DELAWARE HEALTH AND SOCIAL SERVICES
Division of Health Care Quality
Office of Long-Term Care Residents Protection

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

STATE SURVEY REPORT

NAME OF FACILITY: Delmar Nursing and Rehabilitation Center **DATE SURVEY COMPLETED:** July 17, 2026

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	The State Report incorporates by reference and also cites the findings specified in the Federal Report. An unannounced Complaint Visit was conducted at this facility from July 15, 2026, through July 17, 2026. The deficiencies contained in this report are based on observations, interviews, review of resident clinical records and review of other facility documents, as indicated. The facility census of the first day of the survey was ninety - one (91). The survey sample totaled three (3) residents.		
3201	**Regulations for Skilled and Intermediate Care Nursing Facilities**		
3201.1.0	**Scope**		
3201.1.2	**Nursing facilities shall be subject to all applicable local, state and federal code requirements. The provisions of 42 CFR Ch. IV Part 483, Subpart B, requirements for Long Term Care Facilities, and any amendments or modifications thereto, are hereby adopted as the regulatory requirements for skilled and intermediate care nursing facilities in Delaware. Subpart B of Part 483 is hereby referred to, and made part of this Regulation, as if fully set out herein. All applicable code requirements of the State Fire Prevention Commission are hereby adopted and incorporated by reference.** **This requirement is not met as evidenced by:** Cross Refer to the CMS 2567 – L survey completed July 17, 2026: F656 and F806.		

Provider's Signature _____ Title NHA Date 7/23/26

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085041	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DELMAR NURSING & REHABILITATION CENTER	101 DELAWARE AVE., DELMAR, DE. 19940-1110 , DELMAR, Delaware, 19940

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000	INITIAL COMMENTS An unannounced Complaint Visit was conducted at this facility from July 15, 2026 through July 17, 2026. The deficiencies contained in this report are based on observations, interviews, review of resident clinical records and review of other facility documents, as indicated. The facility census of the first day of the survey was ninety - one (91). The survey sample totaled three (3) residents. Abbreviations/definitions used in this report are as follows: CNA - Certified Nurse's Aide; DON - Director of Nursing; LPN - Licensed Practical Nurse; MDS - Minimum data set, a federally mandated comprehensive, standardized, clinical assessment of all residents in Medicare/medicaid nursing homes that evaluates functional capabilities and health needs; NHA - Nursing Home Administrator; Acute Respiratory Failure- sudden condition that occurs when fluid builds up in the air sacs in lungs then lungs unable to release oxygen into blood and organs; Anaphylaxis - a severe, potentially life-threatening allergic reaction that can occur in seconds or minutes of exposure to an allergen; Antihistamine - medication that counteracts the effects of histamine in the body, common for allergies; Aspiration – inhaling fluid or food into the lungs; BIMS – (Brief Interview for Mental Status) – assessment of the resident's mental status; EMR - (Electronic Medical Record) - a systematized	F0000		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F0000	Continued from page 1 collection of patient and population electronically stored health information in a digital format; Emesis – vomit; Epinephrine - medication used to treat severe allergic reactions to insect stings or bites, foods, drugs, or other allergens; Toxidrome - represents a distinct pattern of clinical effects resulting from a dangerous level of a toxin in the body, commonly due to drug overdose or chemical exposure.	F0000		
F0806 SS = J	Resident Allergies, Preferences, Substitutes CFR(s): 483.60(d)(4)(5) §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(4) Food that accommodates resident allergies, intolerances, and preferences; §483.60(d)(5) Appealing options of similar nutritive value to residents who choose not to eat food that is initially served or who request a different meal choice; This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview and record review it was determined that for one (R1) out of three residents reviewed for allergies, the facility failed to ensure a resident with severe food allergy was not served food containing an allergen. The facility's failure placed the residents at risk for a serious adverse outcome including respiratory depression, anaphylaxis or even death from consuming food with a severe allergy. Due to this failure an Immediate Jeopardy (IJ) was called on 7/15/26 at 3:00 PM. The IJ was abated on 7/16/26 at 12:00 AM. Findings include: Cross refer F656; Review of R1's clinical record revealed: 2/12/26 - R1 was admitted to the facility with a diagnosis of Cerebral Palsy. 2/12/26 - An allergy to peanuts was documented as severity severe on the allergy tab in the EMR.	F0806	Corrective action: On 7/13/26, Resident R1 was assessed after receiving food containing peanut/peanut butter, emergency interventions were initiated, the provider was notified, emergency transfer was completed, and resident was evaluated at the hospital. Resident returned on 7/16/26 and is doing well. The resident's allergy profile, physician orders. dietary ticket, kardex/point-of-care information, and comprehensive care plan were reviewed and updated to clearly identify severe peanut/peanut butter and corn allergies, required diet texture/consistency, and emergency interventions. The resident's tray ticket now displays allergies prominently, and the resident's meal service requires two-person verification before the tray leaves the kitchen and again on the unit or dining room before service/feeding. Identification of other residents: The Director of Nursing/designee, Administrator, and Dietary Manager/designee, completed a facility-wide audit of all residents with documented food allergies, food intolerances, mechanically altered diets, supplements, adaptive dining needs, and dietary preferences. The audit compared the EMR allergy tab, physician diet orders, nutrition records, tray tickets, kardex/point-of-care information, and care plans. Any discrepancy identified was corrected immediately. Staff were notified of residents at risk through updated tray tickets, care plans, and shift report. Root cause analysis/Systemic changes: The root cause analysis revealed that there was a breakdown in the facility's food allergy communication and meal tray verification process.	08/05/2026

