



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Health Care Quality
Office of Long Term Care Residents Protection

263 Chapman Road, Suite 200, Cambridge Bldg
Newark, Delaware 19702
(302) 421-7400

STATE SURVEY REPORT

NAME OF FACILITY: Regency Healthcare and Rehab Center

DATE SURVEY COMPLETED: October 9, 2024

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
<p>3201</p> <p>3201.1.0</p> <p>3201.1.2</p>	<p>An unannounced Complaint survey was conducted at this facility from October 8, 2024 through October 9, 2024. The deficiencies contained in this report are based on observations, interviews, review of residents' clinical records and review of other facility documentation as indicated. The facility census on the first day was (eighty-six) 86. The sample totaled (three) 3 residents.</p> <p>Regulations for Skilled and Intermediate Care 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 October 9, 2024, cross refer: F609.</p>	<p>Please refer to the CMS 2567 complaint survey completed 10/9: F609</p>

Provider's Signature Laruse Martin Title NHA Date 10/23/24

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

PRINTED: 10/24/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085012	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/09/2024
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NAME OF PROVIDER OR SUPPLIER REGENCY HEALTHCARE & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 801 N. BROOM STREET WILMINGTON, DE 19806
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(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
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F 000	<p>INITIAL COMMENTS</p> <p>An unannounced complaint survey was conducted at this facility from October 8, 2024 through October 9, 2024. The deficiencies contained in this report were based on observation, interviews, review of clinical records and other facility documentation as indicated. the facility census was eighty-six (86) on the first day of the survey. The survey sample was three (3).</p> <p>Abbreviations/definitions used in this report are as follows:</p> <p>CMS- Centers for Medicaid & Medicare Services; CNA - Certified Nursing Assistant; BIMS- Basic Inventory of Mental Status- astructured evaluation used in nursing homes aimed at evaluating cognition in elderly patients. BIMS scores above 13 indicate little to no cognitive impairment, scores of 8-13 indicate moderate impairment and scores of 7 or less indicate severe impairment; DON - Director of Nursing; ED - Executive Director; EMR - electronic medical record; LPN - Licensed Practical Nurse; LTC - long-term care; MD - medical doctor; MDS - Minimum Data Set, standardized assessment forms utilized in nursing homes; NHA - Nursing Home Administrator; NP - Nurse Practitioner; RN - Registered Nurse; UM- Unit Manager.</p>	F 000		
F 609 SS=D	<p>Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4)</p> <p>§483.12(c) In response to allegations of abuse,</p>	F 609		10/16/24

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

TITLE

(X6) DATE
10/23/2024

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 609	Continued From page 1 neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §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 record review and interview, it was determined that the facility failed to report R1's allegation of sexual abuse to the Administrator or the State Agency within two hours when it became known on the weekend of 10/5/24. The facility reported the allegation on 10/8/24. Findings include: The facility's policy entitled "Abuse, Neglect, Exploitation or Misappropriation- Reporting and	F 609	A. R1 continues to remains at the facility. There is no opportunity to correct the alleged deficiency. B. All residents have the potential to be affected by this deficient practice. The DON or designee will audit current 24 Hour Summary, grievances and incident reports to identify if any documented events need to be reported to the State		

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F 609	<p>Continued From page 2</p> <p>Investigating," last revised September 2022, stated, " ... 1. If resident abuse ... is suspected, the suspicion must be reported immediately to the administrator and to other officials according to state law ... 3. 'Immediately' is defined as: a. within two hours of an allegation involving abuse ..."</p> <p>Review of R1's clinical record revealed:</p> <p>11/16/22 - R1 was admitted to the facility with diagnoses, including but was not limited to, stroke with left-sided weakness.</p> <p>8/15/24 - R1's quarterly Minimum Data Set (MDS) assessment documented R1's Basic Inventory of Mental Status (BIMS) score of 14, which was reflective of normal cognitive function.</p> <p>10/8/24 10:40 AM - During an interview, R1 stated that the encounter of alleged inappropriate touch "happened before the summer". R1 stated that he wears an incontinence brief and the incident occurred when he was being changed for bed. R1 also stated that he reported this incident to E8 (former Social Work Director) shortly after it occurred. R1 also stated that this type of behavior occurred multiple times.</p> <p>Review of E8's employee file revealed that E8 (former Social Work Director) was terminated from the facility on 7/7/23 for "not a good fit."</p> <p>10/8/24 11:15 AM - E1 (NHA) was notified by S1 (State Investigator) of R1's abuse allegation.</p> <p>10/8/24 11:40 AM - E1 (NHA) stated that neither he nor E2 (DON) had been aware that E6 (CNA) was not caring for R1 or that R1 had made an</p>	F 609	<p>Agency for abuse. Any identified residents will be reported accordingly.</p> <p>C. The root cause analysis indicates that the nursing supervisor failed to act appropriately on the morning of Saturday, 10/5 by immediately reporting to NHA and DON after being notified by the aide of being unable to provide care to the resident due to a previous allegation made by the resident of being inappropriately cared for, which would have resulted in reporting to the State Agency within 2 hours.</p> <p>The Nursing Supervisor or designee will contact Nursing Administration or NHA immediately, regardless of time of incident, to ensure State reporting has been completed. The DON or designee will in-service the Nursing Administration regarding what constitutes abuse and the need to report to the State within 2 hours. DON or designee will review any concerns daily in Clinical meeting.</p> <p>D. The DON or designee will audit the 24 Hour Summary, Incident Reports any grievances and any documented events to ensure reporting to the State Agency is completed within 2 hours: 1) daily until 100% success is achieved over 3 consecutive evaluations; 2) weekly until 100% success is achieved over 3 consecutive evaluations; 3) monthly for 3 months until 100% success is achieved. Results of the audits will be forwarded to the QAPI Committee. The Committee will determine the need for further audits</p>		

