

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 05/18/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085032	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/31/2024
NAME OF PROVIDER OR SUPPLIER Westminster Village Health		STREET ADDRESS, CITY, STATE, ZIP CODE 1175 McKee Road Dover, DE 19904	
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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure each resident receives an accurate assessment.</p> <p>46988</p> <p>Based on record review and interviews, it was determined for three (R16, R32, and R217) out of eighteen residents in the investigative sample, the facility failed to ensure the MDS was accurate. Findings include:</p> <p>1. Review of R16's clinical record revealed:</p> <p>9/28/24 - R16 was admitted to the facility.</p> <p>10/4/24 - An admission MDS documented that R16 had restraints. These restraints included bilateral bed rails.</p> <p>10/21/24 - An observation of R16 in bed with bilateral side rails in place, used as an enabler bar for turning and repositioning.</p> <p>10/25/24 1:48 PM - An interview with E6 (RNAC), E7 (RNAC) and E1 (NHA) revealed that the MDS was miscoded for R16 and discovered when surveyors requested the Matrix. E1 stated that E7 is in training and miscoded the MDS. E1 provided evidence that the MDS was corrected.</p> <p>2. Review of R32's clinical record revealed:</p> <p>10/2/24 - R32 was admitted to the facility.</p> <p>10/4/24 - An admission MDS documented that R32 had restraints. These restraints included bilateral bed rails.</p> <p>10/22/24 - An observation of R32 in bed with bilateral side rails in place, used as an enabler bar for turning and repositioning.</p> <p>10/25/24 1:48 PM - An interview with E6 (RNAC), E7 (RNAC) and E1 (NHA) revealed that the MDS was miscoded for R32 and discovered when surveyors requested the Matrix. E1 stated that E7 is in training and miscoded the MDS. E1 provided evidence that the MDS was corrected.</p> <p>3. Review of R217's clinical record revealed:</p> <p>9/20/24 - R217 was admitted to the facility.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete		
Event ID:		
Facility ID: 085032		
If continuation sheet Page 1 of 11		

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>9/26/24 - An admission MDS documented that R217 had restraints. These restraints included bilateral bed rails.</p> <p>10/22/24 - An observation of R217 in bed with bilateral side rails in place, used as an enabler bar for turning and repositioning.</p> <p>10/25/24 1:48 PM - An interview with E6 (RNAC), E7 (RNAC) and E1 (NHA) revealed that the MDS was miscoded for R217 and discovered when surveyors requested the Matrix. E1 stated that E7 is in training and miscoded the MDS. E1 provided evidence that the MDS was corrected.</p> <p>10/31/24 3:00 PM - Findings were reviewed with E1 (NHA) , E2 (DON), and E4 (Executive Director) at the exit conference.</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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>46988</p> <p>Based on record review and interview, it was determined that for one (R37) out of eighteen residents reviewed in the investigative sample, the facility failed to ensure that the required interdisciplinary team (IDT) members participated in the care plan meetings. Findings include:</p> <p>Review of R37's clinical record revealed:</p> <p>10/3/24 - R37 was admitted to the facility.</p> <p>10/16/24 - A careplan meeting interdisciplinary note revealed that the following attendees were present: R37, family member, nursing, therapy, CNA, Social worker, and dietary.</p> <p>10/25/24 9:22 AM - An interview with E6 (RNAC) confirmed that physician or physician's representative did not participate in R37's care plan conferences. E6 stated the physician reviews residents monthly but not in coordination with the care plan meetings.</p> <p>10/31/24 3:00 PM - Findings were reviewed with E1 (NHA) , E2 (DON), and E4 (Executive Director) at the exit conference.</p>		

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<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>40163</p> <p>Based on record review and interview, it was determined that for two (R1 and R27) out of six residents reviewed for unnecessary medication review, it was determined that the facility failed to follow physician orders. Findings include:</p> <p>1. Review of R1's clinical record revealed:</p> <p>10/22/18 - R1 was admitted to the facility with diagnoses including diabetes mellitus.</p> <p>8/12/21 - A physician's order documented Lantus 100 units/ml, administer 30 units subcutaneously in the evening (hold for finger stick blood sugar less than 100).