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F0806 SS = J	Continued from page 2 2/12/26 3:00 PM - A physician's order documented epinephrine auto-injector inject 0.3 mL intramuscularly every 24 hours as needed for an allergic reaction. 2/13/26 1:00 PM - A physician's order documented that R1 had a regular diet, pureed texture and honey thick consistency for liquids. The order also noted R1 had an allergy to peanuts and corn. 2/17/26 - An admission MDS documented that R1 required assist of one staff for ADL's including eating and a BIMs score of 15 indicating intact cognition. 3/5/26 - A review of R1's care plan lacked evidence of severe allergy to peanuts. 7/13/26 5:45 PM - A facility reported incident documented that R1 had a peanut allergy and was given peanut butter during dinner time. 7/13/26 5:56 PM - A review of the MAR documented that R1 received a dose of epinephrine. 7/13/26 7:45 PM - A review of the MAR documented that R1 received a dose of Benadryl (antihistamine). 7/13/26 8:06 PM - A provider hospital progress note documented that R1 presented to the emergency room with a history of peanut allergy and experiencing an allergic reaction. The progress note further documented that R1 received epinephrine and nebulizer treatment during transit to the hospital. Additionally, the progress note documented "[R1] critical care was necessary to treat or prevent imminent or ill-threatening deterioration for the following conditions: respiratory failure and toxidrome (toxin overdose)." 7/13/26 8:55 PM - A nursing progress note (facility) documented that R1 had a peanut allergy and was having difficulty breathing. The note further documented that R1 received a dose of epinephrine and provider was notified. Provider ordered Benadryl 50 mg by mouth and nebulizer treatment. The progress note documented that R1's vital signs were re-assessed, oxygen provided 2L/min via nasal cannula, but oxygen saturation remained low. Provider recommendation to send R1 to emergency room for evaluation. 7/13/26 9:10 PM - A nursing progress note (facility) documented that "[R1] had received peanut butter on his dinner tray and E6 (CNA) fed R1 the peanut	F0806	Continued from page 2 Another factor was that the aide who was serving the resident did not recognize the dessert as peanut butter and thought it was a pureed cookie. The facility revised the food allergy and meal tray preparation/service process to require: (1) allergy entry/reconciliation on admission, readmissions, quarterly review, and with any change in condition or new order; Interdisciplinary team and DON/designee is responsible to complete this process; (2) immediate communication of food allergies to dietary, nursing, and direct care staff; LPN Unit Manager/designee is responsible for this process. (3) allergy notation on tray tickets and care plans; Dietary Tech/designee and DON/designee is responsible for this process. (4) no unlabeled food items, condiments, pureed items, supplements, or substitutes on resident trays; Cook, Dietary Aide, Dietary Manager/designee is responsible for this process. (5) dietary verification that each tray matches the ticket before leaving the kitchen; Cook and Dietary Aide is responsible for this process. (6) nursing/direct care verification before serving or feeding; verification will be completed on a log sheet. (7) supervisor/provider notification and immediate removal of any questionable food item before service. Education was provided for 1-5 process by Belinda Foy, RN, DON and Tonya Burton, NHA. Education was provided to dietary, nursing, CNA, therapy, activities, and management staff on food allergies, tray ticket review, resident identification, allergy response, and reporting expectations by Belinda Foy, RN, DON and Tonya Burton, NHA. This process will be included in new hire orientation for all new employees. Monitoring/QA: The Dietary Manager/designee and DON/designee will conduct meal tray and allergy verification audits for all residents with food allergies and a random sample of additional trays. Audits will be completed daily for 4 weeks, then biweekly for 4 weeks, then weekly for 4 weeks, and monthly thereafter until the Quality Assurance Performance Improvement (QAPI) committee determines 100% compliance is obtained. Audits will verify that allergies match the EMR/order/care plan, tray tickets are accurate, tray contain no contraindicated food items, and staff verify tickets before service/feeding. Any failed audit will result in immediate correction, resident assessment as indicated, staff re-education, and notification to the Administrator/DON. Audit findings and trends will be reviewed by the QAPI committee monthly for at least 3 months, with additional action	08/05/2026

