



**DELAWARE HEALTH
AND SOCIAL SERVICES**

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

263 Chapman Road, Suite 200, Cambridge Bldg.
Newark, Delaware 19702
(302) 421-7400

STATE SURVEY REPORT

NAME OF FACILITY: The Pointe at South Harmony Lodge

DATE SURVEY COMPLETED: March 16, 2026

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
	<p>An unannounced Complaint survey was conducted at this facility from February 27, 2026, through March 6, 2026, with a follow-up visit on March 16, 2026. The deficiencies contained in this report are based on observation, interview, record review and review of other facility documentation as indicated. The facility census on the first day of the survey was thirty-six (36). The sample totaled nine (9) residents.</p> <p><u>Abbreviations/definitions used in this state report are as follows:</u></p> <p>Anemia – low level of hemoglobin, the red blood cell chemical that carries oxygen to body tissues or a condition in which you don't have enough healthy red blood cells to carry adequate oxygen to your tissues which may make you feel tired and weak;</p> <p>Asparte 70-30 insulin – mixture of intermediate-acting and rapid-acting injectable insulin to treat diabetes;</p> <p>Dementia - loss of mental functions such as memory and reasoning that was severe enough to interfere with a person's daily functioning;</p> <p>BOM – Business Office Manager;</p> <p>Chronic kidney disease – condition characterized by a gradual loss of kidney function over time;</p> <p>Diabetes mellitus - chronic disease associated with abnormally high levels of the sugar glucose in the blood;</p>		

Provider's Signature 

Title ED

Date 5-1-26



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	<p>Diabetic ketoacidosis – serious and potentially life-threatening complication of diabetes triggered by many causes, including missed insulin doses;</p> <p>ED – Executive Director;</p> <p>Elopement – situation where a resident leaves the facility unsupervised and without staff knowledge, posing significant safety risks;</p> <p>eMAR – electronic Medication Administration Record;</p> <p>Femur – thigh bone;</p> <p>Hgb – hemoglobin/protein in red blood cells that carries oxygen from the lungs to the body's tissues;</p> <p>HSD – Health Services Director;</p> <p>Hypoglycemia – low blood sugar/may experience symptoms such as sweating, shakiness, pale skin, alteration in mental status and seizures;</p> <p>Lantus insulin – long-acting injectable form of insulin used to treat diabetes;</p> <p>LLAM – Limited Lay Administration of Medications/a process by which LLAM trained unlicensed assistive personnel (UAP) help residents take and/or receive medication as ordered for the resident by a licensed healthcare practitioner authorized to prescribe;</p> <p>LPN – Licensed Practical Nurse;</p> <p>Med Tech – Medication Technician/trained professional responsible for safely administering medications, monitoring residents'</p>		

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	<p>health and supporting daily living activities under the supervision of licensed nurses;</p> <p>MD – Medical Doctor;</p> <p>Mg – milligrams/unit of weight;</p> <p>Osteopenia – a medical condition when the bones are weaker and more susceptible to fractures;</p> <p>POA – Power of Attorney/resident representative;</p> <p>RDO – Regional Director of Operations;</p> <p>REA – Resident Experience Assistant;</p> <p>Retacrit – prescription medication that stimulates red blood cell production to treat anemia caused by various medical conditions;</p> <p>RN – Registered Nurse;</p> <p>Service Agreement – written document developed with each resident which describes what services will be provided, who will provide the services, when the services will be provided, how the services will be provided, and, if applicable, the expected outcome;</p> <p>STAT – immediate;</p> <p>Subcutaneous – subq/injection given into the fat layer between the skin and the muscle;</p> <p>Toujeo insulin – long-acting injectable insulin that helps control blood sugar;</p> <p>UAI – Uniform Assessment Instrument/written document to collect information regarding an assisted living applicant/resident's physical condition, medical status and psychosocial needs. The information is to be used to: (1) determine if an applicant meets</p>		

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	<p>Based on interview and record review, it was determined that for two (R7 and R9) out of five residents reviewed for medications, the facility failed to ensure each residents' blood sugar checks and insulin administration recorded in the e-MARs were completed by a licensed nurse. Findings include:</p> <p>The Delaware Board of Nursing Limited Lay Administration of Medications (LLAM) Training Course Manual for Instructors, dated 2019, stated, "... The legal obligation of the LLAM trained UAP is to stay within the defined role of the LLAM UAP in the delivery of medication and to follow the policy and procedures of the employing facility... Right Documentation. Documentation is an important part of administering medication. It provides communication between individuals who care for clients [residents]. The medication administration record (MAR) is a legal document that verifies medications were or were not administered. Document administration after giving the ordered medication...".</p> <p>The State of Delaware's Board of Nursing "RN, LPN and NA/UAP Duties 2024" stated that only a RN (Registered Nurse) or LPN (Licensed Practical Nurse) can administer subcutaneous medications.</p> <p>The facility's Medication Management policy and procedure, last revised 12/19/22, stated, "... 7. The Medication Administration Record (MAR) will include... g. Signatures of staff who assist with self-administration of medications...".</p> <p>1. Review of R7's record revealed:</p> <p>The February 2026 eMAR for R7 documented, "Check BS [blood sugar] TID [three</p>	<p>3225.16.2</p> <p>1. The Medications for R7 have been reviewed by the Health Services Director (HSD) (RN) with the resident Primary Care Physician (PCP) to ensure accuracy. The resident's MAR was updated to reflect that all blood sugar checks and insulin be administered by a Nurse Only. The HSD continues to review the medication administration record at minimum weekly. R7 continues to receive medications as per physicians orders and standards nursing practice.</p> <p>All medications for R9 have been reviewed by the HSD and reflect the physician orders. The Resident's MAR was updated to ensure that medications that require nurse administration is reflected. R9 continued to have blood sugar taken by nurses only.</p> <p>These updates were made to the MAR to reflect "Nurse Only" administration by 3/7/2026 by the HSD.</p> <p>2. All medications have been reviewed by the HSD to ensure that any medication that requires to be administered by a nurse is reflected as such prior to 3/7/2026.</p> <p>All residents medications are reviewed by the HSD and/or Designee to ensure that they are processed appropriately and are administered by the appropriate license.</p> <p>Insulin administration and blood glucose monitoring are performed by licensed nurses</p>	<p>3/7/2026</p> <p>3/11/2026 and ongoing</p>

