

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085058	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/28/2025
NAME OF PROVIDER OR SUPPLIER  Polaris Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 21 W Clarke Avenue Milford, DE 19963	

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 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to manage his or her financial affairs.</p> <p>Based on record review and interview it was determined that for two (R43 and R79) out of three residents reviewed for personal funds the facility failed to ensure residents had access to the their funds. Findings include:</p> <p>The facility policy entitled, Deposit of Resident Funds last updated March 2021 indicated, Should the resident permit the facility to hold, safeguard, and manage his or her personal funds, the facility will: provide the resident access to funds of fifty dollars or less within twenty four hours, and access to funds in excess of fifty dollars within three banking days.</p> <p>1. 11/2/24 - An MDS assessment documented that R79 was cognitively intact.</p> <p>12/23/24 - A receipt in the facility records documented that R79 received 50.00 in personal funds from E17 (BOM).</p> <p>1/13/25 10:48 AM - During an interview R79 stated, They had a change in the person who was disbursing the money and she had to be oriented. I wanted it for Christmas and I got it two days before Christmas. Which was too late because I wanted to send Christmas cards. I made the request at least the beginning of the month and I didn't get it until the week of (sic). I was talking about it to [E1 (NHA) and E17 (BOM)]; I usually just have to call and then I sign a slip.</p> <p>1/22/25 10:54 AM - During an interview R79 reported requesting personal funds from [E17 (former BOM)] and then I told reception. Then I had to wait.</p> <p>2. 12/24/24 - A receipt in the facility records documented that R43 received 100.00 in personal funds from E17 (BOM).</p> <p>12/27/24 - An annual MDS assessment documented that R43 was cognitively intact.</p> <p>1/21/25 11:45 AM - During an interview E17 (BOM) I came in mid December before that the (BOM)position was empty for quite some time. E17 confirmed that residents should be able to access personal funds within 24 hours if less than fifty dollars and no more than three business days for larger amounts. E17 provided the surveyor with two logs of personal funds received residents for December 2024 with no funds documented as disbursed from 12/13/24 - 12/23/24.</p> <p>1/22/25 11:07 AM - During an interview R43 stated, I told [E18] (former BOM) that I wanted to take out some money but then she left and I had to wait for the other one [E17 BOM] to get acclimated so I had to wait. I did eventually get the money.</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:  085058	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/28/2025
NAME OF PROVIDER OR SUPPLIER  Polaris Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  21 W Clarke Avenue Milford, DE 19963	
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 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>1/22/25 11:27 AM - E1 (NHA) notified the surveyor that E18 (former BOM) last date of employment was 11/5/24 and that E17 (BOM) started on 12/16/24. E1 stated I believe we had a regional person covering and reception was helping out as well. The facility lacked evidence of how this information was relayed to the residents.</p> <p>1/24/25 1:30 PM - Findings were reviewed with E1 (NHA), E2 (DON), and E4(CCS).</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085058	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/28/2025
NAME OF PROVIDER OR SUPPLIER  Polaris Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 21 W Clarke Avenue Milford, DE 19963	
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>Based on interview and record review, it was determined that for one (R64) out of two residents reviewed for change in condition, the facility failed to consult the provider and notify the responsible party when R64 experienced a significant change in condition and plan of care. Findings include:</p> <p>Cross refer F773</p> <p>Review of R64's clinical record revealed:</p> <p>11/27/24 - R64 was admitted to the facility.</p> <p>12/4/25 - An admission MDS documented R64 was a BIMS of 7 indicating severe cognitive impairment.</p> <p>1/10/25 - A progress note documented that FM3 reported that R64 was lethargic and not at her baseline. E27 (RN) documented R64's assessment and called the on-call provider.</p> <p>1/10/25 1:34 PM - A progress note documented that R64 had a non-productive cough, mild confusion, speech unclear at times, elevated heart rate, was drowsy and not her usual self. Additionally, R64 was given cough medicine, Tylenol, and Tums per provider order.</p> <p>1/10/25 7:56 PM - A progress note documented that R64 refused dinner and continued with an elevated heart rate. Additionally, the progress note documented the on call provider was notified with new orders.</p> <p>1/10/25 11:00 PM - A physician's order for R64 documented complete blood count (CBC), comprehensive metabolic panel (CMP), and infuse normal saline at 100 mL/hr total 1 liter.</p> <p>1/11/25 1:37 PM (Saturday) - A lab result report for R46 documented the white blood cell count was high.</p> <p>1/11/25 3:48 PM - A progress note documented that R46 pulled out peripheral line from left arm.</p> <p>1/13/25 4:30 PM - A physician's order for R64 documented a chest x-ray with two views and Rocephin (antibiotic) inject one gram intramuscularly immediately (STAT) for white blood cell elevation.</p> <p>1/14/25 3:25 PM - A physician's order for R64 documented Bactrim (antibiotic) 800-160 mg give one tablet two times a day for left base infiltrate (pneumonia) for five days.</p> <p>1/15/25 1:15 PM - In an interview FM3 revealed she was unaware that R46 had a chest X-ray done, received labwork, was diagnosed with pneumonia, started on antibiotics as well as being changed to thickened liquids. FM3 stated she had not received an update on R46's condition since 10:00 PM on 1/10/25 when staff nurse called to notify her that R46 was ordered an IV related to dehydration.</p> <p>1/15/25 1:45 PM - Interview with E27 (RN) confirmed that the progress notes lacked evidence of notification to FM3 about changes to plan of care for R46.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085058	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/28/2025
NAME OF PROVIDER OR SUPPLIER  Polaris Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  21 W Clarke Avenue Milford, DE 19963	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>1/15/25 2:13 PM - Interview with E17 (RN, UM) confirmed that the progress notes lacked evidence of notification to the provider of R46's lab results.</p> <p>The facility lacked evidence of notification to the provider of R46's lab results and lacked evidence of updating R46's responsible party of change in condition that changed the plan of care.</p> <p>1/24/25 1:30 PM - Findings were reviewed with E1 (NHA), E2 (DON), and E4 (Corporate Clinical Support).</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085058	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/28/2025
NAME OF PROVIDER OR SUPPLIER  Polaris Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  21 W Clarke Avenue Milford, DE 19963	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on record review and interview, it was determined that for one (R18) out of two (2) residents reviewed for misappropriation of resident property, the facility failed to recognize and consequently report an allegation of misappropriation of resident property/funds no later than 24 hours. Findings include:</p> <p>The facility policy on abuse dated 12/2016 indicated Our residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation. Investigate and report any allegations of abuse within timeframe's as required by federal requirements.</p> <p>3/4/25 - A grievance form was completed on behalf of R18 by E8 (AD) that documented, [R18] said he saw charges that were not his own on his credit card. He also said that someone has taken out a loan in his name. He was assisted with calling customer service. Further documentation on the grievance indicated the investigation was assigned by E7 (SW) to E5 (BOM) to complete the investigation of the grievance. E5 documented, [R18] was approached by BOM and a security officer. We asked if he would like to call the police and file a report. He declined. The grievance documented the resolution date as 3/6/25 and was signed by E1 (former NHA).