</p> <p>2/17/24 4:01 PM - Review of the MAR revealed R1's glucose was 78 ml/dl. Although R1's glucose was less than 100, E5 (LPN) administered the Lantus.</p> <p>10/24/24 11:41 AM - During an interview, E5 (LPN) revealed if the doctor writes a parameter to hold insulin for low blood sugars, then E5 holds the insulin. E5 further revealed if the blood sugar was excessively high or low, the doctor is notified and then E5 would document the blood sugar level in the MAR.</p> <p>10/24/24 12:17 PM - An interview with E3 (LPN) confirmed that she documented a blood sugar of 78 and that Lantus 30 units was administered subcutaneously.</p> <p>46988</p> <p>2. Review of R27's clinical record revealed:</p> <p>12/5/22 - R27 was admitted to the facility.</p> <p>12/21/22 - A physician's order was written for midodrine HCL 2.5 mg one tablet by mouth three times a day before meals. Alert please note parameters: hold for systolic blood pressure (SBP) greater than 130.</p> <p>11/2023 - A review of the November 2023 MAR revealed that on 11/5/23 R27 documented a blood pressure listed of 152/81 and a signature indicating midodrine medication was administered.</p> <p>11/1/23 - 11/16/23 - A consultant pharmacist's medication regimen review documented that R27 recommendation to read parameters closely for holding midodrine. Order is to hold midodrine for SBP greater than 130 but dose is documented as administered on November 5 at 9:00 AM when blood pressure is 152/81.</p> <p>10/24/24 2:31 PM - An interview with E14 (LPN) confirmed that midodrine was signed off on 11/5/23 at 9:00 AM, even though parameters indicated to not administer.</p> <p>(continued on next page)</p>		

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility lacked evidence that the aforementioned irregularity was addressed. The progress notes lacked evidence of monitoring related to medication being administered outside of the parameters. 10/31/24 3:00 PM - Findings were reviewed with E1 (NHA) , E2 (DON), and E4 (Executive Director) at the exit conference.		

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<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>46988</p> <p>Based on observation, interview and record review it was determined that for two (R21 and R37) out of two residents reviewed for incontinence, the facility failed to provide services to restore bowel and bladder continence. Findings include:</p> <p>1. Review of R21's clinical record revealed:</p> <p>12/22/23 - A policy titled Bowel and Bladder training documented the objective is to retrain a formerly continent resident or reduce incontinence in residents with stress or urge incontinence. Procedure 1. determine eligibility for retraining program using the Bowel and Bladder UDA. A bowel or bladder UDA is assigned with each new admission, quarterly, annually and with each resident significant change. Upon completion the bowel and bladder evaluation is reviewed to determine if voiding diaries are needed in order to ascertain resident toileting plans. 3. Establish scheduled toileting program. 4. Determine appropriate incontinence aids to assist in obtaining continence. 6. Establish an individualized bowel or bladder program for each resident. 7. Place approaches on the individual resident's care plan.</p> <p>8/29/24 - R21 was admitted to the facility.</p> <p>8/29/24 6:40 PM - A bowel and bladder evaluation documented that R21 was totally dependent for toileting with one staff assistance. It also documented that R21 had an indwelling catheter and frequently incontinent of bowel.</p> <p>8/30/24 - A care plan was initiated for R21 for continence issues with a goal to regain bowel control within ninety days. Interventions were to assist R21 with bedpan use upon rising, before and after meals, at bedtime and every two hours on overnight shift; use of incontinence products; and voiding diary as needed.</p> <p>8/2024 - The CNA task flow sheet for August 2024 revealed that R21 was incontinent of bowel two times. R21 was continent of bowel one time. The CNA flow sheet lacked evidence of following the individualized interventions for R21 listed in the care plan. The flow sheet documented bowel function, control, appliances, and consistency every shift.</p> <p>9/2024 - The CNA task flow sheet for September 2024 revealed that R21 was incontinent of bowel seventeen times. R21 was continent of bowel three times. The CNA flow sheet lacked evidence of following the individualized interventions for R21 listed in the care plan. The flow sheet documented bowel function, control, appliances, and consistency every shift.</p> <p>9/4/24 - An admission MDS assessment documented R21 was dependent for toileting with one staff assistance. The MDS also documented that R21 was always incontinent of bowel and that R21 was not on a toileting program.