

SECTION STATEMENT OF DEFICIENCIES

DHOO - DETURY 3 Mill Road, Suite 308 Wilmington, Delaware 19806 (302) 421-7400

## STATE SURVEY REPORT

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COMPLETION

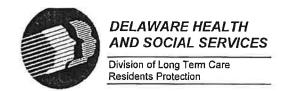
NAME OF FACILITY: Delmar Nursing and Rehabilitation Center

DATE SURVEY COMPLETED: May 7, 2021

ADMINISTRATOR'S PLAN FOR

	Specific Deficiencies	CORRECTION OF DEFICIENCIES	DATE
	· · · · · · · · · · · · · · · · · · ·		
¥	The State Report incorporates by reference and also cites the findings specified in the Federal Report.	Corrective Measures for residents affected:	
	An unannounced Complaint Survey was conducted at this facility from May 5, 2021 through May 7, 2021. The facility census on the first day of the survey was 67. The survey sample size was four (4).	No residents were impacted due to not meeting the staffing ratio of 3.28 on March 7, 2021.  All residents have the potential to be	
3201	Regulations for Skilled and Intermediate Care Facilities	impacted by insufficient staffing to meet their needs.	
3201.1.0	Scope	Measures to prevent recurrence:	
3201.1.2	Nursing facilities shall be subject to all applicable local, state and federal code requirements. The provisions of 42 CFR Ch. IV Part 483, Subpart B, requirements for Long Term Care Facilities, and any amendments or modifications thereto, are hereby adopted as the regulatory requirements for skilled and intermediate care nursing facilities in Delaware. Subpart B of Part 483 is hereby referred to, and made part of this Regulation, as if fully set out herein. All applicable code requirements of the State Fire Prevention Commission are hereby adopted and incorporated by reference.  This requirement is not met as evidenced by:	Managers and Staff Scheduler to be educated on the minimum staffing level of 3.28 hours for direct care per resident day and the need to complete the DLTCRP Nursing Home — Exigent Circumstances (EC) Reporting Form. (Exhibit DE 1)  Monitoring of corrective measures:  Administrator or designee will complete audit to ensure minimum staffing level of 3.28 hours for direct care per resident day. The audits will occur on the following schedule:	
16 Del. C., 1162	Nursing Staffing:  (c) By January 1, 2002, the minimum staffing level for nursing services direct caregivers shall not be less than the staffing level required to provide 3.28 hours of direct care per resident per day, subject to Commission recommendation and provided that funds have been appropriated for 3.28 hours of	daily until 100% compliance is noted for five consecutive days, then three times a week until 100% compliance is noted for three consecutive weeks, then monthly until 100% compliance is noted for three consecutive months. Audit results will be forwarded to the facility QAPI committee. (Exhibit DE2)	May 30, 2021

\_Title Administrate Date 5/20/2021



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SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies		ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE	
	direct care per resident for M	ledicaid eligible			
	Nursing staff must be distribumeet the following minimum ratios:				
	RN/LPN	CNA*			
	Day 1 nurse per 15 res.	1 aide per 8			
	Evening 1:23 Night 1:40	1:10 1:20			
	_				
	* or RN, LPN, or NAIT serving	as a CNA.			
	(g) The time period for review determining compliance with ratios under this chapter shall week.	the staffing	•3		
	A desk review staffing audit was the State of Delaware, Division of Quality, Office of Long Term Care Protection on May 7, 2021. The out of compliance with 16 Delaw Chapter 11 Nursing Facilities and Facilities.	of Health Care e Residents facility was found ware Code			
	Based on review of the facility do was determined that for one (1) (3) weeks reviewed, the facility f staffing at a level of at least 3.28 care per resident per day (PPD). Review of facility staffing workshand signed by the Nursing Home on 5/5/2021 revealed the follow	day, out of three failed to provide hours of direct Findings include: neets, completed Administrator			
	5/3/2021 PPD = 3.18				
	/ \			1	

Provider's Signature

Title Administrata Date 5/20/202



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SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies  5/10/2021 - E1 (NHA) was notified by email that the facility failed to meet the staffing requirements.  The facility failed to maintain the minimum PPD staffing requirement of 3.28.	CORRECTION	COMPLETION DATE	

Provider's Signature Des Marsha Title Administrator Date 5/20/2021

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/15/2022 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
085041		085041	B. WING			C 05/07/2021	
NAME OF PROVIDER OR SUPPLIER  DELMAR NURSING & REHABILITATION CENTER				1	TREET ADDRESS, CITY, STATE, ZIP CODE 01 DELAWARE AVE., DELMAR, DE. 19940- DELMAR, DE 19940	1110	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 000	An unannounced C conducted at this fa through May 7, 202 first day of the surv	Complaint Survey was acility from May 5, 2021 11. The facility census on the ey was 67. The survey sample there were no deficiencies	F	000			
LABORATOR	Y DIRECTOR'S OR PROVI	DER/SUPPLIER REPRESENTATIVE'S SIGI	NATURE		TITLE		(X6) DATE

Electronically Signed

05/20/2021

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.