</p> <p>4/2/25 1:30 PM - During an interview E5 (BOM) confirmed being assigned to review R18's grievance related to missing money and stated that E1 (former NHA) was aware of R18's allegations.</p> <p>4/2/25 1:54 PM - During an interview E4 (DON) stated he was previously unaware of R18's grievance related to an allegation of misappropriation of resident funds.</p> <p>4/2/25 2:21 PM - During an interview E1 (former NHA) confirmed knowledge of R18's allegation of misappropriation of resident funds. E1 stated, I thought it was an old allegation of money way before I was there don't recall the resident or details.</p> <p>4/3/25 11:45 AM - During an interview E5 (BOM) confirmed that R18's grievance related to missing money was not recognized as an allegation of misappropriation of funds and therefore was not reported to the State Agency.</p> <p>4/3/25 2:12 PM - During an interview E7 (SW) confirmed that R18's grievance related to missing money was not recognized as an allegation of misappropriation of funds and therefore was not reported to the State Agency.</p> <p>4/3/25 3:45 PM - Findings were reviewed during the exit meeting with E2 (NHA) and E4 (DON).</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085058	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/28/2025
NAME OF PROVIDER OR SUPPLIER  Polaris Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 21 W Clarke Avenue Milford, DE 19963	

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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>Based on record review and interview, it was determined that for one (R18) out of two (2) residents reviewed for allegations of misappropriation of resident property, the facility failed to provide evidence that the allegation was thoroughly investigated. Findings include:</p> <p>The facility policy on abuse dated 12/2016 indicated Our residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation. Investigate and report any allegations of abuse within timeframe's as required by federal requirements.</p> <p>3/24/25 - The facility submitted an incident report to the State Agency that alleged [R18] reported a previous employee was stealing money. Investigation started immediately. Police contacted.</p> <p>4/1/25 9:07 AM - The surveyor requested a copy of the investigation related to R18's allegation of misappropriation of property.</p> <p>4/3/25 12:32 PM - During an interview E4 (DON) confirmed the facility did not conduct interviews, obtain statements or complete an investigation regarding R18's allegation of misappropriation of property. E4 stated, We called the police.</p> <p>4/3/25 3:45 PM - Findings were reviewed during the exit meeting with E2 (NHA) and E4 (DON).</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085058	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/28/2025
NAME OF PROVIDER OR SUPPLIER  Polaris Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 21 W Clarke Avenue Milford, DE 19963	
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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged.</p> <p>Based on interview, record review and review of other facility documents it was determined that for one (R148) out of three residents reviewed for discharge the facility failed to ensure that discharge requirements were met when the facility initiated discharge regarding R148 occurred on 10/9/24 without notice to the resident. Findings include.</p> <p>Cross refer to F626.</p> <p>Review of R148's clinical record revealed:</p> <p>8/23/24 - R148 was admitted to the facility with multiple diagnoses including a history of major depressive disorder with severe psychotic symptoms, anxiety, and suicidal ideation.</p> <p>8/26/24 - A five day MDS assessment documented that R148 was cognitively intact with a goal of remaining in the facility.</p> <p>10/9/24 7:53 AM - A note in R148's clinical record documented that the resident was sent to the hospital for suicidal ideation.</p> <p>10/9/24 - The Transfer/Discharge notice indicated the reason for R148's transfer as it is necessary for your welfare and needs cannot be met at the facility. The location of the transfer was to hospital ER. The notice was signed by R148. Accompanying the transfer notice was a notification of bed hold policy that was signed by R148, and an Acute Care Transfer document checklist.</p> <p>10/9/24 2:56 PM - A social service note in R148's clinical record documented, Called [another nursing home] at 2:54 PM to see how to send over a referral for the resident.</p> <p>10/9/24 - A discharge return not anticipated MDS assessment was completed for R148 with no discharge plan or referrals documented.</p> <p>10/15/24 2:51 PM - A social service note documented, Returned the call from [inpatient psychiatric facility staff] on behalf of [R148] and they requested information on transferring the resident back to the facility. Social service director gave the information to the unit manager [E24(RN)].</p> <p>October 2024 - The facility transfer list provided to the Ombudsman documented that R148 was transferred out for medical leave.</p> <p>1/10/25 1:17 PM - During an interview E22 (SW) at inpatient psychiatric facility stated The facility would not allow [R148] to return and I got that from E6 (Admissions) but [R148] has been placed somewhere else.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085058	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/28/2025
NAME OF PROVIDER OR SUPPLIER  Polaris Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  21 W Clarke Avenue Milford, DE 19963	
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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>1/22/25 10:21 AM - During an interview E6 (Admissions) stated that R148 Was having suicidal ideation with a plan that's why they sent her out to psych and the hospital sent her out to [inpatient psychiatric facility]. E6 confirmed that R148 was denied readmission to the facility following discharge from the inpatient psychiatric facility because At the time she owed us a large bill like seventy thousand and corporate was not letting me readmit her. E21 (Controller) my Corporate Director denied the readmission because the bill was so large and would not allow R148 to return until Medicaid approval. Then Medicaid denied.</p> <p>1/22/25 11:51 AM - During an interview E24 (RN) former unit manager stated, [E6] (Admissions) said we wouldn't be allowing R148 back because of a large bill.</p> <p>1/22/25 11:58 AM - During an interview E21 (Controller) confirmed that R148 was not allowed readmission to the facility. E21 stated that R148 Came in through the state program they stopped paying for her and we applied for Medicaid and it was denied. She was here eight months without payment. There should be a regular discharge letter. The surveyor requested a copy of the Medicaid denial, any appeal documents, a bill, and discharge notice. The requested documents were not received from the facility.</p> <p>1/23/25 9:19 AM - During an interview E1 (NHA) confirmed the facility had no evidence of a discharge notice or discharge summary for R148.</p> <p>1/24/25 1:30 PM - Findings were reviewed with E1 (NHA), E2 (DON), and E4(CCS).</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085058	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/28/2025
NAME OF PROVIDER OR SUPPLIER  Polaris Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  21 W Clarke Avenue Milford, DE 19963	
