



**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 Renaissance

DATE SURVEY COMPLETED: May 2, 2024

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	<p>The State Report incorporates by reference and also cites the findings specified in the Federal Report.</p> <p>A Complaint survey was conducted by Healthcare Management Solutions, LLC on behalf of the State of Delaware, Department of Health and Social Services, Division of Health Care Quality. The facility was found not to be in compliance with 42 CFR 483 subpart B.</p> <p>Survey Dates: 04/30/24-05/02/24. Survey Census: 106 Sample Size: 15 Supplemental Residents: 0</p>		<p>6/15/24</p>
3201	Regulations for Skilled and Intermediate Care Nursing Facilities	Cross reference CMS 2567 completed.	May 2, 2024
3201.1.0	Scope	Cross reference F600 and F609	
3201.1.2	<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 May 2, 2024: F600 and F609.</p>		

Provider's Signature

*Mar Colleen SA*

Title

*N/A*

Date

*5/24/24*



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>085052</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>05/02/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CADIA REHABILITATION RENAISSANCE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>26002 JOHN J WILLIAMS HIGHWAY MILLSBORO, DE 19966</b>
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F 000	INITIAL COMMENTS  A Complaint survey was conducted by Healthcare Management Solutions, LLC on behalf of the State of Delaware, Department of Health and Social Services, Division of Health Care Quality. The facility was found not to be in compliance with 42 CFR 483 subpart B.  Survey Dates: 04/30/24-05/02/24. Survey Census: 106 Sample Size: 15 Supplemental Residents: 0	F 000		
F 600 SS=D	Free from Abuse and Neglect CFR(s): 483.12(a)(1)  §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.  §483.12(a) The facility must-  §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on record review, interviews, facility reportable incidents (FRIs), and facility policy review, the facility failed to ensure two of four residents (Resident (R) 2 and R6) reviewed for abuse and neglect were free from abuse. Specifically, R2 was involved in a	F 600	1. a. R1 no longer resides in the facility. b. All residents have the potential to be impacted by the deficient practice. Future residents will be protected from the deficient practice by measures taken below.	6/15/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE  05/28/2024
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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 600	<p>Continued From page 1</p> <p>resident-to-resident altercation initiated by R1, and R6 was verbally abused by Registered Nurse (RN) 1.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, "Abuse, Neglect, Mistreatment, Misappropriation, Exploitation, and Reasonable Suspicions of Crime," dated 01/03/24, documented "It is the policy of [facility name] to protect residents and prevent occurrences of abuse, neglect, mistreatment, mis appropriation of resident property, exploitation, and crime." The policy defines "Abuse as the willful infliction of injury, unreasonable confinement, intimidation ...with resulting physical harm, pain or mental anguish ..."</p> <p>1. a. Review of R1's undated "Admission Record" located in the electronic medical record (EMR) under the "Profile" tab, indicated R1 was admitted to the facility on 10/06/23, with diagnoses including Alzheimer's disease, dementia with behavioral disturbance, and malignant neoplasm of the brain.</p> <p>Review of R1's admission "Minimum Data Set (MDS)" located in the EMR under the "MDS" tab with an "Assessment Reference Date (ARD)" of 10/12/23 indicated R1 had a "Brief Interview for Mental Status (BIMS)" score of 00 out of 15 which indicated the resident had severely impaired cognition.</p> <p>Review of R1's "Care Plan" located in the EMR under the "Profile" tab, dated 10/09/23, documented "[resident name] has a social inappropriate behavior: Physically aggressive</p>	F 600	<p>c. A concern audit was conducted to determine if there were any more additional concerns of abuse. Ther were none. A care plan audit of all residents on the locked unit was conducted to assure that residents with aggressive behaviors are care planned appropriately.</p> <p>d. All resident to resident abuse concerns will be reviewed by DON/designee to determine if situation was preventable. If five consecutive concerns are determined to be unavoidable, problem will be considered resolved. Results of audit will be presented at QAPI committee meeting.</p> <p>2. a. R6 was not negatively impacted by the deficient practice.</p> <p>b. All residents have the potential to be impacted by the deficient practice. Future residents will be protected by the deficient practice through measures taken below.</p> <p>c. A concern audit was conducted to determine if any more allegations of abuse are pending or have occurred. There were none. Staff Educator/designee to in-service nursing staff on Cadia's Abuse and Neglect Policy.</p> <p>d. The Staff Educator/designee will conduct random interviews of 5 residents per week to assure they have not experienced abuse. Audits will continue weekly until compliance is achieved for three consecutive weeks. Audit will then be conducted once in one month. If compliance is maintained, problem will be considered resoled. Results of audits will be presented at QAPI committee meeting.</p>		

