



**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**

**NAME OF FACILITY:** Peach Tree Health Group, LLC

**DATE SURVEY COMPLETED:** April 30, 2026

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
<p>3225</p> <p>3225.19.0</p> <p>3225.19.6</p> <p>S/S- D</p>	<p>An unannounced Annual, Complaint, and Emergency Preparedness survey was conducted at this facility from April 28, 2026, through April 30, 2026. 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 seventy-one (71). The survey sample totaled fifteen (15) residents.</p> <p>Abbreviations/definitions used in this state report are as follows:</p> <p>ADON – Assistant Director of Nursing;</p> <p>AIT – Administrator in training;</p> <p>DON – Director of Nursing;</p> <p>NHA – Nursing Home Administrator.</p> <p><b>Assisted Living Facilities</b></p> <p><b>Records and Reports</b></p> <p>Reportable incidents shall be reported immediately, which shall be within 8 hours of the occurrence of the incident, to the Division. The method of reporting shall be as directed by the Division.</p> <p>This requirement was not met as evidenced by:</p> <p>Based on the interview, record review, and review of other facility documentation it was determined that for two (R2 and R8) out of 14 residents reviewed for facility-reported incidents, the facility failed to conclude the investigation and submit a follow-</p>	<p><b>19.6 Reportable Incidents</b></p> <ol style="list-style-type: none"> <li>1. Resident R8 reportable event was submitted on 9/16/2025 with a 5-day follow-up submitted on 9/4/2025. Resident R2 was discharged on 5/16/2025.</li> <li>2. An audit of all reportable events in the past 3 months was reviewed for timely completion of the initial 5-day follow-up. Any reportable found with no 5-day follow-up will be investigated and reported.</li> <li>3. Root Cause determined clinical leadership did not have an effective process to track reportable events for timely completion.</li> </ol> <p>Plan:</p> <ol style="list-style-type: none"> <li>a. Reportable Event Timeliness as Directed by the Division Education provided to the DON and ADON by the NHA</li> </ol>	<p>5/29/2026</p>

Provider's Signature [Signature] Title NHA Date 5/14/2026



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	<p>up report to the division within the five-day timeframe. Findings include:</p> <p>1. Review of R2's clinical record revealed:</p> <p>8/24/21 – R2 was admitted to the facility.</p> <p>5/16/25 at 5:17 PM – A facility-reported incident involving alleged resident-to-resident abuse was inaccurately documented as "other." The report indicated that (R1) was holding (R2) in a headlock. The residents were separated, and both sustained minor scratches.</p> <p>4/30/26 11:24 AM – During an interview, E2 (AIT) confirmed that the 5-day follow-up report was not submitted to the state agency within the 5 days.</p> <p>2. Review of R8's clinical record revealed:</p> <p>2/18/22 – R8 was admitted to the facility.</p> <p>8/31/25 4:20 PM – A facility-reported incident was submitted to the State Agency regarding R8 and physical altercations with multiple residents.</p> <p>9/12/25 9:33 AM – A facility reported 5-day follow-up report was submitted to the State Agency 12 days after the initial report.</p> <p>4/28/26 12:59 PM – During an interview, E2 (AIT) confirmed the 5-day follow-up was submitted after the 5-day timeframe.</p> <p>4/30/26 2:40 PM – Findings were discussed with E1 (NHA), E2 and other facility staff during the exit conference.</p>	<p>b. Review resident accidents and events in the daily clinical meeting</p> <p>c. Institute a reportable review process in the daily management meeting to track for timely 5- day follow-up.</p> <p>4. As part of QAPI audit reportable events daily for timely 5-day follow-up reporting until 100% for 3 consecutive days. Then audit 3 times a week until 3 consecutive audits reach 100%. Then audit once a week until 3 audits reach 100%. Then re-audit for month later until 100%.</p>	

