



**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: Harmony at Kent

DATE SURVEY COMPLETED: February 18, 2026

| SECTION | STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES | ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED | Completion Date |
|--|---|--|--------------------|
| <p>3225.0 3225.1.0</p> | <p>An unannounced Complaint and desk review visit was conducted at this facility from February 10, 2026, through February 18, 2026. The deficiencies contained in this report are based on record review and interview.</p> <p>Assisted Living Facilities</p> <p>Purpose</p> <p>The Department of Health and Social Services is issuing these regulations to promote and ensure the health, safety, and well-being of all residents of assisted living facilities. These regulations are also meant to ensure that service providers will be accountable to their residents and the Department, and to differentiate assisted living care from skilled nursing care. The essential nature of assisted living is to offer living arrangements to medically stable persons who do not require skilled nursing services and supervision. The regulations establish the minimal acceptable level of services for residents of assisted living facilities.</p> | | |
| <p>3225.16.0 3225.16.12 S/S – F</p> | <p>Staffing</p> <p>The Director of Nursing shall comply with the provisions of 24 Del.C. Ch. 19 and the rules and regulations of the Board of Nursing.</p> <p>Based on record review and interview it was determined that the facility failed to have a Director of Nursing with a valid Delaware and/or compact state license to practice nursing in Delaware. Findings include:</p> <p>1/3/26 – An email provided by the facility contained E3's (former DON) resignation effective January 30, 2026.</p> | <p>3225.16.0</p> <p>A. E2 remains employed by Harmony Senior Services in a Senior Healthcare Director role. PA licensure was renewed by E2 to ensure it reflects 'compact state'. E4 remains employed in community as the FT Healthcare Director, with an active RN license for the state of DE.</p> <p>B. All residents have the potential to be affected by this deficient practice.</p> <p>C. A root cause analysis revealed licensure was not being properly monitored for</p> | <p>3/18/26</p> |

Provider's Signature [Signature] Title Executive Director Date 3/5/2026



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| <p>3225.19.0</p> <p>3225.19.6</p> <p>S/S – D</p> | <p>2/17/26 – A check of E2’s (Acting DON) nursing license on a national data base documented a Delaware license that expired on 9/30/25. An active Pennsylvania license was documented with at expiration date of 10/31/26 but under the heading “Compact Status” noted “Single State”.</p> <p>2/18/26 – An email from E1 (NHA) stated, “[E2], is our Senior Healthcare Director for Harmony Senior Services. She has been on site, working at Harmony at Kent since 1/28/26. She is licensed in the state of PA. Please see her license attached. It was an unintentional oversight regarding the verbiage on her license. [E2] knew that PA is a compact state, and she was not notified that she would have to reapply to have her actual license state ‘compact state’. She was under the impression she was grandfathered in and as you can see from her license, she was due to renew in October of this year. As of yesterday, [E2] renewed her license early in the state of PA and is due to receive a new copy, that will say ‘compact state’ on Friday 2/20”.</p> <p>2/18/26 – The facility provided the active Delaware license of E4 (RN) who accepted the DON position effective this date.</p> <p>The facility failed to have a DON with an active license to practice in the State of Delaware from 1/30/26 until 2/18/26.</p> | <p>compliance due to the associate being in a home office support role. An audit of all licensed staff at the community level will be completed to ensure regulatory compliance by 3/18/26.</p> <p>D. The HCD/designee will conduct a monthly audit for all community based licensed staff, until 100% compliance is verified then quarterly x2 until 100% verified. Results will be presented to the Quality Assurance Process Improvement team for review and recommendation.</p> <p>3225.19.7.3</p> <p>A. The incident took place on 2/9/26 at approx. 1:30pm. Per Fire and Emergency personnel who responded to the event, a whole house evacuation order was given at 4:30pm. Community leadership was actively involved in the evacuation and safe</p> | <p>3/18/26</p> |

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| <p>3225.19.7</p> <p>3225.19.7.3</p> | <p>the occurrence of the incident, to the Division. The method of reporting shall be as directed by the Division.</p> <p>Reportable incidents include:</p> <p>Structural damage or unsafe structural conditions.</p> <p>Based on record review it was determined that the facility failed to submit a reportable incident within the 8-hour time frame. Findings include:</p> <p>2/10/26 – A review of a facility reported incident indicated flooding had occurred at 1:30 PM on 2/9/26. The emergency operation plan for an evacuation was initiated due to unsafe conditions. The incident was reported to DHCQ at 3:40 AM on 2/10/26, approximately 14 hours later.</p> <p>2/10/26 – Findings were reviewed with E1 at approximately 4:00 PM.</p> | <p>placement of residents from 4:30pm to 3:30am.</p> <p>B. All residents have the potential to be affected by this deficient practice. No resident was injured during the evacuation.</p> <p>C. The incident was unexpected and urgent. Community leadership gave their full attention towards the residents to ensure their safety and wellbeing. A root cause analysis revealed the emergency preparedness plan did not clearly assign reporting the emergency. A revision to the Emergency Preparedness Plan will be completed by 3/18/26.</p> <p>D. The ED/HCD/designee will conduct a weekly audit for all state reportable incidents, until 100% compliance is verified then monthly x2 until 100% verified. Results will be presented to the Quality Assurance Process Improvement team for review and recommendation.</p> | |

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