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 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Permit a resident to return to the nursing home after hospitalization or therapeutic leave that exceeds bed-hold policy.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review and interview it was determined that for one (R148) out of three residents reviewed discharge the facility failed to ensure R148 was readmitted to the facility or that the facility complied with discharge requirements. R148 was sent to the hospital on [DATE] and was not permitted to return to the facility. Findings include:</p> <p>Review of R148's clinical record revealed:</p> <p>8/23/24 - R148 was admitted to the facility with multiple diagnoses including a history of major depressive disorder with severe psychotic symptoms, anxiety, and suicidal ideation.</p> <p>8/26/24 - A five day MDS assessment documented that R148 was cognitively intact with a goal of remaining in the facility.</p> <p>10/9/24 7:53 AM - A note in R148's clinical record documented that the resident was sent to the hospital for suicidal ideation.</p> <p>10/9/24 - The Transfer/Discharge notice indicated the reason for R148's transfer as it is necessary for your welfare and needs cannot be met at the facility the location of the transfer was to hospital ER. The notice was signed by R148. Accompanying the transfer notice was a notification of bed hold policy that was signed by R148, and an Acute Care Transfer document checklist.</p> <p>10/9/24 2:56 PM - A social service note in R148's clinical record documented Called [another nursing home] at 2:54 PM to see how to send over a referral for the resident.</p> <p>10/9/24 - A discharge return not anticipated MDS assessment was completed for R148 with no discharge plan or referrals documented.</p> <p>10/15/24 2:51 PM - A social service note documented, Returned the call from [inpatient psychiatric facility staff] on behalf of [R148] and they requested information on transferring the resident back to the facility. Social service director gave the information to the unit manager [E24(RN)].</p> <p>October 2024 - The facility transfer list provided to the Ombudsman documented that R148 was transferred out for medical leave.</p> <p>1/10/25 1:17 PM - During an interview E22 (SW) from the in-patient psychiatric facility stated The facility would not allow [R148] to return and I got that from E6 (Admissions) but [R148] has been placed somewhere else.</p> <p>1/21/25 1:47 PM - During an interview E23 (RN) confirmed that R148 was denied readmission to the facility. E23 stated, I know she couldn't come back, I was told she owed money.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085058	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/28/2025
NAME OF PROVIDER OR SUPPLIER  Polaris Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  21 W Clarke Avenue Milford, DE 19963	
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 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>1/22/25 10:21 AM - During an interview E6 (Admissions) stated that R148 Was having suicidal ideation with a plan that's why they sent her out to psych and the hospital sent her out to [inpatient psychiatric facility]. E6 confirmed that R148 was denied readmission to the facility following discharge from the inpatient psychiatric facility because At the time she owed us a large bill like seventy thousand and corporate was not letting me readmit her. E21 (Controller) my Corporate Director denied the readmission because the bill was so large and would not allow R148 to return until Medicaid approval. Then Medicaid denied.</p> <p>1/22/25 11:51 AM - During an interview E24 (RN) former unit manager stated, [E6] (Admissions) said we wouldn't be allowing R148 back because of a large bill.</p> <p>1/22/25 11:58 AM - During an interview E21 (Controller) confirmed that R148 was not allowed readmission to the facility.</p> <p>1/24/25 1:30 PM - Findings were reviewed with E1 (NHA), E2 (DON), and E4(CCS).</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085058	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/28/2025
NAME OF PROVIDER OR SUPPLIER  Polaris Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 21 W Clarke Avenue Milford, DE 19963	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>Based on record review and interview it was determined that for eight (R3, R4, R27, R46, R57, R63, R89 and R91) out of thirty-seven residents investigated the facility failed to develop person centered care plans. Findings include:</p> <p>1. Review of R46's clinical record revealed:</p> <p>11/22/24 - An annual MDS assessment documented that R46 received insulin.</p> <p>11/15/24 - A physicians order was written for R46 to receive Insulin Glargine 20 units at bedtime.</p> <p>11/16/24 - A physicians order was written for R46 to receive Insulin Aspart (with Niacinamide) 12 units one time a day for diabetes.</p> <p>1/16/25 - Review of R46's care plans lacked evidence of a care plan that addressed the residents use of insulin and diagnosis of diabetes.</p> <p>1/16/25 2:20 PM - E1 (DON) provided a care plan that addressed R46's diabetes and use of insulin. The creation date of the care plan was 1/16/25. E1 confirmed the finding.</p> <p>2. Review of R57's clinical record revealed:</p> <p>8/27/24 - Physicians orders were written for R57 to receive an anti-anxiety and an anti-depressant medication.</p> <p>9/6/24 - An annual MDS assessment documented that R57 received anti-anxiety and anti-depressant medications.</p> <p>12/7/24 - A quarterly MDS documented that R57 received anti-anxiety and anti-depressant medications.</p> <p>1/15/24 - Review of R57's care plans lacked evidence that they addressed R57's anxiety and depression, use of anti-anxiety medications and anti-depressant medications.</p> <p>1/15/25 1:53 PM - E1 (DON) confirmed the findings and created corresponding care plans to address R57's use of antidepressant and anti-anxiety medications.</p> <p>3. Review of R63's clinical record revealed:</p> <p>4/18/22 - R63 was admitted to the facility with dementia.</p> <p>4/24/24 - An annual MDS assessment documented that R63 was severely cognitively impaired.</p> <p>1/13/25 8:53, 1/14/25 1:46 PM, 1/15/25 11:41 AM, and 1/17/25 8:33 AM, R63 was observed with approximately one half of an inch of gray and black facial hair on her chin.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085058	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/28/2025
NAME OF PROVIDER OR SUPPLIER  Polaris Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  21 W Clarke Avenue Milford, DE 19963	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>1/17/25 8:33 AM - During an interview E10 (CNA) confirmed R63's extensive facial hair. E10 stated that R63 is combative with care and especially showers. E10 added that R63 will not let anyone shave her because she does not like anything near her face.</p> <p>1/17/25 8:37 AM - During an interview, E12 (LPN) confirmed that R63 did not have a care plan for refusals of shaving and bathing.</p> <p>4. Review of R89's clinical record revealed:</p> <p>5/22/24 - R89 was admitted to the facility with multiple sclerosis, a stroke and was paraplegic.</p> <p>5/22/24 - R63's fall care plan included for her call bell to be in reach and to apply non-skid footwear except during hygiene.</p> <p>5/29/24 - A quarterly MDS assessment documented that R89 was totally dependent on staff for all care and could not walk.</p> <p>Although R89 had a fall care plan in place, it was not comprehensive and patient centered related to R89's paraplegic status, and resultant inability to utilize the call bell and or walk.</p> <p>1/22/25 approximately 1:45 PM - E2 (DON) confirmed that R89's care plan was not appropriate for R89's status.</p> <p>5. Review of R91's clinical record revealed:</p> <p>11/5/24 - R91 was admitted to the facility with a tracheostomy and dependent on a ventilator.</p> <p>11/12/24 - An admission MDS assessment documented that R91 had a tracheostomy and was ventilator dependent.</p> <p>Review of R91's care plan revealed that the facility failed to create a comprehensive care plan to include her respiratory status.</p> <p>1/22/25 approximately 1:45 PM - E2 (DON) confirmed that R91 did not have a care plan for her respiratory status.</p> <p>6. Review of R3's clinical record revealed:</p> <p>9/26/23 - R3 was admitted to the facility with a diagnosis of dementia.</p> <p>1/2/25 - A quarterly MDS documented that R3 was severely cognitively impaired and had a diagnosis of non-Alzheimers dementia.</p> <p>Review of R3's careplan revealed that the facility failed to create a comprehensive care plan to include dementia care.</p> <p>1/23/25 3:34 PM - An interview with E17 (UM RN) confirmed that R3 did not have a care plan for dementia care.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085058	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/28/2025
NAME OF PROVIDER OR SUPPLIER  Polaris Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 21 W Clarke Avenue Milford, DE 19963	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>7. Review of R4's clinical record revealed:</p> <p>12/5/24 - R4 was admitted to the facility.</p> <p>12/18/24 - An admission MDS documented that R4 was always continent of urine and occasionally incontinent of bowel.</p> <p>Review of R4's careplan revealed that the facility failed to create a comprehensive care plan to include bowel incontinence.</p> <p>1/23/25 3:34 PM - An interview with E17 (UM RN) confirmed that R4 did not have a care plan for bowel incontinence.</p> <p>8. Review of R27's clinical record revealed:</p> <p>10/14/24 - R27 was admitted to the facility with vascular dementia.</p> <p>10/21/24 - An admission MDS documented R27 was cognitively intact and diagnosis of non-Alzheimers dementia.</p> <p>Review of R27's careplan revealed that the facility failed to create a comprehensive care plan to include dementia care.</p> <p>1/23/25 3:34 PM - An interview with E17 (UM RN) confirmed that R27 did not have a care plan for dementia.</p> <p>1/24/25 1:30 PM - Findings were reviewed with E1 (NHA), E2 (DON), and E4 (Corporate Clinical Support).</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085058	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/28/2025
