



**DELAWARE HEALTH
AND SOCIAL SERVICES**

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

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

STATE SURVEY REPORT

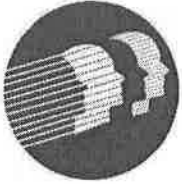
Page 1 of 5

NAME OF FACILITY: Peach Tree Health Group, LLC

DATE SURVEY COMPLETED: April 1, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
3225	An unannounced Annual, Complaint and Emergency Preparedness survey was conducted at this facility from March 27, 2025, through April 1, 2025. The deficiencies contained in this report are based on observations, interviews, review of clinical records and other facility documentation as indicated. The facility census on the first day of the survey was sixty-seven (67). The survey sample totaled fourteen (14) residents. Abbreviations/definitions used in this state report are as follows: ADON – Assistant Director of Nursing; CNA – Certified Nursing Assistant; DON – Director of Nursing; ED – Executive Director; LPN – Licensed Practical Nurse.		
3225.8.0	Assisted Living Facilities		
3225.8.2	Medication Management Each assisted living facility shall have a drug reference guide, with a copyright date no older than 2 years, available and accessible for use by employees. This requirement was not met as evidenced by: Based on interview and a tour of the nursing station, it was determined that the facility failed to have a medication reference book under 2 years old available for employees. Findings include: 4/1/25 approximately 10:10 AM – The surveyor asked E7 (LPN) whether there was a	3225.83.2 Medication Management #1 On 4/03/2025, the pharmacy delivered 3, year 2024 drug reference manuals to this facility. There is a new drug reference manual for each nursing unit. #2 No residents were directly affected by this finding. There were no reported adverse effects or medication errors related to the outdated manuals. An audit of all nursing units was conducted by the Director of Nursing for updated drug reference books and all were copyright 2021. All outdated drug reference books	4/25/2025

Provider's Signature Peter von Mechow Title NHA Date 4/29/2025



**DELAWARE HEALTH
AND SOCIAL SERVICES**

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

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

STATE SURVEY REPORT

Page 2 of 5

NAME OF FACILITY: Peach Tree Health Group, LLC

DATE SURVEY COMPLETED: April 1, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
3225.12.0	drug reference book available as the surveyor did not see one on the medication cart in the medication room. E7 was able to find one in the medication room, which showed a copyright date of 2021. E7 stated she was not sure if the facility's pharmaceutical services company provided updated drug reference books. 4/1/25 11:12 AM – The surveyor alerted E1 (ED) of this finding, who stated he was unaware of this regulation. 4/1/25 12:57 PM – The surveyor asked E6 (LPN) whether there was a drug reference book available as the surveyor did not see one on the medication cart in the medication room. E7 located the drug reference book in the medication room in the corner. This book also had a copyright date of 2021. 4/1/25 1:47 PM – The surveyor confirmed with E1 (interim ED) and E2 (DON) that the drug reference books were outdated. ED responded that updated books have been requested from the facility's pharmaceutical services company. 4/1/25 2:50 PM – Findings reviewed with E1, E2 and E3 (ADON) during the exit conference.	were replaced with updated copyright 2024 books. #3 A root cause analysis revealed there was no contract pharmacy obligation to renew drug reference manuals and there was no process to check and ensure the drug reference manuals were current. There is a process change to add validation of current drug reference manuals to the quarterly pharmacy medication review and cart audits. The Director of Nursing will review the audit reports to determine when to order new drug reference manuals. The Administrator will train the DON on the requirements of having updated drug reference guides and reviewing the pharmacy audit report for validation of the drug reference manuals. #4 The Director of Nursing will visually inspect all drug reference manuals daily until 100% compliant for 3 consecutive days, then three times a week until 3 consecutive findings of 100% compliance, then weekly until 3 consecutive findings of 100% compliance, then a final audit a month later and if 100% compliant, the practice change will be considered effective.	4/25/2025
3225.12.1	Services The assisted living facility shall ensure that:		
3225.12.1.3	Food service complies with the Delaware Food Code Delaware Food Code	3225.12.1.3 Food service complies with the Delaware Food Code #1 Unable to document past missed food temperature records.	