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	<p>times a day] ..." and "Lantus Solostar... Insulin Pen... Route: subcutaneous... Give 12 units...".</p> <p>Review of R7's February 2026 eMAR revealed that E4 (Med Tech) signed off on R7's Lantus insulin medication on 2/18/26 at 7:00 PM.</p> <p>2. Review of R9's record revealed:</p> <p>The February 2026 eMAR for R9 documented, "Check blood sugar BID [twice a day]" and "Toujeo SoloStar... Inject 14 units subq [subcutaneous] daily."</p> <p>Review of R9's February 2026 eMAR revealed that:</p> <ul style="list-style-type: none"> - E12 (Med Tech) signed off on R9's 8:00 AM Toujeo insulin on 2/16/26 and 2/25/26; and blood sugar checks on 2/12/26 and 2/16/26. - E13 (Med Tech) signed off on R9's 8:00 AM Toujeo insulin and blood sugar check on 2/22/26. <p>3/6/26 9:42 AM – During an interview, E12 (Med Tech) confirmed that in her role at the facility she was not allowed to perform blood sugar checks or administer insulin. E12 acknowledged that she was "not sure if I signed it [eMAR] by mistake as it is a click of a button."</p> <p>3/6/26 10:16 AM – During an interview, E13 (Med Tech) confirmed that in her role at the facility she was not allowed to perform blood sugar checks or administer insulin.</p> <p>3/6/26 12:11 PM – During an interview, E4 (Med Tech) confirmed that in her role at the facility she was not allowed to perform blood sugar checks, administer insulin or perform</p>	<p>only (RN/LPN)</p> <p>Nurses have been re-trained by the HSD and Regional Director of Health Services to ensure they are responsible for:</p> <ul style="list-style-type: none"> Verifying physician orders prior to administration Performing and documenting blood glucose checks as ordered Administering insulin per physician order and timing requirements <p>3. The HSD (Registered Nurse) will review the internal medication pass report daily at stand up. Any variances and documentation discrepancies will be resolved. On 3/11/26 medication skills training was completed by the Regional Director of Health Services for all team members that administer medications which included documentation, the 5 rights of administration and when to contact the RN Further education will occur as required.</p> <p>As stated, Nurses have been re-trained by the HSD and Regional Director of Health Services to ensure they are responsible for verifying physician orders prior to administration performing and documenting blood glucose checks as ordered administering insulin per physician order and timing requirements</p> <p>In addition, Med Techs and Nurses have received a medication competency/skills checklist reviewed by the HSD. All licensed nurses and Med Techs have been re-educated on the following, but not limited to Insulin administration protocols, blood glucose monitoring requirements, documentation</p>	<p>5/8/2026 and ongoing</p>

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3225.19.0	<p>wound care. When asked about her signing off on R7's insulin on the eMAR on 2/18/26, E4 stated that she did not administer insulin to R7. E4 acknowledged that she probably didn't check the eMAR. E4 stated that if she caught the mistake, she would have reported it to the nurse.</p> <p>3/6/26 12:36 PM – During an Interview, E2 (HSD/RN in Memory Care) confirmed that only nurses can perform blood sugar checks and administer insulin injections. E2 acknowledged that she saw E12 documenting incorrectly. E2 stated that the Med Techs are not checking residents' blood sugars and/or administering insulin.</p> <p>3/6/26 5:20 PM - Finding was reviewed during the exit conference with E1 (ED), E2, E3 (BOM) and E7 (RDO).</p>	<p>standards, and scope and standards of practice.</p> <p>4. The HSD/designee will review medication reports daily to ensure medications are administered as prescribed and within scope of practice.</p> <p>The ED will conduct weekly audits of the medication administration report as a quality assurance measure.</p> <p>Monthly QAPI meeting facilitated by the ED, HSD, and team will review medications occurrences for any trends and continued reeducation needs.</p> <p>At minimum, quarterly the HSD will complete a Medication Pass/Skills Observation for all Medication Techs and Nurses to ensure administration is within scope of practice and as per physician's orders.</p>	5/8/2026 and ongoing
3225.19.4	<p>In cases in which facilities have created the option for an individual's record to be maintained by computer, rather than hard copy, electronic signatures shall be acceptable. In cases when such attestation is done on computer records, safeguards to prevent unauthorized access and reconstruction of information must be in place. The following is an example of how such a system may be set up:</p>		
3225.19.4.1	<p>There is a written policy, at the assisted living facility, describing the attestation policy(ies) force at the facility;</p>		
3225.19.4.2	<p>The computer has built-in safeguards to minimize the possibility of fraud;</p>		

