



**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

Page 1 of 1

NAME OF FACILITY: Wilmington Nursing and Rehabilitation

DATE COMPLETED: September 1, 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 follow-up and complaint survey was conducted at this facility from August 31, 2026, through September 1, 2026. The deficiencies contained in this report are based on observations, interviews, review of residents' records, and review of other facility documentation as indicated. The facility census on the first day of the survey was one hundred twelve (112). The investigative sample totaled ten (10) 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 was not met as evidenced by: Cross refer to the CMS 2567-L survey completed September 1, 2026; cross refer: F777 and F806.		

Provider's Signature 2X

Title NHA

Date 9/17/26

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085028	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/01/2026
NAME OF PROVIDER OR SUPPLIER WILMINGTON NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 700 FOULK ROAD , WILMINGTON, Delaware, 19803	
(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 follow up and complaint survey was conducted at this facility from August 31, 2026, through September 1, 2026. The deficiencies contained in this report are based on observations, interviews, review of residents' records and review of other facility documentation as indicated. The facility census on the first day of the survey was one hundred twelve (112). The investigative sample totaled ten (10) residents. This requirement is not met as evidenced by: Cross refer to the CMS 2567-L survey completed September 1, 2026: cross refer: F777 and F806. Abbreviations/definitions used in this report are as follows: CNA - Certified Nursing Assistant; DON - Director of Nursing; DS – Dietary Services; LPN - Licensed Practical Nurse; MAR - Medication Administration Record; MD – Medical Director; NHA - Nursing Home Administrator; RDCS - Regional Director of Clinical Services; BIMS (Brief Interview for Mental Status) - assessment aimed at evaluating cognition in the elderly with scores ranging from 0 - 15. 13 -15: Cognitively intact. 8 - 12: Moderately impaired. 0 - 7: Severe impairment.	F0000		09/15/2026

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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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, record review and review of other facility documentation, it was determined that for one (R6) out of three residents sampled for food allergies, food preferences and substitutes, it was determined that the facility failed to ensure that R6 was not served foods which contained an allergen. R6 had a documented nut allergy, and he was served a peanut butter cookie with his lunch on 8/26/26. R6 ate half of the cookie and then reported that he felt his throat was tingling. The facility's failure placed R6 at risk for a serious adverse outcome including respiratory distress, anaphylaxis and even death from consuming food which contained the know allergen. Due to this failure, an Immediate Jeopardy (IJ) was identified to the facility at 12:30 PM on 9/1/26. Based on the facility's prior corrective actions, this deficient practice was considered past non-compliance with a corrected date 8/28/26. Findings include: R6's clinical record revealed: 6/19/26 – R6 was admitted to the facility with diagnoses including, but not limited to, brain cancer, diabetes mellitus, and human immune deficiency syndrome. R6's clinical record documented allergies to bananas, fish, nuts and shellfish. 6/20/26 – R6's care plan documented, "Resident [R6] has allergies to banana, fish, nuts and shellfish." The interventions included, "Notify all appropriate departments of allergies." 6/23/26 – R6's nutritional assessment documented, "Allergic: Bananas, Nuts, Shellfish, Fish." 6/25/26 – R6's 5-day MDS assessment documented	F0806	"Past Noncompliance - no plan of correction required"	09/15/2026			

