealed:</p> <p>9/10/24 - R533 was admitted to the facility after being hospitalized ; R533 had a PEG tube inserted into his stomach for nutrition because he could not safely swallow food or liquids.</p> <p>9/24/24 10:33AAM - During a wound care dressing change observation, E8 (LPN) did not wear a gown.</p> <p>50650</p> <p>2. Review of R12's clinical record revealed:</p> <p>2/7/24 - R12 was admitted to the facility with diagnoses including a stroke, and difficulty swallowing food and liquids.</p> <p>R12's physician's orders included enteral feed: two times a day via PEG tube (flexible tube going to the stomach for feeding).</p> <p>9/19/24 10:18 AM - During an observation, it was observed that R12's room lacked PPE (Personal Protective Equipment) for staff to use when providing care.</p> <p>9/20/24 11:15 AM - During an observation, the continued lack of PPE for R12's room was observed.</p> <p>9/24/24 1:34 PM - During an observation, the lack of EBP PPE was continued to be observed.</p> <p>9/24/24 2:00 PM - During an interview with E18 (CNA), confirmed, we have not had to use PPE while working with [R12] during direct resident care activities.</p> <p>3. Review of R105's clinical records revealed:</p> <p>4/30/24 - R105 was admitted the facility with diagnoses including two existing pressure ulcers to her buttock area.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/02/2024
NAME OF PROVIDER OR SUPPLIER  Wilmington Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  700 Foulk Road Wilmington, DE 19803	
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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>7/23/24- A review of the care plan revealed that R105 had a chronic wound or pressure ulcer: stage 4 on the right buttock and stage 4 on the left buttock.</p> <p>8/21/24 - A physician's order was written by E4 (MD) to cleanse the left buttock wound with wound cleanser, apply collagen/ hydrogel, and to cover the wound with bordered gauze, every day shift. The same treatment order was written for the right buttock wound.</p> <p>9/19/24 10:48 AM - During an observation, it was observed that R105's room lacked PPE (Personal Protective Equipment) for staff to use when providing care.</p> <p>9/20/24 11:20 AM - During an observation, the continued lack of PPE for R105's room was observed.</p> <p>9/24/24 1:36 AM - During an observation, E8 (LPN) and E18 (CNA) performing wound care to R105's wound. They were not wearing PPE (gown) during the procedure.</p> <p>9/24/24 11:53 AM - During an interview with E8 (LPN) confirmed I only have to wear goggles during wound dressing changes if it involves a wound vac. E8 (CNA) confirmed, I thought I only had to wear gloves during the dressing change.</p> <p>32545</p> <p>4. R26's clinical record revealed:</p> <p>From 6/27/24 through 9/25/24, R26 was being seen weekly by the Wound Care Consultant (WCC) for a chronic sacral pressure ulcer as documented in the skin notes.</p> <p>9/25/24 at 8:00 AM - An observation of wound care with C1 (WCC) and E8 (LPN) revealed that no enhanced barrier precautions were in place despite R26 having a chronic sacral pressure ulcer. In addition, C1 and E8 failed to wear gowns during the sacral wound dressing change.</p> <p>10/2/24 at 3:00 PM - Findings were reviewed during the exit conference with E1 (NHA), E2 (DON), E3 (ADON), E46 (VPO) and a representative from the Ombudsman's Office.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/02/2024
NAME OF PROVIDER OR SUPPLIER  Wilmington Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  700 Foulk Road Wilmington, DE 19803	

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)
<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>32545</p> <p>Based on record review and interview, it was determined that for three (R9, R53 and R76) out of five residents sampled for influenza and pneumococcal vaccinations, the facility failed to provide education regarding the benefits and potential side effects of either/both influenza and pneumococcal immunizations to each resident or the resident's representative and then offer the immunization. Findings include:</p> <ol style="list-style-type: none"> <li>1. R9's clinical record lacked evidence that the resident was offered an up to date pneumococcal vaccination. R9 received the PCSV23 on 9/23/22.</li> <li>2. R53's clinical record lacked evidence that the resident was offered an influenza vaccination during year 2023.</li> <li>3. R76's clinical record lacked evidence that the resident was offered a pneumococcal vaccination.</li> </ol> <p>10/2/24 at 3:00 PM - Discussed during the exit conference with E1 (NHA), E2 (DON), E3 (ADON), E46 (VPO) and a representative with the Ombudsman's Office.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/02/2024
NAME OF PROVIDER OR SUPPLIER  Wilmington Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  700 Foulk Road Wilmington, DE 19803	
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)		
<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p>32545</p> <p>Based on record review and interview, it was determined that for four (R9, R30, R53 and R76) out of five residents sampled for Covid-19 vaccinations, the facility failed to provide education regarding the benefits and potential side effects of Covid-19 immunizations to each resident or the resident's representative and then offer the immunization. Findings include:</p> <ol style="list-style-type: none"> <li>1. R9's clinical record lacked evidence that the resident was offered an up to date Covid-19 vaccination. The last documented Covid-19 vaccination was received on 4/9/21.</li> <li>2. R30's clinical record lacked evidence that the resident was offered an up to date Covid-19 vaccination. The last documented Covid-19 vaccination was received on 11/22/23.</li> <li>3. R53's clinical record lacked evidence that the resident was offered an up to date Covid-19 vaccination. The last documented Covid-19 vaccination was received on 12/6/22.</li> <li>4. R76's clinical record lacked evidence that the resident was offered an up to date Covid-19 vaccination. The last documented Covid-19 vaccination was received on 9/10/21.</li> </ol> <p>10/2/24 at 3:00 PM - Reviewed during the exit conference with E1 (NHA), E2 (DON), E3 (ADON), E46 (VPO) and a representative with the Ombudsman's Office.</p>		