

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085054	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2024
NAME OF PROVIDER OR SUPPLIER Cadia Rehabilitation Pike Creek		STREET ADDRESS, CITY, STATE, ZIP CODE 3540 Three Little Bakers Blvd Wilmington, DE 19808	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 12679</p> <p>Based on observation, record review, and interviews, the facility failed to provide a safe, clean, comfortable, and homelike environment. Specifically, the facility failed to ensure a homelike environment for five of 49 sampled residents (Resident (R) 85, R90, R25, R40, and R98).</p> <p>Findings include:</p> <p>1. Review of R85's Admission Record located under the Profile tab of the electronic medical record (EMR), indicated the resident was admitted to the facility on [DATE].</p> <p>Review of R85's quarterly Minimum Data Set (MDS) located under the MDS tab of the EMR with an Assessment Reference Date (ARD) of 01/22/24 titled Brief Interview for Mental Status (BIMS) score, indicated staff was unable to determine the resident's cognition.</p> <p>An observation was conducted on 03/21/24 at 11:01 AM in R85's room. The Manager of Housekeeping (MH) was present. The resident's privacy curtain was partially detached from the track (attached to the ceiling) which surrounded the resident's bed. The ends of the curtain were broken. The MH confirmed the observation.</p> <p>2. Review of R90's Admission Record located under the Profile tab of the EMR, indicated the resident was admitted to the facility on [DATE].</p> <p>Review of R90's quarterly MDS located under the MDS tab of the EMR with an ARD of 01/23/24, indicated the staff was unable to determine the resident's BIMS score.</p> <p>During an observation on 03/19/24 at 4:15 PM, the ceiling over R90's bed had two reddish stains on the ceiling. When the privacy curtain was pulled around the resident, the privacy curtain exposed a large water stain.</p> <p>An observation was conducted on 03/21/24 at 11:01 AM in R90's room with the MH present. The resident's privacy curtain was partially detached from the track (attached to the ceiling) which surrounded the resident's bed. The ends of the curtain were broken. The curtain had stains on the privacy curtain and the ceiling had two reddish stains located over the resident's bed. The MH confirmed this observation.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085054	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2024
NAME OF PROVIDER OR SUPPLIER Cadia Rehabilitation Pike Creek		STREET ADDRESS, CITY, STATE, ZIP CODE 3540 Three Little Bakers Blvd Wilmington, DE 19808	
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. Review of R25's Admission Record located under the Profile tab of the EMR, indicated the resident was admitted to the facility on [DATE].</p> <p>Review of R25's annual MDS located under the MDS tab of the EMR with an ARD of 01/17/24, indicated the resident had a BIMS score of 15 out of 15 which revealed the resident was cognitively intact.</p> <p>During an observation on 03/18/24 at 2:12 PM, R25's room was observed with trash on the floor and a towel was on the floor, under the head of his bed. The resident's floor had dark marks under his bed and under the ventilation system.</p> <p>During an observation conducted on 03/19/24 at 10:26 AM, R25 still had a towel under his bed located at the head of the resident's bed. On the windowsill, there were two spoons, multiple medical supplies, and a land line phone with beard/hair trimmings that covered the top of the handle. The air conditioning unit had a thick layer of dust and yellow stains. The resident's television stand had dust on the base.</p> <p>During an interview conducted on 03/21/24 at 12:20 PM, MH confirmed the observations of R25's room which included the towel on the floor, items on the windowsill, the dust and stains on the air conditioner unit, and dust on the television stand base.</p> <p>4. Review of R40's Admission Record located under the Profile tab of the EMR, indicated the resident was admitted to the facility on [DATE].</p> <p>Review of R40's quarterly MDS located under the MDS tab of the EMR with an ARD of 02/05/24, indicated the resident had a BIMS score of 15 out of 15 which revealed the resident was cognitively intact.</p> <p>During an interview and observation on 03/19/24 at 10:37 AM, R40 stated the facility did not clean under her bed. Observations included a privacy curtain with multiple spatter stains. The netting was damaged and there were large holes in the top section of the privacy curtain. The ceiling had brown spatter stains.</p> <p>During an observation conducted on 03/21/24 at 11:04 AM, the MH confirmed the splatters, and the torn netting of the privacy curtain. The MH confirmed the brown spots under the resident's bed.</p> <p>5. Review of R98's Admission Record located under the Profile tab of the EMR, indicated the resident was admitted to the facility 08/22/23.