

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085041	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/26/2024
NAME OF PROVIDER OR SUPPLIER Delmar Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 101 Delaware Ave., Delmar, De. 19940-1110 Delmar, DE 19940	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36898</p> <p>Based on record review, interview, and review of the facility's policy, the facility failed to ensure residents' Minimum Data Set (MDS) assessments accurately reflected the residents' status for one (Resident (R) 24) of 23 sampled residents. R24's most recent MDS indicated the resident had the serious mental illness (SMI) of bipolar disorder; however, there was not documented evidence in the resident's medical record to confirm the diagnosis. This failure placed the resident at risk for inaccurate and unmet care needs.</p> <p>Findings include:</p> <p>Review of the facility's undated policy titled, Comprehensive Interdisciplinary Assessment revealed Guidelines: Upon admission and periodically thereafter each resident shall have a comprehensive, accurate, standardized and reproducible assessment of functional capacity and needs .Procedure: I. The comprehensive assessment for each resident will describe the resident's capability to perform daily life functions and identify significant impairments in functional capacity. The Resident Assessment Instrument process with be completed on all residents per scheduling requirements listed in the Resident Assessment Instrument (RAI) Manual .V. Each discipline shall complete and electronically sign for the 'completion and accuracy of their entries' in the designated location on the MDS .</p> <p>Review of R24's undated Resident Face Sheet, located in the resident's electronic medical record (EMR) under the Resident tab, revealed the resident was admitted to the facility on [DATE] and most recently readmitted on [DATE] with diagnoses which included major depressive disorder and anxiety disorder. R24's Resident Face Sheet did not include the diagnosis of bipolar disorder.</p> <p>Review of R24's untitled Mental Health Progress notes, dated 08/14/24 and located in the resident's hard copy medical record under the PSYCH tab, revealed the following documented mental health diagnoses: major depression, anxiety disorder, and adjustment disorder with mixed anxiety and depression.</p> <p>Review of R24's quarterly MDS with an Assessment Reference Date (ARD) of 09/10/24 and located in the resident's EMR under the MDS tab revealed the facility assessed the resident to have a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated the resident was cognitively intact. The MDS also documented the resident had the active diagnosis of Bipolar Disorder.</p> <p>During an interview on 09/24/24 at 3:45 PM, R24 stated she had never been diagnosed with bipolar disorder.</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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 09/26/24 at 8:53 AM, the MDS Coordinator (MDSC) reviewed R24's quarterly MDS with an ARD of 09/10/24 and confirmed the MDS indicated R24 had the diagnosis of bipolar disorder. The MDSC stated R24's MDS was inaccurate as she double checked the resident's medical record, and the resident had not been diagnosed with bipolar disorder. The MDSC also stated she was the one who completed the resident's MDS, and she mistakenly selected bipolar disorder as one of the resident's active diagnoses. The MDSC stated it was important the MDS be correct to ensure the truest picture of the resident's status.</p> <p>During an interview on 09/26/24 at 9:02 AM, the Director of Nursing (DON) stated it was her expectation R24's MDS would have accurately reflected the resident's current diagnoses to ensure the appropriate care was provided.</p> <p>During an interview on 09/26/24 at 9:09 AM, the Administrator stated it was his expectation residents' MDS were accurate to reflect the resident's true current status.</p>		

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<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 07342</p> <p>Based on personnel file review and interview, the facility failed to ensure a qualified Dietary Manager (DM) was in place with appropriate competencies and skills to carryout the functions of the food and nutrition service with the potential to affect all 82 census residents.</p> <p>Findings include:</p> <p>Review of the personnel file on 09/23/24 at 1:00 PM revealed the DM hired in the past five weeks lacked management training for the food service director position. He had [AGE] years of management experience in food service. The DM had a Serve Safe certificate but lacked management training.</p> <p>During an interview on 09/25/24 at 12:45 PM, the DM revealed he had an associate degree in design and technology with no reference to food service management.</p> <p>During an interview on 09/25/24 at 3:30 PM, the Regional Corporate Consultant (RCC) verified the lack of management training and indicated that the DM would take the test as soon as possible to satisfy the management training requirements.</p>

