



**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:** Cadia Rehabilitation Silverside

**DATE SURVEY COMPLETED:** August 11, 2026

| SECTION  | STATEMENT OF DEFICIENCIES<br>SPECIFIC DEFICIENCIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ADMINISTRATOR'S PLAN FOR<br>CORRECTION OF DEFICIENCIES                              | COMPLETION<br>DATE |
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|          | <p>The State Report incorporates by reference and also cites the findings specified in the Federal Report.</p> <p>An unannounced complaint and extended survey were conducted at this facility from August 5, 2026, through August 11, 2026. The deficiencies contained in this report are based on interviews and reviews of facility records and other documentation as indicated. The facility census on the first day was one hundred twelve (112). The sample size was three (3).</p>                                                                                                                                                                                                                                                                       |                                                                                     |                    |
| 3201     | <b>Regulations for Skilled and Intermediate Care Facilities</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Cross refer to the CMS-2567-L survey completed August 11, 2026: F684, F838 and F842 |                    |
| 3201.1.0 | <b>Scope</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                     |                    |
| 3201.1.2 | <p>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.</p> <p>This requirement is not met as evidenced by:</p> <p>Cross refer to the CMS-2567-L survey completed August 11, 2026: F684, F838 and F842.</p> |                                                                                     |                    |

Provider's Signature Nichole Nolan NHA Title NHA Date 8/31/26



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| <b>STATEMENT OF DEFICIENCIES<br/>AND PLAN OF CORRECTIONS</b>               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>085056</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br><br>B. WING                                                                 | (X3) DATE SURVEY COMPLETED<br><br><b>08/11/2026</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>CADIA REHABILITATION SILVERSIDE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>3322 SILVERSIDE ROAD , WILMINGTON, Delaware, 19810</b>                   |                                                     |
| (X4) ID<br>PREFIX<br>TAG                                                   | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ID<br>PREFIX<br>TAG                                                        | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE<br>APPROPRIATE DEFICIENCY) | (X5)<br>COMPLETION<br>DATE                          |
| F0000                                                                      | <p>INITIAL COMMENTS</p> <p>An unannounced complaint and extended survey was conducted at this facility from August 5, 2026 through August 11, 2026. The deficiencies contained in this report are based on interviews and review of facility records and other documentation as indicated. The facility census on the first day of the survey was one hundred twelve (112). The sample size was three (3).</p> <p>Abbreviations and definitions used in this report are as follows:</p> <p>+3 pitting edema – moderate to severe fluid retention, graded by the depth of the indentation and how long it takes to refill after pressure is released;</p> <p>Accessory muscles - shoulders, neck and/or abdominal muscles used to assist when breathing becomes difficult or labored;</p> <p>Acuity – refers to the severity, urgency, and intensity of a resident's illness or condition and used to prioritize resident treatment, staffing, and resource allocation;</p> <p>ALS – Advanced Life Support/trained to manage complex emergencies such as cardiac arrest, stroke, trauma, and other critical conditions;</p> <p>Auscultate - to listen to body system (lungs, heart, abdomen) sounds with a stethoscope;</p> <p>BiPaP – Bilevel positive airway pressure/noninvasive ventilation device that helps a resident breathe;</p> <p>BLS – Basic Life Support/trained to provide immediate, life-saving care in emergencies;</p> <p>CHF – congestive heart failure/heart unable to pump enough blood and oxygen to meet the body's needs;</p> <p>CNA - Certified Nurse's Aide;</p> <p>Competency – the combination of skills, knowledge,</p> | F0000                                                                      |                                                                                                                          | 09/25/2026                                          |

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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| F0000                                                                      | Continued from page 1<br>abilities, and judgment required to provide safe and<br>effective nursing care as defined by the American<br>Nurses Association;<br><br>COW – computer on wheels/mobile clinical<br>workstation;<br><br>CPAP - Continuous positive airway<br>pressure/machine used for breathing assistance;<br><br>CTA – clear to auscultation;<br><br>DON - Director of Nursing;<br><br>EMS – Emergency Medical Services;<br><br>FiO2 – Fraction of inspired oxygen/percentage of<br>oxygen a person breathes;<br><br>Fowler's position – sitting upright at a 90 degree<br>angle to allow greater chest and lung expansion;<br><br>Gurgling – occurs when air interacts with liquid in<br>the airway creating a wet lung sound;<br><br>Hypoxia - deficiency in amount of oxygen reaching<br>body tissues;<br><br>ICU – intensive care unit;<br><br>l – liter/metric unit of capacity;<br><br>LPN – Licensed Practical Nurse;<br><br>MDS – Minimum Data Set/federally mandated<br>comprehensive, standardized, clinical assessment of<br>all residents in Medicare/Medicaid nursing homes<br>that evaluates functional capabilities and health<br>needs;<br><br>n/o – new order;<br><br>Nasal cannula - tube placed into nostrils to deliver<br>oxygen;<br><br>NHA - Nursing Home Administrator;<br><br>NP – Nurse Practitioner;<br><br>NRB – non-rebreather mask/enables delivery of high<br>concentrations of oxygen;<br><br>PA – Physician Assistant;<br><br>Pulmonary – related to the lungs; | F0000                                                                      |                                                                                                                          | 09/25/2026                                          |

