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: Meadowcrest at Middletown Senior Living **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
	An unannounced Complaint Survey was conducted at this facility from January 30, 2026, through February 18, 2026. The deficiencies contained in this report are based on observations, interviews, review of resident's clinical records and review of other facility documents as indicated. The facility census on the first day of the survey was sixty-three. The survey sample totaled three residents. Abbreviations/definitions used in this report are as follows: ARWD – Assistant Wellness Director ED – Executive Director MT – Medication Technician LPN – Licensed Practical Nurse RA – Resident Assistant RED – Regional Executive Director RWD – Resident Wellness Director UAI – Universal Assessment Instrument		
3225.	**Assisted Living Facilities**		
3225.16.0	**Staffing**	322.516.2	3/7/26
3225.16.2 **S/S – D**	**A staff of persons sufficient in number adequately trained, certified, or licensed to meet the requirements of the residents shall be employed and shall comply with applicable state laws and regulations.** **Per the State of Delaware Board of Nursing's Scope of Practice document titled "RN, LPN, and NA/UAP Duties 2024", last revised 4/10/24, only a Registered Nurse**	A Resident R1 continues to reside in the community with no negative outcome identified in relation to the deficient practice as an RN Assessment was completed. B All residents have the potential to be affected. C Upon review, the facility determined that the original fall assessment had been completed by an RN and an evaluation, only,	

Provider's Signature Mitch A Wyatt Title ED Date 3/10/26

NAME OF FACILITY: Meadowcrest at Middletown Senior Living **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
	(RN) can perform fall assessment and documentation. **This requirement is not met as evidenced by:** Based on record review, interviews and other facility provided documents it was determined that for one (R1) out of three residents sampled, the facility failed to ensure that the initial post fall assessment was completed by the Registered Nurse. Findings include: A review of R1's clinical record revealed: 1/22/26 6:00 AM – A facility incident report documented approximately 5:55 AM – 6:00 AM R1 was found wandering in the dining room and patio, having lost balanced and misstepped (sic) while outside "type of incident fall." Further review of the incident report documented R1 noted walking barefoot, observed soreness and blood on left foot. Additionally, E3 documented vital signs for R1, treatment initiated, POA, doctor, and DON notified. The clinical record lacked evidence of an initial RN post fall assessment after R1 was found outside on the ground. 1/22/26 7:53 AM – A text message sent by E3 (LPN) to E2 (DON) documented "Quick FYI Room 207 Resident currently on ABT (Antibiotic) and confused had a fall last night. Assisted to chair by staff denies head strike (sic). Resident was barefooted; noted	was completed by the LPN. The internal review determined that the issue was related to timeliness of documentation and completion rather than the absence of an RN assessment. As a result, the fall management program was revised to account for timeliness of fall assessment completion. Education provided to all RNs on 2/17/26 in relation to the revised Fall Management Program. D The RSD/designee will conduct fall assessment audits weekly until compliance of 100% is achieved over 4 consecutive evaluations. Once this is achieved, the RSD/designee will conduct an audit 1 month later and if 100% compliance is achieved, the community will conclude the deficient practice has been corrected. Fall assessment audits will be reviewed quarterly at QA during the evaluation period.	

Provider's Signature Matt A Myers Title ED Date 3/10/26

NAME OF FACILITY: Meadowcrest at Middletown Senior Living **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
	soreness and minor bleeding on left foot. Treatment has been initiated." 2/2/26 9:58 AM – During an interview E3 confirmed and stated, "No I did not call E2 I sent a text message after I got R1 back to the room, I called the family and the doctor." 2/4/26 10:22 AM – During an interview E2 stated "E3 sent a text message at 7:53AM. In addition, E2 provided a copy of the text message that confirmed the time it was received from E3. 2/4/26 2:54 PM – Findings were reviewed with E2 (DON), E8 (RED) and E3 (ADON).		
3225.19.6 **3225.19.7** **3225.19.7.5** **3225.19.7.5.2** **S/S – D**	**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 directed by the Division.** **Reportable incidents include:** **Resident elopement.** **Any circumstance in which a cognitively impaired resident, whose whereabouts are unknown to staff, exits the facility.** This requirement was not met as evidenced by: Based on observation, interviews and other facility provided documents it was determined for one (R1) out of three residents sampled for wandering and elopement the facility failed to ensure that R1's elopement on 1/22/26 was reported to the Division.	3225.19.7 A Resident R1 continues to reside in the community with no negative outcome identified in relation to the deficient practice. B All residents have the potential to be affected. C The facility conducted a review of the incident and determined that the elopement event was not reported as required due to staff misinterpretation of the regulatory reporting requirements. The root cause was identified as insufficient staff understanding and clarification of reportable incident definitions, specifically regarding	3/7/26

