STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085034	A. Building B. Wing	03/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Breakwater Village	301 Ocean View Blvd Lewes, DE 19958

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47142 Based on observation and interview, it was determined that for one room out of five rooms reviewed for environmental concerns the facility failed to provide a clean and homelike environment. Findings include: Random observations of room [ROOM NUMBER] revealed: 3/11/24 10:37 AM - An observation of room [ROOM NUMBER] revealed the following: -A substantial amount of dirt and food crumbs scattered throughout the bedroom. -The bathroom revealed a substantial amount of small, circular black debris scattered throughout the floor. Also, next to the toilet had a circular area, brown in color approximately 12 inches by 6 inches in size. -There was approximately 3 feet of baseboard peeling off the wall and onto the floor. During this observation, an interview with the resident stated that (baseboard) has been that way for a year. The resident stated he told maintenance about it. 3/12/24 10:58 AM - An observation of room [ROOM NUMBER] revealed that there continued to be dirt and food crumbs scattered throughout the bedroom floor and the bathroom continued to have the same black debris and circular area on the floor. While in room [ROOM NUMBER], an interview with the resident stated that no one ever came in the room and cleaned it yesterday (3/11/23). 3/12/24 11:10 AM - During an observation and interview, E24 (Floor Tech) confirmed that room [ROOM NUMBER] was unclean and proceeded to clean the room. After the bathroom was cleaned, the circular black debris and the circular area by the toilet were removed from the floor. E24 stated the resident's rooms are to be cleaned every day including sweeping and wet moping the floor. 3/12/24 11:13 AM - An interview with E24 confirmed the baseboard in room [ROOM NUMBER] and that it had been that way for about one year. E24 stated he notified E26 (Director of Maintenance) about a year ago. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085034	A. Building B. Wing	03/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Breakwater Village	301 Ocean View Blvd Lewes, DE 19958

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3/14/24 1:39 PM - An interview with E26 confirmed the baseboard peeling off the wall and laying on the floor of room [ROOM NUMBER]. E26 stated an employee of the facility may have verbally told him but the issue did not get put into their maintenance system to be followed. E26 stated he will get the baseboard fixed. 3/18/24 1:54 PM - An observation of room [ROOM NUMBER] revealed the baseboard was appropriately attached to the wall of the room and was no longer peeling off. 3/18/24 1:54 PM - An interview with E25 (Director of Environmental Services) revealed that resident rooms are to be cleaned every day including sweeping and wet moping the floor and cleaning the bathroom. E25 confirmed there are four housekeepers that clean the resident rooms; however, they use E24 to clean room [ROOM NUMBER] because resident prefers him. The resident stated he does prefer E24 to clean his room but is acceptable to having two of the four housekeepers clean his room. 3/20/2/24 2:40 PM - Findings reviewed with E1 (NHA), E2 (DON) and E3 (ADON) and E4 (Corporate) during the exit conference.Based on observation and interview, it was determined that for one room out of five rooms reviewed for environmental concerns the facility failed to provide a clean and homelike environment. Findings include:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085034	A. Building B. Wing	03/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Breakwater Village	301 Ocean View Blvd Lewes, DE 19958

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. 44706 Based on record review and interview, it was determined that for one (R255) out of three residents reviewed for abuse, the facility failed to report a bruise of unknown origin. Findings include: 9/26/23 - An admission MDS assessment documented R255 had a BIMS score of 3 (severe cognitive impairment). 10/10/23 6:20 AM - A skin and wound note documented, resident noted with left upper arm bruise of unknown origin while care was being provided. 10/10/23 - A facility incident report documented that R255 had a bruise to the left upper arm. No measurements or description was documented in R255's clinical record. R255 was unable to explain what happened. 10/11/23 12:10 AM - An order note documented, monitor left upper arm bruise until resolved every shift. 10/12/24 2:07 AM - An order note documented, monitor right upper arm and chest bruise until resolved every shift for monitoring. The facility lacked evidence that a bruise of unknown origin was reported to the state agency within the required eight-hour time frame. 3/20/24 12:34 PM - During an interview, E2 (DON) confirmed that the family was not notified. Additionally, E12 confirmed that the incident was not reported to the State Agency. 3/20/2/24 2:40 PM - Findings reviewed with E1 (NHA), E2 (DON) and E3 (ADON) and E4 (Corporate) during the exit conference.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085034	A. Building B. Wing	03/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Breakwater Village	301 Ocean View Blvd Lewes, DE 19958