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| F0000                                                                      | Continued from page 2<br>Respiratory distress – shortness of breath or a<br>feeling of air hunger with labored breathing;<br><br>RN - Registered Nurse;<br><br>Semi-fowlers – position where a resident is on their<br>back with the head and torso elevated to a 30-45<br>degree angle, often used to improve lung expansion<br>and reduce aspiration risk;<br><br>SOB – shortness of breath;<br><br>SPO2 – oxygen saturation/vital sign that estimates<br>how much hemoglobin in arterial blood is carrying<br>oxygen but does not reflect ventilation;<br><br>Sputum – material that is coughed up from the lungs<br>and lower airways, often containing mucus;<br><br>Suction canister – medical device designed to act as<br>a collection reservoir for secretions removed during<br>suctioning procedures;<br><br>Symmetrical – similar or balanced;<br><br>Tachycardiac – abnormally fast heart rate;<br><br>Tachypneic – high respiratory rate;<br><br>UM – Unit Manager.             | F0000                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 09/25/2026                                          |
| F0684<br>SS = SQC-J                                                        | Quality of Care<br><br>CFR(s): 483.25<br><br>§ 483.25 Quality of care<br><br>Quality of care is a fundamental principle that<br>applies to all treatment and care provided to facility<br>residents. Based on the comprehensive assessment<br>of a resident, the facility must ensure that residents<br>receive treatment and care in accordance with<br>professional standards of practice, the<br>comprehensive person-centered care plan, and the<br>residents' choices.<br><br>This REQUIREMENT is NOT MET as evidenced by:<br><br>Based on interview, observation, and review of<br>clinical record, surveillance video and other records<br>as indicated, it was determined that for one (R1) out<br>of three residents reviewed for respiratory care, the<br>facility failed to ensure that nursing staff provided<br>appropriate care and services to R1, a resident with<br>a diagnosis of congestive heart failure who had an<br>acute respiratory change of condition that started | F0684                                                                      | 1. R1 no longer resides at the facility. Facility was<br>unable to correct this deficient practice.<br><br>2. All residents that have a diagnosis of CHF have<br>the potential to be affected by this deficient practice.<br>All current in-house residents were reviewed to<br>identify if any were experiencing an acute change in<br>respiratory condition that prompted further<br>assessment. No residents were identified. This was<br>completed on 8/10/26 at 16:15. All residents with<br>CHF continue to be reviewed.<br><br>The daily code cart checklist was updated to include<br>suction with canister is present.<br><br>3. Root Cause analysis was conducted and revealed<br>that the Registered Nurse failed to assess the<br>resident timely and properly after the Certified Nurse<br>Assistant relayed that the resident was experiencing<br>an acute change in respiratory condition.<br><br>Facility initiated immediate education conducted by<br>the RN Staff Developer, with all licensed nurses on<br>responding timely to acute changes in respiratory<br>condition, performing respiratory assessments | 09/25/2026                                          |