</p> <p>Review of R98's quarterly MDS located under the MDS tab of the EMR with an ARD of 02/19/24, indicated the resident had a BIMS score of 15 out of 15 which revealed the resident was cognitively intact.</p> <p>During an observation and interview on 03/18/24 at 11:04 AM, R98 pointed to red spatter marks, on the ceiling, over her bed. R98 stated they have been there since she was first admitted .</p> <p>During an observation on 03/21/23 at 11:00 AM, the MH confirmed R98's privacy curtain was partially detached from the track (attached to the ceiling) which surrounded the resident's bed. The ends of the curtain were broken. The MH confirmed the splatter on the ceiling over her bed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085054	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2024
NAME OF PROVIDER OR SUPPLIER Cadia Rehabilitation Pike Creek		STREET ADDRESS, CITY, STATE, ZIP CODE 3540 Three Little Bakers Blvd Wilmington, DE 19808	
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 03/21/24 at 10:56 AM, the MH stated deep cleaning was completed daily and MH was able to produce a cleaning schedule. The MH stated privacy curtains were checked once a week and if they were damaged, she would let the Maintenance Director know so the curtains could be replaced. The MH stated for the ceiling stains, housekeeping would have attempted to wash. The MH stated if the department could not get the stain out, then she would alert Maintenance of the issue, so that the department could paint over the area.</p> <p>During an interview on 03/21/24 at 11:27 AM, the Maintenance Director stated he attempted to repair concerns for residents as soon as possible. The Maintenance Director stated Housekeeping did not alert him to the concerns of the residents and the environmental issues.</p> <p>During an interview on 03/21/24 at 6:25 PM, the Director of Nursing (DON) stated the facility completed environmental checks on residents' rooms once a week.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085054	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2024
NAME OF PROVIDER OR SUPPLIER Cadia Rehabilitation Pike Creek		STREET ADDRESS, CITY, STATE, ZIP CODE 3540 Three Little Bakers Blvd Wilmington, DE 19808	
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** 36461</p> <p>Based on record review and interview, the facility failed to accurately code the Minimum Data Set (MDS) assessment for one of 49 sampled residents (Resident (R) 142) reviewed for MDS assessments. This deficient practice increased the potential for missed opportunities of care or services.</p> <p>Findings include:</p> <p>Review of R142's undated Admission Record located in the electronic medical record (EMR) under the Profile tab, indicated an admitted [DATE] and diagnoses of respiratory insufficiency, muscle weakness, and difficulty in walking.</p> <p>Review of R142's discharge MDS with an Assessment Reference Date (ARD) of 01/23/24, located in the EMR under the MDS tab, revealed the resident was discharged , return not anticipated, due to an acute hospitalization .</p> <p>Review of R142's Progress Notes located in the EMR under the Progress Note tab, revealed R142 did not discharge to the hospital as indicated on the 01/23/24 MDS; however was a planned discharge home.</p> <p>During an interview on 08/17/22 at 4:00 PM, the Minimum Data Set Coordinator (MDSC) stated the MDS on 01/23/24 was coded incorrectly with the discharge to hospital and it should have been coded as discharge to home/community. The MDSC also stated the facility did not have a specific policy for following the MDS, the MDS nurses followed the MDS manual for coding.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085054	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2024
NAME OF PROVIDER OR SUPPLIER Cadia Rehabilitation Pike Creek		STREET ADDRESS, CITY, STATE, ZIP CODE 3540 Three Little Bakers Blvd Wilmington, DE 19808	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 12679</p> <p>Based on interview, record review, and review of facility policy, the facility failed to provide one Resident (R) 16 advance notice of their care plan meetings and ensure one resident (R25) was invited to participate in his quarterly care plan meeting of 49 sampled residents.</p> <p>Findings include:</p> <p>Review of facility's policy titled, Care Planning, dated 01/03/24, indicated .Care Plan Meetings .Care plan meetings will be held at least quarterly for each resident .The facility must provide the resident and the resident representative, if applicable, with advance notice of care planning conferences to promote participation .</p> <p>1. Review of R16's Admission Record located under the Profile tab of the electronic medical record (EMR), indicated the resident was admitted to the facility on [DATE].