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 Lodge at Historic Lewes Senior Living **DATE SURVEY COMPLETED: April 7, 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 March 30, 2026, with a follow-up visit on April 7, 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 one hundred and one (101). The investigative sample totaled three (3) residents. Abbreviations/definitions used in this state report are as follows: AA – Activities Assistant; ED – Executive Director; CNA – Certified Nursing Assistant; MCPD – Memory Care Program Director; MD – Medical Doctor; RN – Registered Nurse; RSD – Resident Service Director; UAI – Uniform Assessment Instrument; Functional Assessment Staging Tool (FAST) – A 7-stage checklist used by doctors to track the progression of Alzheimer's disease by measuring what a person can still do, rather than what they remember. The total possible FAST stages range from Stage 1 to Stage 7, with Stage 1 being the best. Stage 1: No issues, normal functioning Stage 2: Very mild, forgetful; misplaces items, forgets names		

Provider's Signature [signature] Title: Executive Director Date: 04/27/2026

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	Stage 3: Mild, coworkers notice work issues; trouble traveling to new places Stage 4: Moderate, trouble with complex tasks like managing finances, cooking, or shopping Stage 5: Moderately Severe, needs help choosing clothes Stage 6: Severe, needs help with daily activities Stage 7: Very Severe; Mini-Mental State Examination (MMSE) – a test used by doctors to check for cognitive impairment, to see if a person is having trouble with thinking, memory, or understanding. The total possible MMSE score ranges from 0 to 30, with 30 being the best. 0-17: Severe cognitive impairment 18-23: Mild cognitive impairment 24-30: No cognitive impairment; Service plan/agreement - document developed with each resident that describes the services to 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. Uniform Assessment Instrument – an assessment to collect information on the physical condition, medical status, and psychosocial needs of an applicant/resident to determine eligibility for an assisted living.		
3225.	**Assisted Living Facilities**		
3225.19.0	**Records and Reports**		

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3225.19.6 3225.19.7 3225.19.7.2 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 as directed by the Division.** **Reportable incidents include:** **Neglect as defined in 16 Del.C. §1131.** **This requirement was not met as evidenced by:** Based on interview, record review and a review of facility documents, it was determined for one (R1) out of one resident reviewed for facility reported incidents, the facility failed to submit a reportable incident to the State Agency within eight hours. Findings include: Review of R1's clinical record revealed: 4/26/24 - R1 was admitted directly to the memory care unit of the facility with a diagnosis of Alzheimer's dementia. 3/25/26 8:07 PM – A facility incident report was submitted to the State Agency, documenting that during an off-campus trip, R1 was left at a restaurant. 3/30/26 3:10 PM – During an interview, E1 (ED) confirmed that the incident occurred on 3/23/26 at 12:00 PM and the report was submitted on 3/25/26 at 8:07 PM. He confirmed the incident was not reported to the State Agency within 8 hours. The facility did not submit the report to the State Agency within the eight-hour timeframe.	The incident was reported by the community on 03/25/2026 All residents have the potential to be affected A review of reportable incidents from the previous 30 days was conducted. No additional incidence of delayed reporting was found to have occurred. Community leadership and nursing staff will be in-serviced on the importance of timely reporting of incidents (Attachment 1). The incident report system will be audited by the Executive Director (ED) or designee to ensure incidents that are required to be reported to the state are reported timely. That audit (Attachment 2) will occur weekly until four consecutive weeks of 100% compliance is achieved. Then, it will be audited monthly until three consecutive months of 100% compliance, then quarterly thereafter and reported to the community's Quality Assurance Performance Improvement Committee.	05/01/2026

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	3/30/26 3:20 PM – Findings were reviewed with E1 and E2 (RSD).		
16 Del. Code Part II Ch. 11, Subchapter III §1131 Abuse, Neglect, Mistreatment, Financial Exploitation, or Medication Diversion of Patients or Residents S/S – J	**Definitions.** **(12) "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.** **This requirement was not met as evidenced by:** Based on interviews, record review and a review of facility documentation, it was determined that for one (R1) out of three sampled residents for neglect, the facility failed to ensure the safety of a resident with dementia. R1 was left at a restaurant during an off-campus trip on 3/23/26, putting the resident at risk of a severe adverse outcome. The facility was made aware of an immediate jeopardy on 3/30/26 at 12:15 PM. Findings include: Review of R1's clinical record revealed: 4/26/24 - R1 was admitted directly to the memory care unit of the facility with a diagnosis of Alzheimer's dementia. 5/6/25 – A mini-mental state examination for R1 documented a score of 4, showing severe cognitive impairment. 3/23/26 - A significant change Uniform Assessment Instrument (UAI) revealed that R1 required supervision with mobility and did	R1 was returned to the community without incident, assessed, and found to be unharmed and at baseline. All residents have the potential to be affected All off-campus activities for Memory Care Wing residents were temporarily halted. New transportation processes were implemented for Memory Care Wing residents, including a new Bus Trip Roster (Attachment 3) which requires role call for all residents on the trip to be taken/documented when loading and unloading at all intervals in the off-campus trip. All staff members of the Memory Care Wing who might participate in off-campus activities were in-serviced (Attachment 4) on the new process. The Executive Director (ED) or designee will conduct audits of the new Bus Trip Roster binder to ensure compliance (Attachment 5). These audits will be conducted daily until five consecutive days of 100% compliance. Then weekly until three consecutive weeks of 100% compliance, then monthly for three months of 100% compliance. The Bus Trip Roster Binder will be reviewed for compliance quarterly thereafter and reported to the community's Quality Assurance Performance Improvement Committee.	04/07/2026

