



**DELAWARE HEALTH AND SOCIAL SERVICES**

Division of Long Term Care Residents Protection

DMSS - DLTCRP  
3 Mill Road, Suite 308  
Wilmington, Delaware 19806  
(302) 421-7400

STATE SURVEY REPORT

NAME OF FACILITY: Delmar Nursing and Rehabilitation Center

DATE SURVEY COMPLETED: May 7, 2021

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
<p>3201</p> <p>3201.1.0</p> <p>3201.1.2</p> <p>16 Del. C., 1162</p>	<p>The State Report incorporates by reference and also cites the findings specified in the Federal Report.</p> <p>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).</p> <p><b>Regulations for Skilled and Intermediate Care Facilities</b></p> <p><b>Scope</b></p> <p>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.</p> <p>This requirement is not met as evidenced by:</p> <p><b>Nursing Staffing:</b></p> <p>(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</p>	<p>Corrective Measures for residents affected:</p> <p>No residents were impacted due to not meeting the staffing ratio of 3.28 on March 7, 2021.</p> <p>All residents have the potential to be impacted by insufficient staffing to meet their needs.</p> <p>Measures to prevent recurrence:</p> <p>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)</p> <p>Monitoring of corrective measures:</p> <p>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: 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)</p>	<p>May 30, 2021</p>

Provider's Signature [Signature] Title Administrator Date 5/20/2021



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	<p>direct care per resident for Medicaid eligible reimbursement.</p> <p>Nursing staff must be distributed in order to meet the following minimum weekly shift ratios:</p> <table data-bbox="277 747 821 926"> <thead> <tr> <th></th> <th>RN/LPN</th> <th>CNA*</th> </tr> </thead> <tbody> <tr> <td>Day</td> <td>1 nurse per 15 res.</td> <td>1 aide per 8 res.</td> </tr> <tr> <td>Evening</td> <td>1:23</td> <td>1:10</td> </tr> <tr> <td>Night</td> <td>1:40</td> <td>1:20</td> </tr> </tbody> </table> <p>* or RN, LPN, or NAIT serving as a CNA.</p> <p>(g) The time period for review and determining compliance with the staffing ratios under this chapter shall be one (1) week.</p> <p>A desk review staffing audit was conducted by the State of Delaware, Division of Health Care Quality, Office of Long Term Care Residents Protection on May 7, 2021. The facility was found out of compliance with 16 Delaware Code Chapter 11 Nursing Facilities and Similar Facilities.</p> <p>Based on review of the facility documentation it was determined that for one (1) day, out of three (3) weeks reviewed, the facility failed to provide staffing at a level of at least 3.28 hours of direct care per resident per day (PPD). Findings include: Review of facility staffing worksheets, completed and signed by the Nursing Home Administrator on 5/5/2021 revealed the following:</p> <p>5/3/2021 PPD = 3.18</p>		RN/LPN	CNA*	Day	1 nurse per 15 res.	1 aide per 8 res.	Evening	1:23	1:10	Night	1:40	1:20		
	RN/LPN	CNA*													
Day	1 nurse per 15 res.	1 aide per 8 res.													
Evening	1:23	1:10													
Night	1:40	1:20													

Provider's Signature

*[Handwritten Signature]*

Title

*Administrators*

Date

*5/20/2021*



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	<p>5/10/2021 - E1 (NHA) was notified by email that the facility failed to meet the staffing requirements.</p> <p>The facility failed to maintain the minimum PPD staffing requirement of 3.28.</p>		
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Provider's Signature Jay Kessler Title Administrator Date 5/10/2021

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:  <b>085041</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/07/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>DELMAR NURSING &amp; REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>101 DELAWARE AVE., DELMAR, DE. 19940-1110</b> <b>DELMAR, DE 19940</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS  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). There were no deficiencies identified.	F 000			

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

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.