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

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OMB NO. 0938-0391

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F 600	<p>Continued From page 2</p> <p>towards others as evidenced by clenching fists, swinging, pushing and/or slapping, etc." Interventions included: "approach calmly and unhurriedly, avoid over-stimulation, allow 10-15 minutes for resident to calm down then reapproach, and speak in a calm voice."</p> <p>b. Review of R2's undated "Admission Record" located in the EMR under the "Profile" tab, indicated R2 was admitted to the facility on 02/17/22, with diagnoses including psychosis not due to substance or known physiological condition, dementia without behaviors, anxiety disorder, and major depressive disorder.</p> <p>Review of R2's quarterly "MDS" located in the EMR under the "MDS" tab with an "ARD" of 04/24/24 indicated R2 had a "BIMS" score of five out of 15 which indicated the resident had severely impaired cognition.</p> <p>Review of R2's "Care Plan" located in the EMR under the "Profile" tab, dated 05/13/22, documented "[Resident name] has a social inappropriate behavior: Physically aggressive towards others as evidenced by scratching, grabbing, kicking, pushing, and/or slapping, etc." Interventions included: "approach calmly and unhurriedly, avoid overstimulation, allow 10-15 minutes for resident to calm down then reapproach, and speak in a calm voice."</p> <p>Review of the facility's "Incident Report" submitted to the Delaware Health and Social Services (DHSS) on 10/18/23 at 10:10 PM, revealed on 10/18/23 at 8:40 PM, R1 struck out at another resident [R2] this evening. He [R1] punched him [R2] in the torso, then threw a juice cup at his head, striking his [R2] right eyebrow. A</p>	F 600		

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F 600	<p>Continued From page 3</p> <p>small bump noted to his right eyebrow. No injuries noted. [R1] was sent to the ER (emergency room) for evaluation. Both patients reside on the Bethany secured unit. Incident was partially witnessed by staff." Residents were immediately separated by staff.</p> <p>Review of the staffing sheet for 10/18/23 indicated the Bethany Unit was staffed with four Certified Nurse Aides (CNAs) and one Licensed Practical Nurse (LPN) during the time of incident.</p> <p>During an interview conducted with CNA5 on 05/01/24 at 3:00 PM, CNA5 stated that both R1 and R2 were sitting in the television (TV) dayroom when R1 stood up and punched R2 in the stomach and threw a juice cup at him. She got up and attempted to separate residents, and stated R1 was still aggressive and striking out, but eventually she was able to calm him down. CNA5 added she let the nurse know, the nurse came and evaluated them. CNA5 stated R1 eventually was sent to the ER. When questioned if R1 had ever done this before, CNA5 stated no, but he was a new admission.</p> <p>During an interview on 05/02/24 at 2:30 PM, the Director of Nursing (DON) was asked about the incident between R1 and R2. DON stated, R1 was a new admission, he and R2 were sitting in the dayroom, when R1 stood up and hit R2 and threw a cup at him, bruising R2's eyebrow. The DON was questioned about what type of supervision was provided at the time of the incident. DON responded there was a CNA that was in the room with them and witnessed the event and separated them immediately. The DON stated they were both in a secure unit that was staffed with four CNAs and one nurse. She stated</p>	F 600			

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F 600	<p>Continued From page 4</p> <p>R1 was sent to the ER for a psychological evaluation, and later was sent to a psychiatric facility. When questioned if there had been any other incidents involving R1, the DON stated no, he was a new admit.</p> <p>2. Review of R6's undated "Admission Record" located in the EMR under the "Profile" tab indicated R6 was admitted to the facility on 03/07/24, with diagnoses including major depressive disorder, Parkinson's disease without dyskinesia, and anxiety disorder.</p> <p>Review of R6's admission "MDS" located in the EMR under the "MDS" tab with an "ARD" of 03/13/24 indicated R6 had a "BIMS" score of six out of 15 which indicated the resident had severely impaired cognition. The resident exhibited physical behavioral symptoms directed toward others (e.g., hitting, kicking, pushing, scratching, grabbing, abusing others sexually) which occurred one to three days during the seven days look back period. R6 also demonstrated other behavioral symptoms not directed towards others (e.g., hitting or scratching self, pacing, rummaging, public sexual acts, disrobing in public, throwing or smearing food or bodily wastes, or verbal/vocal symptoms like screaming, disruptive sounds) conducted during the same timeframe.</p> <p>Review of R6's "Care Plan" located in the EMR under the "Care Plan" tab, dated 03/14/24, documented "The resident is/has potential to be physically aggressive r/t (related to) dementia, kicking, spitting, biting, and punching." Interventions included: "Assess and anticipate resident's needs: food, thirst, toileting needs, comfort level, body positioning, pain, etc., provide</p>	F 600		