NAME OF PROVIDER OR SUPPLIER  Polaris Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  21 W Clarke Avenue Milford, DE 19963	
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>Based on record review and interview it has been determined that the facility failed to review and revise for one (R85) out of thirty-seven sampled residents' care plans. Findings include:</p> <p>A facility policy and procedure titled Using the Care Plan last revised 8/2006 documented . 1. Other facility staff noting a change in the resident's condition must also report those changes to the Nurse Supervisor and or the MDS Assessment Coordinator . 2. Changes in the resident's condition must be reported to the MDS Assessment Coordinator so that a review of the resident's assessment and care plan can be made.</p> <p>Cross refer F697</p> <p>1. Review of R85's clinical record revealed:</p> <p>12/12/24 - R85 was admitted to the facility with the diagnoses including but not limited to low back pain, fibromyalgia, muscle weakness, and unspecified abnormalities of gait.</p> <p>12/12/24 11:09 PM - An admission assessment documented R85 had no complaints of pain, lacked an acceptable level of pain, and lacked treatment for pain.</p> <p>12/15/24 - A care plan was initiated for R85 that documented potential for alteration in comfort related to pain. The care plan documented the goal as pain medication will be effective in controlling discomfort by next review. The following interventions were included: assess for verbal and non-verbal signs and symptoms of pain, assist with turning and repositioning, medication as ordered and notify the physician if not effective or side effects, and provide diversional activities.</p> <p>12/19/24 - An admission MDS assessment documented that R85 was on a scheduled pain regimen in the last five days, received PRN (as needed) pain medication, and received no non-medication interventions. The MDS also documented that R85 was having pain frequently, pain occasionally affecting sleep, pain occasionally affecting therapy activities, pain that was occasionally affecting day to day activities, and a pain score of 10/10 with no verbal description indicator. The MDS also documented that R85's BIMS score was 15 indicating R85 was cognitively intact.</p> <p>1/23/25 3:34 PM - An interview with E17 (RN UM) revealed that R85's care plan lacked revision related to acceptable pain level and appropriate interventions related to pain.</p> <p>The care plan lacked evidence of an acceptable pain level and pain level goal for R85. The care plan also lacked non-pharmacological interventions for addressing R85's pain.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085058	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/28/2025
NAME OF PROVIDER OR SUPPLIER  Polaris Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 21 W Clarke Avenue Milford, DE 19963	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on interview and record review, it was determined that for one (R64) out of two residents reviewed for change in condition, it was determined that the facility failed to follow physician orders. Findings include:</p> <p>Review of R64's clinical record revealed:</p> <p>11/27/24 - R64 was admitted to the facility.</p> <p>12/4/24 - An admission assessment for documented that R64 was independent for eating.</p> <p>1/14/25 7:23 PM - A physician's order documented that R64 was on thickened liquids.</p> <p>1/15/25 1:15 PM - An observation of R64's lunch tray revealed that R64 was served water, coffee, and juice all thin liquids. R64 was actively eating and drinking when observation occurred, during this time an observation of R64 drinking the thin liquids resulting in coughing.</p> <p>1/15/25 1:30 PM - An interview with E48 (CNA) revealed that E48 was not informed that R46 was on thickened liquids during report and E48 went to replace the thin liquids with thickened.</p> <p>1/15/25 1:35 PM - An interview with E51 (LPN) and E35 (RN) revealed that when a new diet is ordered the order gets entered in the electronic medical record (EMR) and a dietary communication slip is completed. If the order is completed after dietary is closed the nurse will deliver the dietary communication to the front desk to give to dietary in the morning.</p> <p>1/15/25 1:45 PM - An interview with E52 (Secretary) confirmed that no dietary communication slip was left at the front desk for the dietary department.</p> <p>1/15/25 2:00 PM - An interview with E53 (Dietician) revealed that she was unaware of the new order for R64. E53 reviewed the new order in the EMR and confirmed that the diet order was not input as a dietary order so therefore the electronic system did not communicate the new order to dietary. E53 also confirmed that no dietary communication slip was completed and given to the dietary department.</p> <p>The facility failed to follow a physician's order when R64 was served thin liquids.</p> <p>1/24/25 1:30 PM - Findings were reviewed with E1 (NHA), E2 (DON), and E4 (Corporate Clinical Support).</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085058	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/28/2025
NAME OF PROVIDER OR SUPPLIER  Polaris Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  21 W Clarke Avenue Milford, DE 19963	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>Based on record review and interview it was determined that for one (R47) out of two residents reviewed for accidents the facility failed to provide supervision for R47 to prevent an accident. The resident was left unsupervised during care and fell off the bed resulting in a head injury and needed to be sent to the hospital for evaluation and treatment. Findings include:</p> <p>R47's clinical record revealed:</p> <p>12/18/23 - R47 was admitted to the facility with diagnoses including but not limited to multiple sclerosis, paraplegia and hypothyroidism.</p> <p>12/19/23 - A review of R47's care plan for falls documented . 1. Potential for falls r/t (sic) decreased mobility . 2. Bed in lowest position when care is not being provided .3. Bed mobility extensive assist . 4. Increased rounding (was added to the interventions on 7/16/24 as a result of the fall).</p> <p>12/19/23 - A review of R47's care plan for ADLs (Activities for Daily Living) revised 1/13/25 documented . 1. Unable to do own ADLS without assistance R/T (sic) MS (sic) and generalized weakness.</p> <p>1/16/24 - A review of R47's care plan for ROM/Contractures revised 1/13/25 documented . 1. Maintain proper joint alignment while in bed or in chair.</p> <p>6/25/24 - 9/25/24 R47's quarterly MDS assessment documented [R47] was dependent for rolling left and right (the ability to roll from lying on back to left and right side and return to lying on back on the bed).</p> <p>7/16/24 6:00 AM - Review of a facility provided incident report documented Resident had a fall out of bed an aide was cleaning her up and went to grab something and patient rolled out of the bed. The CNA called for help and the patient was found on her back on the floor. Patient was noted to be A&amp;O (sic) after the fall but was found with a small laceration to the back of the head with scant amount of bright red blood noted.</p> <p>7/16/24 7:14 AM - E42's (RN) health status note documented, s/p (sic) unwitnessed fall 6:00 AM reported that resident fell out of the bed at which time this nurse went to room to assess where she was lying on the floor next to the bed on her back, with legs towards the head of the bed. Neurological checks initiated, AAO x3. VSS (sic). Resident reports hitting back of head, laceration to the back of head noted, with scant amount of bright red blood. NP (sic) on call made aware, new orders to send to ER (sic). Nursing supervisor called report to ED (sic) and call placed to emergency contact husband voice mail left. 6:50 AM EMTs (sic) arrived and transported resident to the hospital via stretcher, VSS (sic).</p> <p>7/16/24 11:12 AM E43's (RN) health status note documented, Resident returned from hospital at 9:35 AM. CT (sic) of head without IV contrast results no intracranial injury or hemorrhage. Skin glue applied to laceration to the back of the head.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085058	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/28/2025