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3225.19.4.3	Each person responsible for an attestation has an individualized identifier;		
3225.19.4.4	An entry is not to be changed after it has been recorded; and		
3225.19.4.6 S/S – D	<p>The computer program controls what sections/ areas any individual can access/enter data based on the individual's personal identifier.</p> <p>This requirement was not met as evidenced by:</p> <p>Based on record review and interview, it was determined that for two (R6 and R9) out of five residents reviewed for medications, the facility failed to ensure that each residents' February 2026 eMARs were not changed or updated by a staff member later. Findings include:</p> <p>The facility's policy and procedure entitled Documentation Standards – Resident Health Record, last revised on 1/27/26, stated, "... 2. The Resident Health Record will be handled as a legal document... 14. Electronic Health Record entries will be corrected by entering a follow up progress note that indicates the entry on "date" "time" is inaccurate and the reason for the inaccuracy... 16. Late entries, while legal, are discouraged. Late entry documentation must be noted as such, contain the current date and time and date and time of the occurrence, and be completed as soon as possible after an event has taken place..."</p> <p>The facility's eMAR (electronic Medication Administration Record) showed a – (dash)</p>	<p>3225.19.4</p> <p>1. The medications for R6 were reviewed by the HSD. R6's medication has now been updated by the physician to be administered bi-weekly and continues to be administered by a licensed nurse and continues to receive weekly labs.</p> <p>All medications for R9 were reviewed by the HSD and reflect the physician orders. The Resident's MAR was updated to ensure that medications that require nurse administration was reflected. R9 continued to have blood sugar taken by nurses only. Blood sugars and insulin administration were documented timely.</p> <p>2. All medications have been reviewed by the HSD to ensure that any medication that requires to be administered by a nurse is reflected as such prior to 3/7/2026.</p> <p>All residents' medications are reviewed by the HSD and/or Designee to ensure that they are processed appropriately and are adminis-</p>	<p>3/7/2026</p> <p>3/11/2026</p>

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	<p>where a nurse's initials would be recorded if completed. According to the eMAR's Key at the top of the page, a - (dash) meant "not recorded".</p> <p>1. Review of R6's record revealed:</p> <p>12/5/25 - The physician order form for R6 documented, "... Retacrit... inject 1 ml [milli-liter] SubQ [subcutaneous] every Friday...".</p> <p>2/27/26 2:24 PM - Surveyor reviewed R6's February 2026 eMAR, which revealed a (-) dash in the box for the Retacrit administration on 2/20/26 at 9:00 AM.</p> <p>3/3/26 3:57 PM - Surveyor reviewed R6's February 2026 Medication Pass Records form, which revealed that R6's Retacrit on 2/27/26 at 9:00 AM was "Not Passed."</p> <p>3/5/26 1:00 PM - A copy of R6's February 2026 eMAR was handed to the surveyor by E2 (HSD/RN). Review of this copy revealed that nurses' initials were entered on the dates of 2/20/26 and 2/27/26 for R6's Retacrit administrations.</p> <p>3/5/26 4:56 PM - An audit report of R6's medication passes from 2/1/26 through 3/5/26 was reviewed by the surveyor which revealed that the 2/20/26 Retacrit administration was updated on 3/1/26 at 9:45 AM; and the 2/27/26 administration was updated on 3/5/26 at 1:07 AM.</p> <p>2. Review of R9's record revealed:</p>	<p>tered by the appropriate license and documented immediately after being administered.</p> <p>Insulin administration and blood glucose monitoring are performed by licensed nurses only (RN/LPN) Nurses have been re-trained by the HSD to ensure that medications are documented appropriately and immediately after being administered. This included training on the 5 rights of medication administration.</p> <p>3. The HSD (Registered Nurse) will review the internal medication pass report daily at stand up. Any variances and documentation discrepancies will be resolved. On 3/11/2026 medication skills training was completed by the Regional Director of Health Services for all team members that administer medications which included documentation, the 5 rights of administration and when to contact the RN. Further education will occur as required. Acculab to be checked daily by HSD or Designee. Regional Director of Operations facilitated in-service to ED and HSD on importance of documentation timeliness and accuracy.</p> <p>Leadership changes have been implemented. The HSD separated from employment on 3/24/2026. Full-time agency nurses were incorporated on 3/27/2026 to ensure continuity of care. Assisted Living HSD oversight began on 3/25/2026, with a new Health Services Director scheduled to begin on 5/11/2026.</p>	<p>5/8/2026 and ongoing</p>

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	<p>2/27/26 3:32 PM - Surveyor reviewed R9's February 2026 eMAR which revealed the following blood sugar checks and insulin had – (dashes) in the administration box on:</p> <ul style="list-style-type: none"> - 2/4/26 8:00 AM – blood sugar check and Toujeo insulin medication; - 2/10/26 8:00 PM – blood sugar check; - 2/16/26 8:00 PM – blood sugar check. <p>3/5/26 4:56 PM – An audit report of R9's medication passes from 2/1/26 to 3/5/26 was reviewed by the surveyor which revealed:</p> <ul style="list-style-type: none"> -2/4/26 8:00 AM blood sugar check was updated on 3/1/26 9:57 AM; -2/4/26 8:00 AM Toujeo insulin administration was updated on 3/1/26 9:57 AM; -2/10/26 8:00 PM blood sugar check was updated on 3/5/26 3:32 PM; and -2/16/26 8:00 PM blood sugar check was updated on 3/5/26 3:32 PM. <p>3/6/26 12:36 PM – During an interview, E2 (HSD/RN in Memory Care) stated that she administered R6's Retacrit on 2/20/26. When asked about R6's Retacrit on 2/27/26, E2 stated that E10's (LPN) last day was 2/27/26. E2 stated she called the nurse (E10) the following week about the Retacrit and received a text back on 3/3/26 at 9:12 AM from E10 stating that she administered the Retacrit injection. E2 stated that she can go into the system and enter E10's (LPN) name. E2 also stated that she told E9 (LPN) to go back in and document his blood sugar checks on R9.</p>	<p>The Executive Director separated from employment on 4/23/2026, and a new Executive Director began on 4/24/2026. Both leaders have received in-service education on the importance of accurate documentation and timely completion.</p> <p>4. The ED/HSD or designee will run the medication pass report daily to monitor for documentation gaps and variances. Audits will be conducted weekly for four weeks, bi-weekly for 4 weeks, and monthly for 1 month, or until 100% compliance is achieved. Findings will be discussed in QAPI and corrective actions will be implemented in accordance with state regulations.</p>	<p>5/8/2026</p>

