

**DELAWARE HEALTH AND SOCIAL SERVICES**

Division of Health Care Quality

Office of Long Term Care Residents Protection

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

**STATE SURVEY REPORT**

**NAME OF FACILITY:** Delmar Nursing

**DATE SURVEY COMPLETED:** September 24, 2024

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES
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<p><b>16 Del. code, Chapter 11, Subchapter VII 1162 Nursing Staffing</b></p>	<p><b>Minimum Staffing Levels for Residential Health Facilities</b></p> <p><b>(c) By January 1, 2002, the minimum staffing level for nursing services direct caregivers shall not be less than the staffing level required to provide 3.28 hours of direct care per resident per day, subject to Commission recommendation and provided that funds have been appropriated for 3.28 hours of direct care per resident for Medicaid eligible reimbursement.</b></p> <p><b>Nursing staff must be distributed in order to meet the following minimum weekly shift ratios:</b></p> <table border="0" style="margin-left: 40px;"> <tr> <td></td> <td style="text-align: center;"><b>RN/LPN</b></td> <td style="text-align: center;"><b>CNA*</b></td> </tr> <tr> <td><b>Day - 1 nurse per 15 res.</b></td> <td></td> <td><b>1 aide per 8 res.</b></td> </tr> <tr> <td><b>Evening</b></td> <td style="text-align: center;"><b>1:23</b></td> <td style="text-align: center;"><b>1:10</b></td> </tr> <tr> <td><b>Night</b></td> <td style="text-align: center;"><b>1:40</b></td> <td style="text-align: center;"><b>1:20</b></td> </tr> </table> <p><b>* or RN, LPN, or NAIT serving as a CNA.</b></p> <p><b>Nursing Facilities must be in compliance with 16 Del. code, Chapter 11, Subchapter VII 1162 Nursing Staffing at all times.</b></p> <p><b>This requirement is not met as evidenced by:</b></p> <p>A desk review staffing audit was conducted by the State of Delaware, Division of Health Care Quality, Office of Long-Term Care Residents Protection. The facility was found to be noncompliant with 16 Delaware Code Chapter 11 Nursing Facilities and Similar Facilities.</p> <p>Based on review of facility documentation submitted for the third quarter staffing review, it was determined that two days out of seven days reviewed, the facility failed to</p>		<b>RN/LPN</b>	<b>CNA*</b>	<b>Day - 1 nurse per 15 res.</b>		<b>1 aide per 8 res.</b>	<b>Evening</b>	<b>1:23</b>	<b>1:10</b>	<b>Night</b>	<b>1:40</b>	<b>1:20</b>	<p><b>Identification of deficiency:</b></p> <p>Review of the Facility Staffing Worksheets, completed by E1 (Nursing Home Administrator) revealed the following:</p> <p>08-11-2024 - PPD = 3.23 08-17-2024 – PPD = 3.10</p> <p>The facility failed to maintain the minimum PPD staffing requirement of 3.28.</p> <p><b>Corrective measures put in place to ensure deficient practice does not recur:</b></p> <p>Root cause analysis revealed scheduler staffed facility for current census ratio to meet 3.28; however, PPD not met that day due to staff call out and replacement staff unavailable. DON/Administrator/Designee and staffing manager will review schedules daily to ensure compliance of staffing ratio. Continue to recruit PRN and weekend worriers to supplement staff as needed. Supervising nurse to notify scheduling manager/ On call Nurse Manager immediately of any call outs. Staffing need to be sent out immediately in the event of CNA/Nurse call outs. Utilization of certified Managers to assist with staffing on off shifts and weekends.</p> <p><b>Monitoring of corrective measures:</b></p> <p>Staffing manger to complete staffing ratio log daily and review with DON/Administrator. Report to DON/Administrator for state reporting if ratio of 3.28 is not met per state requirements. ADHOC completed and data and trends will be reviewed in monthly QAPI Meetings.</p>
	<b>RN/LPN</b>	<b>CNA*</b>												
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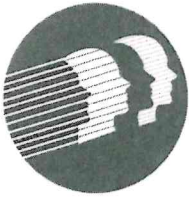
Provider's Signature

Title

*Admin*

Date

*10/01/24*



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	<p>provide a staffing level of at least 3.28 hours of direct care per resident per day (PPD).</p> <p>Findings include:</p> <p>Review of the Facility Staffing Worksheets, completed by E1 (Nursing Home Administrator) revealed the following:</p> <p>08-11-2024 - PPD = 3.23 08-17-2024 - PPD = 3.10</p> <p>The facility failed to maintain the minimum PPD staffing requirement of 3.28.</p>	
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Provider's Signature 

Title Admin

Date 10/01/24