</p> <p>Review of R16's annual Minimum Data Set (MDS) located under the MDS tab of the EMR with an Assessment Reference Date (ARD) of 12/13/23, indicated the resident had a Brief Interview for Mental Status (BIMS) score of 14 out of 15 which revealed the resident was cognitively intact.</p> <p>Review of R16's care conference Progress Notes located under the Prog (Progress) tab of the EMR failed to include the resident was provided advance notice to participate in her care conference. There was evidence the resident had a care conference at bedside with her representative.</p> <p>During an interview on 03/18/24 at 10:33 PM, R16 stated the facility just showed up in her room to have a care conference and did not provide her with advance notice.</p> <p>2. Review of R25's Admission Record located under the Profile tab of the EMR, indicated the resident was admitted to the facility on [DATE].</p> <p>Review of R25's annual MDS located under the MDS tab of the EMR with an ARD of 01/17/24, indicated the resident had a BIMS score of 15 out of 15 which revealed the resident was cognitively intact.</p> <p>Review of R25's care conference Progress Notes located under the Prog tab of the EMR, indicated the resident's last care conference was on 11/09/23, in which he participated.</p> <p>During an interview on 03/18/24 at 2:28 PM, R25 stated he was not invited to his care conference.</p> <p>During an interview on 03/19/24 at 3:14 PM, the Social Services Director (SSD) stated a care conference would have been held with a resident and/or their family member from 14 to 21 days after the assessment. The SSD stated once the care conference was scheduled, the facility provided advance notice. The SSD stated the facility staff did not document the residents' invitation within the EMR. The SSD stated there was no evidence she could provide that showed R16 was provided advance notice or that R25 participated in his last quarterly care conference, February 2024.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085054	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2024
NAME OF PROVIDER OR SUPPLIER Cadia Rehabilitation Pike Creek		STREET ADDRESS, CITY, STATE, ZIP CODE 3540 Three Little Bakers Blvd Wilmington, DE 19808	
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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 03/21/24 at 6:20 PM, the Director of Nursing (DON) stated residents should have been given advance notice and permitted to participate in their care conferences.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085054	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2024
NAME OF PROVIDER OR SUPPLIER Cadia Rehabilitation Pike Creek		STREET ADDRESS, CITY, STATE, ZIP CODE 3540 Three Little Bakers Blvd Wilmington, DE 19808	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 17991</p> <p>Based on observation, interview, record review and facility policy review, the facility failed to obtain a reweigh within 48 hours after a 26.3-pound weight loss for one of four residents (Resident (R) 104) reviewed for nutrition of 49 sampled residents.</p> <p>Findings include:</p> <p>Review of a facility policy titled, Weight Tracking and Recording, revised 01/11/24 and provided by the facility, indicated Policy: It is the policy .to consistently take and record weight. Purpose: To attain and document weights in a timely manner to track resident at nutritional risk and clarifying possible false weight fluctuations .Procedure .5. The re-weight will be documented by nursing within 48 hours .6. Once the weight fluctuation has been confirmed, the Dietician or designee will be notified.</p> <p>Review of R104's Order Summary Sheet, dated 01/01/24 through 03/21/24, located in R104's electronic medical record (EMR) under the Orders tab, indicated the resident was readmitted to the facility on [DATE] with diagnoses which included gastroesophageal reflux disease (GERD), enterocolitis due to clostridium difficile, Parkinsons, tracheostomy, ventilator dependent, and dysphagia (difficulty in swallowing).</p> <p>Review of a quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/23/24 located in the resident's EMR under MDS tab, indicated R104 was 67 inches tall with a weight of 203 pounds, had no significant weight gain or loss, and received nutrition through a feeding tube.</p> <p>Review of Weights, located in the EMR under Vital Signs tab, indicated the following weights: 203 pounds on 01/19/24; 202.8 pounds on 02/29/24; 179.5 pounds on 03/13/24- with 11.5 percent loss; and 176.5 pounds on 03/20/24- reweight during survey, with additional weight loss present.</p> <p>Review of a Nutrition/Dietary Note, dated 02/27/24 and located in the EMR under Progress Notes tab, revealed Resident is at risk for malnutrition related to being dependent on tube feeding and .Res [resident] not tolerating current TF (tube feeding) formula and would be changed from Osmolite to Vital.