Provider's Signature Peter von Mechow Title NHA Date 4/29/2025



**DELAWARE HEALTH
AND SOCIAL SERVICES**

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

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

STATE SURVEY REPORT

Page 3 of 5

NAME OF FACILITY: Peach Tree Health Group, LLC

DATE SURVEY COMPLETED: April 1, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
	<p>2-103.11 Person in Charge.</p> <p>The PERSON IN CHARGE shall ensure that</p> <p>(G) EMPLOYEES are properly cooking TIME/TEMPERATURE CONTROL FOR SAFETY FOOD, being particularly careful in cooking those FOODS known to cause severe foodborne illness and death, such as EGGS and COMMINUTED MEATS, through daily oversight of the EMPLOYEES' routine monitoring of the cooking temperatures using appropriate temperature measuring devices properly scaled and calibrated as specified under § 4-203.11 and ¶ 4-502.11(B); Pf</p> <p>This requirement was not met as evidenced by:</p> <p>Based on observations, interview, and review of other facility documentation it was determined that the facility failed to comply with the Delaware Food Code. Findings include:</p> <p>3/27/25 – 10:00 AM - During the survey of the facility, the surveyor interviewed E8 (Dietary Supervisor), upon the review of the requested temperature logs of meals it was discovered that the facility is missing 325 mealtime temperature logs out of 534 reviewed. The facility failed to provide records for all of November and December 2024.</p> <p>Discussed findings with E8 at 12:25 PM and E1 (interim ED) at 12:45 PM.</p>	<p>#2</p> <p>No residents were affected by the missing food temperature findings.</p> <p>On 4/07/2025 an audit was completed of all food temperature logs in the past 2 weeks which identified staff who were non-compliant with recording mealtime temperatures.</p> <p>#3</p> <p>A root cause analysis revealed inadequate training of dining staff on food temperature documentation requirements and there was no management review of the temperature logs for compliance.</p> <p>All dining staff were trained in food temperature documentation requirements by 4/14/2025.</p> <p>The food temperature log was revised to include the Dining Manager's weekly review and signature for compliance.</p> <p>Any finding of missing food temperature recordings will be immediately addressed with the staff responsible.</p> <p>The Administrator will train the dining manager of food temperature requirements and the new food temperature recording process.</p> <p>New dining staff members will receive food temperature training from the Dining Manager.</p> <p>A dining procedure manual was created for staff to reference compliant food temperature practice.</p> <p>#4</p> <p>Food temperature audits will be conducted by the Dining Manager daily until 100% compliant for 3 consecutive days, then three times a week until 3 consecutive findings of 100% compliance, then weekly until 3 consecutive findings of 100% compliance, then</p>	

Provider's Signature Peter von Mechow Title NHA Date 4/29/2025



**DELAWARE HEALTH
AND SOCIAL SERVICES**

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

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

STATE SURVEY REPORT

Page 4 of 5

NAME OF FACILITY: Peach Tree Health Group, LLC

DATE SURVEY COMPLETED: April 1, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
3225.16.0	4/1/25 2:50 PM – Findings reviewed with E1 (interim ED), E2 (DON) and E3 (ADON) during the exit conference. Staffing	a final audit a month later and if 100% compliant, the practice change will be considered effective.	4/25/2025
3225.16.14	Assisted living facility resident assistants shall, at a minimum.	3225.16.14.2.9 Abuse Training	
3225.16.14.2	Participate in a facility-specific orientation program that covers the following topics:	#1 E5 is no longer employed	
3225.16.14.2.9	16 Del.C. Ch. 11, pertaining to residents' rights; reporting of abuse, neglect, mistreatment, and financial exploitation; and the Ombudsman Program; This requirement was not met as evidenced by: Based on facility documentation and interview, it was determined that for one (E5) out of ten sampled employees, the facility lacked evidence of training pursuant to abuse, neglect and mistreatment. Findings include: 6/20/24 – The hire date of E5 (LPN). The facility lacked documentation of abuse training. 4/1/25 12:50 PM – An interview with E1 (interim ED) and E2 (DON) confirmed that there was a lack of facility documentation to show completed abuse trainings. 4/1/25 2:50 PM – Findings reviewed with E1, E2 and E3 (ADON) during the exit conference.	#2 No residents were affected by the abuse training findings. On 4/03/2025 an all-staff abuse training audit was complete and 5 staff were identified who have not completed abuse training within the past 12 months. These 5 staff will complete the abuse training by 4/18/2025. Any staff who have not completed the required abuse training will not be permitted to work until such training is completed. #3 A root cause analysis revealed the annual training plan selection of "Fraud, Waste and Abuse was selected instead of "Recognizing Abuse, Neglect and Exploitation" The Administrator will train the HR Manager on the Abuse training requirements and the responsibility of updating the training plan and tracking of abuse training. The Annual Training Plan was updated to include "Recognizing Abuse, Neglect and Exploitation". For new hires, the new hire checklist includes "Recognizing Abuse, Neglect and Exploitation" and the Administrator will review and approve all new hire onboarding and training for completion prior to commencement of work. #4	

Provider's Signature Peter von Mechow Title NHA Date 4/29/2025



**DELAWARE HEALTH
AND SOCIAL SERVICES**

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

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

STATE SURVEY REPORT

Page 5 of 5

NAME OF FACILITY: Peach Tree Health Group, LLC

DATE SURVEY COMPLETED: April 1, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
		New hire and annual abuse training audits will be conducted by the Human Resource Manager for all staff daily until 100% compliant for 3 consecutive days, then three times a week until 3 consecutive findings of 100% compliance, then weekly until 3 consecutive findings of 100% compliance, then a final audit a month later and if 100% compliant, the practice change will be considered effective.	

Provider's Signature Peter von Machow Title NHA Date 4/29/2025

