

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 08A006	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/06/2020
NAME OF PROVIDER OF SUPPLIER JEANNE JUGAN RESIDENCE		STREET ADDRESS, CITY, STATE, ZIP 185 SALEM CHURCH ROAD NEWARK, DE 19713	
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 0684 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview it was determined that for one (R32) out of five residents reviewed for unnecessary medications, the facility failed to ensure that physician orders [REDACTED]. Findings include: 3/14/18 - A physician's order was initiated to have R32's stool tested for blood every three months. 6/24/19 and 12/17/19 - Progress notes documented that stools tested negative. 3/5/2020 at 2:00 PM - During an interview, E2 (DON) revealed that evidence could not be found that a stool test was completed in September 2019. Findings were reviewed with E1 (NHA), E2 and E3 (ADON) on March 6, 2020 during the exit conference beginning at approximately 3:20 PM.		
F 0697 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. Based on record review and interview it was determined that for one (R33) out of one sampled resident reviewed for pain management, the facility failed to identify the residents pain management goals. Findings include: Review of R33's clinical record revealed: 6/6/18 - A care plan related to pain did not include R33's pain goal. 1/20/2020 - A quarterly pain assessment indicated that R33 had pain. The assessment lacked R33's goal for an acceptable pain level. 1/21/2020 - A quarterly MDS assessment documented that R33 had frequent pain. February 2020 - The most recent orders on the Medication Administration Record [REDACTED]. Orders included: Document pain intensity on a scale of 0-10, 0= no pain and 10 = worst pain possible three times a day. Without assessing a resident for their desired pain goal it would be impossible to determine the effectiveness of the pain management interventions. 3/5/2020 2:15 PM - During an interview with R33 it was established that R33 has chronic pain. During an interview on 3/5/2020 at 3:00 PM, E4 (RN) revealed that there was a document where the acceptable pain goal was recorded. E4 was unsure where it was currently located since the facility switched to a computerized medical record. During an interview on 3/6/2020 at 3:20 PM with E2 (DON), it was confirmed that R33 did not have a pain goal identified. E2 further revealed that an acceptable pain goal was added to R33's plan of care. These findings were reviewed with E1 (NHA) and E2 during the exit conference on 3/6/2020 at 3:20 PM.		
F 0730 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Observe each nurse aide's job performance and give regular training. Based on record review and interview it was determined that the facility failed to ensure that nurse aide performance evaluations were completed at least once every 12 months for two (E7 and E8) out of five employees sampled. Findings include: 3/6/2020- Review of employee performance reviews revealed the following: - E7 (CNA) had a hire date of 8/3/12. The most recent date of evaluation was 8/3/18. - E8 (CNA) had a hire date 7/9/13. The most recent date of evaluation was 7/19/18. During an interview on 3/6/2020 at 11:31 AM, E3 (ADON) confirmed that the facility was unable to provide evidence that performance reviews were completed at least once every twelve months for E7 (CNA) and E8 (CNA). These findings were reviewed with E1 (NHA) and E2 (DON) during the exit conference on 3/6/2020 at 3:20 PM.		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. Based on observation and interview it was determined that the facility failed to ensure the laundry room was maintained to prevent contamination of clean laundry. Findings include: 3/2/2020 10:27 AM - An observation of the soiled linen room revealed there was no evidence of negative pressure. E5 (Laundry Supervisor) confirmed there was no negative pressure and stated they were going to follow up with maintenance. 3/2/2020 2:33 PM - An observation of the soiled laundry room revealed there was no evidence of negative pressure. 3/3/2020 2:45 PM - An observation of the soiled linen room showed evidence of negative pressure. 3/6/2020 10:39 AM - An interview with E6 (Maintenance Director) revealed that the motor to ventilate the soiled linen room was not working and it was replaced on 3/3/2020. These findings were reviewed with E1 (NHA) and E2 (DON) during the exit conference on 3/6/2020 at 3:20 PM.		

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.