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F0806 SS = J	Continued from page 2 a BIMS score of 14, indicating a cognitively intact status. The MDS also documented that R6 was independent with eating and required assistance from staff for all other activities of daily living. 8/26/26 1:00 PM – A facility investigative document included, "... CNA went to the room to collect the resident's tray and resident said, "Do you know the kitchen gave me a peanut cookie?" Resident then stated that he did not know the cookie contained peanuts until he took it out of his mouth and smelled it. CNA immediately reported the incident to the nurse." 8/26/26 2:00 PM – A facility investigative document included, "Nurse [name of nurse] notified the unit manager that resident [R6] has a documented nut allergy and was served a cookie containing peanuts during lunch. Resident reported experiencing tingling in the mouth and requested Benedryl [antihistamine]. Doctor was notified and made aware of the resident's symptoms and peanut exposure. New order received for Benadryl 25 mg PO [by mouth] times 1 now, and then every 6 hours as needed for allergic symptoms for 3 days. Resident monitored for any signs or symptoms of an allergic reaction." 8/27/26 12:13 PM – E25, Medical Doctor (MD) documented in R6's clinical record, "Patient [R6] describes it as a tingling in his throat, and he received the 25 mg of Benadryl immediately and this resolved his symptoms. Patient is otherwise asymptomatic at this time ... I do see that the nut allergen is listed on his [chart.] ...I encouraged the resident and nursing to notify clinical services immediately of any changes in his condition." 8/31/26 2:00 PM – During an interview, R6 stated, "The facility gave me a bagged lunch on Thursday [8/20/26] when I went to an appointment. There was a peanut butter and jelly sandwich in the bag. I knew it was peanut butter, so I did not eat it. I told the staff when I came back from the appointment. The peanut butter cookie incident happened the very next Wednesday [8/26/26]. I didn't know that the cookie had peanuts in it when I saw it on the plate. I thought it was a sugar cookie. I took a couple of bites, and it felt like I was chewing nuts. When I spit it out, I saw a couple pieces of nuts. My throat felt a little tingly, so I let the staff know. I think I probably ate about half of the cookie." The Surveyor asked R6 what his previous reactions were to products containing nuts. R6 stated, "My throat used to feel tingly, and my face would start to itch after a while.	F0806				09/15/2026	

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F0806 SS = J	Continued from page 3 The reactions seemed to be less as I got older and realized that I was allergic to nuts. I did not have any more tingling or any other problems after I took the Benadryl last Wednesday." The Surveyor observed that his food allergies were documented and highlighted on his lunch ticket. 9/1/26 8:10 AM – A direct observation of the kitchen staff plating the meal revealed the person at the start of the food line verbally called out the resident's food allergies as documented on the meal ticket as the tray came down the food line, the middle person repeated and confirmed the allergy as the tray continued down the line. The last person (tray checker) verified the completed tray and ensured that the correct food was on the tray. The tray was then placed on the food cart for the unit. During an interview, E4, Kitchen Accounts Manager (KAM) stated that when a bagged meal is needed, the resident's name and food allergies are put on the bag to ensure that the correct food is given. The Surveyor observed a highlighted list of residents with food allergies in the kitchen, bagged meals with individual names on them. 9/1/26 9:30 AM – During a combined interview, E5, E6 and E7 (DS) stated that they received education and retraining on checking and verifying that the correct food orders and allergies are on the meal tickets before the meals are placed on the food cart. 9/1/26 10:00 AM – During a combined interview, E13, E15, E18, and E21 (CNA) stated that they received education on checking and verifying that the correct food items are on the meal trays before they are delivered to the residents. The facility's plan of correction included: Education on the verification of correct food and allergies to all staff members who prepare, plate, and deliver meals to the residents. All bagged meals will be checked by the food service director or cook before distribution to ensure that no food items containing a resident's documented allergen are included. For residents with documented allergies, the allergy will be clearly written on the outside of the bagged lunch as additional visual reminder. Staff communication: the diet requisition form will be used to communicate allergies to the dietary staff and documentation will be completed and maintained to ensure that they are aware of the residents' allergies and dietary requirements.			F0806			09/15/2026

