



**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 Glasgow

**DATE SURVEY COMPLETED:** September 25, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
	<p>An unannounced Initial Survey was conducted at this facility from September 23, 2025, through September 25, 2025. The deficiencies contained in this report are based on interview, record review and review of other facility documentation as indicated. The facility census on the first day of the survey was forty-two (42). The survey sample totaled seven (7) residents.</p> <p>Abbreviations/definitions used in this state report are as follows:</p> <p>BOM – Business Office Manager;  C – Cook;  DA – Dietary Aide;  DSD – Dining Services Director;  DSM – Director of Sales and Marketing;  ED - Executive Director;  HCD - Health Care Director;  HSD – Harmony Square Director;  HSK – Housekeeping;  LED – Life Enrichment Director;  MD – Maintenance Director;  MD2 – Marketing Director;  MT – Med Tech;  Resident Assessment – evaluation of a resident’s physical, medical, and psychosocial status as documented in a Uniform Assessment Instrument (UAI), by a Registered Nurse;  RA – Resident Assistant;  RDRC – Regional Director of Resident Care;  SA (Service Agreement) – allows both parties involved (the resident and the assisted living facility) to understand the types of care and services the assisted living provides. These include: lodging, board, housekeeping, personal care, and supervision services;</p>		

Provider's Signature Jamie Hackett

Title Executive Director

Date 10/24/25



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<p>3225</p> <p>3225.11.0</p> <p>3225.11.4</p> <p>S/S – D</p>	<p>UAI (Uniform Assessment Instrument) - A document setting forth standardized criteria developed by the Division to assess each resident's functional, cognitive, physical, medical, and psychosocial needs and status. The assisted living facility shall be required to use the UAI to evaluate each resident on both an initial and ongoing basis in accordance with these regulations.</p> <p><b>Assisted Living Facilities</b></p> <p><b>Resident Assessment</b></p> <p><b>The resident assessment shall be completed in conjunction with the resident.</b></p> <p>This requirement was not met as evidenced by:</p> <p>Based on record review, interview and review of other facility documentation, it was determined that for two (R3 and R5) out of seven sampled residents, the facility failed to provide evidence that the UAI assessments were completed in conjunction with the resident or POA. Findings include:</p> <p>1. 7/31/25 – R3 was admitted to the facility. The facility lacked evidence that the UAI done on 7/11/25 was completed in conjunction with the resident or POA.</p> <p>2. 7/9/25 – R5 was admitted to the facility. The facility lacked evidence that the UAI done on 6/26/25 was completed in conjunction with the resident or POA.</p>	<ol style="list-style-type: none"> <li>1) Residents R3 and R5 were not impacted and continues to reside safely in the facility. Action taken immediately. All admission charts were audited by the Healthcare Director (HCD) for Resident assessment compliance. Resident assessments were reviewed with resident or POA and documented in the form of a signature on the assessment document or documentation of telephone review of the assessment in the resident's electronic progress notes.</li> <li>2) All residents have the potential to be impacted by this practice. HCD audited all resident records for assessment compliance, verifying signatures or documentation of telephone reviews. Non-compliant records were corrected through in-person or phone reviews.</li> <li>3) Root Cause: In the instances where the resident assessment was not signed, the HCD conducted the assessment via teleconference but did not document the telephone review or indicate that the resident assessment signature was pending. Following the audit, it was also identified that the resident preferred using a DocuSign feature, which is currently unavailable. As a result, wet signatures were not pursued in those cases. All new resident admissions</li> </ol>	

