



**DELAWARE HEALTH  
AND SOCIAL SERVICES**

Division of Health Care Quality  
Office of Long Term Care  
Residents  
Protection

DHSS - DHCQ  
3 Mill Road, Suite 308  
Wilmington, Delaware 19806  
(302) 421-7400

**STATE SURVEY REPORT  
Page 1**

**NAME OF FACILITY:** Delmar Nursing & Rehabilitation Center

**DATE SURVEY COMPLETED:** October 28, 2020

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
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<p>201</p> <p>3201.1.0</p> <p>3201.1.2</p>	<p>The State Report incorporates by reference and also cites the findings specified in the Federal Report.</p> <p>A COVID-19 Focused Infection Control survey was conducted by the State of Delaware Division of Health Care Quality, Office of Long Term Care Residents Protection on October 28, 2020. The facility was found to be in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. The facility census on the first day of the survey was 68.</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 met as evidenced by:</p> <p>No deficiencies were identified at the time of the survey.</p>		
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Provider's Signature *Doug Tharrel* Title *Administrator* Date *11/6/2020*



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Provider's Signature *P. Tharsh* Title *Administrator* Date *11/6/2020*



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**NAME OF FACILITY: Delmar Nursing & Rehabilitation Center**

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SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
<p><b>3201</b></p> <p><b>3201.1.0</b></p> <p><b>3201.1.2</b></p>	<p><b>The State Report incorporates by reference and also cites the findings specified in the Federal Report.</b></p> <p>A COVID-19 Focused Infection Control survey was conducted by the State of Delaware Division of Health Care Quality, Office of Long Term Care Residents Protection on October 28, 2020. The facility was found to be in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. The facility census on the first day of the survey was 68.</p> <p><b>Regulations for Skilled and Intermediate Care Facilities</b></p> <p><b>Scope</b></p> <p><b>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.</b></p> <p>This requirement is met as evidenced by:</p> <p>No deficiencies were identified at the time of the survey.</p>		



DELAWARE HEALTH  
AND SOCIAL SERVICES  
DIVISION OF HEALTH CARE QUALITY

November 6, 2020

Suzanne Krassler- Administrator  
Delmar Nursing and Rehabilitation Center  
101 E. Delaware Ave.  
Delmar, DE 19940-1110

**RE: Delmar Nursing and Rehabilitation Center COVID-19 Focused Infection Control Survey ending October 28, 2020**

Dear Ms. Krassler:

I wish to thank you and your staff for the courtesy shown to the surveyor who conducted the COVID-19 Focused Infection Control Survey, which ended on October 28, 2020.

The survey findings show that your facility had no Federal or State deficiencies that require corrective actions at this time. The Statement of Deficiencies (CMS-2567L) which shows no federal deficiencies has been sent through ePOC, which needs to be acknowledged in ePOC in order to close out this survey.

If you have any questions concerning this determination letter, please call me at (302) 421-7400.

Sincerely,

A handwritten signature in blue ink that reads "Robert H. Smith".

Robert H. Smith  
Licensing and Certification Administrator

RHS/tj

Enclosures

cc: Michele Clinton, RN, LTC Branch Manager, CMS, Certification and Enforcement  
Jill McCoy, LTC Ombudsman  
Richard McKee, OLTCRP  
File

## Jones, Tomeka N (DHSS)

**From:** Jones, Tomeka N (DHSS)  
**Sent:** Friday, November 6, 2020 11:41 AM  
**To:** skrassler@delmarrehab.com  
**Cc:** Smith, Robert (DHSS); Reed, Kim (DHSS); OHagan, Nancy (DHSS); Edwards, Melanie (DHSS)  
**Subject:** (Revised) Delmar - COVID-19 Focused Infection Control survey ending on October 28, 2020  
**Attachments:** Plan of Correction Instructions 2013.docx; Delmar\_COVID-19\_Prvdrltr\_10-28-2020\_NoDef.pdf; Delmar\_COVID-19\_10-28-2020\_StRpt\_No Def.docx

**Categories:** Egress Switch: Unprotected  
**Tracking:**

Recipient	Delivery	Read
skrassler@delmarrehab.com		
Smith, Robert (DHSS)	Delivered: 11/6/2020 11:42 AM	
Reed, Kim (DHSS)	Delivered: 11/6/2020 11:42 AM	Read: 11/6/2020 11:46 AM
OHagan, Nancy (DHSS)	Delivered: 11/6/2020 11:42 AM	Read: 11/9/2020 9:13 AM
Edwards, Melanie (DHSS)	Delivered: 11/6/2020 11:42 AM	

**Switch-MessageId:** 2679bf94dc98429ca21426351946d60a

Dear Ms. Krassler,

Please see the revised state report with the correct census information.

Attached please find the ePOC directions, provider letter and state report for the COVID-19 Focused Infection Control survey ending on October 28, 2020. Located in ePOC, in the Aspen system; is the Federal 2567 Report, and another copy of the provider letter. Please acknowledge receipt of the 2567 in the ePOC system. **Please sign, complete and date the State Report; returning to myself Tomeka Jones via email ([tomeka.jones@delaware.gov](mailto:tomeka.jones@delaware.gov)) and Nancy O'Hagan ([nancy.o'hagan@delaware.gov](mailto:nancy.o'hagan@delaware.gov)).**

Thank you,

Tomeka

**Tomeka Jones**  
*Administrative Specialist I*



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Health Care Quality - Long Term Care Residents Protection  
3 Mill Road  
Suite 308  
Wilmington, DE  
Mainline: (302) 421-7410  
Office: (302)-421-7438  
Fax: (302) 421-7401

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

PRINTED: 11/12/2020  
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>10/28/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>DELMAR NURSING &amp; REHABILITATION CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>101 E. DELAWARE AVENUE DELMAR, DE 19940</b>
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(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
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F 000	INITIAL COMMENTS  A COVID-19 Focused Infection Control survey was conducted by the State of Delaware Division of Health Care Quality, Office of Long Term Care Residents Protection on October 28, 2020. The facility was found to be in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. The facility census on the first day of the survey was 68.	F 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <b>Electronically Signed</b>	TITLE	(X6) DATE <b>11/06/2020</b>
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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.