</p> <p>Review of the Medication Administration Record (MAR), dated February 2024, under the Orders tab of the EMR, indicated R104 was receiving Osmolite 1.5 (feeding formula) via G-tube (tube in stomach) at 65 mL/hr. (milliliters per hour) for 20 hours. On 02/24/24, the formula was changed to Osmolite 1.2 at 60mL/hr. for 20 hours. On 02/27/24, the formula was changed to Vital 1.5 at 50 mL/hr. for 20 hours. R104 was also receiving 30 mL of liquid protein supplement three times a day.</p> <p>Review of the MAR, dated March 2024, under Orders tab of the EMR, indicated the resident was receiving Vital 1.5 via G-tube at 40 mL/hr. for 20 hours per day from 03/01/24 through 03/20/24 and 30 mL liquid protein supplement three times a day without interruption or holding of tube feed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085054	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2024
NAME OF PROVIDER OR SUPPLIER Cadia Rehabilitation Pike Creek		STREET ADDRESS, CITY, STATE, ZIP CODE 3540 Three Little Bakers Blvd Wilmington, DE 19808	
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>Review of an Encounter note, dated 03/12/24, located in the resident EMR under Progress Note, documented Pt being seen lying in bed in no acute distress Staff reporting that the patient has had one episode of vomiting in the last 24 hours. Orders given to hold TF. Pt [patient] with VSS (vital signs stable) and mildly distended abdomen with enteral tube patient .Weight 202.8 pounds; 02/29/2024 2:28 PM .BMI 31.8.</p> <p>During an interview on 03/20/24 at 9:55 AM, the RD stated R104 was not tolerating his formula, so it was changed from Osmolite (with fiber) to Vital (no fiber) on 02/27/24. The RD stated she was not aware of the significant weight loss. The RD stated she would ask for the resident to be weighed right now. She stated all residents were on monthly weights unless they were at high risk for malnutrition.</p> <p>During an interview on 03/20/22 at 10:00 AM, Licensed Practical Nurse (LPN) 10 confirmed she entered the resident's weight into the EMR on 03/13/24 but did not remember asking for a reweight.</p> <p>During an interview on 03/20/24 at 3:37 PM, LPN10 stated she would ask for a reweigh the same day if a resident had a significant weight loss and if it was accurate, the RD would be notified.</p> <p>Review of a Physician Progress note, located in the EMR under Progress Note tab, dated 03/20/24, revealed Note Text: Reviewed weight loss-patient had been steadily and slowly declining due to respiratory failure and advanced Parkinson?s [sic] disease. Severe gastroparesis is also contributing to it. Due to intolerance of higher volume of tube feed, He is receiving maximum amount of nutrition that his gastric capacity can take. We hvave [sic] been following him last 2 months in our high-risk meeting. Cont (continue) current care. Reduce Carbidopa/ Levodopa (medication for Parkinsons) as pt [patient] is fairly immobile and bedbound to see if that helps reduce some of the distressing symptoms of Gastro paresis (a condition that affects the stomach muscles from properly emptying).</p> <p>Review of a Nutrition/Dietary note, located in the EMR under Progress Note and dated 03/20/24, revealed Note Text: NUTRITION/TF FOLLOW-UP, SIGNIFICANT WEIGHT LOSS .Updated Nutrition Goal: to receive and tolerate enteral feeds .stabilizing calculated body weight of 176 plus or minus five pounds. The RD note continued to indicate resident was at risk for Malnutrition related to not tolerating TF, multiple hospitalization s, and necessity to hold formula.</p> <p>During an interview on 03/21/24 at 10:12 AM, the LPN10 did not know if the family had been notified of weight loss or why there was no documentation.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085054	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2024
NAME OF PROVIDER OR SUPPLIER Cadia Rehabilitation Pike Creek		STREET ADDRESS, CITY, STATE, ZIP CODE 3540 Three Little Bakers Blvd Wilmington, DE 19808	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 17991</p> <p>Based on observation, interview, record review, and facility policy review, the facility failed to ensure narcotic pain medications were delivered in a timely manner, failed to offer additional non-pharmacy interventions or medications, and recognize there was an issue with pharmacy delivery for one of one resident (Resident (R) 73) reviewed for pain management of 49 sampled residents. This resulted in the resident missing multiple doses of pain medication and unresolved pain.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Medication Administration, revised on 03/31/23, did not address ordering of medications, specifically controlled substances or what the process was regarding pharmacy not delivering medications. The Administrator confirmed on 03/20/24 at 4:00 PM, the facility did not have a policy on ordering medications.</p> <p>Review of Order Summary Report, dated 01/01/24 through 03/31/24, located under the Orders tab of the resident's electronic medical record (EMR) indicated an admitted [DATE]. The resident had diagnoses which included chronic pain, polyneuropathy, anxiety disorder, major depression, and post-traumatic stress disorder.