NAME OF PROVIDER OR SUPPLIER  Polaris Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  21 W Clarke Avenue Milford, DE 19963	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>1/17/25 11:34 AM - During a telephone interview E37 (CNA) stated, Yes I was working on the 11-7 shift and it was my last rounds the facility doesn't use disposable washcloths, I had already rolled [R47] on to her right side to change her, but I didn't have enough washcloths and she was already laying on her side from when I started to change her, but I noticed that she was having a bowel movement and I didn't have enough wash cloths so I stepped right into the bathroom to wet some more washcloths and I left her on the right side that's the side I had rolled her onto when I started to change her, I stepped into the bathroom I should have put the bed down I was only leaving her for a second or two, she was stable on her right side, so I felt it was okay leaving her. I heard the fall when I went into the bathroom, I went straight to her, I yelled out for the nurse to let her know she had fell.</p> <p>1/22/25 2:15 PM - E5 (RD) stated, [R47] has limited range of motion when bending her hips, knees and both shoulders.</p> <p>1/22/25 2:23 PM - During an interview E44 (COTA) stated, [R47] can't use her left arm we have worked with her on positioning in bed anytime I have worked with her I have had to reposition her in the bed. E44 also stated, [R47] would not have had enough strength to remain laying on her side in the bed without rolling off the bed.</p> <p>1/23/25 3:18 PM - Findings were confirmed with E1 (NHA).</p> <p>1/24/25 1:30 PM - Findings were reviewed with E1 (NHA), E2 (DON), and E4 (Corporate Clinical Support).</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085058	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/28/2025
NAME OF PROVIDER OR SUPPLIER  Polaris Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 21 W Clarke Avenue Milford, DE 19963	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>5. Review of R3's clinical record revealed:</p> <p>A CDC recommendation to prevent infection included: Maintain the bag below the level of the bladder. (<a href="https://www.cdc.gov/Indwelling%20Urinary%20Catheter%20Insertion%20and%20Maintenance">https://www.cdc.gov Indwelling Urinary Catheter Insertion and Maintenance</a>).</p> <p>9/26/23 - R3 was admitted to the facility with obstructive uropathy.</p> <p>12/16/24 - R3 had a physician order for a foley catheter.</p> <p>1/2/25 - A quarterly MDS assessment documented that R3 was dependent on staff for ADL's and had an indwelling catheter.</p> <p>1/13/25 - 08:52 AM - During an observation, R3's foley catheter drainage bag was noted to be lying on the foot of R3's bed.</p> <p>1/13/25 8:57 AM - During an interview, E58 (CNA) confirmed that R3's foley catheter drainage bag was on the bed.</p> <p>1/24/25 1:30 PM - Findings were reviewed with E1 (NHA), E2 (DON), and E4 (Corporate Clinical Support).</p> <p>Based on interview and record review it was determined that for four (R4, R27, R61, R64 and R3) out of seven residents reviewed for bowel and bladder, the facility failed to respond to or provide services to maintain or restore bowel and bladder continence. Findings include:</p> <p>1. Review of R4's clinical record revealed:</p> <p>12/5/24 - R4 was admitted to the facility.</p> <p>12/5/24 - A care plan was initiated for R4 but lacked evidence of addressing continence and plan of care related to continence.</p> <p>12/5/24 3:30 PM - A bowel and bladder evaluation documented that R4 was continent of urine and lacked documentation regarding bowel continence.</p> <p>12/12/24 - An admission MDS documented that R4 was always continent of bladder and occasionally continent of bowel and that no toileting program was indicated. The MDS also documented that R4 required partial or moderate assistance for toileting.</p> <p>12/2024 - A review of the December CNA documentation record revealed that R4 was continent of bowel four times out of eighty opportunities.</p> <p>1/2025- A review of the January CNA documentation record revealed that R4 was continent of bowel eight times out of forty six opportunities.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085058	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/28/2025
NAME OF PROVIDER OR SUPPLIER  Polaris Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  21 W Clarke Avenue Milford, DE 19963	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>1/9/25 9:07 AM - An admission bowel and bladder evaluation documented that R4 was continent of urine and incontinent of bowel. The evaluation documented that a toileting program was not in use to manage R4's bowel continence.</p> <p>1/13/25 2:16 PM - An interview with R4 revealed that he was continent of bowel at home and able to use the toilet independently. R4 stated that he can use a urinal and uses a brief while at the facility.</p> <p>1/17/25 9:25 AM - An interview with E48 (CNA) confirmed that R4 requires staff assistance with toileting and is continent of urine. E48 stated that R4 is normally incontinent of bowel and does not use any assistive devices. E48 stated that R4 was not on a toileting program to her knowledge.</p> <p>1/21/25 10:47 AM - An interview with E17 (RN, UM) confirmed that R4 was not on a toileting program and does not use assistive devices to maintain continence.</p> <p>There was no evidence that the facility attempted to maintain bowel function for R4.</p> <p>2. Review of R27's clinical record revealed:</p> <p>10/14/24 - R27 was admitted to the facility.</p> <p>10/14/24 - A care plan was initiated (R27) for incontinence of bowel and bladder with no memory recall and/or ability to retrain with the goal that R27 will be clean, dry, and comfortable with no skin breakdown for ninety days. The interventions included bowel and bladder assessments upon admission and quarterly, call bell within reach, check resident every two hours, and encourage highest level of independence of toileting as possible.</p> <p>10/21/24 10:58 AM - A bowel and bladder assessment documented that R27 was incontinent of urine and was wet one to two times a day and continent of stool. The evaluation documented that a toileting program was not in use to manage R27 urinary continence.</p> <p>10/21/24 - An admission MDS documented that R27 was dependent for toileting and requires assist of one for ADLs. The MDS also documented that R27 was frequently incontinent of bowel and bladder and that a urinary toileting program was initiated with no improvement.</p> <p>10/2024 - A review of the October CNA documentation record revealed that R27 was continent of urine nine times out of fifty seven opportunities.</p> <p>11/2024 - A review of the November CNA documentation record revealed that R27 was continent of urine eleven times out of ninety two opportunities.</p> <p>12/2024 - A review of the December CNA documentation record revealed that R27 was continent of urine eleven times out of ninety five opportunities.</p> <p>1/2025 - A review of the January CNA documentation record revealed that R27 was continent of urine five times out of fifty two opportunities.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085058	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/28/2025
