



DELAWARE HEALTH AND SOCIAL SERVICES

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

DHSS - DHCQ
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 421-7400

STATE SURVEY REPORT

NAME OF FACILITY: Cadia Rehabilitation Renaissance

DATE SURVEY COMPLETED: November 12, 2020

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
3201 3201.1.0 3201.1.2	<p>The State Report incorporates by reference and also cites the findings specified in the Federal Report.</p> <p>A COVID-19 Focused Infection Control survey was conducted by the State of Delaware Division of Health Care Quality, Office of Long Term Care Residents Protection on November 12, 2020. The facility was found to be in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. The facility census on the first day of the survey was 92.</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 met as evidenced by:</p> <p>No deficiencies were identified at the time of the survey.</p>		

Provider's Signature *J.P. Roth, R.N.*

Title *Administrator*

Date *11/16/20*

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

PRINTED: 11/18/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/12/2020
NAME OF PROVIDER OR SUPPLIER CADIA REHABILITATION RENAISSANCE			STREET ADDRESS, CITY, STATE, ZIP CODE 26002 JOHN J WILLIAMS HIGHWAY MILLSBORO, DE 19966		
(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	
F 000	INITIAL COMMENTS A COVID-19 Focused Infection Control survey was conducted by the State of Delaware Division of Health Care Quality, Office of Long Term Care Residents Protection on November 12, 2020. The facility was found to be in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. The facility census on the first day of the survey was 92.	F 000			

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

TITLE

(X6) DATE

Electronically Signed

11/16/2020

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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<p>3201</p> <p>3201.1.0</p> <p>3201.1.2</p>	<p>The State Report incorporates by reference and also cites the findings specified in the Federal Report.</p> <p>A COVID-19 Focused Infection Control survey was conducted by the State of Delaware Division of Health Care Quality, Office of Long Term Care Residents Protection on November 12, 2020. The facility was found to be in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. The facility census on the first day of the survey was 92.</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 met as evidenced by:</p> <p>No deficiencies were identified at the time of the survey.</p>		

Jones, Tomeka N (DHSS)

From: Jones, Tomeka N (DHSS)
Sent: Monday, November 16, 2020 4:30 PM
To: Jessica.rochester@cadiahealthcare.com
Cc: Smith, Robert (DHSS); Reed, Kim (DHSS); OHagan, Nancy (DHSS); Edwards, Melanie (DHSS)
Subject: Cadia Ren. - COVID-19 Focused Infection Control survey ending on November 12, 2020 No Def
Attachments: Cadia Ren_COVID-19PrvdrLtr_11-12-20_NoDef.pdf; Cadia Ren_COVID-19_11-12-2020_StRpt_No Def.docx; Plan of Correction Instructions 2013.docx

Categories:
Tracking:

Egress Switch: Unprotected

Recipient	Delivery	Read
Jessica.rochester@cadiahealthcare.c		
Smith, Robert (DHSS)	Delivered: 11/16/2020 4:31 PM	
Reed, Kim (DHSS)	Delivered: 11/16/2020 4:31 PM	
OHagan, Nancy (DHSS)	Delivered: 11/16/2020 4:31 PM	Read: 11/16/2020 4:32 PM
Edwards, Melanie (DHSS)	Delivered: 11/16/2020 4:31 PM	

Switch-MessageId: ce41d9e3ab824de8933b306694e29c14

Dear Ms. Rochester:

Attached please find the POC directions, provider letter and state report for the COVID-19 Focused Infection Control survey ending on November 12, 2020. **Please sign, complete and/or cross-reference, and date the State Report; returning to myself Tomeka Jones via email (tomeka.jones@delaware.gov) , Nancy O'Hagan (Nancy.O'Hagan@delaware.gov) and Kim Reed (Kim.Reed@delaware.gov).**

Regards,

Tomeka

Tomeka Jones
Administrative Specialist I



DELAWARE HEALTH AND SOCIAL SERVICES

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Wilmington, DE
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Tomeka.Jones@delaware.gov



DELAWARE HEALTH
AND SOCIAL SERVICES
DIVISION OF HEALTH CARE QUALITY

November 16, 2020

Jessica Rae Rochester, Administrator
Cadia Rehabilitation Renaissance
26002 John J Williams Highway
Millsboro, DE 19966-4948

RE: Cadia Rehabilitation Renaissance COVID-19 Focused Infection Control Survey ending November 12, 2020

Dear Ms. Rochester:

I wish to thank you and your staff for the courtesy shown to the surveyor who conducted the COVID-19 Focused Infection Control Survey, which ended on November 12, 2020.

The survey findings show that your facility had no Federal or State deficiencies that require corrective actions at this time. The Statement of Deficiencies (CMS-2567L) which shows no federal deficiencies has been sent through ePOC, which needs to be acknowledged in ePOC in order to close out this survey. Enclosed is a copy of the State Survey Report for your records.

If you have any questions concerning this determination letter, please call me at (302) 421-7400.

Sincerely,

A handwritten signature in blue ink that reads "Robert H. Smith".

Robert H. Smith
Licensing and Certification Administrator

RHS/tj

Enclosures

cc: Roxanne Rocco, Branch Manager, CMS, Certification and Enforcement
Jill McCoy, LTC Ombudsman
Richard McKee, OLTCRP
File