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: Cadia Rehabilitation Broadmeadow **DATE SURVEY COMPLETED: November 14, 2025**

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 Survey was conducted at this facility from November 13, 2025, through November 14, 2025. The deficiencies contained in this report are based on observations, interviews, review of residents' clinical records and review of other facility documents, as indicated. The facility census for the first day of the survey was one hundred thirteen (113). The survey sample totaled six (6) 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 November 14, 2025: F689.		

Provider's Signature Laurel Saunders Title NHA Date 12/12/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085050	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CADIA REHABILITATION BROADMEADOW	500 SOUTH BROAD STREET , MIDDLETOWN, Delaware, 19709

(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 Survey was conducted at this facility from November 13, 2025, through November 14, 2025. The deficiencies contained in this report are based on observations, interviews, review of residents' clinical records and review of other facility documents, as indicated. The facility census for the first day of the survey was one hundred thirteen (113). The survey sample totaled six (6) residents. Abbreviations/definitions in this report are as follows: ADON - Assistant Director of Nursing; CNA- Certified Nursing Assistant; Contracture – a muscle that is drawn or shortened by shortening of the connective tissue around a muscle or rigid joint or joint limitations with fixed high resistance to passive stretch of a muscle; DON - Director of Nursing; Hemiparesis - the unilateral weakness of the entire left or right side of the body; Hemiplegia – half of body paralyzed; MDS assessment- federally mandated comprehensive, standardized, clinical assessment of all residents in Medicare/Medicaid nursing homes that evaluates functional capabilities and health needs; Mobility- the ability to move or be moved freely and easily; NHA - Nursing Home Administrator; OT - Occupational Therapist; RN - Registered Nurse; Spleen – a vital organ located in the left upper abdomen, plays crucial roles in the immune system and blood filtration;	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 UN - Unit Manager.	F0000		
F0689 SS = G	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. 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 (R1) out of three residents sampled for accidents, the facility failed to ensure that R1received adequate supervision to prevent accidents. R1, a completely dependent resident, fell on her face from the bed to the floor while receiving care from a staff member and sustained multiple rib fractures, clavicle fracture and splenic laceration. The facility's failure to provide adequate supervision caused harm to R1. Findings include: 1/20/09 – A facility document entitled, "Fall Assessment, Prevention, and Management", revised 1/20/23 and 1/3/25 included, "It is the policy of [name of facility] to assess for all risks and implement measure to prevent and manage the identified risks." The document also included, "Factors that may result in resident falls include, but are not limited to…. environmental hazards…. functional impairments…" R1's clinical record revealed: 3/17/21 – R1 was admitted to the facility with diagnoses including but not limited to dementia, muscle weakness, contractures of left knee and both ankles, hemiplegia and hemiparesis. 3/18/21 – R1's admission fall care plan [revised 5/28/24] documented, "At risk for falls related to weakness, cognitive deficits, incontinence…" 3/29/21 - R1's activities of daily living [ADLs]care	F0689	1. R1 has not returned to the facility from the hospital. A review of the resident's medical record was completed by the DON and NHA. 2. All residents who require two staff members for bed mobility have the potential to be affected by this deficient practice. A thirty-day lookback of all falls determined that no other residents were affected by this deficient practice. 3. The facility conducted a root cause analysis, and it was determined that the CNA failed to check the residents bed mobility status prior to initiating care for resident RI. All nursing staff are educated that the bed mobility status for each resident is located inside of the resident's closet. The CNA stated that she failed to check the closet prior to beginning resident care as instructed in New Hire Orientation. An Ad hoc QAPI meeting was conducted by the facility leadership team. Employee was immediately educated and suspended pending investigation. A facility wide audit was conducted to ensure that all residents who require two staff members for safe bed mobility were receiving the correct number of staff during care in bed. No issues identified. The care plans of these residents were also reviewed for accuracy. No issues identified. All nurses and CNA's were re-inserviced by the Facility Staff Developer on safe patient positioning during care in bed, including providing care with the required number of staff and where each resident's bed mobility status is communicated. All staff were instructed to check the residents closet for the resident bed mobility status prior to beginning resident care. 4. Nursing supervisor will conduct audits of all residents who require two staff for bed mobility to ensure the correct number of staff are present during care. The audits will be performed daily until 100% compliance is reached for 3 consecutive days. Audits will continue weekly until 100% compliance is reached for 3 consecutive weeks. Then, we will conduct monthly audits until 100% compliance is maintained for 3 consecutive months. Once 100% compliance is achieved, the deficient practice will be considered resolved. All audits will be reviewed by the Quality Assurance Performance Improvement Committee. 12/29/2025	12/29/2025