Provider's Signature Mark A Mc[illegible] Title ED Date 3/10/26

NAME OF FACILITY: Meadowcrest at Middletown Senior Living **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
	This incident of elopement was not reported by the facility until 2/3/26. Findings include: A review of R1's clinical record revealed: 4/26/24 – R1 was admitted to the facility with a diagnoses of cognitive impairment and muscle weakness. 1/22/26 4:16 AM – A review of the facility's camera footage revealed that R1 exited the second-floor stairwell, descended two flights of stairs to the first floor, and exited the building to the outside. R1 walked around the back of the building and was found on the ground by E7 (Cook), who arrived at work at 5:58 AM. E7 notified E3 (LPN) and E6 (Security) that R1 was outside. 2/2/26 1:04 PM – During an interview E2 was asked why R1's elopement was not reported. E2 stated, "The investigation was taken over by E1 (NHA) and corporate I don't know why it was taken out of my hands.' 2/4/26 2:54 PM – Findings were reviewed with E2 (DON), E8 (RED) and E9 (ADON)	elopement events. This resulted in the incident not being reported within the required timeframe. Upon notification of the deficient practice, the facility reported the incident through the incident reporting system. The facility has identified the need for additional education and clarification of reporting requirements to ensure all reportable incidents are appropriately identified and submitted in accordance with regulatory guidelines. A review of all reportable incidents for 2026 was conducted on 3/3/26 with limited deficient practices identified and education, on reportable incidents, was provided to Registered Nurses on 2/26/26. D. The RSD/designee will conduct reportable incident audits weekly until compliance of 100% is achieved over 4 consecutive evaluations. Once this is achieved, the RSD/designee will conduct an audit 1 month later and if 100% compliance is achieved, the community will conclude the deficient practice has been corrected. Reportable incident audits will be reviewed at quarterly QA during the evaluation period.	
Delaware Code — 16 Del. C. § 1131 — Definitions (Neglect) **S/S- J**	**"Neglect" means the failure to provide goods and services necessary to avoid physical 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, bathing, meals, and safety.**	Neglect A Resident R1 continues to reside in the community and after a full assessment it was determined that there were no negative outcomes related to the deficient practice. The resident was moved to the community's Memory Care Unit on 1/30/26. B All residents have the potential to be affected by the deficient practice. Community completed audit of all Assisted Living	3/7/26

Provider's Signature Mark A Mc[illegible] Title ED Date 3/10/26

NAME OF FACILITY: Meadowcrest at Middletown Senior Living **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
	This requirement was not met as evidence by: Based on observation, interview, record review and review of other facility documents it was determined that for one (R1) out of three residents sampled for wandering and elopement the facility failed to ensure adequate supervision to prevent R1 from eloping, putting the resident at immediate jeopardy and risk of a serious adverse outcome including death. R1 a resident that was confused exited from the second floor down two flights of stairs to the first floor. R1 exited the facility to the outside wearing only pajamas, barefooted and exposed to temperatures ranging from 16 – 20 degrees. R1 walked around the back of the building to a back parking lot near a steep hill and the patio. R1 was found lying on the ground on the patio. R1 was missing for one hour and forty-two minutes. An immediate jeopardy (IJ) was identified starting on January 22, 2026. Based on the facility's investigation, documented response, completion of in-service training, and staff interviews, the facility's date of abatement for the Immediate Jeopardy was determined to be 2/6/26. Findings include: A facility policy titled "Wandering & Elopement Program" undated documented "To maximize a resident's safety through prompt investigations of attempted elopements, actual elopements or if a resident is missing. Elopement attempt occurs when a	Residents, on 1/26/26, with any diagnosis of confusion, altered mental status, cognitive impairment, Alzheimer's and Dementia to determine if there are any exit seeking behaviors identified and what safety precautions were currently being utilized. It was determined that all safety measures were appropriate at the conclusion of the audit. C The facility conducted an internal review of the incident and determined that additional safety interventions were not implemented when the resident experienced increased confusion. Although the resident had a history of intermittent confusion, there had been no prior elopement behaviors identified, and the change in condition was believed to be related to an acute illness. The root cause was identified as the facility's failure to recognize that periods of acute or increased confusion may increase elopement risk and require additional safety interventions and monitoring. This resulted in preventative measures not being implemented at the time of the resident's change in condition. The facility has identified the need to strengthen policies, procedures, and staff education to ensure residents experiencing periodic or acute episodes of confusion are reassessed for safety risks and appropriate interventions are implemented to maintain resident safety. The following policies, programs and procedures were created or revised: Communication from LPN Supervisor to Admin and Wandering & Elopement Program. All community staff were educated on these policies as well as the current Missing Resident Protocol by 2/6/26. Additional updates, revisions and creations were	