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0635 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide doctor's orders for the resident's immediate care at the time the resident was admitted. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46988 Based on interviews and review of the clinical record, it was determined that for one (R309) out of two residents reviewed for admission, the facility failed to ensure that R309 had physician orders for the resident's immediate care. Findings include: 1 a. Review of R309's clinical record revealed: 3/6/24 - R309 was admitted to the facility. 3/6/24 6:30 PM - An admission assessment was completed for R309 indicating an indwelling urinary catheter in place. 3/6/24 - A care plan was initiated for indwelling urinary catheter. 3/9/24 - An admission MDS indicated R309 had an indwelling urinary catheter. 3/11/24 11:02 AM - An observation of R309 revealed an indwelling catheter in place and bag in a privacy bag. An interview with R309 confirmed use of indwelling urinary catheter related to neurogenic bladder (retention of urine). 3/12/24 9:32 AM - A physician's order revealed R309 use of indwelling urinary catheter related to neurogenic bladder. 3/13/24 2:22 PM - An interview with E19 (CNA) confirmed R309 was admitted with an indwelling urinary catheter and care was being completed. 3/14/24 1:08 PM - An interview with E15 (UM) confirmed the admission process is completed by the admitting nurse. The admitting nurse is responsible for admission assessments and inputting of physician orders. 3/14/24 1:30 PM - An interview with E18 (RN) confirmed that R309 was admitted on [DATE] and E18 completed the admission assessments and orders. E18 stated R309 was admitted with an indwelling urinary catheter, and she forgot to obtain the batch orders (set of orders) related to the catheter from the provider. b. Review of R309's clinical record revealed: 3/6/24 - A care plan was initiated for diabetes management for R309. 3/6/24 6:30 PM - An admission assessment was completed for R309 and did not indicate that R309 was diabetic. 3/6/24 7:00 PM - A physician's order was written for Levemir (Insulin) and glipizide (oral diabetic) medications. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085034	A. Building B. Wing	03/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Breakwater Village	301 Ocean View Blvd Lewes, DE 19958

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0635 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3/12/24 1:05 PM - A physician's order for R309 was written for blood glucose monitoring before meals and at bedtime. Additionally, an order was written for sliding scale insulin coverage with blood glucose results. 3/14/24 1:08 PM - An interview with E15 (UM) confirmed the admission process is completed by the admitting nurse. The admitting nurse is responsible for admission assessments and inputting physician orders. 3/14/24 1:30 PM - An interview with E18 (RN) confirmed that R309 was admitted on [DATE] and E18 completed the admission assessments and orders. E18 stated R309 was diabetic, and she forgot to obtain the batch orders (set of orders) related to the diabetic management from the provider. The facility failed to ensure physician's orders needed for immediate care were present on admission. 3/20/2/24 2:40 PM - Findings reviewed with E1 (NHA), E2 (DON) and E3 (ADON) and E4 (Corporate) during the exit conference.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085034	A. Building B. Wing	03/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Breakwater Village	301 Ocean View Blvd Lewes, DE 19958

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. 46988 Based on interview and record review, it was determined that for five (R41, R309, R14, R65, R5 and R90) out of eight residents reviewed for PASARR, the facility failed to ensure that a referral for a PASARR screening was completed. Findings include: 1. Review of R41's clinical record revealed: 12/6/23 - R41 had a PASARR I completed at the hospital with the indication of no level II needed and no suspected or confirmed PASARR conditions. 12/19/23 - R41 had a PASARR completed at a different facility with indication of level I negative and no suspected or confirmed PASARR conditions. 12/22/23 - R41 was admitted to the facility with diagnosis of persistent mood affective disorder, unspecified. 12/29/23 - R41 had an initial psychology visit for admission. 1/4/24 - R41 had the following follow up visits with psychology: 1/4/24, 1/11/24, 1/25/24, and 2/8/24. 1/27/24 - R41 had a change in condition that required R41 to be sent to the hospital. R41 was diagnosed with psychosis and the facility failed to add the new diagnosis to the medical record. 3/14/24 11:41 AM - An interview with E6 (SW) confirmed that R41 did not have a PASARR level II or a submission for review to the State PASARR authority. 3/14/24 12:36 PM - An email correspondence with S1 (State PASARR Authority) confirmed that the facility should have submitted a resident review PASARR for R41 for the diagnosis of psychosis, which is a qualifying diagnosis. The resident review PASARR may not have resulted in a full level II but another PASARR evaluation should have occurred in this instance. 2. Review of R309's clinical record revealed: 3/4/24 - The hospital completed a PASARR I for R309 that did not indicate a level was II needed and no suspected or confirmed PASARR conditions. The PASARR I lacked R309's diagnoses of anxiety disorder, adjustment disorder with depressed mood, and insomnia. 3/6/24 - R309 was admitted to the facility with the following diagnoses: anxiety disorder, adjustment disorder with depressed mood, and insomnia. The facility failed to review the PASARR I completed from the hospital and verify accuracy related to R309's admitting diagnoses. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085034	A. Building B. Wing	03/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Breakwater Village	301 Ocean View Blvd Lewes, DE 19958

