

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085040	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2025
NAME OF PROVIDER OR SUPPLIER Lofland Park Center		STREET ADDRESS, CITY, STATE, ZIP CODE 715 E. King Street Seaford, DE 19973	

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>Based on interview and record review, it was determined that for one (R98) out of six residents reviewed for unnecessary medications, the facility failed to ensure a resident on insulin had adequate monitoring of blood sugar levels R98. Findings include:</p> <p>A review of R98's clinical record revealed:</p> <p>11/25/24 - R98 was admitted to the facility, with diagnoses including diabetes mellitus.</p> <p>11/25/24 - A physician's order for Humalog solution 100 unit /mL Inject 5 units subcutaneously in the evening for diabetes mellitus.</p> <p>12/5/24 - A physician's order for Insulin glargine subcutaneous solution pen-injector 100 unit/mL, inject 15 units subcutaneously one time a day for diabetes mellitus.</p> <p>6/9/25 - The EMR lacked evidence of a physician's order for blood sugar monitoring for R98.</p> <p>6/9/25 11:48 AM, an interview with E6 (RN) confirmed that when a resident is receiving insulin, E6 obtains a physician's order to monitor a resident's finger stick blood sugar level.</p> <p>6/9/25 1:10 PM - An interview with E4 (RN) confirmed that upon resident admission, finger stick blood sugars are monitored for three days if blood glucose levels exceed 200. The physician is notified, and E4 would obtain an insulin order and enters it into the computer system, which then prompts a choice between sliding scale or non-sliding scale insulin. However, E4 confirmed that the EMR did not include an order for finger stick blood sugar monitoring for resident R98.</p> <p>6/10/25 10:45 AM - An interview with E5 (NP) confirmed that if a resident is receiving insulin on admission, finger sticks are ordered for three days in the AM to monitor the finger stick blood sugar level. If the resident is controlled, then the order would be discontinued. E5 confirmed it would be a separate order.</p> <p>6/12/25 12:45 PM - Findings were reviewed with E1 (NHA), E2 (DON) and E3 (Corporate).</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
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