Provider's Signature Matt A Mill Title ED Date 3/10/26

NAME OF FACILITY: Meadowcrest at Middletown Senior Living **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
	resident attempts to leave a safe area.... Exits the building unattended." A review of R1's clinical record revealed: 4/26/24 - R1 was admitted to the facility with diagnoses of cognitive impairment and muscle weakness. 4/26/24 – A review of R1's initial UAI (Uniform Assessment Instrument) documented the resident required a walker, supervision and cueing for mobility and had memory loss. R1 required two-person physical assist for use of the stairs. Further review of the UAI documented R1 had difficulty sleeping at night and is agitated at night. The UAI also documented R1's risk factors for falls included gait problems and confusion. 5/24/24 – A review of R1's 30-day UAI documented R1's required a walker and supervision and cueing for mobility and had memory loss. R1 required two-person physical assist for use of the stairs. Further review of the UAI documented R1 has difficulty sleeping at night and is agitated at night. The UAI also documented R1's risk factors for falls included gait problems and confusion. 4/15/25 – A review of R1's annual UAI documented R1's required a walker and supervision and cueing for mobility had memory loss. R1 required two-person physical assist for use of the stairs. Further review of the UAI documented R1 has difficulty sleeping at night and is agitated at night. The UAI also	made, on 2/6/26, to the following policies: Wandering / Elopement Program, Fall Management Program, Missing Resident Protocol, Rounding Policy and Communication Between LPN Supervisor and Administration. This was done to address timeliness, resident safety and identify additional precautions for residents that experience any form of cognitive impairment. In-house community staff were educated on the new policies. All PRN and School Student education will be signed off prior to those individual's next shift. In addition, per revamped policy, if a resident exhibits a sudden change of behavior associated with confusion, the RN will be notified immediately, via phone call, to further assess the resident in order to initiate immediate, individualized and appropriate interventions. This was implemented on 2/11/26. Lastly, on 2/4/24, alarms, that signal to the staff walkie talkies, were placed on the external exit doors of Assisted Living / Memory Care portion of the community. D Per the community's abatement plan the RSD/designee will conduct quarterly reviews of resident's with a diagnosis of any form of cognitive impairment and their need for additional support and or measures which is in addition to significant changes related to cognition. This will be an ongoing process, and results will be reviewed during the community's quarterly QA.	

Provider's Signature _____ Title ED Date 3/10/26

NAME OF FACILITY: Meadowcrest at Middletown Senior Living **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
	documented R1's risk factors for falls included gait problems and confusion. 11/8/25 8:56 PM – A review of a facility "Monthly Summary Note" documented "[R1] is AAOx2 with periods of confusion." 1/22/26 6:00 AM – A review of the facility incident report documented "[R1] alert and oriented to person with confusion currently on antibiotics for UTI (Urinary Tract Infection). " 1/22/26 7:53 AM - Review of a text message sent from E3 (LPN) to E2 (RSD) revealed "Quick FYI Room 207 Resident currently on ABT (Antibiotic) and confused had a fall last night. 1/22/26 8:35 AM – A progress note documented by E2 documented, "Care conference scheduled with POA/Daughter 1/26/26 to discuss [R1's] increased confusion prior to UTI. Wander-guard placed on [R1] for safety precautions." 1/23/26 8:28 AM – A review of other facility provided email from E3 sent to E1 (NHA) and E2 documented, "This incident resulted from the absence of an assigned wandeguard for a confused resident." 1/30/26 11:50 AM – During an interview E4 (MT) reported "[R1] is confused and does wander and has been observed walking to the back door." E4 then confirmed and stated, "[R1] is confused but is easily directed." E4 then reported [R1] is moving to MC (Memory Care) today.		

Provider's Signature _____ Title ED Date 3/10/26

NAME OF FACILITY: Meadowcrest at Middletown Senior Living **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
	2/2/26 8:39 AM – During a telephone interview E5 (MT) reported, "During rounds around 1:30 – 2:00 AM and [R1] wanted to go to the dining room for breakfast and was offered a snack but declined and was then taken back to the room. [E5] confirmed at 5:30 AM [R1] was not found in the room and searched for [R1] downstairs in the dining room, [R1] was not found. [E5] then reported to [E3] [R1] was missing." 2/2/26 9:58 AM – During a telephone interview, E3 reported that E5 stated R1 was not in the room. E3 notified E6 (Security) and confirmed that R1 was not visible on the camera system. E3 stated she contacted E6 again to recheck the area outside for R1. E3 confirmed that R1 was found on the ground on the patio. E3 stated that R1 was picked up off the ground by E7 (Cook) after arriving at the facility for work and assisted to a chair outside. E7 informed E6 that R1 was outside and had fallen. E3 and E6 went outside to assist R1. E3 confirmed that R1 was cold, wearing only pajamas and barefoot, and that R1's feet were bleeding from walking on the ground barefoot. In addition, E3 reported that R1 had been more confused prior to the incident and had a history of wandering, including going to the dining room during the night believing it was time for breakfast and requiring redirection. 2/2/26 – A review of the facility's camera footage revealed R1 walked to the exit door at 4:13 AM with a rolling walker. R1 exited		