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	3/14/24 11:41 AM - An interview with E6 (SW) confirmed that R41 did not have a PASARR level II or a submission for review to the state PASARR. 3/14/24 12:36 PM - An email correspondence with S1 (State PASARR Authority) confirmed that R41 The facility should have submitted a resident review PASARR at least for the diagnoses of anxiety and adjustment disorder with depressed mood. The resident review PASARR may not have resulted in a full level II but another PASARR evaluation should have occurred in this instance. 47142 3. Review of R14's clinical record revealed: 6/18/18 - A PASARR Level 1.5 evaluation was completed for R14 with an outcome stating no Level II evaluation required. 6/19/18 - R14 was admitted to the facility. 6/22/23 - A psychiatry consult note by E 20 (Psychiatry NP) stated that R14 had an increase in behaviors. 7/11/23 - A medication order for Abilify 2 mg tablet, give 2 mg by mouth two times a day for bipolar disorder. The aforementioned medication order was increased from once a day to twice a day. 9/7/23 - A medication order for Abilify 5 mg tablet, give 5 mg by mouth at bedtime for bipolar disorder. The aforementioned medication order was increased from 4 mg a day to 5 mg a day. 12/14/23 - A progress note by E21 (SW) stated that the facility physician informed her that R14 mentioned . wanting to harm himself . psych NP visited with resident then . 12/14/23 - A psychiatry consult note by E17 (Psychiatry NP) stated that R14 was overheard by a provider that he made passive suicidal ideation remarks. E17 increased R14's sertraline medication from 50 mg a day to 75 mg a day. 12/29/23 - A new medication order of buspirone 7.5 mg tablets, give 1 tablet by mouth two times a day for anxiety disorder was added to R14. 3/14/24 11:40 AM - An interview with E6 confirmed that the facility did not submit a request for a new PASARR for R14 after a change in his behaviors and psychoactive medications were added and altered. 4. Review of R14's clinical record revealed: 1/12/23 - A PASARR Level I evaluation was completed for R65 with an outcome stating no Level II evaluation required. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085034	A. Building B. Wing	03/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Breakwater Village	301 Ocean View Blvd Lewes, DE 19958

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	1/13/23 - R65 was admitted to the facility. 6/15/23 - A new diagnosis of unspecified psychosis not due to a substance or known physiological condition was identified. 7/11/23 - A physician progress note for R65 stated, . atypical psychosis due to dementia/Hallucinations continue with (Psych contractor) psychiatric nurse practitioner. Currently on ativan, trazodone and seroquel. 11/29/23 - A psychiatry consult note by E17 stated that the visit was a follow-up for R65 resisting and combative with care. 3/14/24 11:40 AM - An interview with E6 confirmed that the facility did not submit a request for a new PASARR for R65 after the new diagnosis was added. E6 stated, He (R65) is one that should have been submitted for. 40260 5. Review of R5's clinical record revealed: 12/29/15 - R5 was admitted to the facility. 11/14/17 - A PASARR 1.5 was completed for R5 with an outcome stating The individual does not have a serious mental illness (SMI) but further review of level of impairment, recent treatment history, or other circumstances demonstrates that a full II is not required . 1/18/22 - A new diagnoses of schizophrenia, anxiety disorder unspecified, and major depressive disorder, recurrent, moderate were identified. 10/24/22 - A new diagnosis of unspecified dementia, unspecified severity, with other behavioral disturbance was identified. 12/16/22 - A new diagnosis of bipolar disorder, unspecified, was identified. 1/25/23 - A new diagnosis of unspecified psychosis not due to a substance or know physiological condition was identified. 3/14/24 12:40 PM - In a telephone interview, S1 (PASARR State Authority) confirmed there should have been a resident review in 2022 as the PASARR 1.5 from 2017 is not a true reflection of R5's current clinical status. 3/15/24 11:41 AM - In an interview, E6 (SW) a second level PASARR will be requested if there was an increase in behaviors or if a resident did not previously have a psychiatric diagnosis. E6 stated that she had been told in trainings that with the addition of a psychiatric diagnosis, Maximus does not want a new submission. E6 further stated that since the PASARR 1.5, R5's behaviors have been consistent. 39058 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085034	A. Building B. Wing	03/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Breakwater Village	301 Ocean View Blvd Lewes, DE 19958