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<p>16 Del. C. Chapter 11, Subchapter III, § 1131 Abuse, Ne- glect, Mis- treatment, Financial Exploita- tion, or Medication Diversion of Patients or Resi- dents. S/S- J</p>	<p>The facility failed to ensure that two resi- dents' February 2026 eMARs were not changed or updated by a staff member at a later date, specifically insulin, Retacrit injec- tion and blood sugar checks for R6 and R9.</p> <p>3/6/26 5:20 PM - Findings were reviewed during the exit conference with E1 (ED), E2, E3 (BOM) and E7 (RDO).</p> <p>(12) "Neglect" means the failure to provide goods and services necessary to avoid phys- ical harm, mental anguish, or mental illness. Neglect includes all of the following: a. Lack of attention to physical needs of the patient or resident including toileting, bath- ing, meals, and safety...".</p> <p>This requirement was not met as evidenced by: Based on observation, interview, review of record and other documentation as indi- cated, it was determined that for one (R3) out of one resident reviewed for elopement risk, the facility failed to provide a safe envi- ronment when R3, a newly admitted resident with a diagnosis of dementia, exited the fa- cility through the locked front door on 2/15/26 at 2:44 PM, after a staff person had entered at 2:42 PM and the door was not closed properly. Residents, who are at risk for elopement, have the potential to sustain se- rious injury or death as a result. An immedi- ate jeopardy was called on 3/3/26 at 3:16</p>	<p>1131 "Neglect"</p> <ol style="list-style-type: none"> R3 was immediately located and safely returned to the secured unit on 2/15/2026. The resident was assessed with no injuries identified. Care plan and UAI were reviewed and updated to reflect high elopement risk, exit seeking behaviors, required interventions including close supervision, redirection, and monitoring when in vicinity of exit doors. All residents will be assessed for elopement risk utilizing the facility's elopement risk assessment tool. Residents identified will have; UAI review and updates, revision of service plans to include individualized service plans' elopement interventions, 	<p>2/15/2026</p>

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	<p>PM. The facility abated the immediate jeopardy as of 3/6/26 at 3:00 PM. Findings include:</p> <p>1. Review of R3's record revealed:</p> <p>2/4/26 – The facility's Elopement Risk Evaluation form documented that R3 was a high risk for elopement.</p> <p>2/5/26 – R3's initial UAI assessment documented that R3 had a history of wandering outside.</p> <p>2/5/26 – R3's initial service plan documented that R3 was a high elopement risk with Intervention to monitor R3 with location checks and redirect resident as appropriate.</p> <p>2/10/26 – R3 was admitted to the memory care facility with a diagnosis of dementia.</p> <p>2/11/26 7:29 AM – A progress note by E8 (LPN) documented, "... Observed ambulating in hallway and attempting to locate exit doors. Exhibited exit seeking behavior... redirection, reorientation, and decreased stimuli. Limited effectiveness noted...".</p> <p>2/15/26 3:15 PM – The facility reported to the State Agency, "Resident eloped from community. Observed outside by the columns at the main entrance walking towards the parking lot. Activity staff member retrieved resident and brought him back inside.</p>	<p>monitoring levels adjusted based on risk. This will ensure all residents with similar risk factors will have appropriate measures in place.</p> <p>3. Facility determined failure of the front door closing mechanism, preventing proper engagement of the magnetic lock. The following corrective actions were implemented: Door closing hardware replaced on 3/3/2026 with commercial-grade equipment Door adjusted to ensure full closure and proper maglock engagement. Concierge assigned responsibility for daily verification of door function. Immediate reporting protocol established for any malfunction. Additional system changes: Staff re-educated on elopement risk, supervision expectations, and door safety, Reinforcement of monitoring residents near exits, Review of admission and assessment processes to ensure early identification of high-risk residents.</p> <p>4. The Executive Director (ED) or designee will: Review daily door check logs daily x 7 days until 100% compliance achieved for 1 week. THEN Weekly audits x 4 weeks THEN Monthly audits x 1 month</p>	<p>5/8/2026 and ongoing</p> <p>5/8/2026 and ongoing</p> <p>5/8/2026 and ongoing</p>