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<p>3225.12.0 3225.12.1 3225.12.1.3 S/S -E</p>	<p>9/25/25 – Per interview with E1 (ED) at approximately 8:30 AM, E2 confirmed that the signed UAls were not in evidence.</p> <p>9/25/25 - Findings were reviewed with E1, E2 (HCD), E3 (MD), E7 (HSD), E8 (BOM), E9 (LED), E10 (RDRC) and E11 (DSM) at the exit conference, beginning at approximately 11:50 AM.</p> <p><b>Services</b></p> <p><b>The assisted living facility shall ensure that:</b></p> <p><b>Food service complies with the Delaware Food Code</b></p> <p><b>Delaware Food Code</b>  <b>3-501.17 Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking. (A) Except when PACKAGING FOOD using a REDUCED OXYGEN PACKAGING method as specified under § 3-502.12, and except as specified in ¶¶ (E) and (F) of this section, refrigerated, READY-TOEAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and held in a FOOD ESTABLISHMENT for more than 24 hours shall be clearly marked to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded when held at a temperature of 5°C (41°F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1. 3-501.18 Ready-to-Eat, Time/Temperature Control for Safety Food, Disposition. (A) A FOOD specified in ¶ 3-501.17(A) or (B) shall be discarded if it: (3) Is inappropriately marked with a date or day that exceeds a</b></p>	<p>will meet with the HCD at the time of physical admission to review and sign the assessment. Additional assessments will be reviewed with the resident or POA within 7 days of assessment with documentation completed via signature on the document or documentation of review via phone.</p> <p>4) This Plan of Correction was discussed and evaluated. Resident admission will meet with Health Care Director (HCD) at time of admission. Date of completion: Immediate. Health Care Director (HCD) or designee will randomly audit 50% of assessments weekly x 4 weeks and monthly x 3 months to ensure 100% compliance is achieved. Date of Completion: 11/7/25. Any records found out of compliance will be corrected at the time of the audit with documentation of correction.</p> <p>1) On 9/23/25, surveyor found an expired open container of mozzarella (use by 9/11/25) in a refrigerator and undated whipped topping in the Memory Care freezer. No residents were immediately impacted as open container of mozzarella was not used in meals</p>	<p>11/07/25</p>

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	<p><b>temperature and time combination as specified in ¶ 3501.17(A).</b></p> <p>Based on observations and interview it was determined that the facility failed to comply with the Delaware Food Code. Findings include:</p> <p>9/23/25 – During the survey of the facility, an observation of a small refrigerator in the kitchen at approximately 1:30 PM, revealed an open container of Mozzarella dated with a best by date of September 11, 2025.</p> <p>9/23/25 – During an interview with E5 (DSD) at approximately 1:30 PM, the best by date was confirmed.</p> <p>9/23/25 – During the survey of the facility, an observation of the memory care unit food service area at approximately 1:45 PM, revealed whipped topping located in a freezer without an open date.</p> <p>9/23/25 – During an interview with E5 at approximately 1:45 PM, the undated whipped topping was confirmed.</p> <p><b>5-205.11 Using a Handwashing Sink.</b></p> <p><b>(A) A HANDWASHING SINK shall be maintained so that it is accessible at all times for EMPLOYEE use.</b></p> <p><b>(B) A HANDWASHING SINK may not be used for purposes other than handwashing.</b></p> <p>9/23/25 – During the survey of the facility, an observation of the handwashing sink in</p>	<p>served after 9/11/25. On 9/23/25 in Memory Care freezer surveyor located whipped topping without an open date. No residents were immediately impacted. Action taken immediately. Dining Service Director (DSD) discarded immediately on 9/23/25 upon finding.</p> <p>2) All residents have the potential to be impacted by this practice. DSD audited all food supply in both Assisted Living and Memory Care freezer to ensure date compliance and open food labeled. Additional food finding immediately brought into compliance.</p> <p>3) Root Cause: Servers and Cooks failed to ensure that food items were consistently dated 100% of the time. The audit found that this occurred primarily with open and/or repacked food items. Between 9/29 and 10/6, the DSD re-trained staff on open food dating and daily audits. Cook assignment sheets were updated to include food dating checks, expired item reviews, and inventory logs. New hire Orientation and training updated to reflect food dating and labeling requirements.</p> <p>4) This Plan of Correction was discussed and evaluated. Dining Service Director (DSD) or designee will randomly audit 50% of refrigerated and 50% of open food and beverage items weekly x 4 weeks and monthly x 3 months to</p>	<p>11/7/25</p>