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Based on interview and record review, it was determined that for one (R5) out of seven residents reviewed for PASARR, the facility failed to ensure that a referral for a PASARR screening was completed. Findings include: Review of R5's clinical record revealed: 12/29/15 - R5 was admitted to the facility. 11/14/17 - A PASSAR 1.5 was completed for R5 with an outcome stating The individual does not have a serious mental illness (SMI) but further review of level of impairment, recent treatment history, or other circumstances demonstrates that a full II is not required . 1/18/22 - A new diagnoses of schizophrenia, anxiety disorder, unspecified, and major depressive disorder, recurrent, moderate were identified. 10/24/22 - A new diagnosis of unspecified dementia, unspecified severity, with other behavioral disturbance was identified. 12/16/22 - A new diagnosis of bipolar disorder, unspecified, was identified. 1/25/23 - A new diagnosis of unspecified psychosis not due to a substance or know physiological condition was identified. 3/14/24 12:40 PM - In a telephone interview, S1 (PASARR State Authority) confirmed there should have been a resident review in 2022 as the PASARR 1.5 from 2017 is not a true reflection of R5's current clinical status. 3/15/24 11:41 AM - In an interview, E6 (SW) a second level PASARR will be requested if there was an increase in behaviors or if a resident did not previously have a psychiatric diagnosis. E6 stated that she had been told in trainings that with the addition of a psychiatric diagnosis, Maximus does not want a new submission. E6 further stated that since the PASSAR 1.5, R5's behaviors have been consistent. 3/20/2/24 2:40 PM - Findings reviewed with E1 (NHA), E2 (DON) and E3 (ADON) and E4 (Corporate) during the exit conference. 44706 6. Review of R90's clinical record revealed: 6/25/23 - R90 had a PASARR Level I pre-admission screening with the indication of no level II needed and no suspected or confirmed PASARR conditions. 8/1/23 - R90 was admitted to the facility with a diagnoses of major depressive disorder,anxiety disorder unspecified, Alzheimer's disease unspecified,dementia unspecified severity, with behavioral disturbance, psychotic disorder with delusions,and unspecified psychosis. 2/1/2024 - R90 had a trauma care assessment for PTSD. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085034	A. Building B. Wing	03/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Breakwater Village	301 Ocean View Blvd Lewes, DE 19958

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	8/10/23 - R90 had a psychiatry consult and follow up visits on 8/17/23, 10/5/23, 10/13/23, 11/2/23, 11/16/23, 11/30/23, 1/4/24, 1/11/24, 1/22/24, 1/25/24, 2/1/24, and 2/15/24. 2/12/24 - A significant change MDS assessment revealed a change in mood state, staff assessment indicated the total severity score was greater than the prior assessment, and delirium. Symptoms of delirium are indicated by the presence of an acute mental status change. 3/14/24 11:40 AM - An interview with E6 confirmed that the facility did not submit a request for a level II PASARR for R90 after a change in condition. 3/13/24 12:36 PM - An email correspondence with S1 (State PASARR Authority) confirmed that for R90 the facility should have submitted a review for a level II PASARR for the admission diagnoses and the change in condition. 3/20/2/24 2:40 PM - Findings reviewed with E1 (NHA), E2 (DON) and E3 (ADON) and E4 (Corporate) during the exit conference.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085034	A. Building B. Wing	03/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Breakwater Village	301 Ocean View Blvd Lewes, DE 19958