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F0806 SS = J	Continued from page 4 Audits for residents with food allergies will be conducted for every meal x 1 week, then 3 times a week for one week, then monthly for 2 months until 100% accuracy is achieved. All audits will be brought to the quarterly QAPI for review and recommendations as needed. 9/1/26 1:00 PM – Facility education for meal tickets and audits for allergies were validated and completed. Based on the review of the facility's investigation and documented response, completion of in-service training, audits, observations and staff interviews, the immediate was determined to be past non-compliance with a correction date of 8/28/26 at 3:00 PM. 9/1/26 3:00 PM – Findings were reviewed with E1 (NHA), E2 (DON) and E3 (RDCS) during the Exit Conference.	F0806		09/15/2026
F0777 SS = D	Radiology/Diag Srvcs Ordered/Notify Results CFR(s): 483.50(b)(2)(i)(ii) §483.50(b)(2) The facility must- (i) Provide or obtain radiology and other diagnostic services only when ordered by a physician; physician assistant; nurse practitioner or clinical nurse specialist in accordance with State law, including scope of practice laws. (ii) Promptly notify the ordering physician, physician assistant, nurse practitioner, or clinical nurse specialist of results that fall outside of clinical reference ranges in accordance with facility policies and procedures for notification of a practitioner or per the ordering physician's orders. This REQUIREMENT is NOT MET as evidenced by: Based on record review and interview, it was determined that for one (R2) out of three residents reviewed for diagnostic procedures, the facility failed to ensure that the physician's order for R2's ultrasound on 8/27/26 was completed. Findings include: A review of R2's clinical record revealed: 8/26/26 – The Facility's alleged date of compliance. The Facility's plan of corrective action included a	F0777	F0777 R2 currently resides in the facility, the KUB Ultrasound was completed and reviewed by on call physician on 9/1/2026 and was referred to in-house provider to follow-up, new orders were received for a nephrology consult, then changed to a urology consult per nephrology recommendation, appointment is scheduled for 10/5/2026. Residents that currently reside in the facility have the potential to be affected. The Director of Nursing and/or Divisional or Regional Director of Clinical Services will audit all diagnostic tests ordered since 9/1/2026 to verify that each order was accurately transcribed, transmitted, acknowledged by the diagnostic provider, completed within the facility's expected turnaround time. The root cause analysis is related to the order for the diagnostic test not being a current physician's order in the clinical record in Point Click Care causing the assigned nurse's inability to provide an order to the technician. A system change has been implemented utilizing a binder for the diagnostic provider PDI Health – (Preventive Diagnostics) to ensure all diagnostic orders are completed timely and to prevent missed studies. A designated yellow binder will be maintained on the nursing units. When an order is received, the nurse entering or confirming the order is responsible to print the order and a resident face	09/22/2026

