DELAWARE HEALTH AND SOCIAL SERVICES
Division of Health Care Quality
Office of Long Term Care Residents Protection

DHSS - DHCQ
261 Chapman Road Suite 200
Newark, DE 19702

STATE SURVEY REPORT

NAME OF FACILITY: Cadia Rehabilitation Renaissance

DATE SURVEY COMPLETED: June 26, 2024

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
3201 3201.1.0 3201.1.2	An unannounced Complaint survey and Extended survey was conducted at this facility from June 17, 2024, through June 26, 2024. The deficiencies contained in this report are based on interviews, review of clinical records and other facility documentation as indicated. The facility census on the first day of the survey was 108. The survey sample size was two. **Regulations for Skilled and Intermediate Care Facilities** **Scope** **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:** Cross Refer to the CMS 2567-L survey completed June 26, 2024: F610 **Minimum Staffing Levels for Residential Health Facilities** **(c) By January 1, 2002, the minimum staffing level for nursing services direct caregivers shall**	1. No resident was affected by this deficient practice. 2. All residents can be affected by deficient practice. Future residents will be protected by the action plan outlined below. 3. Daily staffing will be reviewed by DON/ designee, both projected for current day and projected PPD for next 3 day, to ensure adequate staffing and compliance with Delaware Nursing Home Staffing Laws. On Fridays, projected staffing and PPD will be reviewed for the upcoming weekend and on Mondays the actual PPD for Friday, Saturday and Sunday will be reviewed. Additionally, the facility has implemented Cadia Renaissance Contract Program for RN, LPN, C.N.A.s. The nursing staff hired for this contract program will be hired at a higher rate with an 8-to-12-week commitment to full-the hours.	6/26/24

Provider's Signature [signature] Title NHA Date 7/11/24

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	Saturday 6/8/24 – PPD = 3.21. Sunday 6/9/24 - PPD = 2.98. Sunday 6/16/24 - PPD = 3.27. The findings were reviewed during exit conference on 6/26/24 at 2:00 PM with E1 (NHA).	The facility will continue to attempt to acquire new agency contracts and ensure competitive rates to help recruitment for vacant positions. 4. Daily staffing will be reviewed by DON/designee daily to ensure 100% compliance at all times.	6/26/24

Provider's Signature [signature] Title NHA Date 7/11/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085052	A. BUILDING _____ B. WING _____	C 06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CADIA REHABILITATION RENAISSANCE	26002 JOHN J WILLIAMS HIGHWAY MILLSBORO, DE 19966

(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 and extended survey was conducted at this facility from June 17, 2024 through June 26, 2024. The deficiencies contained in this report are based on interviews, review of clinical records and other facility documentation as indicated. The facility census on the first day of the survey was 108. The survey sample size was two. CNA - Certified Nurse Assistant; DON - Director of Nursing; LPN - Licensed Practical Nurse; NHA - Nursing Home Administrator; NP - Nurse Practitioner; RN - Registered Nurse; UM - Unit Manager; Alzeimer's disease - a degenerative disorder that attacks the brain's nerve cells resulting in loss of memory, thinking and language; Dementia - the loss of cognitive function - thinking, remembering and reasoning, to such an extent that it interferes with a person's daily life and activities.	F 000		
F 610 SS=J	Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated. §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress.	F 610		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 07/10/2024

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 610	Continued From page 1 §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on interview, record review and review of other facility documentation, it was determined that for two (R1 and R2) out of two residents reviewed for abuse, the facility failed to ensure the protection of all residents from alleged sexual abuse. The facility's failure placed all residents at risk for a serious adverse outcome, by not immediately protecting the resident and allowing the CNA to continue providing care for other residents. An IJ was identified on 6/17/24 and due to the facility's corrective measures this is being cited as past non-compliance with a compliance date 6/14/24. Findings include: A facility policy titled "Abuse, Neglect, Mistreatment, Misappropriation, Exploitation, and reasonable Suspicions of Crime" revision date 1/12/23 included "it is the policy of Cadia Healthcare to protect residents and prevent occupancies of abuse... all alleged incidents ~~abuse, shall be reported to the NHA or designee~~ immediately... the accused... will be immediately suspended...allegations of resident abuse shall be reported to the appropriate state regulatory authority within 2 hours of the allegation." 1. Review of R1's clinical record revealed: 7/5/22 - R1 was admitted to the facility with a	F 610	Past noncompliance: no plan of correction required.	