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| F0684<br>SS = SQC-J                                                        | <p>Continued from page 3<br/>after dinner on 8/2/26. While facility staff reported to the assigned nurse multiple times that R1 was coughing, had increased mucus but could not cough it up, and had trouble breathing, the nurse failed to recognize and act upon R1's acute respiratory change of condition by auscultating R1's lungs during her assessment, or to attempt to suction his airway for mucus/oral secretions. 911 was called by facility staff at 2:22 AM on 8/3/26. R1's airway was suctioned by EMS personnel before applying a CPAP to emergently transport resident to the hospital. Due to this failure, an Immediate Jeopardy (IJ) was called on 8/10/26 at 3:03 PM, with an abatement date of 8/11/26 at 5:08 PM. Findings include:</p> <p>Review of R1's record revealed:</p> <p>7/20/26 – R1 was admitted to the facility with a diagnosis that included, but was not limited to, congestive heart failure.</p> <p>7/21/26 - R1's care plan for congestive heart failure had the intervention to "Monitor/report PRN [as needed] any s/sx [signs or symptoms]... SOB [shortness of breath] upon exertion... dry cough... crackles and wheezes upon auscultation of the lungs... Increased heart rate...".</p> <p>7/28/26 – A cardiology note by C1 (PA) documented, "... Physical Exam... Pulm [pulmonary] normal respiratory effort, CTA [clear to auscultation] bilateral...".</p> <p>7/30/26 – A follow-up note by E10 (NP) documented R1's "... Respiratory: Symmetrical bilateral chest expansion, no accessory muscle use, Lungs CTA...".</p> <p>The facility's surveillance video (without audio) in R1's hallway revealed the following:</p> <p>Sunday, 8/2/26</p> <p>-at 8:12 PM, R1's roommate exited the room and self-ambulated using his wheelchair down the hallway towards the nurse's station.</p> <p>-at 8:13 PM, E7 (CNA) exited R1's room, spoke to the other CNA sitting at the COW in the hallway, then walked down the hallway towards the nurse's station. Other CNA gets up from COW and entered R1's room.</p> | F0684                                                                   | <p>Continued from page 3<br/>including auscultation of lungs, suctioning if needed, and documentation of the change in condition and their assessment. Education and competencies were completed with licensed nurses. Education was added effective immediately to New Hire Orientation and will be reviewed in the annual skill fair for all licensed staff.</p> <p>4. The DON will conduct on-going audits of the 24-hour report for acute changes in respiratory condition and documentation of the assessment to ensure compliance with F684.</p> <p>The DON will continue audits 3x/week for 1 one week or until 100% compliance is reached, then weekly x 3 weeks until 100% compliance is reached, and then monthly x 1 month until 100% compliance is reached.</p> <p>The facility QAPI committee will review the results of the observations made by the Director of Nursing/ designee to identify any trends, conduct root cause analysis, and develop a plan of action for follow up and resolution if necessary.</p> | 09/25/2026                                          |

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| F0684<br>SS = SQC-J                                                        | <p>Continued from page 4</p> <p>-at 8:14 PM, E6 (RN Supervisor) walked down hallway from the nurse's station and entered R1's room. The other CNA exited the room into the hallway. E5 (RN) was observed pulling the medication cart from the nurse's station into the hallway and then walked to R1's room and entered. E5 exited R1's room and returned to the medication cart.</p> <p>-at 8:17 PM, E6 (RN Supervisor) exited R1's room and stopped at the medication cart where E5 was standing to dispose of something in the medication cart trash. E6 continued to the nurse's station and E5 (RN) followed. E7 (CNA) was observed standing at the nurse's station and turned and walked down hallway and reentered R1's room.</p> <p>-at 8:19 PM, E7 (CNA) exited R1's room and walked down the hallway.</p> <p>-at 8:36 PM, R1's roommate entered the room.</p> <p>-at 9:18 PM, E5 (RN) entered R1's room after E7 (CNA) reentered.</p> <p>-at 9:21 PM, E5 (RN) exited from R1's room and returned to the medication cart. E7 (CNA) was observed pushing R1's wheelchair with him sitting upright out to the hallway to turn him around and pushed him back into his room.</p> <p>-at 9:37 PM, E5 (RN) entered R1's room.</p> <p>-at 9:38 PM, E5 (RN) exited R1's room.</p> <p>-at 11:33 PM, E8 (CNA) entered R1's room with cup of water, exited, then entered the storage room and returned to room with unidentified object in her hand and reentered R1's room.</p> <p>-at 11:37 PM, E8 (CNA) exited the hallway and continued to the nurse's station.</p> <p>-at 11:42 PM, E8 (CNA) reentered the hallway, walked past R1's room then returned and entered R1's room.</p> <p>-at 11:44 PM, E8 (CNA) exited R1's room.</p> <p>Monday, 8/3/26</p> <p>-at 1:32 AM, E8 (CNA) entered R1's room.</p> <p>-at 1:35 AM, E8 (CNA) exited R1's room.</p> | F0684                                                                      |                                                                                                                          | 09/25/2026                                          |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>CADIA REHABILITATION SILVERSIDE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                            |                                                                                                                          | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>3322 SILVERSIDE ROAD , WILMINGTON, Delaware, 19810</b> |  |                                                     |  |
| (X4) ID<br>PREFIX<br>TAG                                                   | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ID<br>PREFIX<br>TAG                                                        | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE<br>APPROPRIATE DEFICIENCY) |                                                                                                        |  | (X5)<br>COMPLETION<br>DATE                          |  |
| F0684<br>SS = SQC-J                                                        | <p>Continued from page 5</p> <p>-at 1:49 AM, E8 (CNA) walked down the hallway, looked over toward R1's room and walked to the nurse's station.</p> <p>-at 1:54 AM, E8 (CNA) walked down hallway to the back hallway out of camera view. E5 (RN) was observed donning gloves while walking behind E8, stopped briefly to look in R1's room from the hallway, then continued to walk towards the back hallway out of camera view.</p> <p>-at 2:01 AM, E8 (CNA) walked down the hallway with linen and disposed it in soiled room then walked towards the back hallway out of camera view. Observed E5 (RN) walk from the back hallway and enter R1's room as E8 was passing her in the hallway.</p> <p>-at 2:03 AM, E5 (RN) exited R1's room and walked toward the back hallway out of camera view. E5 then was observed reentering R1's room holding a towel.</p> <p>-at 2:05 AM, E5 (RN) exited R1's room and walked to the nurse's station, retrieved vital sign equipment and returned to R1's room.</p> <p>-at 2:10 AM, E5 (RN) exited R1's room and entered the oxygen storage room at end of the hallway prior to the nurse's station.</p> <p>-at 2:11 AM, E5 (RN) exited oxygen storage room, nothing in hand, and walked to the nurse's station.</p> <p>-at 2:12 AM, E5 (RN) exited from the nurse's station (where the supplies closet is located) with oxygen tubing in hand, stopped at the oxygen storage closet and retrieved an oxygen concentrator and pushed it to R1's room. Observed E6 (RN) walking behind, entered R1's room briefly (approximately 8-9 seconds in the room) then exited and walked back to the nurse's station.</p> <p>-at 2:16 AM, E5 (RN) exited R1's room and logged on to the COW located in the hallway next to R1's door.</p> <p>-at 2:17 AM, E5 (RN) was using the COW then logged off and reentered R1's room.</p> <p>-at 2:20 AM, E5 (RN) exited R1's room and walked towards the back hallway then reentered R1's room briefly. E5 exited R1's room and walked to the nurse's station.</p> <p>-at 2:22 AM, E5 (RN) exited the nurse's station with NRB mask, entered the oxygen storage room then</p> | F0684                                                                      |                                                                                                                          |                                                                                                        |  | 09/25/2026                                          |  |