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	<p>Assessed by HSD no signs of injury. Entire event lasted approximately 5 minutes."</p> <p>The facility's investigation included the following:</p> <p>-2/15/26 – E6's (Concierge) written statement: "[R3] eloped out the front door... at approximately 3:15 PM. He must have slipped out when an employee let themselves in the front door. I had not opened the door and I had just seen an employee let themselves in. [R3] must have slipped out then. I happened to catch sight of him in our cameras and alerted [E5] to go after him."</p> <p>-2/15/26 – E5's (REA) written statement: "[E6] asked me who had come into the building and if anyone had left. [R3] had been trying the door, so I looked for him and saw him walking near the left-side parking lot, so I went after him. He was walking strongly towards the back of the building and wanted to go back in, remarking on the cold weather...".</p> <p>-2/17/26 – E4's (Med Tech) staff education/verbal counseling by E2 (HSD/RN): "... Memory care resident exited the facility on 2/15/26 through main door. Review of surveillance footage show resident exit, door not fully engaged on lock after staff member [E4] utilized door to enter facility. Action Taken: Education provided to [E4] on being mindful of fully engaging doors/making sure doors are pulled shut when entering/exiting due to high elopement risk population. And to also be mindful/observant of signs posted on doors reminding staff to ensure doors are closed." Signed by E4 on 2/19/26.</p>	<p>All findings will be reviewed in QAPI. Non-compliance will result in immediate re-education and corrective action.</p>	

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	<p>2/15/26 7:34 PM – A progress note by E2 (HSD/RN) documented, "... Elopement Incident Task... Residents (sic) service plan updated to reflect: Monitor resident closely when observed hovering near exit doors and promptly redirect to supervised activities to ensure safety and reduce exit-seeking behavior...".</p> <p>3/2/26 at 9:13 AM – Observation of the facility's surveillance video with E3 (BOM) revealed the following on Sunday, 2/15/26:</p> <ul style="list-style-type: none"> - at 2:42 PM – E4 (Med Tech) entering inside locked front door. - at 2:44 PM – R3 wearing a red plaid shirt and dark pants exited the two front entrance doors and walked on the sidewalk around the circle driveway towards the left side of the building parking area. R3 continued to walk out of view of the surveillance camera. - at 2:45 PM – E5 (REA) exited the two front entrance doors and walked in the same direction as R3 and walked out of view of the surveillance camera. - at 2:46 PM – E5 and R3 were walking back towards the front entrance holding hands. - at 2:47 PM – E5 and R3 re-entered the two front entrance doors. <p>3/2/26 11:35 AM – During an interview, E6 (Concierge) stated that she saw one of the staff members come to the front door. E6 stated that she could not recall if she saw the plaid red shirt on the monitor or glanced through the front door window. E6 stated</p>		

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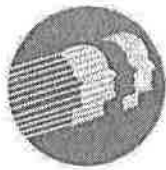
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	<p>that she knew that [R3] had been wearing a plaid red shirt. E6 stated that she asked [E5] "Is he here? I thought I saw a red plaid shirt." E6 stated that [E5] looked and said, "He is not here, open the door, open the door." E6 stated that E5 was in the activity area at the time I told her. They were ending the activity. When asked if there were any other staff present, E6 stated, "No, there was no other staff present, just [E5]." E6 stated that there is a sign on the door to remind people to make sure it is closed.</p> <p>3/2/26 12:04 PM – During an interview, E5 (REA) stated that [E6] asked did someone get out? E5 stated that she looked and went running after [R3]. E5 stated that when she reached him outside, said hi and talked to him. R3 said he was cold. E5 stated that she replied, "Let's go back where it is warm." E5 stated that the door doesn't always fall back into place, and you have to close it intentionally sometimes.</p> <p>3/2/26 12:17 PM – During an interview, E4 (Med Tech) stated that she was reporting for 3 PM-11PM shift on 2/15/26. E4 stated that she entered the code to get into the front door. As she was standing by the door to wait for it to close, she saw another resident [R10] pick up a pitcher of juice to drink and it was spilling. E4 said she was trying to get [R10] situated. E4 said there were a lot of residents in the area. E4 said she would take accountability for not waiting for the door to lock. E4 confirmed there was a sign on the door, but</p>		

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	<p>she could not remember when or how long it had been there.</p> <p>3/3/26 3:16 PM – An immediately jeopardy was called in the presence of E1 (ED) and E2.</p> <p>In response to the immediate jeopardy, the facility's abatement plan included all of the corrective actions listed below:</p> <ul style="list-style-type: none"> -2/15/26 – R3's picture was printed and placed at the receptionist desk. -2/15/26 – Resident ID [identification] page was verified in the Elopement binder. -2/15/26 – Individual Service Plan was updated to reflect Interventions to include "monitor resident closely when observed hovering near exit doors and promptly redirect to supervised activities to ensure safety and reduce exit-seeking behavior." -2/15/26 – An informal verbal discussion was held with the concierge to monitor resident closely when observed hovering near exit doors and promptly redirect to supervised activities to ensure safety and reduce exit-seeking behavior. -2/16/26 – R3 was discussed during the morning meeting. Follow-up email was sent to the Business office, Memory Care Resident Care Coordinator, and Activities Director reiterating interventions in place for R3. -2/17/26 – Telephone call placed to staff member directly involved in the event to provide immediate education. -2/19/26 – Staff member signed in service documentation to verify that education was completed over the phone on 2/17/26. 		