Provider's Signature

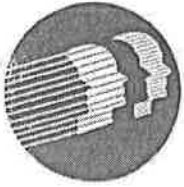
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<p>3225.19.7 3225.19.7.1 3225.19.7.1.3 3225.19.7.1.3.1 S/S - D</p>	<p>Reportable incidents include: Abuse as defined in 16 Del.C. §1131. Emotional abuse. Staff to resident. This requirement was not met as evidenced by: Based on interview, record review and review of other facility documentation, it was determined that for one (R13) out of 11 residents sampled for reportable incidents, the facility failed to report to the State Agency within the required 8 hours. Findings include: Review of R13's clinical record revealed: 9/23/25 – R13 was admitted to the facility. 2/16/26 – A Grievance/Complaint report documented "Therapist [E6] yelled at resident [R8] saying "why do you have to be so loud." "You're doing too much." Resident felt that her demeanor was unacceptable. Felt that she was talked down upon and was hurtful." 3/17/26 - A facility reported incident to the State Agency for R13 documented a report of verbal abuse. 4/28/26 12:59 PM – During an interview, E2 (AIT) stated that R13 reported the allegation of verbal abuse in a grievance, and the grievance was submitted to the facility. E2 stated he reviewed the grievance, and it was determined the allegation was abuse. E2 confirmed the report was submitted to</p>	<p>19.7.1.3.1 Staff to Resident 1. Resident R13 reportable event was submitted on 3/17/2025 with a 5-day follow-up submitted on 3/24/2026. 2. An audit of all grievances in the past 3 months was reviewed to determine if any report was an allegation of abuse. Any findings of allegations of abuse will be reported. 3. The root cause analysis for late reporting identified a breakdown in communication and oversight processes regarding the review, escalation, and timely reporting of grievances and incidents involving potential abuse allegations. The facility lacked a clearly defined process to ensure concerns involving resident mistreatment, verbal abuse, or resident rights violations were consistently identified, investigated, escalated, and reported within required timeframes. Plan: a. Recognizing Abuse Education provided to the DON and ADON by the NHA b. Recognizing Abuse Education provided to the RFA on grievance reporting process and procedure c. Review of residents' grievances in the daily management meeting 4. As part of QAPI audit grievances daily until 100% for 3 consecutive days. Then audit 3 times a week until 3 consecutive audits reach 100%. Then audit once a week until 3 audits reach 100%. Then re-audit for month later until 100%.</p>	<p>5/29/2026</p>

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<p>3225.19.7.7 3225.19.7.7.2 S/S - D</p>	<p>the State Agency after the eight-hour timeframe.</p> <p>4/30/26 2:40 PM – Findings were discussed with E1 (NHA), E2 and other facility staff during the exit conference.</p> <p><b>Significant injuries.</b></p> <p><b>Injury from a fall which results in transfer to an acute care facility for treatment or evaluation, or which requires periodic re-assessment of the resident's clinical status by facility professional staff for up to 48 hours.</b></p> <p><b>This requirement was not met as evidenced by:</b></p> <p>Based on interview, record review and a review of facility documents, it was determined that for two (R1 and R3) out of five residents reviewed for falls, the facility failed to submit reportable incidents to the State Agency within eight hours. Findings include:</p> <p>1. 6/18/21 - R1 was admitted to the facility.</p> <p>10/1/25 - Hospital discharge records documented that the R1 was in the emergency room for a diagnosis of a head injury. Diagnostic tests were completed and no abnormal findings revealed.</p> <p>10/1/25 7:00 PM to 7:00 AM – A nursing note documented that, during the last shift, R1 was sent to the hospital after a fall. R1 returned with no new orders and no adverse effects.</p>	<p><b>19.7.7.2 Injury from Fall</b></p> <ol style="list-style-type: none"> <li>1. Resident R3 reportable event was submitted on 7/7/2025 and the 5-day follow-up report submitted on 7/11/2025. Resident R1 reportable event was submitted on 5/1/2026 with a 5-day follow-up submitted on 5/5/2026.</li> <li>2. An audit of all reportable events in the past 3 months was reviewed for timely completion of the initial report. A 3-month look back audit of the resident clinical records was completed to ensure any reportable event was submitted and any findings will be reported.</li> <li>3. Root Cause determined clinical leadership did not have an effective process to track reportable events for timely completion.</li> </ol> <p><b>Plan:</b></p> <ol style="list-style-type: none"> <li>a. Reporting Incidents within 8 hours Education provided to the DON and ADON by the NHA</li> <li>b. Inservice nursing staff on events that meet reportable requirements and notification to the DON/ADON. Education provided by DON/ADON</li> </ol>	<p>5/29/2026</p>

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	<p>4/30/26 11:30 AM – During an interview, E2 (AIT) confirmed that a fall with transfer to an acute care facility requires a report to the State Agency, and that no report was submitted.</p> <p>2. 12/6/06 - R3 was admitted to the facility.</p> <p>7/7/25 at 8:46 AM - An incident report from the facility was submitted to the State Agency and documented that R3 had an unwitnessed fall with a laceration on the top of his head. R3 was transported to the emergency room for treatment.</p> <p>7/11/25 – The facility's 5-day follow-up report documented that R3 was transferred to the emergency room for evaluation following his fall and returned the same day.</p> <p>4/30/26 11:30 AM – During an interview, E2 (AIT) confirmed that the incident occurred on 7/4/25 at 7:25 AM and the report was submitted on 7/7/25 at 8:46 AM.</p> <p>The facility did not submit the report to the State Agency within the eight-hour timeframe.</p> <p>4/30/26 2:40 PM – Findings were discussed with E1 (NHA), E2 and other facility staff during the exit conference.</p>	<ul style="list-style-type: none"> <li>c. Review resident accidents and events in the daily clinical meeting</li> <li>d. Institute a reportable review process in the daily management meeting to track initial reporting.</li> </ul> <p>4. As part of QAPI audit reportable events for timely initial submission daily until 100% for 3 consecutive days. Then audit 3 times a week until 3 consecutive audits reach 100%. Then audit once a week until 3 audits reach 100%. Then re-audit for month later until 100%.</p>	

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