NAME OF PROVIDER OR SUPPLIER  Polaris Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  21 W Clarke Avenue Milford, DE 19963	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>1/17/25 9:33 AM - An interview with E48 (CNA) confirmed that R27 is staff assist of one for toileting and confirmed that resident is incontinent of bowel and bladder. E48 confirmed that R27 does not use a bed pan or commode for toileting and was not on a toileting program.</p> <p>1/21/25 10:47 AM - An interview with E17 (RM UM) confirmed that R27 was not on a toileting program and does not use assistive devices to maintain continence.</p> <p>There was no evidence that the facility attempted to maintain bladder function for R27.</p> <p>3. Review of R61's clinical record revealed:</p> <p>12/27/24 - R61 was admitted to the facility.</p> <p>12/27/24 - A care plan was initiated for incontinence of bowel and bladder with no memory recall and/or ability to retrain with the goal that R61 will be clean, dry, and comfortable with no skin breakdown for ninety days. The interventions included bowel and bladder assessments upon admission and quarterly, call bell within reach, check resident every two hours, and encourage highest level of independence of toileting as possible</p> <p>12/27/24 11:28 PM - A bowel and bladder assessment documented that R61 was occasionally incontinent of bowel and bladder and was a candidate for scheduled or prompted voiding.</p> <p>12/2024 - A review of the December CNA documentation record revealed that R61 was incontinent of urine four times out of fourteen opportunities.</p> <p>1/2025 - A review of the January CNA documentation record revealed that R61 was incontinent of urine twenty eight times out of forty seven opportunities.</p> <p>1/3/25 - An admission assessment documented that R61 was dependent for toileting. The MDS also documented that R27 is occasionally incontinent of bowel and bladder and was not on a toileting program. R27 is also a BIMS of 15 indicating fully competent.</p> <p>1/13/25 10:31 AM - An interview with R61 revealed that she was continent at home and is usually incontinent at the facility due to staff taking too long to answer the call bell.</p> <p>1/17/25 9:41 AM - An interview with E28 (CNA) confirmed that R61 is a one person assist for toileting and is occasionally incontinent. E28 confirmed that R61 will use the toilet if staff assists her.</p> <p>1/21/25 10:47 AM - An interview with E17 (RM UM) confirmed that R61 was not on a toileting program and does not use assistive devices to maintain continence.</p> <p>There was no evidence that the facility attempted to maintain bladder function for R61.</p> <p>4. Review of R64's clinical record revealed:</p> <p>11/27/24 - R64 was admitted to the facility.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085058	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/28/2025
NAME OF PROVIDER OR SUPPLIER  Polaris Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 21 W Clarke Avenue Milford, DE 19963	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>11/27/24 - A bladder and bowel evaluation documented R64 as frequently incontinent of both bowel and bladder. The evaluation also documented R64 was a candidate for scheduled or prompted voiding.</p> <p>11/2024 - A review of the November CNA documentation record revealed that R64 was incontinent of urine two out of eleven opportunities and incontinent of bowel zero times out of eleven opportunities.</p> <p>12/4/24 - An admission MDS documented R64 was a partial or moderate assist for toileting and R64 was occasionally incontinent of bladder and always continent of bowel. The MDS also documented R64 was not on a toileting program.</p> <p>12/8/24 - A care plan documented that R64 had bladder incontinence related to activity intolerance, dementia, and impaired mobility with a goal of R64 being continent during waking hours through the review date. Interventions included checking R64 as needed and as required for incontinence and notify the provider of any possible medical causes for incontinence.</p> <p>12/2024 - A review of the December CNA documentation record revealed that R64 was incontinent of urine fifteen times out of ninety six opportunities and incontinent of bowel seven times out of ninety six opportunities.</p> <p>1/2025 - A review of the January CNA documentation record revealed that R64 was incontinent of urine fourteen times out of fifty two opportunities and incontinent of bowel ten times out of forty eight opportunities.</p> <p>1/13/25 12:26 PM - An interview with FM3 revealed that R64 was occasionally incontinent of bowel and bladder while at home and FM3 expressed concern that she had come in to visit and found R64 soaked in urine on multiple occasions.</p> <p>1/17/25 9:22 AM - An interview with E28 (CNA) confirmed that R64 is an assist of one staff for toileting and R64 remains continent if staff encourages R64 to toilet. E28 did not recall R64 being on a toileting schedule or program.</p> <p>1/21/25 10:47 AM - An interview with E17 (RN, UM) confirmed that R64 was not on a toileting program.</p> <p>There was no evidence that the facility attempted to maintain bladder or bowel function for R64.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085058	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/28/2025
NAME OF PROVIDER OR SUPPLIER  Polaris Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  21 W Clarke Avenue Milford, DE 19963	
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 0710</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Obtain a doctor's order to admit a resident and ensure the resident is under a doctor's care.</p> <p>Based on interview and record review and other documentation as indicated, it was determined that for one (R300) out of five reviewed residents for pressure ulcers, the facility failed to ensure that R300's medical care was supervised by a physician for the care of pressure ulcers. Findings include:</p> <p>Cross refer F686</p> <p>Review of R300's clinical record revealed:</p> <p>8/28/24 - R300 was admitted to the facility.</p> <p>11/4/24 10:40 PM - A practitioner (E11) progress note documented that R300 was seen for a follow up visit wound to right heel. The progress note documented that nursing reported black heel with a small amount of drainage and treatment was betadine and dry dressing to cover. The physical exam documented skin as warm and dry. The progress note lacked evidence of physical characteristics of the wound care assessment by the provider.</p> <p>11/5/24 2:05 PM - A practitioner (E11) progress note documented that R300 was seen for follow up visit for antibiotics and ESRD (end stage renal disease). The progress note documented that R300 was started on Keflex for the right heel wound and had no adverse effects or complaints noted. The physical exam documented skin as warm and dry. The progress note lacked evidence of the physical characteristics of the wound assessment by the provider.</p> <p>11/8/24 11:55 AM - A skin assessment documented R300 had a deep tissue injury unstageable to right heel with the following measurements: 6.2cm L x 5.4cm W x 0cm deep. The wound was documented as necrotic with no drainage, wound odor, and soft boggy tissue with suspected infection. The assessment documented the current treatment as betadine to help dry the soft boggy tissue. R300 was on oral antibiotics and xray was ordered to rule out osteomyelitis. Additionally an ultrasound and arterial study was ordered.</p> <p>1/17/25 12:06 PM - An interview with E11 (NP) confirmed R300 was one of her patients and stated I do not follow wound care, the wound NP does. I just order the medications related to wound care.</p> <p>The facility lacked evidence that a provider (E11) physically assessed R300's right heel wound per the aforementioned progress notes.</p> <p>1/24/25 1:30 PM - Findings were reviewed with E1 (NHA), E2 (DON), and E4 (Corporate Clinical Support).</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085058	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/28/2025
NAME OF PROVIDER OR SUPPLIER  Polaris Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 21 W Clarke Avenue Milford, DE 19963	
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 0760</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>2. Review of R46's clinical record revealed:</p> <p>11/17/22 - R46 was originally admitted to the facility with several diagnoses including diabetes.</p> <p>11/15/24 - A physicians order was written for R46 to receive Insulin Glargine inject 20 units at bedtime for diabetes.</p> <p>11/22/24 - An annual MDS assessment documented that R46 was cognitively intact and received insulin injections.</p> <p>12/23/24 9:09 PM - An orders administration note in R46's clinical record documented that the ordered Insulin Glargine was not given due to awaiting for delivery.</p> <p>12/24/24 8:42 PM - An orders administration note in R46's clinical record documented, that the ordered Insulin Glargine was not given due to being on order.</p> <p>12/28/24 8:48 PM - An orders administration note in R46's clinical record written by E9 (LPN) documented, this med was reordered on 12/22, and this nurse call[ed] the pharmacy [to] ask for [Insulin Glargine] pen to be delivered the next day because the resident was out of this meds. The pharmacist hang up in my face sic Supervisor and the DON is aware of the situation. Still no delivery.</p> <p>December 2024 - Review of R46's MAR lacked evidence that R46 received the ordered dose of 20 units Insulin Glargine at bedtime on 12/23, 12/24, 12/28, and 12/29. It is unclear how R46 received the insulin on 12/25, 12/26, and 12/27 when the refill had not been delivered and there were no insulins in the back up medication/Pixus.