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S/S - K	<p>-HSD will complete the elopement drill for all Staff on all three shifts on or before 3/6/26 to become compliant.</p> <p>-HSD will complete all education for all facility staff on or before 3/6/26 to become compliant.</p> <p>-ED and FD will audit the main front door on or before 3/3/26.</p> <p>-3/3/26 – During the audit of the main front door by the ED and FD. Although the door is working as it should, it was noted that if both doors are open at the same time it creates a cross wind between the exterior and the interior doors causing a vacuum that could lead to the interior door not closing completely. Our FD will be reaching out to his RFD for some assistance on how to correct this issue.</p> <p>3/6/26 5:20 PM - Finding was reviewed during the exit conference with E1, E2, E3 (BOM) and E7 (RDO).</p> <p>3/16/26 12:30 PM - An unannounced follow-up visit to the facility verified the facility's abatement of the immediate jeopardy based on staff interviews, observations and record review of the corrective actions.</p> <p>c. Failure to carry out a prescribed treatment plan for a patient or resident.</p> <p>This requirement was not met as evidenced by:</p> <p>Based on record review and interview, it was determined that for five (R3, R6, R7, R8 and</p>		

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	<p>R9) out of five residents reviewed for medications, the facility failed to ensure each resident, who were prescribed either blood sugar checks, insulin injections or a weekly Retacrit injection, received the ordered medications and monitoring from 2/1/26 through 3/1/26. Residents, who are prescribed blood sugar checks and insulin injections, have the potential for a serious adverse outcome (i.e. hypoglycemia, diabetic ketoacidosis and death) as a result. The resident, who was prescribed Retacrit, had the potential for a serious adverse outcome (i.e. decrease in red blood cell production resulting in anemia and other serious conditions, heart attack or stroke). An immediate jeopardy was called on 3/6/26 at 2:37 PM. The facility abated immediate jeopardy as of 3/11/26 at 3:00 PM. In addition, for R2, the facility failed to ensure that R2 received timely care after a change of condition where a STAT x-ray script was not obtained from 2/15/26 until 2/24/26. Findings include:</p> <p>The facility's Medication Management policy, last revised on 12/19/22, stated, "... Procedure... 2. Community staff will document each time they provide medication administration assistance on the Medication Administration Record (MAR)... 3. Medications that are not administered will be accompanied by a reason for not administering. Those reasons may include the following:</p> <ul style="list-style-type: none"> a. Duplicate Order b. Resident out of facility c. Held per Dr's Orders/Outside Parameters d. Medication Discontinued..." 	<p>S/S-K</p> <p>c. Failure to carry out a prescribed treatment plan for a patient or resident.</p> <p>1. To immediately ensure resident safety, all residents identified in the deficient practice (R3, R6, R7, R8, and R9) had their clinical records reviewed by the Health Services Director (HSD) and/or licensed nurse.</p> <p>For all affected residents:</p> <p>Physician orders were verified for accuracy and completeness Blood glucose monitoring and insulin administration were immediately resumed per physician orders Medication Administration Records (MAR/eMAR) were corrected to reflect accurate and timely documentation All outstanding diagnostic orders, including x-rays, were immediately followed up, completed, and reviewed Physicians were notified of any missed, delayed, or undocumented treatments as indicated</p>	<p>3/11/2026</p>

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	<p>The facility's eMAR (electronic Medication Administration Record) showed a – (dash) where a nurse's initials would be recorded if completed. According to the eMAR's Key at the top of the page, a – (dash) meant "not recorded".</p> <p>1. Review of R6's record revealed;</p> <p>5/28/25 – R6 was admitted to the facility with diagnoses that included, but were not limited to, dementia, anemia and chronic kidney disease.</p> <p>12/5/25 – The physician order form documented, "... Retacrit... Inject 1 ml [milliliter] SubQ [subcutaneous] every Friday, hold for Hgb [hemoglobin] > [greater than] 10...".</p> <p>2/18/26 2:38 PM – R6's lab results revealed his Hgb was 9.3.</p> <p>2/20/26 9:00 AM – Surveyor reviewed, on 2/27/26 at 2:24 PM, the February 2026 eMAR, which revealed that R6's Retacrit injection had a – (dash) in the box.</p> <p>2/25/26 4:22 PM – R6's lab results revealed his Hgb was 9.1.</p> <p>2/27/26 9:00 AM – Surveyor reviewed, on 3/3/26 at 3:57 PM, the February 2026 Medication Pass Records using the electronic Resident Report Card form, which revealed that R6's Retacrit was "Not Passed."</p> <p>3/4/26 3:05 PM – R6's lab results revealed his Hgb was 8.5.</p>	<p>Each resident was assessed for any adverse effects related to missed or delayed treatments. No negative outcomes requiring emergent intervention were identified.</p> <p>2. A facility-wide audit was conducted of all residents to identify any who may have been affected by similar deficient practices. The audit included: Review of all residents with blood glucose monitoring and insulin orders, Review of all active physician orders for diagnostic services (including x-rays, labs, and treatments), Verification of completion and documentation in the eMAR and clinical record.</p> <p>Any discrepancies identified during the audit were immediately corrected, and physician notification was completed as appropriate.</p> <p>3. The facility identified system failures related to: Execution of physician-ordered treatments, Documentation accuracy and timeliness, Communication and follow-through on diagnostic orders, Clinical oversight and accountability.</p> <p>The following systemic changes were implemented:</p> <p>All physician orders are now reviewed by a licensed nurse upon receipt to ensure timely implementation and accuracy.</p>	<p>3/11/2026</p> <p>5/8/2026 and ongoing</p>