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F 600	<p>Continued From page 5</p> <p>physical and verbal cues to alleviate anxiety, give positive feedback, assist verbalization of source of agitation, assist to set goals for more pleasant behavior, encourage seeking out of staff member when agitated, give the resident as many choices as possible care and activities, monitor/document/report PRN (as needed), psychiatric/psychogeriatric consult as indicated."</p> <p>Review of the facility's "Incident report," submitted on 03/11/24, documented on 03/1/24 at 9:00 AM, "Registered nurse was witnessed speaking to a resident in a negative manner this am by other staff members. The nurse was placed on suspension pending investigation." Review of the facility's "Root Cause Analysis" dated 03/18/24, documented "On 03/11/24, [nurse's name] [RN1], was overheard by two housekeeping staff tell one of residents, [resident name] [R6], "I can't do this, this isn't fair, I have meds to pass." She also told [R6] that "I hope (another resident) punches you in the face." And "I hope you fall." Management was notified and [RN1] was suspended pending investigation. Upon interview with Nurse, she admitted to saying those things. She states that she "had to stop everything I was doing multiple times to be with him." She admits to being frustrated and stated it was not right to do what she did. [RN1] was terminated from employment and reported to the nursing board on 03/12/24."</p> <p>Review of RN1's written statement, dated 03/11/24, located in the facility's 'Incident Report' folder, provided by the facility, revealed RN1 documented "This morning I got frustrated with a resident. He was standing (sic) up every few minutes and I had to stop everything I was doing multiple times to be with him. I said something along the lines of I hope you fall from frustration.</p>	F 600			



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F 600	Continued From page 6 He also was cursing out a resident and I said something like I hope you get punched. None of this was right."  During an interview on 05/02/24 at 2:30 PM, the DON was questioned concerning the incident between R6 and RN1. The DON responded that RN1 admitted she was frustrated and admitted to saying those words to R6. She stated RN1 was immediately suspended, and then terminated the next day. When questioned if this was the first incident involving either RN1 or R6. The DON stated that RN1 had never mistreated any resident.	F 600		
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4)  §483.12(c) In response to allegations of abuse, 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.	F 609		6/15/24

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F 609	<p>Continued From page 7</p> <p>§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:</p> <p>Based on interviews, facility document review, and facility policy review, the facility failed to ensure that an allegation of abuse for one of one resident (Resident (R) 6) reviewed for an allegation of verbal abuse, was reported to the State of Delaware, Department of Health and Social Services, Division of Health Care Quality within two hours of the allegation of abuse being identified.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, "Abuse, Neglect, Mistreatment, Misappropriation, Exploitation, and Reasonable Suspicions of Crime," review date of 01/03/24, instructed "Reporting and Response: witnessed or suspected incidents of abuse or reasonable suspicions of crime are to be reported immediately ...Allegations of resident abuse shall be reported to the appropriate state regulatory authority within (2) hours."</p> <p>Review of the facility's "Incident Report" provided by the facility, documented on 03/11/24 at 9:00 AM, "Registered nurse [(RN) 1] was witnessed speaking to a resident [R6] in a negative manner this am by other staff members." Further review of the "Incident Report" revealed the report was submitted to the State of Delaware, Department</p>	F 609	<p>a. R6 was not impacted by the deficient practice.</p> <p>b. All residents have the potential to be impacted by the deficient practice. Future residents will be protected by measures taken below.</p> <p>c. A root cause analysis was conducted and it was determined that the DON failed to meet the 2 hour deadline to report abuse to DHCQ. NHA/designee will educate all members of the Nurse Management team, who are responsible to report abuse, on Cadia's Abuse and Neglect Policy as well as the reporting requirements on abuse.</p> <p>d. The Nursing Home Administrator or designee will audit the allegations of abuse to ensure that these were reported within two hours of the allegation of abuse being identified. The audits will be performed daily or until 100% compliance is achieved for 3 consecutive days. Random audits will continue once weekly or until 100% compliance is achieved for 3 consecutive weeks. Audits will continue monthly until 100% compliance is achieved for 1 month. Once 100% compliance is met, the deficient practice will be considered resolved. All audits will be reviewed by the Quality Assurance</p>		

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F 609	Continued From page 8 of Health and Social Services, Division of Health Care Quality on 03/11/24 at 3:14 PM, approximately six hours after the incident occurred.  During an interview on 05/02/24 at 2:30 PM, the Director of Nursing (DON) confirmed the alleged verbal abuse was not reported within two hours of the incident.	F 609	Committee.		

