



DELAWARE HEALTH AND SOCIAL SERVICES

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

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 19, 2024

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES
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16 Del. code, Chapter 11, Subchapter VII
1162 Nursing Staffing

Minimum Staffing Levels for Residential Health Facilities

(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.

Nursing staff must be distributed in order to meet the following minimum weekly shift ratios:

	RN/LPN	CNA*
Day - 1 nurse per 15 res.		1 aide per 8 res.
Evening	1:23	1:10
Night	1:40	1:20

* or RN, LPN, or NAIT serving as a CNA.

Nursing Facilities must be in compliance with 16 Del. code, Chapter 11, Subchapter VII 1162 Nursing Staffing at all times.

This requirement is not met as evidenced by:

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.

Based on review of facility documentation submitted for the first quarter follow up staffing review, it was determined that one days out of seven days reviewed, the facility

A & B. All residents at Seaford Center are at risk when the facility falls below Eagle's Law HPPD.

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 necessary the facility is offering premium pay for the agency and extra incentives to the staff. Nursing leadership is offered additional pay. 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.

D. The DON will report to QAPI the results of the HPPD monthly for recommendations and or review.

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.

Provider's Signature

Carol A. [Signature]

Title

LONA

Date

3/22/24