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<p>3225.13.0</p> <p>3225.13.1</p> <p>S/S - D</p>	<p>the memory care food service area at approximately 1:45 PM, revealed food debris inside the sink.</p> <p>9/23/25 – During an interview with E5 at approximately 1:45 PM, the debris in the handwashing sink was confirmed.</p> <p>9/23/25 4:00 PM – The findings were reviewed at an exit conference with E1 (ED), E5 and E3 (MD).</p> <p><b>Service Agreements</b></p> <p><b>A service agreement based on the needs identified in the UAI shall be completed prior to or no later than the day of admission. The resident shall participate in the development of the agreement. The resident and the facility shall sign the agreement and each shall receive a copy of the signed agreement. All persons who sign the agreement must be able to comprehend and perform their obligations under the agreement.</b></p> <p>This requirement was not met as evidenced by:</p> <p>Based on record review, interview and review of other facility documentation, it was determined that for two (R3 and R5) out of seven sampled residents, the facility failed to provide evidence that the Service Agreements (SA) were completed in conjunction with the resident or POA. Findings include:</p> <p>1. 7/31/25 – R3 was admitted to the facility. The facility lacked evidence that the SA done on 7/11/25 was completed in conjunction with the resident or POA.</p>	<p>ensure 100% compliance is achieved. Completion date 11/7/25. Any food items found out of compliance will be immediately discarded or accurately dated and a documented re-training will be completed until compliance achieved.</p> <p>1) On 9/23/25 surveyor observed food debris in Memory Care handwashing kitchen sink. Action taken immediately. DSD removed food debris from sink on 9/23/25. No residents were impacted from this practice</p> <p>2) All residents have the potential to be impacted by this practice. DSD check all remaining handwashing sinks and reported no additional food debris findings. Date of immediate. Signs posted on all handwashing sinks referencing no food to be placed in handwashing sinks.</p> <p>3) Root Cause: “No Food in Handwashing Sink” sign not visible. Also, all staff were not previously trained on the appropriate use of the handwashing sink. DSD conducted staff re-trainings (9/29-10/6) utility workers to check sink at time cleaning to ensure all kitchen sinks free from food. Daily assignment sheets to reflect task.</p> <p>4) This Plan of Correction was discussed and evaluated. Dining</p>	<p>11/10/25</p>

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<p>Title 16 - Health and Safety</p>	<p>2. 7/9/25 – R5 was admitted to the facility. The facility lacked evidence that the SA done on 6/26/25 was completed in conjunction with the resident or POA.</p> <p>9/25/25 – Per interview with E1 (ED) at approximately 8:30 AM, E1 confirmed that the signed SAs were not in evidence.</p> <p>9/25/25 - Findings were reviewed with E1, E2 (HCD), E3 (MD), E7 (HSD), E8 (BOM), E9 (LED), E10 (RDRC) and E11 (DSM) at the exit conference, beginning at approximately 11:50 AM.</p> <p><b>1142. Mandatory drug screening.</b></p> <p><b>(c) The Department shall promulgate regulations, regarding the pre-employment testing of all applicants, for use of all of the following illegal drugs:</b></p> <p><b>(1) Marijuana/cannabis.</b></p> <p><b>(2) Cocaine.</b></p> <p><b>(3) Opiates.</b></p> <p><b>(4) Phencyclidine ("PCP").</b></p> <p><b>(5) Amphetamines.</b></p> <p><b>(6) Any other illegal drug specified by the Department under regulations promulgated under this section.</b></p> <p>This requirement was not met as evidenced by:</p> <p>Based on record review, interview and review of other facility documentation, it was determined that for six (E12, E13, E14, E15, E16 and E17) out of six sampled employees, the facility failed to provide evidence that</p>	<p>Service Director (DSD) or designee will randomly audit 100% of all handwashing sinks weekly x 4 weeks and monthly x 3 months to ensure 100% compliance is achieved. Completion date 11/10/25. Any food debris found will be immediately removed and a documented re-training will be completed until compliance achieved.</p> <p><i>Past non-compliance</i></p> <p>1) Residents R3 and R5 were not impacted and continue to reside safely in the facility. Action taken immediately. All admission charts were audited by the HCD for Resident service agreement compliance. All admission charts were audited by the HCD for Resident service agreement compliance. Resident service agreements were reviewed with resident or POA and documented in the form of a signature on the service agreement document or documentation of telephone review of the assessment in the resident's electronic progress notes. A copy of the service agreement was provided to the resident or POA either as a paper or electronic document.</p> <p>2) All Resident records were audited by the HCD for service agreement compliance. Service agreements were audited for resident or POA signature or documentation of a telephone review that review had</p>	<p>9/1/25</p>