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. 46988 Based on interview and record review it was determined that for one (R313) out of one residents reviewed for bowel and bladder incontinence care, the facility failed to ensure that R313 received treatment and care in accordance with professional standards of practice and physician orders. Findings include: 1. Review of R313's clinical record revealed: 6/19/23 - The EMR diagnosis page documented that R313 was admitted to the facility with a diagnosis of chronic idiopathic constipation. 6/19/23 Review of the physician's orders included medications for constipation: - Milk of magnesia (MOM)- give 30 ml by mouth every 24 hours as needed for constipation If no BM x 9 shifts. -Bisacodyl suppository- insert 1 suppository rectally every 24 hours as needed for constipation. Administer if MOM is ineffective or NO bowel movement x 10 shifts. -Bisacodyl oral tablets- give 10 mg by mouth every 24 hours as needed for Constipation. -Senna s tablets- give 2 tablets by mouth in the evening every other day for constipation. -Miralax powder- give 17 grams by mouth one time a day every other day for constipation Administer with 8 oz of fluids. 7/1/23 through 9/30/23 - The CNA documentation of R313's BM activity revealed that the facility failed to ensure that physician's orders were implemented when R313 failed to have bowel movements for nine (9) shifts on the following dates: -Ending on evening shift 7/14/23 - total 20 shifts -Ending on evening shift 9/2/23 - total 22 shifts -Ending on night shift 9/7/23 - total 15 shifts 7/1/23 through 9/30/23 - A review of the MAR's for R313 revealed that the facility lacked evidence of monitoring and initiating bowel protocol for any of the above dates. 7/1/23 through 9/30/23 - A review of the progress notes for R313 lacked evidence that the facility monitored or completed bowel assessments related to above dates. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085034	A. Building B. Wing	03/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Breakwater Village	301 Ocean View Blvd Lewes, DE 19958

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3/20/24 9:19 AM - An interview with E16 (RN) confirmed the bowel protocol occurs after no bowel movement for nine shifts and the nurse would administer MOM. Nurses should be completing a bowel assessment and monitor for bowel movements. If one does not occur, then the next step of bisacodyl oral or suppository is administered. E16 confirmed that R313 did not receive the bowel protocol during the above dates. 3/20/2/24 2:40 PM - Findings reviewed with E1 (NHA), E2 (DON) and E3 (ADON) and E4 (Corporate) during the exit conference.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085034	A. Building B. Wing	03/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Breakwater Village	301 Ocean View Blvd Lewes, DE 19958

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0711 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the resident's doctor reviews the resident's care, writes, signs and dates progress notes and orders, at each required visit. 46988 Based on observation, record review and interview, it was determined for one (R309) out of one resident reviewed for physician visits, the facility failed to ensure the physician reviewed the total program of care, including medications and treatments. Findings include: Review of R309 clinical record revealed: 3/6/24 - R309 was admitted to the facility. 3/6/24 6:30 PM - An admission assessment was completed for R309 indicating an indwelling urinary catheter was in place. 3/9/24 - An admission MDS indicated R309 had an indwelling urinary catheter. 3/9/24 0:00 AM - A physician's progress note revealed a history and physical completed for R309. The progress note assessed the genitourinary system and lacked evidence of an indwelling urinary catheter in place. 3/11/24 11:02 AM - An observation of R309 revealed an indwelling catheter in place and a bag in a privacy bag. An interview, R309 confirmed use of an indwelling urinary catheter related to neurogenic bladder (retention of urine). 3/12/24 9:32 AM - A physician's order revealed R309's use of an indwelling urinary catheter related to neurogenic bladder. 3/19/24 1:39 PM - An interview with E5 (NP) confirmed that the provider did not mention the use of an indwelling catheter, or an assessment related to it's use. E5 confirmed that R309 was admitted with the catheter in place and does not recall initiating physician's orders related to the catheter. This resulted in six days without indwelling urinary catheter orders. 3/20/2/24 2:40 PM - Findings reviewed with E1 (NHA), E2 (DON) and E3 (ADON) and E4 (Corporate) during the exit conference.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085034	A. Building B. Wing	03/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Breakwater Village	301 Ocean View Blvd Lewes, DE 19958