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F 610	Continued From page 2 diagnosis of dementia with severe cognitive impairment. 6/10/24 - A witness statement documented between 6:00 - 6:30 PM, E5 (CNA) heard R1 screaming, E8 knocked on the door and asked E9 (agency CNA) "if everything was ok?" E9 responded everything was ok. E8 entered the room and saw R1 crying and the resident said, "rape", E8 immediately reported this to E4 (LPN). 2. Review of R2's clinical record revealed: 3/11/24 - R2 was admitted to the facility with a diagnosis of Alzheimer's disease, unspecified, and dementia with severe cognitive impairment. 6/10/24 - A witness statement documented at 8:00 PM E9 (agency CNA) went to put R2 to bed. E10 (CNA) heard R2 screaming, re-entered the room and brought R2 into the hallway. R2 was saying "he raped me." 6/11/24 3:15 PM - A nurse practitioner progress note documented R1 and R2 were assessed around 8:40 AM as a result of the allegations of abuse and "no signs of trauma, bruising, swelling or injury" were noted. Staff interviews conducted from 6/17/24 through 6/18/24: 6/17/24 11:32 AM - During an interview, E5 (RN, supervisor) stated that she had taken report from E4 on 6/10/24 who never mentioned the abuse allegation. It was sometime after 8:00 PM E1 (CNA) approached her and told her of the first allegation and now there was a second allegation made by R2. E5 confirmed that she immediately	F 610		

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F 610	Continued From page 3 notified the NHA, DON, and the State police. E9 was removed from the facility. 6/17/24 4:10 PM - During an interview, E8 confirmed that she had reported the allegation of abuse to E4 immediately and around 8:00 PM that R2 alleged abuse. E8 stated "I was wondering why [E9] was still on the floor, then [R2] was yelling and saying he raped me and that's when I went to [E5]." 6/18/24 10:00 AM - During an interview, E7 (LPN, UM) stated she was at home on 6/10/24 when she received a phone call from E2 (DON) notifying her of the abuse allegations made by R1 and R2. E7 reported both allegations to the State agency and confirmed this was reported later than the two hours required for an allegation of abuse. 6/18/24 11:16 AM - During a telephone interview, E4 (LPN) confirmed between 6:00-6:30 PM E8 had reported the abuse allegation. E4 stated R1 was assessed and found no redness or bleeding in the peri area. E4 further confirmed that it was not passed on in report to oncoming nurse. E4 stated, "I own this, I know I should have reported it." 6/18/24 10:09 AM - 10:42 AM - The following residents were interviewed to determine any other possible allegations of abuse: R3, R4, R5, R6, R7, R8, R9, and R10 all expressed that they had never experienced any type of abuse and felt safe residing at the facility. R1 and R2 were not interviewable and unable to answer questions appropriately. 6/18/24 10:50 AM - Staff interviews were	F 610		

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F 610	Continued From page 4 conducted and all reported they had completed the mandatory education in response to the two abuse allegations and aware of the need to immediately protect residents from an allegation of abuse. This surveyor reviewed the facility investigation package and confirmed the following corrective actions were taken: E4 was immediately suspended. After the conclusion of the facility investigation E4 was allowed to return to work and placed on a 90-day probation. E9's agency was notified that E9 will not be allowed to return to the facility. All facility staff and current agency staff completed mandatory in-service abuse training, all residents were interviewed and had a head to toe skin assessment performed. These corrective actions were completed on 6/14/24. In addition, the facility identified the root cause analysis as E4 failed to report an allegation of abuse to nursing management. 6/18/24 12:55 PM Findings were reviewed with E1 (NHA), E2 and E3 (Corporate nurse).	F 610		