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	<p>the pre-hire drug screening contained testing for marijuana/cannabis. Findings include:</p> <ol style="list-style-type: none"> <li>1. 6/8/25 – E12 (RA) was hired at the facility. The pre-hire drug testing done on 6/4/25 did not contain testing for marijuana/cannabis.</li> <li>2. 6/29/25 – E13 (C) was hired at the facility. The pre-hire drug testing done on 6/18/25 did not contain testing for marijuana/cannabis.</li> <li>3. 8/20/25 – E14 (DA) was hired at the facility. The pre-hire drug testing done on 8/19/25 did not contain testing for marijuana/cannabis.</li> <li>4. 8/5/25 – E15 (RA) was hired at the facility. The pre-hire drug testing done on 7/28/25 did not contain testing for marijuana/cannabis.</li> <li>5. 3/17/25 – E16 (HSK) was hired at the facility. The pre-hire drug testing done on 3/4/25 did not contain testing for marijuana/cannabis.</li> <li>6. 8/30/25 – E17 (RA) was hired at the facility. The pre-hire drug testing done on 8/12/25 did not contain testing for marijuana/cannabis.</li> <li>9/25/25 – Per interview with E1 (ED) at approximately 8:30 AM, E1 confirmed the pre-hire testing for marijuana/cannabis was not completed during this time. E1 confirmed the facility has a drug free work policy in place and staff sign off on having reviewed the policy at the time of hire.</li> </ol>	<p>taken place. Those found out of compliance were brought into compliance with either an in-person review or telephone review. A copy of the service agreement will be provided to the resident or POA as a paper or electronic document.</p> <ol style="list-style-type: none"> <li>3) Root Cause: In the instances where the resident service agreement was not signed, the HCD conducted the service agreement review via teleconference but did not document the telephone review or indicate that the service agreement signature was pending. Following the audit, it was also identified that the resident/POA preferred using a DocuSign feature, which is currently unavailable. All new resident admissions and their POA will meet with the HCD at the time of physical admission to review and sign the service agreement and a copy of the service agreement provided to the resident or POA at the time of signing.</li> <li>4) This Plan of Correction was discussed and evaluated. Resident admission will meet with Health Care Director (HCD) at time of admission. Date of completion: Immediate. Health Care Director (HCD) or designee will randomly audit 50% of service agreements weekly x 4 weeks and monthly x 3 months or until 100% compliance is</li> </ol>	<p>11/7/25</p>

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	<p>E1 stated the testing company was changed by the facility on 9/1/25 and that the company now completes the full testing that includes marijuana/cannabis. This was verified by the surveyor at the time of the survey.</p> <p>9/25/25 - Findings were reviewed with E1, E2 (HCD), E3 (MD), E7 (HSD), E8 (BOM), E9 (LED), E10 (RDRC) and E11 (DSM) at the exit conference, beginning at approximately 11:50 AM.</p>	<p>achieved. Date of Completion: 11/7/25. Any records found out of compliance will be corrected at the time of the audit with documentation of completion of service agreement review and either in-person signature of documentation of a phone conversation to review the service agreement. A copy of the service agreement will be provided to either the resident or POA as a paper or electronic copy.</p>	

Provider's Signature Jamone Huchett Title Executive Director Date 10/24/25



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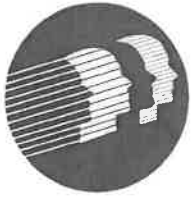
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Provider's Signature Tamara Hackett Title Executive Director Date 10/24/25



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Provider's Signature Janette Hackett

Title Executive Director

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