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0802 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service. 38302 Based on observation, document review and interview it was determined that the facility failed to ensure that a qualified person in charge was present in the kitchen during all hours of food service operation. Findings include: 3/11/24 10:24 AM - During interview, E27 (Dietary Aide), disclosed that only one (1) staff member in the food service department possessed a valid Food Protection Manager certificate from an Accredited Food Safety Program. 3/20/24 2:40 PM - Findings reviewed with E1 (NHA), E2 (DON) and E3 (ADON) and E4 (Corporate) during the exit conference.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085034	A. Building B. Wing	03/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Breakwater Village	301 Ocean View Blvd Lewes, DE 19958

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 38302 Based on observation and interview it was determined that the facility failed to ensure food was stored, prepared, and served in a manner that prevents food borne illness to the residents. Findings include: 3/11/24 10:34 AM - During the initial tour of the kitchen, there was a partially uncovered container of stuffed peppers in the walk-in refrigerator with the plastic cling film peeled back exposing the food to dirt, debris, and other contaminants. 3/11/24 10:38 AM - During a tour of the kitchen, the reach-in refrigerator contained a plate of unlabeled undated liverwurst. 3/11/24 11:07 AM - An observation of the nourishment refrigerator in the Henlopen hallway revealed a carton of Nutritional Shake that was undated. The instructions on the carton indicate that once opened, any remaining product should be discarded after four (4) days. 3/11/24 11:55 AM - During a tour of the kitchen, the surveyor observed E27 (Dietary Aide) test the sanitizer level of the solution in two red sanitizing buckets. When E27 tested the sanitizing solution, the test strips from each of the two buckets indicated that the level of chemical concentration in the buckets was not at a sufficient level to provide proper sanitization. 3/11/24 1:23 PM - An observation of the nourishment refrigerator in the Sussex hallway revealed a carton of Nutritional Shake that was dated 3/5/24. The instructions on the carton indicate that once opened, any remaining product should be discarded after four (4) days. 3/15/24 11:43 AM - Findings were confirmed with E1 (NHA). 3/20/24 2:40 PM - Findings reviewed with E1 (NHA), E2 (DON) and E3 (ADON) and E4 (Corporate) during the exit conference.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085034	A. Building B. Wing	03/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Breakwater Village	301 Ocean View Blvd Lewes, DE 19958

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that a working call system is available in each resident's bathroom and bathing area. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44706 Based on a random observation and interview, it was determined that the facility failed to ensure that two call bells (room [ROOM NUMBER]) in the facility was functioning properly. Findings include: 3/11/24 approximately 10:15 AM - During a random observation of room [ROOM NUMBER] the call bell box on the wall was taken apart and the wires were exposed. Both A and B bed call bells were unable to be plugged in thus were not functioning. Further observation revealed there wasn't any alternate equipment for the residents to call for help. 3/11/24 10:25 AM - During an interview E7 RN confirmed the call bell box was taken apart, the wires were exposed therefore the call bells were unable to be plugged in and there wasn't a bell or any kind of alternate means for the two residents to call for help. E7 was then asked if she knew how long the call bells were not functional? E7 stated she thought last week but wasn't sure. 3/11/24 10:42 AM - During an interview E1 (NHA) and E2 (DON) were asked if they were aware that the call bells in room [ROOM NUMBER] were not functioning and the residents did not have a means to call for help. E1 stated I'll take care of it. 3/11/24 11:00 AM - E1 and E2 were observed carrying two cow bells to room [ROOM NUMBER]. 3/11/24 12:41 AM - During an observation, the call bell box was put back together and both call bells were plugged in. This surveyor and E7 tested both and they were functioning properly. 3/15/24 1:50 PM - During an interview, E8 (Maintenance Director) stated that a work order for the broken call bells in room [ROOM NUMBER] had been submitted electronically on 3/7/24 at 4:57 AM. When asked why it took so long to repair? E8 stated that I couldn't get to it sooner. and was able to provide this surveyor with a copy of the work order which documented the priority was critical but was not repaired until 3/11/24 four days later. 3/20/2/24 2:40 PM - Findings reviewed with E1 (NHA), E2 (DON) and E3 (ADON) and E4 (Corporate) during the exit conference.