</p> <p>Review of R73's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 02/26/24, revealed the resident had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated the resident was cognitively intact. The assessment of pain management revealed the resident was on a pain management program and received narcotic medications. The assessment also revealed R73 had not received any non-medication interventions for pain. The resident had reported her pain was almost constant at a level of five out of 10.</p> <p>Review of R73's Care Plans located in the EMR under Care Plans tab, initiated on 08/25/24 and revised 03/12/24, indicated Problem .Potential for pain r/t [related to] chronic pain syndrome, polyneuropathy .Goal . The resident will not have an interruption in normal activities due to pain through the review date . Interventions .Administer analgesia as per orders, Evaluate the effectiveness of pain interventions. The Care Plan failed to include non-pharmacy interventions.</p> <p>During an interview on 03/18/24 at 2:47 PM, R73 stated she must go without pain medications frequently because the nurses did not order them in a timely manner. She stated the pharmacy only sent a small number each time. R73 stated the facility told her it was because the insurance would not pay for it. R73 stated she offered to pay for it herself and the facility told her no. She stated she got short of breath easily because of her rare lung disease and if she was in pain, made it worse and she began to get anxious.</p> <p>Review of Order Summary Report, dated 01/01/24 through 03/31/24 and located under the Orders tab of the resident's EMR, revealed the following orders for pain medication:</p> <p>-Acetaminophen (Tylenol) tablet 325 MG (milligram) every six hours as needed for mild to moderate pain. Scale of 1-3 and not to exceed 3000 MG in a 24-hour period.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085054	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2024
NAME OF PROVIDER OR SUPPLIER Cadia Rehabilitation Pike Creek		STREET ADDRESS, CITY, STATE, ZIP CODE 3540 Three Little Bakers Blvd Wilmington, DE 19808	
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>- Oxycodone HCL [Hydrochloric acid] Oral Tablet 10 MG (Oxycodone HCL) Give 10 mg by mouth every 4 hours for pain-Start Date-03/21/24 0900.</p> <p>-Gabapentin Oral Capsule 400 MG (Gabapentin) Give 2 capsules by mouth every 6 hours for neuropathy-Start Date-08/25/2023.</p> <p>-Ibuprofen Oral Tablet 400 MG (Ibuprofen) Give 400 mg by mouth every 6 hours as needed for pain-Start Date- 01/27/2024.</p> <p>Review of the Medication Administration Record (MAR), dated January 2024 through March 2024 and located in the EMR under Orders tab, revealed the following missed doses of Oxycodone:</p> <p>-01/01/24 at 3:37 AM. The nurse documented the resident's pain at seven. The nurse failed to offer Tylenol or any other non-pharmacy interventions. The Ibuprofen was not an active order at that time.</p> <p>01/05/24 at 3:29 AM. The nurse documented the resident's pain at seven. The nurse failed to offer Tylenol or any other non-pharmacy interventions.</p> <p>-02/14/24 at 9:00 AM and 1:00 AM and documented the medication was effective (E). The nurse did not administer Tylenol or Ibuprofen.</p> <p>-02/21/24 at 6:00 PM. The nurse did not administer Tylenol or Ibuprofen.</p> <p>-01/19/24 at 9:37 PM. The nurse documented the resident's pain at level seven. The nurse failed to administer Tylenol.</p> <p>-03/17/24 at 5:00 AM and 9:00 AM. Nurse did not administer Tylenol or Ibuprofen.</p> <p>-03/19/24 at 9:00 PM. Nurse did not administer Tylenol or Ibuprofen.</p> <p>-03/20/21 at 1:00 AM and 5:00 AM. Nurse did not administer Tylenol or Ibuprofen.</p> <p>Review of an Administration Note, dated 03/19/24 at 10:18 PM, located in the EMR under Orders tab, revealed Licensed Practical Nurse (LPN) 4 documented Oxycodone HCL Oral Tablet 10 MG Give 10 mg by mouth every 4 hours for pain, Awaiting overnight delivery from pharmacy, per pharmacist.</p> <p>During an interview on 03/20/24 at 9:35 AM, LPN10 stated there was an issue with insurance paying for the medications. She stated the dose was changed recently to better control the resident's pain. LPN10 confirmed there were missed doses last evening. LPN10 stated she reordered the Oxycodone yesterday, 03/19/24, and was told by the pharmacist the Oxycodone would be sent in the evening. The pain medication was not delivered until 8:00 AM on 3/21/24.</p> <p>During an interview and observation on 03/20/24 at 9:30 AM, R73 stated she was miserable all night and had a pain level of 10. She stated the nurse was aware she was crying in pain. R73 stated she kept telling staff she needed pain medication all night. R73 stated she had an abscessed tooth, and it was causing additional pain in her right cheek and jaw. She stated she had a dental appointment for 04/05/24. R73's right cheek was observed to be very swollen. She stated the Nurse Practitioner (NP) had been collaborating with her to find a good schedule for managing her pain.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085054	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2024
