



**DELAWARE HEALTH  
AND SOCIAL SERVICES**

Division of Health Care Quality

Office of Long Term Care  
Residents Protection

DHSS - DHCQ  
263 Chapman Road, Ste 200, Cambridge Bldg.  
Newark, Delaware 19702  
(302) 421-7400

**STATE SURVEY REPORT**

NAME OF FACILITY: Delaware Bay Rehabilitation

DATE: SURVEY COMPLETED: October 23, 2024

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>An unannounced, Follow-up Survey to the Annual, Complaint and Emergency Preparedness Survey ending August 9, 2024, was conducted by the State of Delaware Division of Health Care Quality, office of Long Term Care Residents Protection from October 21, 2024 through October 23, 2024. The facility census on the first day of the survey was one-hundred and ten (110). The sample size was twenty-seven (27) residents.</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. This requirement is not met as evidenced by:</b></p> <p>Cross Refer to the CMS 2567-L survey completed October 23, 2024: F658.</p>	<p>Cross Refer to the CMS 2567-L survey completed October 23, 2024: F658.</p>	

Provider's Signature

Title

Administrator

Date

12/12/24

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

PRINTED: 12/26/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>085029</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R-C <b>10/23/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>DELAWARE BAY REHABILITATION AND HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>110 W. NORTH STREET GEORGETOWN, DE 19947</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	
{E 000}	Initial Comments	{E 000}			
{F 000}	INITIAL COMMENTS  An unannounced Follow-up Survey to the Annual, Complaint, Emergency Preparedness and Extended Survey ending August 9, 2024, was conducted by the State of Delaware Division of Health Care Quality, office of Long Term Care Residents Protection from October 21, 2024 through October 23, 2024. The facility census on the first day of the survey was one-hundred and ten (110). The sample size was twenty-seven (27) residents.  The facility was found to not be in substantial compliance with 42 CFR Part 483, Subpart B, Requirements for Long Term Care as of October 23, 2024.  Abbreviations/definitions used in this report are as follows:  DON - Director of Nursing; LPN - Licensed Practical Nurse; NHA - Nursing Home Administrator; RN - Registered Nurse.  AIMS (Abnormal Involuntary Movement Scale) - a rating scale to measure involuntary movements of the face, mouth, trunk, or limbs known as tardive dyskinesia that sometimes develops as a side effect of long-term treatment with antipsychotic medications; Braden Scale - tool used to determine risk for development of pressure ulcers.	{F 000}			
{F 658} SS=E	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)	{F 658}		11/8/24	

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

TITLE

(X8) DATE

Electronically Signed

11/08/2024

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.

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{F 658}	Continued From page 1  §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on record review and interview, it was determined that for seven (R1, R2, R10, R22, R23, R24, and R25) out of ten (10) residents reviewed for care plans, the facility failed to meet professional standards of the Delaware Board of Nursing Scope of Practice by having LPNs complete the admission assessments. Findings include:  State of Delaware Board of Nursing- "RN (registered nurse), LPN (licensed practical nurse) and NA (nurses aide)/UAP (unlicensed assistive personnel) Duties 2024...Admission Assessments - RN, Admission History Review -RN...Plan of Care: Initial - RN..." Updated 4/10/24.  1. Review of R1's clinical record revealed:  10/14/24 - R1 was admitted to the facility.  10/14/24 - E11 (RN) started a Clinical Health Evaluation V.1, which as of 10/23/24, was marked as being "incomplete."  10/15/24 - E3 (LPN) completed a Bowel and Bladder Evaluation, Lift/Transfer Evaluation, Clinical Health Evaluation and Activities Initial Review.  10/16/24 - E12 (RN) completed a Functional Abilities and Goals Evaluation - Interim V2.	{F 658}	F658- Revisit  A. Unable to correct deficiency for R1, R2, R10, and R22 as residents no longer reside at the facility. RN Evening Supervisor completed a review of Admission/Readmission Assessments with updated progress notes for R23, R24, and R25 on 11/7/24.  B. All new admissions have the potential to be affected by this deficient practice. Director of Nursing (DON), or designee, to audit all admissions from 10/24/24 until present to confirm admission assessments were completed by Registered Nurse (RN). If assessment performed by Licensed Practical Nurse (LPN), RN to redo/complete.  C. All nursing management received training on 10/29/24 via TEAMS by the Health Information Systems Administrator on the new version of PCC. Root cause analysis revealed a general knowledge deficit for all nurses regarding what assessments were a part of the "Admission" assessments to be completed by RN only. Education provided on assessment titles, care plan changes, and new batch orders due to		