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	not require any assistive devices. R1 was oriented to their own identity (person) but disoriented to place, time, and event. 3/23/26 - A Service Assessment revealed that R1 was independent with walking and did not require any assistive devices. 3/25/26 - A facility incident report revealed that during an off-campus trip, R1 was left at a restaurant. 3/25/26 2:26 PM – A provider notes documented R1's FAST score at a 6b, showing a moderately severe dementia status. The provider's note documented an assessment of R1, with no injuries or changes in behavior following the incident on 3/23/26. 3/30/26 9:13 AM – During an interview, E3 (MD) stated that she coincidentally was at the same restaurant as the group of residents for their off-campus trip. She stated that on 3/23/26, after 1:00 PM, she noticed R1 was wandering around a different area of the restaurant, separate from where she was sitting. E3 noticed that staff were assisting residents to leave the dining room, while R1 was wandering around the restaurant. E3 then returns her focus to her meeting and does not see R1 for about 5 to 10 minutes. Then E3 looked out the window and noticed E3 was outside under the awning, in front of the restaurant. She stated that she looked out of the window to see if the facility van was present but that it was not at the restaurant. She then left her meeting and went to the front doors of the restaurant when R1 happened to walk back inside. E3 stated she called the facility at 1:45 PM and was waiting to get through to a person when the facility		

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	van returned to the restaurant. E3 stated that E4 (MCPD) entered the restaurant then loaded him into the facility van. 3/30/26 9:54 AM – During an interview, E4 stated that when residents go out on off-campus trips, they complete a head count of who is on the bus and a head count when they leave the destination and return to the facility. E4 stated that on 3/23/26, she took four residents out to the facility van and began securing them in their seats. E4 stated that E5 (AA) then assisted three residents to the facility van and began securing them. E4 stated that E6 (CNA) then assisted one resident to the facility van and while she was securing them, E4 was securing assistive devices in the back of the facility van. Next, E4 stated that she drove the facility van away for approximately 5 minutes, then looked in the rearview mirror and realized that R1 was not present. E4 stated that she immediately turned around and returned to the restaurant, where she saw R1 sitting with E3 and a group of people. Upon return to the facility, E4 stated that she notified E1 (ED), E2 (RSD) and R1's family. E4 stated that the off-campus trips have been on hold since 3/23/26 until education is going to be provided. 3/30/26 10:25 PM – During an interview, E5 stated that during off-campus trips, someone always does a headcount and is not sure who was doing it on 3/23/26. E5 stated that on 3/23/26, she was the second staff member to load residents on the facility van. She stated that she could not recall which residents she took on the van, but that E6 was the last to load on the van, and that E6 had one resident with her. E5 stated that they got		

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	everyone buckled up and left the restaurant. Then E5 stated that E4 asked aloud, "Where's (resident's name)?" and they turned around and went back to the restaurant to get him. E5 stated that R1 was inside the restaurant when they returned and that R1 appeared to be his normal self. 3/30/26 12:15 PM - Based on interviews record review and a review of facility documentation, an Immediate Jeopardy was called and reviewed with E1 and E2. 3/30/26 3:05 PM - E1 provided an accepted abatement plan, which included a revised process for off-campus outings, along with an in-service on the new process for all memory care staff who attend off-campus trips. A new bus trip roster with a checklist to ensure residents are accounted for was created for the staff to use. Off-campus trips have been halted until training takes place. The plan is to be fully abated by 4/5/26. 3/30/26 3:10 PM – During an interview, E1 (ED) stated that on 3/23/26, the facility van returned from the off-campus trip, and he was made aware of the details of the incident. E1 stated that R1 was assessed and R1's family was notified. Off-campus trips were on hold until changes took place, along with training. 3/30/26 3:20 PM – Findings were reviewed with E1 and E2 (RSD). 4/6/26 - An unannounced follow-up visit to the facility to verify the facility's abatement of the immediate jeopardy based on staff interviews and a review of documentation of the corrective actions. Review of documents		

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	revealed that not all staff received the required training. 4/7/26 11:59 PM - Additional training documents were submitted for a desk review and determined the abatement was complete.		

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