NAME OF PROVIDER OR SUPPLIER Cadia Rehabilitation Pike Creek		STREET ADDRESS, CITY, STATE, ZIP CODE 3540 Three Little Bakers Blvd Wilmington, DE 19808	

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>During an interview on 03/21/24 at 10:16 AM, Certified Nursing Assistant (CNA) 7, assigned to R73, stated on 03/19/24, the resident was complaining she had pain in her tooth and was asking for pain medication all evening.</p> <p>During an interview on 03/20/24 at 2:22 PM, the Director of Quality at the facilities pharmacy provider stated the cutoff for getting a same day delivery was 1:00 PM. She stated if the medication was ordered after 1:00 PM, it would be delivered the following day.</p> <p>During an interview on 03/20/24 at 2:47 PM, LPN8 stated the pharmacy had only been sending 12 Oxycodone pain medications at a time. LPN8 stated she was not aware the pharmacy had a 1:00 PM cutoff time for same day delivery.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085054	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2024
NAME OF PROVIDER OR SUPPLIER Cadia Rehabilitation Pike Creek		STREET ADDRESS, CITY, STATE, ZIP CODE 3540 Three Little Bakers Blvd Wilmington, DE 19808	
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 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care or services that was trauma informed and/or culturally competent.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30347</p> <p>Based on interview, record review, and facility policy review, the facility failed to ensure that trauma survivors received trauma-informed, culturally competent care accounting for residents' experiences and preferences to avoid triggers (psychological stimulus that prompts recall of a previous traumatic event, even if the stimulus itself is not traumatic or frightening) leading to potential re-traumatization for two of two residents (Resident (R) 63 and R110) of 49 sampled residents.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Trauma-Informed Care, dated 01/11/24, revealed Policy: It is the policy of [Facility Name] to provide trauma-informed care to all residents. Purpose: To address the trauma in the lives of the residents served by [Facility Name]; to promote the understanding of trauma and its impact; to eliminate or mitigate triggers that may cause re-traumatization. Procedure: The facility works to ensure that residents receive culturally competent, trauma-informed care in accordance with standards of practice. The facility strives to eliminate or mitigate triggers that may cause re-traumatization of the resident. Screening: .A positive screen will warrant further evaluation by the provider. Resources and referrals to outside organizations will be made available. Care Planning: Care planning will be person-centered and incorporate the resident's experiences and preferences. Trauma specific interventions may include: .Resident-specific techniques to eliminate or mitigate triggers.</p> <p>1. Review of R63's undated Admission Record, located in the electronic medical record (EMR) under the Profile tab, revealed R63 was admitted to the facility on [DATE] with diagnoses including type two diabetes mellitus and additional diagnoses added of Parkinson's disease and post-traumatic stress disorder (PTSD).</p> <p>Review of R63's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/04/24, revealed the resident had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated R63 was cognitively intact.</p> <p>Further review of R63's record revealed a care plan for PTSD dated 01/09/24. The care plan failed to specifically identify any triggers related to PTSD or how to address them. There were no specific traumatic event(s) identified. The effects of the trauma on R63's mental, physical, social, emotional, and spiritual well-being were not addressed. There was no trauma-informed care approach (delivering care that involves understanding, recognizing, and responding to the effects of all types of trauma) to providing care to R63. There were no triggers identified that may cause R63 to be re-traumatized.</p> <p>2. Review of R110's undated Admission Record, located in the EMR under the Profile tab, revealed R110 was admitted to the facility on [DATE] with diagnoses which included aphasia, cognitive communication deficit, and PTSD.</p> <p>Review of R110's quarterly MDS with an ARD of 01/22/24, revealed the resident had a BIMS score of zero out of 15, which indicated R110 was severely cognitively impaired.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085054	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2024
