

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>085051</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/04/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>DELAWARE VETERANS HOME</b>		STREET ADDRESS, CITY, STATE, ZIP <b>100 DELAWARE VETERANS BLVD MILFORD, DE 19963</b>	
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 0607  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and review of other facility documentation it was determined that for one (E5) out of ten randomly-sampled employees the facility failed to ensure abuse / neglect training was provided. Findings include: Review of facility policy entitled Resident Abuse Protection Program (implementation 10/19/19) included, under the training/education section, Upon hire and annually, as well as throughout the year, the facility will provide ongoing education about the sensitive treatment of [REDACTED]. Review of a State Agency form requesting evidence of the latest abuse / neglect training, completed by the facility, revealed E5 (Custodian) with hire date of 11/22/10, had no abuse / neglect training in 2019. E5's last abuse prohibition training was October, 2018. [DATE] (afternoon) - E1 (NHA) confirmed the finding when providing the completed form to the surveyor. Findings were reviewed with E1 (NHA), E2 (DON), E3 (ADON) and E4 (QA) on [DATE] during the exit conference beginning at 11:30 AM.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER  
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.