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	<p>Review of R6's progress notes on 2/20/26 and 2/27/26 lacked evidence of the reason for not administering his Retacrit injection.</p> <p>2. Review of R7's record revealed:</p> <p>4/8/21 – R7 was admitted to the facility with diagnoses that included, but were not limited to, dementia and diabetes mellitus.</p> <p>10/24/25 – Two physician order forms documented, "... Insulin Glargine [Lantus] 100 units/ml [milliliter] – give 12 units QHS [every bedtime] ..." and "... Accucheck TID [three times a day]..."</p> <p>The February 2026 eMAR for R7 documented, "Check BS [blood sugar] TID..." and "Lantus Solostar... Insulin Pen... Give 12 units QHS..."</p> <p>Review of the February 2026 eMAR revealed that R7's blood sugar had – (dashes) on:</p> <ul style="list-style-type: none"> - 2/3/26 at 11:30 AM; - 2/4/26 at 8:00 AM and 11:30 AM; - 2/6/26 at 11:30 AM; - 2/9/26 at 11:30 AM; - 2/12/26 at 8:00 AM; - 2/15/26 at 11:30 AM; - 2/16/26 at 8:00 AM and 11:30 AM; - 2/17/26 at 11:30 AM; - 2/21/26 at 11:30 AM; and - 2/24/26 at 11:30 AM. <p>In addition, the February 2026 eMAR revealed that R7's Lantus insulin injection</p>	<p>A tracking process has been implemented to monitor all ordered treatments, including:</p> <ul style="list-style-type: none"> • Blood glucose monitoring • Insulin administration • X-rays, labs, and other diagnostic services • Scope of Practice Reinforcement: <p>All licensed nurses and medication staff were re-educated on:</p> <ul style="list-style-type: none"> • Blood glucose monitoring requirements • Insulin administration protocols • Documentation standards • Scope of practice • Daily Clinical Oversight: <p>The HSD or designee will review medication administration reports and treatment logs daily to ensure:</p> <ul style="list-style-type: none"> • Treatments are completed as ordered • Documentation is accurate and timely • Leadership Oversight: <p>Leadership changes have been implemented to strengthen clinical accountability and ensure compliance with physician orders and regulatory requirements.</p> <p>4. Monthly audits through QAPI All findings will be reviewed in the facility's QAPI program. Non-compliance will result in immediate re-education, competency validation, and supervisory intervention.</p>	<p>5/8/2026 and ongoing</p>

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	<p>scheduled at 7:00 PM had – (dashes) on 2/4/26, 2/10/26 and 2/16/26.</p> <p>Review of R7's progress notes during the dates/times listed above lacked evidence of the reasons for not administering her blood sugar checks and Lantus insulin injections.</p> <p>3. Review of R8's record revealed:</p> <p>2/1/24 – R8 was admitted to the facility with diagnoses that included, but were not limited to, dementia and diabetes mellitus.</p> <p>Review of the February 2026 eMAR revealed that R8's blood sugar check scheduled at 7:00 PM had – (dashes) on 2/1/26, 2/10/26 and 2/16/26.</p> <p>In addition, the February 2026 and March 1-3, 2026, eMARs revealed that R8's Insulin 70-30 Aspartate injection medication had – (dashes) on:</p> <ul style="list-style-type: none"> - 2/4/26 at 8:00 AM; - 2/16/26 at 8:00 AM; and - 3/1/26 at 8:00 AM. <p>Review of R8's progress notes during the dates/times listed above lacked evidence of the reasons for not administering her blood sugar checks and Insulin Aspartate injections.</p> <p>4. Review of R9's record revealed:</p> <p>10/24/25 – R9 was admitted to the facility with diagnoses that included, but were not limited to, dementia and diabetes mellitus.</p>		

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	<p>Reviews of February 2026 and March 1-3, 2026 eMARs revealed that R9's blood sugar checks twice a day were not administered on:</p> <ul style="list-style-type: none"> - 2/4/26 at 8:00 AM; - 2/10/26 at 8:00 PM; - 2/16/26 at 8:00 PM; and - 3/1/26 at 8:00 AM. <p>In addition, February 2026 and March 1-3, 2026, eMARs revealed that R9's Toujeo insulin injection of 14 units daily at 8:00 AM were not administered on 2/4/26 and 3/1/26.</p> <p>Review of R9's progress notes during the dates/times listed above lacked evidence of the reasons for not administering her blood sugar checks and Toujeo insulin injections.</p> <p>5. Review of R3's record revealed:</p> <p>2/10/26 – R3 was admitted to the facility with diagnoses that included, but were not limited to, dementia and diabetes.</p> <p>The February 2026 eMAR for R3 documented, "Check blood sugar before breakfast." Review of the eMAR revealed that R3's blood sugar had a – (dash) on:</p> <ul style="list-style-type: none"> - 2/12/26 at 9:00 AM; - 2/21/26 at 8:00 AM; and - 2/25/26 at 8:00 AM. <p>Review of the progress notes during the three dates/times listed above lacked evidence of the reason for not administering R3's blood sugar checks.</p>		

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	<p>3/5/26 at 9:22 AM – During an interview, E11 (HSD/RN in Assisted Living) confirmed that she would respond to the memory care facility for any incidents, i.e. falls, injuries or anything was brought to her attention, when there was no nurse present. When asked about 2/16/26 schedule for 7 AM – 3 PM where she was listed as the nurse on duty, E11 confirmed that she did not check blood sugars and administer insulin to the residents.</p> <p>3/6/26 10:52 AM – During an interview, E9 (LPN) stated that he forgets to document the residents' blood sugar checks and insulin injections because he gets distracted.</p> <p>3/6/26 12:36 PM – During an interview, E2 (HSD/RN in Memory Care) confirmed that only nurses can perform blood sugar checks and administer insulin and Retacrit injections. E2 stated that on 2/9/26 the medications were administered by her, but she acknowledged that they were not documented. E2 stated that she spoke to E9 (LPN) about not documenting residents' blood sugar checks and insulin and acknowledged that E9 forgets to document. When asked about R6's Retacrit on 2/27/26, E2 stated that E10's (LPN) last day was 2/27/26. E2 stated she called the nurse (E10) the following week about the Retacrit and received a text back on 3/3/26 at 9:12 AM from E10 stating that she administered the Retacrit injection.</p> <p>3/6/26 2:37 PM – Based on examples 1 through 5, the facility failed to ensure each resident received the ordered medications</p>		