NAME OF PROVIDER OR SUPPLIER Cadia Rehabilitation Pike Creek		STREET ADDRESS, CITY, STATE, ZIP CODE 3540 Three Little Bakers Blvd Wilmington, DE 19808	

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 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Further review of R110's record revealed a care plan for having a post trauma screen dated 03/11/24. The care plan failed to specifically identify any triggers related to trauma or how to address them. There were no specific traumatic event(s) identified. The effects of the trauma on R110's mental, physical, social, emotional, and spiritual well-being were not addressed. There was no trauma-informed care approach (delivering care that involves understanding, recognizing, and responding to the effects of all types of trauma) to providing care to R110. There were no triggers identified that may cause R110 to be re-traumatized.</p> <p>During an interview on 03/21/24 at 1:45 PM, the Director of Nursing (DON) stated, We did a complete audit of care plans for trauma. R63 was identified due to having issues with a previous care giver and R110 was identified due to having family loss.</p> <p>During an interview on 03/21/24 at 2:20 PM, the DON stated, The diagnosis is correct for both residents and the care plan is not adequate for either resident because it fails to identify the triggers for either resident.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085054	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2024
NAME OF PROVIDER OR SUPPLIER Cadia Rehabilitation Pike Creek		STREET ADDRESS, CITY, STATE, ZIP CODE 3540 Three Little Bakers Blvd Wilmington, DE 19808	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 17991</p> <p>Based on interview, record review, and facility policy review, the facility failed to identify issues related to timely delivery of pain medications for one of one resident (Resident (R) 73) reviewed for pain management of 49 sampled residents. The facility also failed to collaborate with the pharmacy to ensure a process was in place for ordering controlled substances. This resulted in R73 having unresolved pain.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Medication Administration, revised on 03/31/23, did not address ordering of medications, specifically controlled substances or what the process is regarding pharmacy not delivering medications. The Administrator confirmed on 03/20/24 at 4:00 PM the facility did not have a policy on ordering medications.</p> <p>Review of Order Summary Report, dated 01/01/24 through 03/31/24 and located in the resident's electronic medical record (EMR) indicated an admitted [DATE]. The resident had diagnose which included chronic pain, polyneuropathy, anxiety disorder, major depression, and post-traumatic stress disorder.</p> <p>Review of R73's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 02/26/24, revealed the resident had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated the resident was cognitively intact. The assessment of pain management revealed the resident was on a pain management program and receiving narcotic medications.</p> <p>During an interview on 03/18/24 at 2:47 PM, R73 stated she must go without pain medications frequently because the nurses did not order them in a timely manner. She stated the pharmacy only sent a small number each time. R73 stated the facility told her it was because the insurance would not pay for it.</p> <p>Review of Order Summary Report, dated 02/01/24 through 03/31/24 located under the Orders tab of the resident's EMR indicated the following one-time orders written by the provider for Oxycodone.</p> <p>-Oxycodone HCL [Hydrochloric acid] Oral Tablet 10 MG [milligram] (Oxycodone HCL) Give 1 tablet by mouth every 4 hours for acute pain .Prescriber Entered. The start date was 02/01/24 and end date was 02/01/24. The start date was 02/19/24 and end date was 02/19/24. The start date was 02/21/24 and end date was 02/22/24. The start date was 02/21/24 and end date was 02/21/24.</p> <p>-Oxycodone HCL Oral Tablet 20 MG (Oxycodone HCL) Give 1 tablet by mouth every 8 hours as needed for Pain .Prescriber entered. The start date was 01/29/24 and the discontinued date was 01/29/24.</p> <p>-Oxycodone HCL Oral Tablet 5 MG (Oxycodone HCL) Give 2 tablets by mouth every 8 hours as needed for Pain .Prescriber entered. The start date was 01/28/24 and the discontinued date was 01/28/24.</p> <p>-Oxycodone HCL Oral Tablet 5 MG (Oxycodone HCL) Give 4 tablets by mouth one time only for pain 1 Day . Verbal. The start day was 01/29/24 and the end date was 01/30/24.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085054	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2024