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F0777 SS = D	Continued from page 5 new system change for the Unit Managers and Supervisors to utilize a tool called "Homework Sheet" to document important tracking to completion, resident concerns, and areas for continuing follow-ups, including residents with pending lab or other diagnostic orders. 8/27/26 11:37 AM – R2's eTAR (electronic treatment administration record) indicated that R2's KUB (kidney, ureter and bladder) was to be completed on 8/27/26. 8/27/26 11:49 AM – A nurse progress note documented that R2 had a physician's order for a bilateral KUB ultrasound to rule out nephrolithiasis (kidney stones) for one day. It further documented, "... already ordered via C1's (diagnostic and imaging service center) online portal... Start Date: 8/27/26 ...End Date 8/28/26..." 8/27/26 - A facility Homework Sheet on the 3-11 and 11-7 shifts documented that R2 had "... b/l (bilateral) kidney US (ultrasound) ordered..." 8/28/26 – Review of R2's eTAR revealed that R2's physician order for KUB ultrasound in the electronic health record system was no longer active. 8/28/26 1:21 PM – A nurse progress note documented that a call was received from C1 confirming that an ultrasound technician (P2) was assigned for R2's KUB ultrasound on Sunday, 8/30/26. The note documented, "Physician assistant made aware". Review of the facility Homework Sheets on the 3-11 and 11-7 shifts documented the following about R2: 8/28/26 – "US tech coming Sunday (8/30/26)..." 8/29/26 - "infection note for antibiotic". 8/30/26 – "infection note". There was a lack of evidence that R2's KUB ultrasound tracking to completion status was documented in the facility Homework Sheet to update the nursing staff and Supervisors of R2's KUB ultrasound status. 8/31/26 9:19 AM – A physician note entered by P1 (Physician Assistant) documented, "...US pending for further evaluation to confirm of (sic) an intrarenal kidney stone. Kidney US pending for further evaluation to confirm if it is a kidney stone..."			F0777	Continued from page 5 sheet and place it in the binder to ensure it is available for the technician when entering the facility to complete the ordered diagnostic test. The Director of Nursing and/or Divisional or Regional Director of Clinical Services will complete an audit of any diagnostic tests ordered from 9/1/2026 to ensure all diagnostic testing was completed per the physician's order. The root cause analysis is related to the homework sheet not including the information regarding the Ultrasound scheduled to be completed on Sunday, August 30th as the per the supervisor statement the Ultrasound was inadvertently left off the homework sheet when rewritten from Friday 8/28/2026 to Saturday 8/29/2026, therefore was not on the homework sheet on Sunday 8/30/2026 so the nurses were unaware of the need for the Ultrasound. It is the expectation of the facility that the shift-to-shift nursing report includes outstanding labs and diagnostics that are ordered or pending results. The Director of Nursing developed the binder and placed it on the nursing units. The role of the Unit Managers/Nursing Supervisors is to ensure that the homework sheet is updated to reflect the outstanding diagnostic tests ordered are reflected on the homework sheet, part of that role is also related to the use of the newly implemented PDI binder and to have the unit managers and nursing supervisors to review the binder to ensure the printed physician order for the diagnostic test and the resident face sheet is in the binder. The Director of Nursing, Nursing Supervisor and/or Staff Development Coordinator will educate the licensed nurses, including agency nurses with their facility orientation and newly hired licensed nurses will be educated during new hire orientation process regarding the updated process for ordering/confirming orders and tracking PDI diagnostic orders and re-education of the Unit Managers and Nursing Supervisors regarding the use of the homework sheet to include pending diagnostic tests. The Unit Manager reviewed the clinical documentation on Monday 8/31/2026, regarding the Ultrasound and noted it was not completed. The Unit Manager placed a call to PDI regarding the continued need for the Ultrasound and received a new order to have the Ultrasound completed. The agency nurses will be educated related to the process and use of the PDI binder that has been implemented. The Unit Managers/Nursing Supervisor reviews the PDI binder daily and removes any face sheet/orders from the binder of diagnostics tests that have been completed. The Administrator and/or Director of Nursing are responsible for the corrective action.		09/22/2026