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{F 658}	<p>Continued From page 2</p> <p>10/16/24 - E3 (LPN) completed a N-Adv Braden Scale Evaluation.</p> <p>10/16/24 - E9 (LPN) completed an admission N-Adv - Skilled Evaluation and a Functional Abilities and Goals - Admission V2.</p> <p>An LPN, not an RN, as required by the Delaware State regulation for Board of Nursing Scope of practice, completed the bulk of the admission process for R1.</p> <p>2. Review of R2's clinical record revealed:</p> <p>10/14/24 - R2 was admitted to the facility.</p> <p>10/14/24 - E3 (LPN) completed the following assessments: Braden Scale Evaluation, Functional Abilities and Goals - Admission - V 2, Clinical Health Evaluation - V1, Lift/Transfer Evaluation, Tuberculosis Screener Evaluation, Abnormal Involuntary Movement Scale (AIMS) Evaluation, Skilled Evaluation - Admission, and the Bowel and Bladder Program Screener.</p> <p>10/15/24 - E3 completed the Clinical Admission.</p> <p>10/16/24 - E3 completed the Functional Abilities and Goals - Admission - V 2 and the Brief Interview For Mental Status (BIMS) Evaluation.</p> <p>An LPN, not an RN, as required by the Delaware State regulation for Board of Nursing Scope of practice, completed the admission process for R2.</p> <p>3. Review of R10's clinical record revealed:</p>	{F 658}	<p>recent changes in the Electronic Healthcare Record system.</p> <p>D. Assessment audits to be done daily during clinical meeting x 4 weeks, then weekly x 4 weeks, then monthly. Admission audits will be brought to the monthly Quality Assurance Performance Improvement (QAPI) committee meeting by the DON, or designee, monthly x 3 months. The QAPI committee will then determine if further monitoring is necessary.</p>	

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{F 658}	<p>Continued From page 3</p> <p>10/12/24 - R10 was admitted to the facility.</p> <p>10/13/24 - E8 (LPN) completed the following assessments: Respiratory Evaluation, Fall Risk Evaluation, Lift/Transfer Evaluation, Elopement Evaluation, Braden Scale Evaluation, and the Tuberculosis Screener Evaluation.</p> <p>An LPN and not an RN, as required by the Delaware State regulation for Board of Nursing Scope of practice, completed the admission process for R10.</p> <p>4. Review of R22's clinical record revealed:</p> <p>10/18/24 - R22 was admitted to the facility.</p> <p>10/18/14 - E5 (LPN) completed the following assessments: Braden Scale Evaluation, Brief Interview for Mental Status (BIMS) Evaluation, Clinical Admission, Clinical Health Evaluation - V1, and the Lift/Transfer Evaluation.</p> <p>10/19/24 - E9 (LPN) completed the Functional Abilities and Goals - Admission V2 Evaluation.</p> <p>10/19/24 - E5 completed the Bowel and Bladder Program Screener.</p> <p>An LPN and not an RN, as required by the Delaware State regulation for Board of Nursing Scope of practice, completed the admission process for R22.</p> <p>5. Review of R23's clinical record revealed:</p> <p>10/15/24 - R23 was admitted to the facility.</p> <p>10/16/24 - E5 (LPN) completed the following</p>	{F 658}		
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{F 658}	<p>Continued From page 4 assessments: Lift/Transfer Evaluation and Braden Scale Evaluation.</p> <p>10/16/24 - E3 (LPN) completed the following assessments: Resident Preferences Assessment, PHQ 2 to 9 Evaluation, and the Clinical Admission.</p> <p>An LPN and not an RN, as required by the Delaware State regulation for Board of Nursing Scope of practice, completed the admission process for R23.</p> <p>6. Review of R24's clinical record revealed:</p> <p>10/8/24 - R24 was admitted to the facility.</p> <p>10/9/24 - E8 (LPN) completed the following assessments: Tuberculosis Screening Evaluation, Lift/Transfer Evaluation, Braden Scale Evaluation, Clinical Health Evaluation, and functional Abilities and Goals Evaluation.</p> <p>10/9/24 - E9 (LPN) completed the following assessments: Skilled Evaluation - Admission and Functional abilities and Goals - Admission Evaluation.</p> <p>An LPN and not an RN, as required by the Delaware State regulation for Board of Nursing Scope of practice, completed the admission process for R24.</p> <p>7. Review of R25's clinical record revealed:</p> <p>10/8/24 - R25 was admitted to the facility.</p> <p>10/8/24 - E9 (LPN) completed the following assessments: Lift/Transfer Evaluation, Braden</p>	{F 658}		

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{F 658}	<p>Continued From page 5</p> <p>Scale Evaluation, Tuberculosis Screener Evaluation, Respiratory Evaluation, and the Elopement Evaluation.</p> <p>10/10/24 - E10 (RN) completed the following assessments: Skilled Evaluation - Admission and Functional Abilities and Goals - V2 Evaluation.</p> <p>An LPN and not an RN, as required by the Delaware State regulation for Board of Nursing Scope of practice, completed the admission process for R25.</p> <p>10/23/24 10:48 AM - In an interview, E2 (DON) acknowledged that there is a limited number of registered nurses working in the building. E2 further acknowledged that with the recent transfer of the facility's ownership to another company, the newly implemented admission assessments take approximately three hours to complete versus one hour under the prior system. E2 stated that although there might be registered nurses in the building when an admission arrives, they have already received other assignments, such that the LPNs have been assisting with the admission assessments.</p> <p>10/23/24 1:25 PM - Findings were reviewed with E1 (NHA) and E2 at the exit conference.</p>	{F 658}			