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	<p>and monitoring, which have the potential for a serious adverse outcome or death. An immediate jeopardy was called in the presence of E1 (ED), E2 (HSD) and E7 (RDO).</p> <p>In response to the immediate jeopardy, the facility's abatement plan included all the corrective actions listed below:</p> <ul style="list-style-type: none"> -HSD will complete a full house audit of medication passes to ensure that all medications are administered to the right person, route, dose, time and that the right medications was given. The initial full house audit will be completed on 3/6/26. -HSD will complete all education for all licensed nursing staff on the importance of timely administration and documentation of all medications given with a focus on injectable medications. To be completed by 3/11/26 to become compliant. -HSD will be completing a daily audit of medication documentation to ensure that all meds are being administered as prescribed. -HSD will complete re-education for all certified med techs reinforcing that it is not within their scope to perform blood sugar checks and/or administer insulin. To be completed by 3/11/26 to be compliant. -ED will do a weekly follow up audit of medication documentation to ensure that all audits are being completed. -ED will review the schedule to ensure that nursing is present to administer any injectable medications and complex medications requiring nurse oversight." 		

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	<p>3/6/26 5:20 PM - Finding was reviewed during the exit conference with E1 (ED), E2, E3 (BOM) and E7 (RDO).</p> <p>3/16/26 12:30 PM - An unannounced follow-up visit to the facility verified the facility's abatement of the immediate jeopardy based on staff interviews and record review of the corrective actions.</p> <p>6. Review of R2's record revealed:</p> <p>4/24/24 - R2 was admitted to the facility.</p> <p>2/9/26 11:27 PM - A progress note by E9 (LPN) documented, "resident observed with increased weakness and c/o [complaint of] pain. Resident unable to ambulate. [F1] reached. [F1] encouraging continue Tylenol until office issues new order for Motrin...".</p> <p>2/15/26 8:23 PM - A progress note by E9 (LPN) documented, "... resident still on geri chair for locomotion. Tolerating (sic) new order ibrufen (sic) for generalized pain. Body assessment completed. States her LLE [left lower extremity] thigh soar. MD made aware. Md promising to send STAT x ray (sic) to r/o [rule out] acute injury...".</p> <p>2/24/26 4:35 PM - A progress note by E9 (LPN) documented, "spoke to [F1, POA] about resident's status. [F1] reaching office to send the e script for x ray. [F1] offered new fax number...".</p> <p>2/26/26 11:14 AM - A progress note by E10 (LPN) documented, "E-script for X-ray delivered and sent to nurse's office from [F1]."</p>		

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	<p>2/26/26 4:03 PM – A progress note by E9 (LPN) documented, “stat left hip and femur x ray placed...”.</p> <p>2/26/26 10:56 PM – A progress note by E9 (LPN) documented, “resident stat femur and hip x ray completed and results received. Conclusion: acute left femoral neck fracture with moderate displacement and angulation. Diffuse osteopenia and mild degenerative change in left hip... results faxed to md... awaiting new orders...”.</p> <p>2/27/26 5:00 PM – A progress note by E2 (HSD/RN) documented, “[F1] in to visit. X-ray results reviewed. Per [F1], he believes the resident’s osteopenia may have contributed to her fracture. He stated that when he saw her on 2/15, she was only complaining of pain in the left lower thigh area just above the knee. He reported that at that time he was able to move... without eliciting significant pain or concern. [F1] requested... transfer to [name of hospital] in the morning... for surgical intervention.”</p> <p>3/5/26 12:31 PM – During an interview, F1 stated that R2 was ambulating on her own prior to the left hip fracture diagnosis. F1 stated that R2 had a history of back discomfort intermittently and after receiving a short course of Naproxen (pain medication) would be self-ambulating again. F1 said that he received a call from physical therapy, and he asked about the x-ray results. F1 said that the x-ray was delayed. F1 said that he obtained the STAT x-ray script.</p>		

Provider's Signature _____ Title _____ Date _____



**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: The Pointe at South Harmony Lodge

DATE SURVEY COMPLETED: March 16, 2026

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
	<p>3/5/26 12:46 PM – During an interview, C1 (contracted PT) said that R2 was ambulatory. C1 said she noted that R2 was placed in a geri-chair more than a couple of days. C1 said that R2 had a history of back pain, but it was usually short-lived. C1 said that she requested and received a physician’s order to evaluate R2 on 2/19/26. C1 confirmed that she called F1 before the PT evaluation on 2/24/26 and F1 spoke about an x-ray. C1 said that she did not see any x-ray. C1 said that she spoke to E2 (HSD/RN) about it. When asked about how R2 could have sustained this injury, C1 said it was possible that R2 fell and got back up on her own.</p> <p>3/5/26 1:06 PM – During an interview, E9 (LPN) stated that he was communicating with F1 about R2’s status. E9 stated that when the transition occurred with the new owners of the facility, equipment and fax numbers were changed. E9 stated that R2’s outside primary care physician had the wrong fax number to send the e-script for the STAT x-ray to the facility.</p> <p>The facility failed to ensure that R2 received timely care after a change of condition where a STAT x-ray script was not obtained from 2/15/26 until 2/24/26.</p> <p>3/6/26 5:20 PM - Finding was reviewed during the exit conference with E1 (ED), E2, E3 (BOM) and E7 (RDO).</p>		

Provider’s Signature _____ Title _____ Date _____