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F0806 SS = J	Continued from page 3 butter. After [R1] consumed the peanut butter R1 became short of breath and was coughing. At 5:42 PM, [R1] was given epinephrine and Benadryl and [E5 (RN)] advised to monitor [R1] closely for any respiratory changes. At approximately 6:40 PM, [E4 (LPN)] informed [E5] that [R1] had a pulse oxygen reading of 84% on room air and called the on-call provider. On-call provider recommended [R1] be sent to the emergency department for evaluation." 7/13/26 10:22 PM - A hospital progress note documented R1 was attempted to weaned off oxygen use and pulse oximetry level would decrease. The progress note further documented that there was concern for possible aspiration due to R1 having multiple episodes of emesis post consumption of peanut butter and an antibiotic was ordered. 7/15/26 11:55 AM - A direct observation of kitchen staff serving and plating lunch meals for dining and units. During observation, E13 (Dietary Aide) was adding drinks and desserts for residents to trays. When completed, E12 (Dietary Aide) would read the ticket and tell E7 (Cook) what entree and side was needed for the plate. Once food was plated, E12 would cover the plate and place tray on food cart to send to dining room or unit. 7/15/26 12:10 PM - A direct observation of staff serving trays to residents in dining room. Staff would look at the name on meal ticket and distribute to the residents in the dining room. 7/15/26 12:25 PM - During an interview, E14 (CNA) stated that the expectation is for staff to review dietary ticket when providing tray to resident. The ticket will have preferences, allergies, and any dietary accommodations (utensils, plates, etc.) listed on the ticket and staff is to ensure those are being followed. E14 stated that if a resident received something that they were allergic to or disliked they would notify the supervisor, would remove that item from the tray, and serve the rest of the food to the resident. 7/15/26 12:35 PM - During an interview, E7 stated the expectation is for the dietary aide who is plating the food should verify that all the items on the tray match the dietary ticket. E7 also stated that allergies are noted on tickets and will be highlighter for staff to see. 7/15/26 12:45 PM - During an interview, E9 (Dietary Manager) stated that the menu on 7/13/26 called for snickerdoodle cookie and confirmed that snickerdoodle cookie was pureed that day for the	F0806	Continued from page 3 plans developed as needed to maintain substantial compliance. The Administrator is responsible for overall compliance. The DON and Dietary Manager are responsible for implementing the revised process, maintaining the resident allergy/roster, completing staff education, and ensuring corrective actions are sustained.	08/05/2026

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F0806 SS = J	Continued from page 4 dinner meal. E9 stated the expectation is for staff to ensure all food on the tray matches the ticket before leaving the kitchen. E9 stated the facility does not place peanut butter in cups for any reason and confirmed the menu does not have peanut butter mentioned for any meal on the four-week rotation. 7/15/26 2:24 PM - During an interview, E8 stated that a nurse came down to the kitchen to notify them that R1 had received peanut butter on his tray at dinner. E8 stated he was unsure how peanut butter had made it on R1's tray as the kitchen staff does not place peanut butter in cups for the residents. 7/15/26 2:36 PM - During an interview, E10 (Dietary Aide) stated he was working on 7/13/26 and was responsible for placing dessert and drinks on R1's tray that evening. E10 stated that the ticket stated R1 was to receive a magic cup and recalls providing the magic cup to the tray. E10 stated that peanut butter was not placed on R1's tray and did not see a cup of peanut butter during prepping. 7/15/26 2:44 PM - During an interview, E11 (Dietary Aide) stated that R1 received pureed fruit on 7/13/26 and did not recall seeing a container of peanut butter in the kitchen during the shift. E11 stated that the kitchen does not serve peanut butter in cups to the resident's and has never seen peanut butter in a cup while working. E11 stated that when the staff serves peanut butter it comes right from the jar and used to make sandwiches. 7/15/26 3:20 PM - During an interview, E6 (CNA) stated that R1 had received a brown colored substance in a cup on the tray and stated the ticket documented dessert was pureed snickerdoodle cookie. E6 stated she did not realize the cup had peanut butter in it and fed it to R1. E6 stated that R1 started coughing after eating the peanut butter and E6 notified the nurse. 7/15/26 3:00 PM - Am Immediate Jeopardy was called and reviewed with the facility leadership E1 (NHA). 7/16/26 12:01 AM - The facility determined Immediate Jeopardy was abated at this time. The abatement plan included providing in person and electronic education of all staff, facility management present and completing audits in real-time during meals. updating of facility procedures with plating and traying in the kitchen, and a facility wide audit and update of allergies in EMR.	F0806		08/05/2026