</p> <p>1/16/25 10:23 AM - During an interview E7 (LPN) explained that all medications are Reordered in the software if low and that we have insulin in the reserve/emergency box.</p> <p>1/16/25 10:37 AM - During an interview E2 (DON) stated that refills Can take 24 to 48 hours but that the pharmacy delivers at least twice a day to the facility. E4 (CCS) then stated We did identify some issues and have been working with them to improve. E2 then stated We started working to improve at least a few weeks ago.</p> <p>1/17/25 8:30 AM - E2 (DON) provided a pharmacy order summary that indicated a request for a refill of R46's Insulin Glargine medication was sent on 12/22/24.</p> <p>1/17/25 10:20 AM - During an interview with E9 (LPN) the re-ordering process was clarified and E9 stated that to refill medications staff Clicks on re-order meds to go straight to the pharmacy and maybe call to make sure you have it for the next day. If they have in the Pixus you can go to the supervisor for the Pixus. Insulin is not usually in the back up so most of the time we reorder that. The first time I ordered and called they said it was too early and we need a supervisor. I did go to the [DON] and he said he would take care of it. When I came back the med was not there and I called again and the pharmacy hung up on me.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085058	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/28/2025
NAME OF PROVIDER OR SUPPLIER  Polaris Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  21 W Clarke Avenue Milford, DE 19963	
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 0760</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>1/17/25 10:41 AM - E2 (DON) provided the surveyor an inventory list of emergency medications held in the facility and confirmed Insulin Glargine was not on the list.</p> <p>1/17/25 12:05 PM - During an interview E11 (NP) confirmed knowledge of R46's missed doses of the Insulin Glargine. E11 stated, They called me and I told them to monitor. E11 then showed the surveyor a composition note book with a dated hand written note regarding R46's missed doses of insulin.</p> <p>1/23/25 8:42 AM - E2 provided the surveyor with an undated pharmacy memorandum regarding refilling of medications. E2 stated it was part of an education to staff provided a month ago and it's improved things. The memorandum read the following Attention Nursing Personnel then listed pharmacy contact information as well as a table of timeframe's to order medications and expected delivery time. The memorandum also indicated that STAT orders must be called into the pharmacy to notify the pharmacy that it's a STAT order.</p> <p>1/23/25 1:53 PM - During an interview E13 (agency LPN) was unable recall R46 being out of the ordered insulin Glargine, E13 (LPN) stated, They are often out of medications at that facility and some people use other residents insulin's but I don't.</p> <p>1/23/25 1:56 PM - During an interview E14 (agency LPN) was unable to recall R46 being out of the ordered insulin Glargine. E14 stated, If the resident is out then we have to give it depending whatever the insulin is. They keep a lot of insulin in the refrigerator and sometimes if its not then I guess we call the pharmacy and the doctor but I haven't run into that situation.</p> <p>The four missed doses of the ordered Insulin Glargine for R46 placed the resident at risk for having a serious adverse outcome including diabetic ketoacidosis, diabetic coma or even death.</p> <p>1/23/25 11:52 AM - Based on interviews and review of the facility documentation and other sources, an Immediate Jeopardy was called and reviewed with the facility leadership including E1 (NHA) and E4 (Corporate Clinical Support).</p> <p>1/23/25 11:00 PM - The facility's Immediate Jeopardy was abated at this time. The acceptable abatement plan included implementation of new policies titled Verifying Diabetic Medications for New Admit Residents and Diabetic Medication administration for current residents. The proposed plan included education to one hundred percent of working staff and ongoing for the remaining staff currently unavailable and not working, and new hires. Staff confirmed no new admissions were scheduled for the rest of the day. Staff interviews confirmed completion of staff training. Staff confirmed that all current residents had insulin available on hand and current medication orders. E4 stated the facility is in the process of updating identified delivery issues with current pharmacy provider and will add insulin as an emergency medication to the supply.</p> <p>1/28/25 11:30 AM - The facility's abatement was reviewed with E1 (NHA) and E4 (Corporate Clinical Support). It was determined through observation, interview and record review that the facility met all requirements for abatement on 1/23/25 at 11:00 PM.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085058	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/28/2025
NAME OF PROVIDER OR SUPPLIER  Polaris Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 21 W Clarke Avenue Milford, DE 19963	
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 0760</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Based on record review and interview, it was determined that for two (R299 and R46) out of five residents reviewed for unnecessary medication, the facility failed to ensure residents were free from a significant medication error when staff failed to administer insulin. Additionally, staff failed to conduct finger stick blood sugar monitoring, which included sliding scale insulin coverage based on the results. The facility's failure placed the residents at risk for a serious adverse outcome including diabetic ketoacidosis, diabetic coma or even death from untreated elevated blood sugar. Due to this failure an Immediate Jeopardy (IJ) was called on 1/23/25 at 11:52 AM. The IJ was abated on 1/23/25 at 11:00 PM. Findings include:</p> <p>1. Review of R299's clinical record revealed:</p> <p>10/4/24 5:00 PM - R299 was admitted with diagnoses including but not limited to diabetes mellitus.</p> <p>10/4/24 - A discharge summary from hospital documented R299 had a diagnosis of diabetes mellitus, orders for insulin, and orders to monitor blood sugar.</p> <p>10/4/24 - R299's medication administration record (MAR) lacked evidence of a blood glucose reading at dinner time and bed time. The MAR also lacked evidence of coinciding sliding scale insulin administration based on blood glucose reading.</p> <p>10/5/24 12:04 AM - A telephone physician's order for Lispro (insulin) was entered into the electronic medical record. The order read as follows: Insulin Lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/mL: Inject as per sliding scale: 0-150 = 0 units; 151-200 = 2 units; 201-250 = 4 units; 251-300 = 6 units; 301-350 = 8 units; 351-400 = 10 units; greater than 400 give 10 units and call MD; give subcutaneously before meals and at bed time.</p> <p>10/5/24 - An admission MDS documented R299 was diabetic and was receiving insulin.</p> <p>10/5/24 8:00 AM - R299's MAR documented a blood glucose of 432 mg/dL (normal blood glucose is 80 mg/dL to 120 mg/dL) and fifteen units of Lispro was administered.</p> <p>10/5/24 11:30 AM - A progress note documented Patient's (R299) family observed giving patient medications from home. Supervisor educated family that medications from home could not be given because there is no way to tell what exactly was given. Family stated patient needed pain medication. Supervisor explained to family the procedure with pain medications and informed them they were being delivered today. [Provider Group] NP and DON made aware.</p> <p>10/5/24 untimed - A pharmacy manifest documented R299's medications were delivered to the facility. The manifest lacked evidence that R299's Lispro was delivered or ordered.</p> <p>10/5/24 5:00 PM - A progress note documented that R299 was discharged .</p> <p>1/16/25 2:20 PM - A copy of the emergency facility medication stock revealed that insulin was not available for emergency use.</p> <p>1/17/25 8:30 AM - An interview with E2 (DON) confirmed that Lispro is not available in the facility emergency medication stock.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085058	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/28/2025
NAME OF PROVIDER OR SUPPLIER  Polaris Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  21 W Clarke Avenue Milford, DE 19963	