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F 609	<p>Continued From page 3 abuse allegation involving E6.</p> <p>10/8/24 12:20 PM - E2 (DON) called the State Agency to report R1's sexual abuse allegation.</p> <p>This was 3 days after the nursing supervisor E9 was made aware of R1's allegation on 10/5/24.</p> <p>10/8/24 1:07 PM - During an interview, E6 (CNA) stated that approximately April of 2024 another resident (R5) told him that R1 was claiming that E6 had "given him (R1) a hand job." E6 stated that he immediately told the nurse [E7, LPN], who told him not to take care of him any more. "I reported it to my supervisor [E7]. The aides report things to the nurses all the time but they don't do anything about it a lot of the time. My nurse is my chain of command."</p> <p>Review of E7's Employee file revealed that E7 was terminated on 5/29/24 from the facility for "falsifying records".</p> <p>Attempts to contact E7 were unsuccessful as the phone number that the facility provided was no longer in service.</p> <p>10/8/24 2:28 PM - During an interview, E9 (RN/Nursing Supervisor) stated that on Saturday, October 5th E10 (CNA) told me that E6 (CNA) could not have R1 in his assignment. E9 proceeded to ask why E6 could not have R1 and was informed that R1 had accused E6 of "stroking his penis while he was giving care. So he [E6] had not taken care of R1 in a long-time. The aides had been swapping assignments. I wasn't aware of this information prior to that." E9 (RN/Nursing Supervisor) then asked E6 about the allegation and he [E6] said the nurses knew</p>	F 609	and/or action plans.		

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F 609	<p>Continued From page 4</p> <p>about it. E9 stated, "I assumed everyone else knew. I just started working as a supervisor in September 2024 ... It did strike me as odd. But the CNAs said they have been swapping assignments for months ... I don't know why I did not report it. I thought management knew. This was the first that I learned of it [the allegation]."</p> <p>10/9/24 12:45 PM - During a telephone interview, E10 (CNA) stated, "I was working on Saturday [10/5/24]. When the supervisor asked why E6 could not take care of R1, E6 said he could not have him [R1] because he [R1] has accused me of jerking him [R1] off during care. E6 said he told management. He [E6] never took care of R1 again. It is hard to work when E6 is on the schedule. The switches have been going on for months. The CNAs have to do a lot of switches because there are several residents that don't want E6 to care for them or E6 does not want to care for ... I was standing right there and heard what E6 said. E6 said it right in front of E9 (Nursing Supervisor) ... The supervisors make the assignments and the unit clerks switches the rooms if swaps are needed ... I have been inserviced by [the facility] regarding abuse and neglect. You have to tell your supervisor as soon as you hear it [an allegation]."</p> <p>10/9/24 1:15 PM - During an interview regarding the exclusion of E6 not caring for R1, E2 stated, "Until yesterday [10/8/24], I knew nothing about it." E2 also confirmed that when staffing exclusions are made, it has to be verified by the unit managers/nursing supervisors. E2 also confirmed that multiple in-person inservices are given to the staff throughout the year regarding abuse and neglect.</p>	F 609			

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F 609	Continued From page 5 10/9/24 2:15 PM - Findings were reviewed at the exit conference with E1 (NHA), E2 (DON), E3 (Corporate Risk Manager) and E4 (Corporate Director of Clinical).	F 609		