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>10/2024 - The CNA task flow sheet for October 2024 revealed that R21 was incontinent of bowel seventeen times. R21 was continent of bowel zero times. The CNA flow sheet lacked evidence of following the individualized interventions for R21 listed in the care plan. The flow sheet documented bowel function, control, appliances, and consistency every shift.</p> <p>10/21/24 10:56 AM - In an interview R21 stated that she uses a bedpan and is able to verbalize the need for elimination. R21 stated that prior to admission she used the toilet until her increased difficulty walking.</p> <p>10/24/24 11:04 AM - In an interview with E15 (NP) stated that the expectation is for nurses and CNA's to monitor for changes in continence and report changes to the provider if any occur.</p> <p>10/24/24 11:35 AM - In an interview with E14 (LPN) revealed that the facility does not have a set toileting program and that staff should be consistently monitoring resident's for bowel and bladder changes. E14 indicated that the CNA's do check and change every two hours and that is the toileting program. E14 stated that R21 is not on a toileting program other than the every two hours check and change.</p> <p>10/29/24 1:40 PM - During an interview, E16 (CNA) stated that R21 does not use a bed pan and that she does not offer one to R21.</p> <p>There was no evidence that the facility attempted to restore bowel function for R21.</p> <p>2. Review of R37's clinical record revealed.</p> <p>10/3/24 - R37 was admitted to the facility.</p> <p>10/3/24 - A care plan was initiated for R37 to remain continent of bowel and bladder through ninety days with interventions of using incontinence products (briefs, fracture pan), voiding diary as needed, and assist to bedpan/ toilet per request.</p> <p>10/9/24 - An admission MDS documented R37 was dependent for toileting with one assist, frequently incontinent of bladder and always incontinent of bowel.</p> <p>10/2024 - The CNA task flow from 10/3/24 to 10/31/24 documented R37 was incontinent of urine fifty four times out of eighty four opportunities, which was 63% of the time throughout the month. R37 was continent of urine seven times. The CNA flow sheet lacked evidence of following R37's individualized interventions listed in the care plan. The CNA flow sheet documented bladder function, voiding, toilet use or appliances, incontinence products, and control.</p> <p>10/21/24 1:40 PM - An interview with R37 revealed that she is continent and able to voice when she has to use the bathroom. R37 stated that at times she becomes incontinent waiting for staff assistance to the toilet.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>10/24/24 11:35 AM - During an interview, E14 (LPN) revealed that the facility does not have a set toileting program and that staff should be consistently monitoring resident's for bowel and bladder changes. E14 indicated that the CNA's do check and change every two hours and that is the toileting program. E14 stated that R37 is not on a toileting program other than the every two hours check and change.</p> <p>10/29/24 1:40 PM - During an interview, E16 (CNA) stated that R37 does not use a bed pan and that R37 is not on a toileting program.</p> <p>10/31/24 3:00 PM - Findings were reviewed with E1 (NHA) , E2 (DON), and E4 (Executive Director) at the exit conference.</p>		

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F 0756 Level of Harm - Potential for minimal harm Residents Affected - Many	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>46988</p> <p>Based on record review and interview, it was determined that the facility failed to develop policies and procedures for the monthly MRR (Medication Regimen Review) that included time frames for different steps in the MRR process. Findings include:</p> <p>12/05/23 12:50 PM - A review of the facilities policy titled, Consultant Pharmacist Reports, lacked information regarding the time frames for a pharmacist response for urgent medication recommendations.</p> <p>The MRR policy did not meet the expected time frame requirements.</p> <p>10/31/24 - An interview during exit conference with E1 (NHA) confirmed the MRR policy did not meet the expected requirements for urgent medication response times.</p> <p>10/31/24 9:45 AM - Findings were reviewed with E1 (NHA) , E2 (DON), and E4 (Executive Director) at the exit conference.