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 0760</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>1/22/25 10:55 AM - An interview with FM1 revealed that at 9:00 PM on 10/4/24 R299 had not received bed time medications and FM1 notified the staff. FM1 stated that staff told her that medications needed to be ordered and were not available at this time.</p> <p>1/22/25 11:03 AM - An interview with FM2 revealed that FM2 requested to speak to a supervisor after dinner on 10/4/24 to address multiple concerns. FM2 stated that the supervisor confirmed that R299's medications would not be delivered until 10/5/24 in the morning.</p> <p>1/22/25 11:35 AM - An interview with E3 (ADON) stated the expectation for medication reconciliation and submission of orders is within an hour of admission. The primary nurse is expected to call the on call provider to review medication orders and input into the electronic medical system. E3 confirmed that R299 did not receive a blood glucose check on 10/4/24 at 5:00 PM or 9:00 PM and coinciding sliding scale insulin.</p> <p>1/23/25 2:13 PM - An interview with E16 (LPN) revealed that E16 was unable to recall details of R299's admission.</p> <p>1/23/25 3:34 PM - An interview with E17 (RN, UM) revealed that E17 was unaware of the expectation of reconciling medications within an hour of admission and unable to recall details of R299's admission.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085058	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/28/2025
NAME OF PROVIDER OR SUPPLIER  Polaris Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 21 W Clarke Avenue Milford, DE 19963	

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 0773</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or obtain laboratory tests/services when ordered and promptly tell the ordering practitioner of the results.</p> <p>Based on record review and interview, it was determined, for one (R64) out of four residents sampled for laboratory services, the facility failed to promptly notify the ordering medical practitioner of laboratory results. Findings include:</p> <p>Cross refer to F580</p> <p>Review of R64's clinical record revealed:</p> <p>11/27/24 - R64 was admitted to the facility.</p> <p>1/10/25 11:00 PM - A physician's order for R64 documented complete blood count (CBC), comprehensive metabolic panel (CMP), and infuse normal saline at 100 mL/hr total 1 liter.</p> <p>1/11/25 1:37 PM (Saturday) - A lab result report for R46 documented the white blood cell count was high.</p> <p>1/13/25 4:30 PM - A physician's order for R64 documented a chest xray with two views and rocephin (antibiotic) inject one gram intramuscularly immediately (STAT) for white blood cell elevation.</p> <p>1/14/25 3:25 PM - A physician's order for R64 documented Bactrim (antibiotic) 800-160mg give one tablet two times a day for left base infiltrate (pneumonia) for five days.</p> <p>1/15/25 2:13 PM - Interview with E17 (RN UM) confirmed that the progress notes lacked evidence of notification to the provider of R46's lab results.</p> <p>The facility lacked evidence of promptly reporting abnormal lab results to the medical provider.</p> <p>1/24/25 1:30 PM - Findings were reviewed with E1 (NHA), E2 (DON), and E4 (Corporate Clinical Support).</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085058	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/28/2025
NAME OF PROVIDER OR SUPPLIER  Polaris Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 21 W Clarke Avenue Milford, DE 19963	
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 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>Based on observation and interview it was determined that for one (R64) out of one residents reviewed for nutrition the facility failed to provide fluid in a form designed to meet the individuals needs. Findings include:</p> <p>Review of R64's clinical record revealed:</p> <p>11/27/24 - R64 was admitted to the facility.</p> <p>12/4/24 - An admission MDS assessment documented that R64 was independent for eating.</p> <p>1/14/25 7:23 PM - A physician's order documented that R64 was on thickened liquids.</p> <p>1/15/25 1:15 PM - An observation of R64's lunch tray revealed that R64 was served water, coffee, and juice that were all thin liquids. R64 was actively eating and drinking when observation occurred; During this time R64 was observed drinking the thin liquids resulting in coughing.</p> <p>1/15/25 1:30 PM - An interview with E48 (CNA) revealed that E48 was not informed that R46 was on thickened liquids during report and E48 went to replace the thin liquids with thickened.</p> <p>1/15/25 1:35 PM - An interview with E51 (LPN) and E35 (RN) revealed that when a new diet is ordered the order gets entered in the electronic medical record (EMR) and a dietary communication slip is completed. If the order is completed after dietary is closed the nurse will deliver the dietary communication to the front desk to give to dietary in the morning.</p> <p>1/15/25 1:45 PM - An interview with E52 (Secretary) confirmed that no dietary communication slip was left at the front desk for the dietary department.</p> <p>1/15/25 2:00 PM - An interview with E53 (Dietician) revealed that she was unaware of the new order for R64. E53 reviewed the new order in the EMR and confirmed that the diet order was not input as a dietary order so therefore the electronic system did not communicate the new order to dietary. E53 also confirmed that no dietary communication slip was completed and given to the dietary department.</p> <p>The facility failed to provide R64 fluid in a form designed to meet individual needs.</p> <p>1/24/25 1:30 PM - Findings were reviewed with E1 (NHA), E2 (DON), and E4 (Corporate Clinical Support).</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085058	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/28/2025
NAME OF PROVIDER OR SUPPLIER  Polaris Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  21 W Clarke Avenue Milford, DE 19963	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>Based on record review and interview, it was determined that for one (R500) out of thirty-four (34) residents reviewed, the facility failed to ensure the residents medical record was complete, accurately documented and readily accessible. Findings include:</p> <p>The facility policy on charting and documentaion last updated 2001 indicated, Documentation in the medical record will be objective (not opinionated or speculative), complete, and accurate.</p> <p>Review of R500's clinical record revealed;</p> <p>3/21/25 7:45 PM - A fall incident report documented, that R500 a resident with some baseline confusion experienced an unwitnessed fall.</p> <p>3/21/25 7:45 PM - A neurological assesment form was initiated by E6 (RN) related to R500's unwitnessed fall to be completed through 3/24/25.</p> <p>3/21/25 7:45 PM - A progress note written by E6 (RN) in R500's clinical record documented, Post fall this shift .Neuro checks done and in progress. Will continue to monitor. The progress note lacked specific information regarding the neurological checks.</p> <p>3/21/25 7:47 PM - A progress note written by E6 (RN) in R500's clinical record documented, Resident resting and neuro checks in progress. The progress note lacked specific information regarding the neurological checks.</p> <p>3/31/25 2:00 PM - Review of the neurological assesment form related to R500's unwitnessed fall lacked evidence of entries for completion of the neurological assessments from 3/21/25 at 7:45 PM through 11:30 PM.</p> <p>3/31/25 3:01 PM - Surveyor attempted to contact E6 (RN) by telephone and received a text message that E6 was unavailable for interview due to air travel.</p> <p>4/1/25 12:58 PM - During an interview E3 (DON) confirmed that the neurological assesment form related to R500's fall was incomplete.</p> <p>4/3/25 3:07 PM - During an interview E6 (RN) confirmed that neurological assessments were completed on R500 following the residents fall on 3/21/25. E6 then produced neurological assessment documentaion on a green legal pad for the timeframe not documented on the neurological assessment form. E6 stated, I always document on my pad. My goal was to write it and transfer it to that form. I was the supervisor that shift. As I was writing they called me and I had to stop. When I returned the nurse had taken the sheet. E4 then scanned a copy of the assessment documentation on the note pad to R500's clinical record.</p> <p>4/3/25 3:45 PM - Findings were reviewed during the exit meeting with E2 (NHA) and E4 (DON).</p>		