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<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>07342</p> <p>Based on observation, interviews, and policy review, the facility failed to ensure the three-pan sink had adequate plumbing, the insulated plate dome covers were in good condition, the kitchen was maintained in a clean manner, and the sanitizer bucket and three-pan sink had adequate sanitizer levels in accordance with professional standards for food safety. The failure has the potential to contribute to food-borne illness and cross contamination for 82 census residents.</p> <p>Findings include:</p> <p>Review of the facility's undated policy titled, Dietary Department Sanitizer Guidelines revealed the three-compartment sink, and other solutions shall be sanitized at 200-400 PPM (parts per million).</p> <p>1. During observations and interview on 09/24/24 at 9:50 AM, Dietary Aide (DA) 4 was washing dishes in the three-compartment sink. Water was pouring out the plumbing beneath the sink. The plastic water line running below each sink drain ran to a pipe protruding from the floor. Water was pouring out of the pipe onto the kitchen floor near the clean dishes and food. DA4 had to mop the floor to continue working in the area. DA4 was also observed removing rags used as drain stops inside each compartment of the sink, wringing them out and re-inserting them in the drain for the next dishwashing. The facility dishwasher was broken or inoperable. The rinse water was noted to be lacking sanitizer in the third compartment sink. When questioned, the sanitizer was added to the water appropriately. Interview with the Dietary Manager (DM) at the time of the observation indicated the dishwasher was broken causing staff to use the three-compartment sink.</p> <p>During an interview on 09/24/24 at 10:00 AM, the Maintenance Director (MD) revealed staff reported repairs using the Tel's system in the computer. He stated the Tel's computer software produced a work order that prompted him to complete the repairs. He stated he did not have a work order for repairs of this pipe in the kitchen under the three-compartment sink.</p> <p>2. During an observation and interview on 09/24/24 at 9:55 AM, six insulated dome plate covers used in the transportation of food to the units were missing the center knobs exposing the insulation from inside the plastic lid. The knob missing was the size of a Ritz cracker. The lids were stored upside down in the food service area waiting to be used for lunch. The lids with missing knobs were leaking in the upside-down position from the insulation leaving a puddle of dirty water inside of the stored lids. If the lids were used, they would have been turned over to cover the food going to the resident bedrooms, dripping the dirty water from the insulated lids into resident food. Interview with the DM at the time of the observation verified the missing knobs and threw each of the six lids in the garbage can.</p> <p>3. During observations on 09/24/24 at 10:05 AM, revealed missing, peeling paint under the window opening to the dining room. In addition, a large amount of food splash was observed on the wall near the toaster too numerous to count and red in color. In addition, five overhead pipes which extended the entire length of the kitchen and food service area ceiling, were observed with large amounts of dust and dirt.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 09/25/24 at 1:30 PM, the DM, Regional Corporate Consultant, (RCC), and Administrator verified the peeling paint and splash. They confirmed there was no cleaning schedule.</p> <p>4. During observation on 09/24/24 at 10:40 AM, [NAME] (C) 2 used a washcloth that moments earlier were on the wet dirty floor to wash dishes in the two-compartment sink near the stove. She washed the blender used for pureeing meatloaf, carrots, and macaroni and cheese. When finished pureeing each of the three food items, she cleaned the container, blade, and cover without sanitizing either of the items at any time and used the dirty wash rag from the floor.</p> <p>During an interview on 09/24/24 at 11:00 AM, C2 shrugged her shoulders as if to say ok, stating yes, I washed them.</p> <p>5. During an observation and interview on 09/24/24 at 10:45 AM, a small red bucket containing a washcloth for wiping off equipment and tables in the kitchen revealed the container lacked the correct amount of sanitizing solution. The test strip used by DA2 revealed 10 PPM. She stated she put sanitizer in the bucket earlier from the sink near the three-compartment sink.</p> <p>6. During an observation and interview on 09/24/24 at 11:05 AM, DA4 revealed he was washing silverware, pots and pans, insulated dome plate covers by washing, rinsing, and submerging the dishes in the sink, then with the same gloves, removing the clean dishes from the sanitizer and stacking and sorting. Interview with the DM at the time of the observation verified the findings.</p> <p>7. During observations of 09/24/24 at 11:10 AM, the entrance and exit doors to the kitchen had black stains, missing paint, and a sticky substance on the inside of each door.</p> <p>During an interview on 09/25/24 at 1:30 PM, the DM, RCC, and Administrator verified the condition of the two doors. They confirmed there was no cleaning schedule.</p> <p>8. During an observation on 09/24/24 at 11:30 AM, a large metal mouse trap was located on the floor behind the stove. The trap was coated with food debris on the top. Food debris was also located throughout the floor behind the stove in large quantities.</p> <p>During an interview on 09/25/24 at 1:30 PM, the DM, RCC, and Administrator verified the condition of the mouse trap and dirt behind the stove. They confirmed there was no cleaning schedule.</p>		