



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: Cadia Rehabilitation Capitol

DATE SURVEY COMPLETED: July 16, 2024

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
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<p>3201</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>An unannounced complaint survey was conducted at this facility from July 12, 2024, through July 16, 2024. The deficiency contained in this report is based on interviews, record review and other facility documentation. The facility census on the first day of the survey was 105. The survey sample size was three (3).</p> <p>Regulations for Skilled and Intermediate Care Nursing Facilities</p> <p>Scope</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>Cross Refer to the CMS 2567-L survey completed July 16, 2024: F689.</p>	<p>Cross Reference CMS 2567-L survey Completed July 16, 2024 F689</p>	
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Provider's Signature [Handwritten Signature]

Title LWHA

Date 7/25/2024

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

PRINTED: 09/09/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085048	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/16/2024
NAME OF PROVIDER OR SUPPLIER CADIA REHABILITATION CAPITOL			STREET ADDRESS, CITY, STATE, ZIP CODE 1225 WALKER ROAD DOVER, DE 19904	
(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 July 12, 2024, through July 16, 2024. The deficiency contained in this report is based on interviews, record review and other facility documentation. The facility census on the first day of the survey was 105. The survey sample size was three (3). CNA - Certified Nursing Assistant; CNO - Chief Nursing Officer; COO - Chief Operating Officer; DON - Director of Nursing; LPN - Licensed Practical Nurse; NHA - Nursing Home Administrator;	F 000	Past noncompliance: no plan of correction required.	
F 689 SS=G	MDS - Minimum Data Set (MDS) - standardized assessment used in nursing homes; Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on interview, record review and review of other facility documentation it was determined that for one (R1) out of three residents reviewed for accidents the facility failed to provide adequate supervision to prevent an accident. R1, a totally dependent resident was rolled out of bed	F 689	Past noncompliance: no plan of correction required.	

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

TITLE

(X6) DATE

Electronically Signed

07/24/2024

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 689	<p>Continued From page 1</p> <p>when a staff person lost grip on R1 during care. R1 rolled from the bed and fell three (3) feet to the floor sustaining a laceration to the head and was emergently transported to the hospital, this resulted in harm to R1.</p> <p>6/6/17 - R1 was admitted to the facility with diagnoses of but not limited to unspecified dementia (a brain disorder with memory loss), sarcoidosis (an inflammatory disease) and aphasia (neurological condition affecting language).</p> <p>5/20/24 - An annual MDS documented R1 as totally dependent for self-care, bed mobility and was severely impaired cognition.</p> <p>6/3/24 - R1's care plan included that the resident was at risk of falls and interventions included: "anticipate and meet the resident's needs."</p> <p>6/1/24 - 6/12/24 - A review of CNA documentation revealed R1 was totally dependent on staff for self-care and mobility.</p> <p>6/12/24 10:23 PM - A progress note documented, "R1 was emergently transferred to the hospital and admitted to Neuro ICU with hourly neuro checks from an acute subdural hemorrhage.</p> <p>6/13/24 at 1:21 AM - A progress note by E5 (LPN) documented, 6/12/24 9:20 PM "This nurse was notified by CNA that resident fell out of bed while giving her a bed bath. Noticed resident lying supine on the floor with blood smeared on the roommate's bed frame and the floor under the bed. Resident noted with moderate amount of blood at the back of head on the floor. Unable to move or assessed where laceration is located at</p>	F 689			

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F 689	<p>Continued From page 2</p> <p>the back of her head, due to the possibility of neck or head injury. Resident is fully conscious, vital signs and neuro check within normal level. No rotation or shortening noted. Skin remains intact. T97.9 P75 R20 B/P 134/52."</p> <p>7/12/24 11:36 AM - During an interview with the E6 (CNA) it was revealed that R1 was totally dependent for care and that personal care hygiene (bath) was being provided to R1 when the accident occurred. E6 stated that E6 was cleaning R1 with right hand and holding R1 with left hand, when rolling R1 away from her, E6 lost grip on R1 and R1 rolled off the bed and onto the floor. E6 stated that it was an accident, R1 was responding, R1's eyes were open and E6 asked R1 if she was okay R1 responded "yes", E6 went to get the nurse and returned to R1. E6 further revealed that R1 was bleeding when E6 returned to the room. E6 stayed with R1 and talked with R1 until the ambulance arrived. R1 remained conscious while at the facility.</p> <p>7/12/24 approximately 2:30 PM - In an interview with E2 (DON) and E3 (CNO) it was revealed that the facility recognized the seriousness of the 6/12/24 accident. The state agency was provided with the facility investigation, root cause analysis, a facility wide sweep to identify other residents that might be affected by the deficient practice, education, who completed the education, a plan to address staff who were PRN or on leave and audits that were in place for monitoring. After reviewing documents, completing staff interviews and current observations, it was determined that the facility regained compliance on 6/14/24 and past non-compliance was recommended by the state agency.</p>	F 689			

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F 689	Continued From page 3 7/16/24 3:00 PM - Findings were reviewed with E1, E2, E3 (CNO), E10 (COO), E11 (Corporate Nurse) and E12 (Corporate Nurse). 7/17/24 4:30 PM - An observation and visit with R1 revealed that she had returned to baseline and continues to be totally dependent.	F 689		