

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 07/02/2024
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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>47114</p> <p>Based on observation, interviews, and record review it was determined that for one (R37) out of 32 residents reviewed for care plans the facility failed to update and revise a care plan. Findings Include:</p> <p>Review of R37's clinical record revealed:</p> <p>12/11/23 - R37 was readmitted to the facility from the hospital.</p> <p>12/16/23 - A quarterly MDS assessment documented . 1. Yes, a hearing aid or other hearing appliance was used to complete the assessment for hearing.</p> <p>1/18/24 9:00 PM - An order for R37 documented to insert hearing aids in the AM and remove at bedtime. Wipe clean daily.</p> <p>3/20/24 8:16 PM - A care plan evaluation note by E2 (DON) documented, Resident seen by audiology for hearing impairment. Resident has hearing aides (sic) to assist [with] his impairment. Care plan reviewed and remains appropriate - continue current [plan of care].</p> <p>6/6/24 1:41 PM - R37's care plan documented impaired communication as evidenced by impaired hearing.</p> <p>6/15/24 - A significant change MDS assessment documented . 1. Yes a hearing aid or other hearing appliance was used to complete the assessment for hearing.</p> <p>6/26/24 1:00 PM - Review of the TAR (Treatment Administration Record) revealed E9 (LPN) signed that R37's hearing aids had been inserted.</p> <p>6/26/24 1:08 PM - During an interview E13 (CNA) stated, [R37] was not wearing his hearing aids right now, most of the time he doesn't like wearing them.</p> <p>6/26/24 1:11 PM - During an interview E9 stated, [R37] usually puts his hearing aids in, but most of the time he doesn't like wearing them. E9 also confirmed, nursing signs for inserting and removing hearing aids. In addition, E9 stated, Well most of the time [R37] takes them out and you might find them in his bed or somewhere, he did have them in this morning.</p> <p>(continued on next page)</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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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>6/26/24 1:25 PM - A second interview and observation with E9 revealed R37 did not have his hearing aids inserted.</p> <p>6/26/24 1:53 PM - During an interview E3 (RN-UM) confirmed that R3 is not care planned for hearing aids and that R37's care plan had not been revised to reflect him refusing to wear his hearing aids. E3 RN-UM confirmed that hearing aids would be added to R37's care plan.</p> <p>7/1/24 12:15 PM - During an interview E1 (NHA) confirmed R37's care plan was not revised.</p> <p>7/2/24 1:50 PM - Findings were reviewed with E1 (NHA) and E2 (DON) at the exit conference.</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>40260</p> <p>Based on record review and interview, it was determined that for four (R2, R11, R76 and R100) out of thirty-two residents reviewed for care plans, the facility failed to meet professional standards of the Delaware Board of Nursing Scope of Practice by having LPN's and a SW complete the admission assessments. Findings include:</p> <p>Delaware State Board of Nursing - RN, LPN and NA/UAP Duties 2023 . Admission Assessments * - RN . *= Once a care plan is established, the LPN may do assessments .</p> <p>1. Review of R2's clinical record revealed:</p> <p>5/15/24 - R2 was admitted to the facility.</p> <p>5/15/24 - E5 (LPN) completed the following assessments: Elopement Evaluation, Bed Rail Evaluation, Clinical Admission, Braden Scale Evaluation and Lift Transfer Evaluation.</p> <p>An LPN, not an RN, as required by the Delaware State regulation for Board of Nursing Scope of practice, completed the admission process for R2.</p> <p>2. Review of R11's clinical record revealed:</p> <p>3/4/24 - R11 was admitted to the facility.</p> <p>3/4/24 - E6 (LPN) completed the following assessments: Elopement Evaluation, Bed Rail Evaluation, Clinical Admission, Fall Risk Evaluation and Lift Transfer Evaluation.</p> <p>An LPN, not an RN, as required by the Delaware State regulation for Board of Nursing Scope of practice, completed the admission process for R11.</p> <p>3. Review of R76's clinical record revealed:</p> <p>2/22/24 - R76 was admitted to the facility.</p> <p>2/22/24 - E7 (LPN) completed the following assessments: Bed Rail Evaluation, Clinical Admission, Fall Risk Evaluation and Lift Transfer Evaluation.</p> <p>2/22/24 - E8 (Dementia Program Director/SW) completed the Elopement Evaluation.</p> <p>An LPN and a SW, not an RN, as required by the Delaware State regulation for Board of Nursing Scope of practice, completed the admission process for R76.</p> <p>7/2/24 10:15 AM - In an interview, E2 (DON) confirmed that LPN's are not to do initial assessments and that they should be completed by an RN.</p> <p>46988</p> <p>(continued on next page)</p>

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>4. Review of R100's clinical record revealed:</p> <p>7/26/23 - R100 was admitted to the facility.</p> <p>7/26/23 - E12 (LPN) completed the following admission assessments: bed rail evaluation, oral health evaluation, and lift transfer evaluation.</p> <p>7/2/24 10:15 AM - In an interview, E2 (DON) confirmed that LPN's are not to do initial assessments and that they should be completed by an RN.</p> <p>7/2/24 10:30 AM - An interview with E3 (RN Director UM) confirmed the following admission assessments are expected to be completed at the time of admission by an RN: admission assessment, bed rail, Braden, incontinence, lift evaluation, AIMS (if needed), elopement, fall risk, and pain.</p> <p>7/2/24 1:50 PM - Findings were reviewed with E1 (NHA) and E2 (DON) at the exit conference.</p>

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<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>40260</p> <p>Based on record review and interview, it was determined that for one (R11) out of five residents reviewed for medication review, the facility failed to ensure that an order for a PRN medication for anxiety was re-evaluated after 14 days. Findings include:</p> <p>3/4/24 - Resident admitted to the facility.</p> <p>3/18/24 - A Physician's order was entered into the MAR: clonazepam Oral Tablet 1 MG (Clonazepam) *Controlled Drug* Give 1 tablet by mouth as needed for anxiety May take 3x/day as needed.</p> <p>The facility lacked evidence that a PRN order for anxiety was re-evaluated by a provider after 14 days of being ordered.</p> <p>7/1/24 1:33 PM - In an interview, E4 (MD) stated that usually a new PRN order for an anti-anxiety medication is evaluated 14 days after the patient first starts, but not thereafter. E4 stated that this will be fixed.</p> <p>7/2/24 1:50 PM - Findings were reviewed with E1 (NHA) and E2 (DON) at the exit conference.</p>

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>38302</p> <p>Based on observation and interview, it was determined that the facility failed to provide a safe and sanitary environment for the staff. Findings include:</p> <p>6/24/24 11:24 AM - A large section of the floor in the service area between the entry doors to the kitchen and the entry door to the ware washing room was covered with standing water. Water was dripping from the ceiling area adjacent to the interior hallway doors onto the floor. An additional area of water was dripping from the ceiling near the entrance to the ware washing room onto the floor and into a mop bucket that had been placed under a portion of the dripping area.</p> <p>6/24/24 1:46 PM - During an interview, E1 (NHA) confirmed the dripping and standing water and stated that the water had come from the second-floor shower room, passed through a managers' office located on the first floor, and dripped into the service area on the ground floor.</p> <p>7/2/24 1:50 PM - Findings were reviewed with E1 (NHA) and E2 (DON) at the exit conference.</p>