Provider's Signature Matt A Mylett Title ED Date 3/10/26

NAME OF FACILITY: Meadowcrest at Middletown Senior Living **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
	through the door to the stairwell at 4:16 AM. 2/3/26 10:00 AM – During an interview E7 reported "I arrived at work 5:58 AM and found [R1] laying on the ground it looked like [R1's] toes were bleeding there was blood on the ground. It was instinct I helped [R1] up. I went to get [E6] I saw [E3] down the hallway just standing there. E3 said "We were looking for [R1]." E7 stated, "What I don't understand is how they couldn't find [R1] the resident was right out there on the patio." E7 then reported "It was really cold out there [R1's] face looked like [R1] had been out there for a while it was really cold out there." The timeline provided by the facility established that on 1/22/26 3:30 AM R1 was redirected by E5 after requesting to go for breakfast. 4:13 AM – R1 was observed on the facility's camera footage leaving the apartment with a rolling walker and proceeded down the hallway to the exit door. R1 pushed the walker to the side pushed the door open and gained access to the stairwell. 4:31 AM – The facility's investigation determined that R1's walker was left on the second floor and that R1 was outside from 4:31 AM until being found. 5:58 AM – R1 was found outside on the ground on the patio by E7. E7 picked R1 up		

Provider's Signature Title ED Date 3/10/26

NAME OF FACILITY: Meadowcrest at Middletown Senior Living **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
	and sat the resident in a chair on the patio. And notified E3 and E6. 6:00 AM – The physician and family were notified. 7:53 AM – The RWD was notified. The facility's plan of correction included: 1/22/26 8:00 AM – RN assessment was conducted one-hour checks were initiated and concluded on 1/30/26. 1/22/26 – A physician's order was obtained, and a wander guard was placed on R1. 1/30/26 – R1 was moved to Memory Care. The facility determined that the community needed to evaluate whether this period of confusion was a symptom of R1's diagnosed UTI or an increase in cognitive impairment. Trials on Memory Care for short stays would be utilized if a resident showed signs of confusion, these were effective. The facility determined that the resident's urinary tract infection had increased the resident's confusion and acknowledged the resident had attempted to open the exit door and was unsuccessful at 3:13 AM and had not been noticed by staff while rounding. The facility identified the impact on other residents; all residents diagnosis were reviewed to determine what other Assisted Living residents with diagnosis of Cognitive Impairment or Dementia/Alzheimer's may be at risk. Completed by RSD, ARSD and ED. Rounding practice was reviewed and		

Provider's Signature _____ Title ED Date 3/10/26

NAME OF FACILITY: Meadowcrest at Middletown Senior Living **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
	deemed appropriate and effective. New rounding practice Assessment will be initiated on all new move-ins regardless of status. 2/3/26 – 2/6/26 - The facility's response initiated for R1's incident for all staff included an educational in-service on the procedure for missing person protocol, notification to the RN in the building or on call by phone and RN will notify the ED. Revision of the wandering and elopement program. Quarterly review of residents with a diagnosis of any form of cognitive impairment and the need for additional support and measures. Upon a resident exhibiting a sudden change of behavior associated with confusion, the RN will be notified immediately by phone to further assess the resident and initiate appropriate interventions. 2/4/26 – Staff interviews with E4 (MT), E10 (RA), E11 (MT), E12 (Receptionist), E13 (LPN) and E14 (RA) confirmed education received for missing person/wandering/elopement, notification to appropriate persons and code orange review. 2/4/26 2:54 PM – Findings were reviewed with E2 (RWD), E8 (RED) and E9 (ARWD). 2/18/26 - Based on the review of the facility's investigation, documented response, completion of in-service training and staff interviews, the facility's date of abatement for the immediate jeopardy was determined to be 2/6/25.		

Provider's Signature Title ED Date 3/10/26

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: Meadowcrest at Middletown Senior Living **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
	2/18/26 – Findings were reviewed with E1 (NHA) during an exit conference.		

Provider's Signature Matt A Myers Title ED Date 3/10/26