

DHSS - DHCQ Cambridge Building 263 Chapman Road Suite 200 Newark, DE 19702 (302) 421-7400

STATE SURVEY REPORT

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NAME OF FACILITY: AL- Harmony at Kent

DATE SURVEY COMPLETED: May 24, 2024

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION
		DEFIDIENCIES	DATE
	AMENDED		
	An unannounced Complaint survey was con-		
	ducted at this facility on May 24, 2024. The		
	deficiencies contained in this report are		
	based on interview, record review and re-		
	view of other facility documentation as indi- cated, included observations. The census on		
	the day of the survey was 70.		
	the day of the survey was 70.		
	Abbreviations/definitions used in this state		
	report are as follows:		
	RDO- Regional Director of Operations		
3225.0	Assisted Living Facilities		1
	Assisted Elemb I delittles		
3225.12.0	Services		
2225 42 4	The period Date 6, 200 4 to 10		
3225.12.1	The assisted living facility shall ensure that:		
3225.12.1.3	Food service complies with the Delaware		
	Food Code		
			1
	Bendata a fact a series		
	Regulations for Assisted Living Facilities		
	Services		
	The assisted living facility shall ensure that:		
	Food service complies with the Delaware		
	Food Code		
	Based on observations, interview, and re-		
	view of other facility documentation it was		
	determined that the facility failed to comply		1
	with the Delaware Food Code. Findings in-		
	clude:		
	Delaware Food Code	,	
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	Delaware Food Code 3-305.14 Food Preparation: During preparation, unpackaged FOOD shall be protected from environmental sources of contamination.		
	5/24/2024 – 12:45 PM - During the survey of the facility, the surveyor observed the side salads in the server refrigerator were not covered.		
	5/24/2024 – 2:00 PM - During the survey of the facility, the surveyor observed a cart with two uncovered trays of macaroni and cheese, two trays of chicken uncovered, and the top shelf contained pies that were uncovered.	a	
	5/24/2024 - 2:37 PM - Findings were reviewed with E1(RDO).		
	**The deficiencies cited above are ongoing; however no plan of correction is required, as these deficiencies were previously cited during a complaint survey completed on March 19, 2024, and the plan of correction submitted in response to that survey alleges a September 29, 2024 completion date.		

Provider's Signature

Title Examo Ande Date 8/14