</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>47142</p> <p>Based on observation and interviews, it was determined that for one (R47) out of eight residents sampled for food the facility failed to follow menu requests. Findings include:</p> <p>10/21/24 10:11 AM - A random observation of R47's breakfast tray revealed oatmeal, cheerios, scrambled eggs, raisin toast and hot tea. The meal ticket showed R47 was supposed to have apple juice, oatmeal, fresh whole apple, fried egg, cinnamon wheat toast, 2% milk and coffee or hot tea. The tray was missing apple juice and a fresh whole apple. The meal ticket showed R47's dislikes as: chocolate, gravy, apples, eggs, milk or pork and to serve soft fruits. R47 stated they bring her food that she doesn't like.</p> <p>10/21/24 10:20 AM - An interview with E8 (CNA) confirmed that R47 did not have apple juice or a substitute and did not have a fresh whole apple or any substitute. E8 stated that there was no apple juice left and offered to give R47 cranberry juice. E8 stated that the kitchen makes up the tray and we bring the trays to the resident rooms.</p> <p>10/22/24 9:32 AM - A random observation of R47's breakfast tray revealed cranberry juice, cheerios, bacon, sausage and hot tea. The meal ticket showed R47 was supposed to have apple juice, cream of wheat, fresh whole orange, scrambled eggs with onions, wheat toast, 2% milk and coffee or hot tea. The tray was missing a fresh whole orange and scrambled eggs with onions. The meal ticket showed R47's dislikes as: chocolate, gravy, apples, eggs, milk or pork and to serve soft fruits. R47 stated that she cannot eat pork and would not be able to eat the bacon or the sausage and would only eat the cheerios.</p> <p>10/22/24 9:37 AM - An interview with E9 (RN) confirmed that R47 did not have a fresh orange or a substitute and confirmed the rest of the items on the breakfast tray. E9 offered sliced oranges to give to R47. E9 confirmed that R47's dislike of pork on the meal ticket and that R47 received bacon and sausage.</p> <p>10/23/24 10:03 AM - An interview with E10 (Dietary Regional Support) revealed that the kitchen staff follow the meal ticket and plates the items according to the meal ticket. If a food item is a disliked item, it is not to be plated on the tray. If something is not available, we are to offer a substitution of the same nutritional value. E10 stated that the staff who plated R47's tray was filling in from the independent living side and had not plated trays before.</p> <p>10/23/24 10:21 AM - An interview with E11 (Dietician) confirmed that if a food item is not available a substitute that is nutritionally equivalent is needed.</p> <p>10/31/24 3:00 PM - Findings were reviewed with E1 (NHA) , E2 (DON), and E4 (Executive Director) at the exit conference.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>38302</p> <p>Based on observation and interview it was determined that the facility failed to ensure food was stored, prepared, and served in a manner that prevents food borne illness to the residents. Findings include:</p> <p>10/21/24 9:14 AM - During the initial tour of the kitchen, there were no buckets containing sanitizing solution for storing wet wiping clothes used for sanitizing food preparation surfaces.</p> <p>10/21/24 9:38 AM - During a tour of the kitchen, E12 (Cook) tested the sanitizing solution in the three compartment sink, directly at the source two times. Both attempts indicated the level of chemical concentration was not at a sufficient level to provide proper sanitization. An interview with E12 later that day revealed the facility had been using the incorrect type of chemical test strips when testing the sanitizer levels in the kitchen.</p> <p>10/21/24 9:42 AM - During a tour of the kitchen, there were three compromised food cans with dented sides, which were not separated from the cans of food being served to the residents.</p> <p>10/21/24 10:23 AM- During a tour of the kitchen, the ice scoop was being stored inside the ice machine laying on top of the ice exposing the ice to contaminants from the handle.</p> <p>10/21/24 11:35 AM During a review of the food temperature logs, the facility kitchen records had no food temperatures recorded for twenty-three (23) meals out of three-hundred thirty-six (336) meals sampled. Temperatures of cooked foods and cold ready to eat foods were not being consistently recorded prior to being served. Fish, meat, and poultry must be heated to an appropriate specific temperature depending on the type of food and the method used to prepare it. Vegetables must be heated to one hundred thirty-five (135) degrees Fahrenheit (F), and cold ready to eat foods must be held below forty-one (41) degrees (F) to maintain food safety.</p> <p>10/21/24 3:23 PM - Findings were confirmed with E12 (Cook).</p> <p>10/31/24 3:00 PM - Findings were reviewed with E1 (NHA) , E2 (DON), and E4 (Executive Director) at the exit conference.</p>		