



**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: Seaford Center

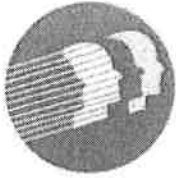
DATE SURVEY COMPLETED: March 6, 2024

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES												
<p>16 Del. code, Chapter 11, Subchapter VII 1162 Nursing Staffing</p>	<p><b>Minimum Staffing Levels for Residential Health Facilities</b></p> <p>(c) By January 1, 2002, the minimum staffing level for nursing services direct caregivers shall not be less than the staffing level re-quired 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.</p> <p>Nursing staff must be distributed in order to meet the following minimum weekly shift ratios:</p> <table border="0" style="margin-left: 40px;"> <tr> <td></td> <td style="text-align: center;">RN/LPN</td> <td style="text-align: center;">CNA*</td> </tr> <tr> <td>Day -</td> <td style="text-align: center;">1 nurse per 15 res.</td> <td style="text-align: center;">1 aide per 8 res.</td> </tr> <tr> <td>Evening</td> <td style="text-align: center;">1:23</td> <td style="text-align: center;">1:10</td> </tr> <tr> <td>Night</td> <td style="text-align: center;">1:40</td> <td style="text-align: center;">1:20</td> </tr> </table> <p>* or RN, LPN, or NAIT serving as a CNA.</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 follow up 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 first quarter follow up staffing review, it was determined that three days out of seven days reviewed, the</p>		RN/LPN	CNA*	Day -	1 nurse per 15 res.	1 aide per 8 res.	Evening	1:23	1:10	Night	1:40	1:20	<p>A &amp; B All residents at Seaford Center are at risk when the facility falls below Eagle's Law HPPD.</p> <p>C. The Administrator, DON, Scheduler are reviewing the HPPD on a daily basis. The scheduler is projecting the HPPD out for the next 5 days and providing to the team for review. The Administrator is managing the requisitions to fill for open direct care positions and review with the corp team Monday through Friday. The Administrator and or designee is opening agency requisitions to offer 3 month contracts and is reviewed daily. The Administrative team has been educated by the NHA on the requirement to have a HPPD of 3.28 and higher. When the facility is unable to meet the HPPD, the Administrator stops the admissions for the day and agency, OT are all contacted to assist in getting the HPPD to be above 3.28.</p> <p>D. The DON will report to QAPI the results of the HPPD monthly for recommendations and or review.</p> <p>The root cause of the not meeting HPPD is a direct result of not having enough medical personnel qualified to work in HealthCare. Will continue to monitor and address all HPPD 's that do not adhere to Eagles' Law immediately.</p>
	RN/LPN	CNA*												
Day -	1 nurse per 15 res.	1 aide per 8 res.												
Evening	1:23	1:10												
Night	1:40	1:20												

Provider's Signature *Carol E. Hart*

Title Administrator

Date 3/6/2024



**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: Seaford Center

DATE SURVEY COMPLETED: March 6, 2024

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES
	<p>facility failed to 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>2-11-2024 - PPD = 3.09  2-15-2024 - PPD = 3.07  2-16-2024 - PPD = 3.24</p> <p>The facility failed to maintain the minimum PPD staffing requirement of 3.28.</p>	

Provider's Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_