NAME OF PROVIDER OR SUPPLIER Cadia Rehabilitation Pike Creek		STREET ADDRESS, CITY, STATE, ZIP CODE 3540 Three Little Bakers Blvd Wilmington, DE 19808	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Oxycodone HCL Oral Tablet 10 MG (Oxycodone HCL) Give 2 tablets by mouth every 8 hours as needed for pain .Prescriber Entered. The start date was 01/14/24 and end date was 01/14/24.</p> <p>-Oxycodone HCL Oral Tablet 10 MG (Oxycodone HCL) Give 2 tablets by mouth every 4 hours for pain Discontinue order when 10mg arrives. To pull back up supply . Prescriber (Physician or [Nurse Practitioner] NP) entered. The start date was 03/01/24 and the discontinued date was 03/01/24. The start date was 03/06/24 and the end date was 03/07/24.</p> <p>-Oxycodone HCL Oral Tablet 10 MG (Oxycodone HCL) Give 1 Tablet by mouth every 4 hours for pain . Prescriber Entered. The start date was 03/20/24 and the end date was 03/21/24.</p> <p>Review of an Administration Note, dated 03/19/24 at 10:18 PM, located in the EMR under Orders tab, revealed Licensed Practical Nurse (LPN) 4 documented Oxycodone HCL Oral Tablet 10 MG Give 10 mg by mouth every 4 hours for pain, Awaiting overnight delivery from pharmacy, per pharmacist.</p> <p>Review of the Medication Administration Record (MAR), dated 01/24 through 03/24 and located in the EMR under Orders tab, revealed the following missed doses of Oxycodone:</p> <p>-01/01/24 at 3:37 AM.</p> <p>-01/05/24 at 3:29 AM.</p> <p>-02/14/24 at 9:00 AM and 1:00 AM.</p> <p>-02/21/24 at 6:00 PM.</p> <p>-01/19/24 at 9:37 PM.</p> <p>-03/17/24 at 5:00 AM and 9:00 AM.</p> <p>-03/19/24 at 9:00 PM.</p> <p>-03/20/21 at 1:00 AM and 5:00 AM.</p> <p>Missed doses of medications were reviewed with Chief Nursing Officer on 03/21/24 at 1:00 PM and he stated he would have to review it.</p> <p>During an interview on 03/20/24 at 9:35 AM, LPN10 stated there was an issue with insurance paying for the medications. She stated the dose was changed recently to better control the resident's pain. LPN10 confirmed there were missed doses last evening. She stated the nurse did not call the pharmacy for a code to pull the medication from the onsite locked supply. LPN10 stated at times the pharmacy would give the nurses the code to pull the Oxycodone if they called the physician for a one-time order, then at other times the pharmacy would tell nursing staff that a new prescription was needed. She stated her expectation, as the unit manager, was that staff would call the NP to get an order or figure out how to get a script. LPN10 stated she reordered the Oxycodone (Narcotic pain med) yesterday, 03/19/24, and was told by the pharmacist the Oxycodone would be sent in the evening. The pain medication was not delivered until 8:00 AM on 03/21/24.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085054	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2024
NAME OF PROVIDER OR SUPPLIER Cadia Rehabilitation Pike Creek		STREET ADDRESS, CITY, STATE, ZIP CODE 3540 Three Little Bakers Blvd Wilmington, DE 19808	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 03/20/24 at 10:56 AM, the Director of Nursing (DON) stated the facility had already gotten a prior authorization and sent the paperwork to obtain pain medications for R73. He stated the insurance has nothing to do with the pharmacy not sending the medication. The DON stated he would check into it.</p> <p>During an interview on 03/20/24 at 9:30 AM, R73 stated she was miserable all night and had a pain level of 10. She stated the nurse was aware she was crying in pain. R73 stated she kept telling staff she needed pain medication all night.</p> <p>During an interview on 03/20/24 at 2:22 PM, the Director of Quality at the facilities pharmacy provider stated the cutoff for getting a same day delivery was 1:00 PM. She stated if the medication was ordered after 1:00 PM, it would be delivered the following day. She stated once the pharmacy had delivered the number of pills ordered by the physician, the provider must obtain a new prescription. She stated the nurses could not pull narcotics from onsite until the pharmacy received a new script. She stated if the physician ordered a 20 MG dose, the nurses could only pull a 20 MG tablet and not two 10 MG tablets. She agreed to send the facility the policy and procedure for ordering Narcotics, but it was never received.</p> <p>During an interview on 03/20/24 at 2:47 PM, LPN8 stated the pharmacy had only been sending 12 Oxycodone at a time. LPN8 was not aware the pharmacy had a 1:00 PM cutoff time for same day delivery.</p> <p>During an interview on 03/21/24 at 11:39 AM, LPN4, the nurse assigned to R73 on 03/19/24 on the evening shift, stated she called the pharmacy, and they told her the medication was on its way to the facility. LPN4 stated she spoke to the night shift nurse after she left the facility and she stated the pharmacy told her the same thing, that the medication was on its way. She stated the pharmacy told her something different each time she called for the delivery of R73's pain medication. LPN4 stated she did not understand why the pharmacy would not give a 30-day supply.</p>		