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F0806 SS = J	Continued from page 5 7/17/26 2:00 PM - The facility's abatement was reviewed with E1 (NHA). It was determined through observation, interview and record review that the facility completed the abatement plan on 7/16/26 12:00 AM. 7/17/26 3:00 PM - Findings reviewed with E1 (NHA) and E2 (DON) during the exit conference.	F0806		08/05/2026
F0656 SS = D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan,	F0656	Corrective Action: Resident, R1's, comprehensive person-centered care plan was reviewed and revised to include severe peanut/peanut butter and corn allergies, diet texture and liquid consistency, tray ticket/allergy safeguards, staff verification before meal service/feeding, emergency response interventions for allergic reaction, and communication of allergy information to dietary and direct care staff. The resident's allergy information was reconciled across the EMR allergy tab, physician orders, dietary records, tray ticket, kardex/point-of-care information, and care plan. Identification of other residents: The DON/designee completed a facility-wide care plan audit for residents with food allergies, food intolerances, mechanically altered diets, supplements, adaptive dining needs, and significant dietary preferences to verify that each identified need was reflected in the comprehensive care plan with measurable interventions. Any missing or inaccurate care plan information was corrected immediately, and the interdisciplinary team was notified of updates. Root cause analysis/Systemic changes: The root cause analysis revealed that the facility failed to have a system in place that identified R1's need of a comprehensive care plan for allergies. The facility reviewed the care planning process to require interdisciplinary review of allergies, diet orders, nutrition recommendations, meal service safeguards, and resident-specific dining interventions on admission, readmission, quarterly review, annual review, significant change, and upon any new or changed allergy/diet order. Chart checks now include checking to ensure that comprehensive care plans are in place. Nursing will be notified by dietitian, doctor, resident, or resident responsible	08/05/2026

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F0656 SS = D	Continued from page 6 as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is NOT MET as evidenced by: Based on interview and record review, it was determined that for one (R1) out of three residents in the investigative sample, the facility failed to develop a comprehensive resident centered care plan for an identified care area. Findings include: Cross refer F806 Review of R1's clinical record revealed: 2/12/26 - R1 was admitted to the facility with a diagnosis of Cerebral Palsy. 2/12/26 - An allergy to peanuts was documented as severity severe on the allergy tab in the EMR (electronic medical record). 2/13/26 1:00 PM - A physician's order documented that R1 had a regular diet, pureed texture and honey thick consistency. The order also noted R1 had an allergy to peanuts and corn. 3/5/26 - A review of R1's care plan lacked evidence of severe allergy to peanuts. 7/13/26 - A facility reported investigative packet documented that R1's care plan will be updated to reflect the severe peanut allergy. 7/14/26 - A review of R1's care plan documented that R1 had allergies to peanuts, corn and peanut butter with the following interventions: allergies listed on dietary ticket and in EMR (electronic medical record) and follow physician's orders as indicated. 7/15/26 3:15 - During an interview, E1 (NHA) confirmed that the care plan was updated for R1 related to aforementioned incident. 7/17/26 3:00 PM - Findings reviewed with E1 (NHA) during the exit conference.	F0656	Continued from page 6 party of any known allergies. Nursing will notify DON/designee and Dietary Manager/designee of allergy or diet changes the same day. The care plan will be updated by DON/designee to reflect the resident-specific risk, interventions, responsible disciplines, and measurable goals. Licensed nurses, dietary staff, CNA's, and interdisciplinary team members were educated by Belinda Foy, RN, DON, on timely care plan updates, allergy/diet reconciliation, and communication requirements. Monitoring/QA: The DON/designee will audit care plans for residents with food allergies, food intolerances, mechanically altered diets, supplements, adaptive dining needs, and significant dietary preferences weekly for 4 weeks, and then biweekly for 4 weeks, then monthly for 3 months. Audits will verify that the care plan matches the EMR allergy tab, physician orders, dietary records, tray tickets, and kardex/point-of-care information. Any discrepancy will be corrected immediately, and staff will be re-educated as indicated. Audit findings will be reported to the Quality Assurance Performance Improvement Committee (QAPI) monthly for 3 months. The QAPI committee will review trends and determine whether additional interventions, policy revisions, or extended monitoring are required to maintain 100% compliance. Continued compliance: The DON/designee and Dietary Manager/designee will be responsible for implementing the reviewed care plan process to ensure care plans match the EMR allergy tab, physician orders, dietary records, tray tickets and kardex/point of care information.	08/05/2026