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F0777 SS = D	Continued from page 6 8/31/26 1:43 PM – R2 had a new physician's order for bilateral kidney/ureter/bladder ultrasound. It was noted on R2's eTAR that the order was indicated for completion between 9/1/26 and 9/2/26. 8/31/26 2:23 PM - A nurse progress note by E22 (RN, UM) regarding a follow-up call to C1 documented "...On 8/30 [8/30/26] 0936 [9:36 AM] dispatch tech [P2, ultrasound technician] reported to facility to provide the service and requested the provider's order, (sic) [E24, Agency LPN] told them 'it's ok to cancel' because there was no order. 8/31 [8/31/26] 1339 [1:39 PM] follow up call completed by this nurse inquiring about the missed US, informed the order was cancelled by nurse [E24] at that time... [sic] This nurse informed [C1] the exam was still needed, date of service was updated and order re-instated on [C1]. Provider [P1] was made aware of US being rescheduled..." 8/31/26 2:41 PM - Surveyor requested from E2 (DON) and E22 a file of the facility's Homework Sheets that listed residents with diagnostic orders and their tracking to completion status from 8/26/26 through 8/30/26. 9/1/26 9:07 AM – A physician note by P1 documented, "...KUB US pending..." 9/1/26 12:00 PM – In an interview, E2 stated that R2's KUB initial ultrasound order on 8/27/26 fell off the system the following day (8/28/26) because the order was set up for completion for just one day (8/27/26). E2 continued to say that a new verbal order from P1 was obtained on 8/31/26 and it was set up for completion in two days between 9/1/26 to 9/2/26, to give allowance for the ultrasound technician to come to the building. 9/1/26 12:21 PM – During an interview, P1 (PA) stated that he wrote the initial KUB order for R2 on 8/27/26 for one day. P1 also stated that he was not aware that the same order fell off the following day, before P2 could actually come to do the ultrasound. P1 continued to say that he was at the facility yesterday morning, but nobody told him about R2's missed ultrasound last Sunday, 8/30/26. P1 stated, "They could have called me or called [P3, on call telehealth company] over the weekend when it was not done so a hold order would have been initiated. 9/1/26 1:14 PM – In an interview, E22 stated that she called C1 to ask for the status of R2's KUB ultrasound order and was told that E24 (Agency LPN), the nurse who worked on Sunday dayshift cancelled it because there was no physician's order.			F0777	Continued from page 6 The Director of Nursing/Unit Manager/Staff Developer and/or Nursing Supervisor will audit all new orders for diagnostic testing to ensure completion and reporting of diagnostic test results in a timely manner. This audit will be completed daily, including weekends and holidays x 7 days until 100% compliance, then weekly x4 weeks including weekends and holidays until 100% compliance, then monthly including weekends and holidays x 3 months until 100% compliance. The results of the audits will be reviewed by the Administrator, Director of Nursing and/or Assistance Director of Nursing upon completion and brought through QAPI for review and trending, and follow-up will be completed to address any issues identified with continued individual/staff education/discipline as indicated. Date of Compliance 9/22/26		09/22/2026

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F0777 SS = D	Continued from page 7 9/1/26 1:50 PM – During an interview, E23 (RN Supervisor) stated "I worked last Friday (8/28/26) ...I know [R2] will have an ultrasound, but I was not sure when it was going to get done. I was the building supervisor on the 7-3 shift the past Sunday (8/30/26), but [R2's] KUB ultrasound was not on the Homework Sheet list for follow up." When asked if she was aware that P2 was coming to the facility on that Sunday morning to do R2's KUB ultrasound, E23 stated that she was not aware of R2's scheduled KUB. E23 added, "Nobody came up to see me. The cart nurse [E24] did not call me." 9/1/26 2:05 PM – In an interview, E24 stated that she worked last Sunday on the day shift. E24 stated that she was not informed by the night nurse, nor the supervisor that P2 was coming to do R2's KUB ultrasound. E24 further stated, "... [P2] came and asked me for [R2's] physician order for ultrasound. I checked the [EHR] for [R2's] active physician order but there was none. I asked another house nurse to check the orders on my screen, but the house nurse couldn't find anything either. I had the CNA paged [E23], but there was no reply and [P2] wouldn't stay and wait. I told [P2] that she could leave the building and the KUB ultrasound for R2 was cancelled." 9/1/26 2:25 PM – During a resident interview, R2 stated that somebody (P4, another ultrasound technician from C1) came to her room and completed her KUB ultrasound. 9/1/26 2:28 PM - In an interview, E25 (LPN) stated that she was R2's nurse this morning. E25 further stated that she did not know R2 was scheduled for a KUB ultrasound until P4 came up to her this morning and asked to see R2's physician order. E25 confirmed and stated, "...[R2's] KUB ultrasound was completed." 9/1/26 2:40 PM – Finding was discussed with E2 (DON) and E3 (RDCS). 9/1/26 3:00 PM – Finding was reviewed with E1 (NHA), E2 AND E3 during the Exit Conference.	F0777				09/22/2026	