

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

STATE SURVEY REPORT

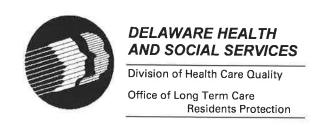
Page **1** of **2**

NAME OF FACILITY: Courtland Manor

DATE SURVEY COMPLETED: December 23, 2020

SECTION	STATEMENT OF DEFICIENCIES	ADMINISTRATOR'S DI AN EOD	COMPLETION
CECTION	SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	57 25 H TO D2H TO L2H T	CONTROL OF DEFICIENCIES	DATE
	The State Report incorporates by ref-		
	erence and also cites the findings		
	specified in the Federal Report.		
	specified in the rederal Report.		
	An unannounced COVID-19 Focused		
	Infection Control Survey was con-		
	ducted by the State of Delaware Divi-		
	sion of Health Care Quality, Office of		
	Long Term Care Residents Protection		
	on December 23, 2020. The facility		
	was found to be in compliance with 42		
	CFR §483.80 infection control regula-		
	tions and has implemented the CMS		
	and Centers for Disease Control and		
	Prevention (CDC) recommended prac-		
	tices to prepare for COVID-19. The fa-		
	cility census on the first day of the sur-		
	vey was fifty-seven. The survey sam-		
	ple totaled five (5).		
	B 141 6 61111 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
3201	Regulations for Skilled and Intermediate Care Facilities		
3201.1.0	Scope		
3201.1.2	Nursing facilities shall be subject to		
3201.1.2	all applicable local, state and federal		
	code requirements. The provisions		
	of 42 CFR Ch. IV Part 483, Subpart B,		
	requirements for Long Term Care Fa-		
	cilities, and any amendments or		
	modifications thereto, are hereby		
	adopted as the regulatory require-		
	ments for skilled and intermediate		
	care nursing facilities in Delaware.		
	Subpart B of Part 483 is hereby re-		
	ferred to, and made part of this Reg-		
	ulation, 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 met as evidenced		
	by:		

Provider's Signature	Title	Date
3	1100	Date



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NAME OF FACILITY: Courtlan	d Manor
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DATE SURVEY COMPLETED: December 23, 2020

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE	
	No deficiencies were identified at the time of the survey.			

Provider's Signature	Title	Date
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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/11/2021 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	
		085019	B. WING			12/23/2020	
NAME OF PROVIDER OR SUPPLIER COURTLAND MANOR				889 SOU	ADDRESS, CITY, STATE, ZIP CODE JTH LITTLE CREEK ROAD R, DE 19901		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD ROSS-REFERENCED TO THE APPROPS DEFICIENCY)	BE	(X5) COMPLETION DATE
F 000	INITIAL COMMENT	rs	F 0	00			
	Control Survey was Delaware Division of of Long Term Care December 23, 2020 in compliance with a control regulations a CMS and Centers for Prevention (CDC) re prepare for COVID-	COVID-19 Focused Infection conducted by the State of of Health Care Quality, Office Residents Protection on the facility was found to be 42 CFR §483.80 infection and has implemented the or Disease Control and ecommended practices to 19. The facility census on the ey was fifty-seven. The survey (5).					
ABORATORY	DIRECTOR'S OR PROVIDE	ER/SUPPLIER REPRESENTATIVE'S SIGN	ATI IRE		TITLE		(X6) DATE
			AT OIL		IIIEE		(VO) DUIC

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.

Electronically Signed

01/05/2021