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F0689 SS = G	Continued from page 2 plan [revised 9/21/21] documented, "...ADLs - self-care performance deficient r/t [related to] muscle weakness, decreased mobility..." The interventions included, "Assist with daily hygiene, eating toileting, dressing..." The care plan lacked documentation of how many staff members were needed to assist with the ADLs. 4/3/24 – R1's mobility/transfer form documented, "Potential for impaired mobility." The interventions included, "Resident requires Hoyer lift [mechanical lift] with transfers (assist of 2.) Resident requires assist of two [persons] with rolling side to side." 5/29/25 – R1's clinical record documented, "LAL [low air loss mattress]." R1's clinical record lacked evidence of a care plan for safety/bed mobility for the use of the low air loss mattress. 11/4/25 – R1's quarterly MDS assessment documented impairments on both upper and lower extremities, required set up/clean up assistance with eating, and complete dependence on staff for all other activities of daily living, including incontinence care and rolling from side to side in bed. 11/5/25 – R1's quarterly fall assessment documented a fall risk score of 5 (high). 11/7/25 10:51 AM – R1's clinical record documented, "...Resident was receiving morning care by CNA. When turning onto her right side, resident was rolled onto the floor. When nurse responded, resident was seen lying face down leaning on her left side..." 11/7/25 2:08 PM – A facility reported document submitted to the Division documented, "Fall from bed to floor, resident c/o [complained of] pain to her head, and left flank. Physician present and made aware, orders obtained to transfer her to the ER [emergency room] for further evaluation." 11/9/25 7:45 PM – A hospital reported document submitted to the Division documented, "Immobile pt. [patient] fell out of bed while being changed. Multiple rib fx [fractures], clavicular fx and splenic lac [laceration]." 11/13/25 1:15 PM – During an interview, E7 (UM) stated, "The residents' transfer, and bed mobility status are in the closet. That is how the staff knows how to	F0689		

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F0689 SS = G	Continued from page 3 transfer and move them. [R1] required 2 persons for rolling from side to side, and 2 persons with the Hoyer lift for transfers." 11/13/25 1:30 PM – During an interview, E4 (OT) stated, "[R1] required 2 persons assistance to roll from side to side for the staff to wash and clean her. She was not able to help with her care." 11/13/25 2:00 PM – During a telephone interview, E5 (CNA) stated, "I have been an aide for four years, but I was new to this facility. I was told that this resident [R1] was on my assignment for the shift. I rolled her on her side to clean her bottom, and she rolled out of the bed on to her face." The Surveyor asked E5 if she knew where the transfer/bed mobility/rolling side to side information for the resident was located. E5 stated, "I was told it was in the closet, but I was not actually shown where it was located. I saw other aides take care of her by themselves, so I thought I have to do her care by myself. No one ever told me I had to have another aide with me when I was taking care of her." The Surveyor asked E5 whether R1 was able to move, hold herself to the side in the bed or assist in her ADLs, E5 stated, "No, she was not able to move herself or help with anything. The staff did everything for her." 11/13/24 2:20 PM – The facility 5 day follow up report submitted to the Division included, "...Resident remains hospitalized at this time. Upon return she is to be evaluated by therapy and care plan will be updated to include concave LAL and bilateral fall mats while in bed." 11/14/25 10:00 AM – During a combined interview with E1 (NHA) and E2 (DON), the Surveyor asked what the facility's investigation revealed to be the root cause of R1's fall. E1 stated, "The aide did not position her properly in the bed and she rolled out." The Surveyor asked E1 whether the facility had identified that the R1's plan of care for two persons assistance with rolling side to side was not implemented during incontinent care. E1 stated, "The resident did not have to be rolled side to side for incontinent care. The aide's statement said that she had positioned her [R1] on her side for 5 minutes before she rolled out of the bed." 11/14/25 2:00 PM – During an interview, E2 provided the Surveyor with an undated document, entitled, "Plan of Correction." The document included, "The facility conducted a root cause analysis, and it was determined that the assigned CNA did not safely position the	F0689		

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F0689 SS = G	Continued from page 4 resident during incontinence care to avoid the resident from rolling out of bed. Ad hoc QAPI meeting was conducted facility leadership. Employee was immediately educated and suspended pending investigation. A house wide audit was conducted of all mobility care plans for residents who are assist of two. No issues were identified. All nurses and CNAs were re-inserviced on safe positioning during care and transfer status/bed mobility care plans." The facility's investigation failed to identify that R1, a completely dependent resident, who was care planned for the assistance of two staff members with rolling side to side, required two persons assistance for moving and turning in bed to prevent her from rolling out of the bed during incontinence care. The facility failed to ensure that R1's incontinence care was completed with the required number of staff members according to her plan of care. This failure resulted in R1 falling from the bed and sustaining injuries. 11/14/25 2:30 PM - Findings were reviewed with E1 (NHA) and E2 (DON) at the exit conference.	F0689		