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| <b>STATEMENT OF DEFICIENCIES<br/>AND PLAN OF CORRECTIONS</b>               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>085056</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br><br>B. WING                                                                 | (X3) DATE SURVEY COMPLETED<br><br><b>08/11/2026</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>CADIA REHABILITATION SILVERSIDE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>3322 SILVERSIDE ROAD , WILMINGTON, Delaware, 19810</b>                   |                                                     |
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| F0684<br>SS = SQC-J                                                        | <p>Continued from page 6<br/>exited and returned to the nurse's station. E5 was<br/>observed carrying the oxygen tank and NRB down<br/>the hallway into R1's room.</p> <p>-at 2:25 AM, E5 (RN) exited R1's room, logged onto<br/>the COW, looked at something in the electronic<br/>health record, logged off and reentered R1's room.</p> <p>-at 2:28 AM, E6 (RN Supervisor) walked from the<br/>nurse's station into R1's room with paperwork.</p> <p>-at 2:30 AM, E6 (RN Supervisor) exited R1's room<br/>and walked back to the nurse's station.</p> <p>-at 2:31 AM, E5 (RN) exited R1's room, looked at<br/>something on the COW then reentered R1's room.</p> <p>-at 2:32 AM, BLS crew members walked past<br/>nurse's station, down hallway and into R1's room.</p> <p>-at 2:33 AM, E6 (RN Supervisor) walked down hall<br/>with paperwork and entered R1's room.</p> <p>-at 2:35 AM, E6 exited R1's room and returned to<br/>the nurse's station.</p> <p>-at 2:36 AM, ALS (Paramedics) walked past nurse's<br/>station, down hallway and into R1's room.</p> <p>-at 2:38 AM, BLS crew member exited R1's room<br/>and E5 (RN) walked to nurse's station to retrieve<br/>suction equipment.</p> <p>-at 2:40 AM, first BLS crew member at nurse's<br/>station and second BLS crew member walked down<br/>hallway to elevator. ALS paramedic walked out<br/>toward the back hallway and spoke to E8 (CNA). E8<br/>walked toward the nurse's station. ALS paramedic<br/>reentered R1's room.</p> <p>-at 2:49 AM, BLS and ALS personnel exited room<br/>with R1 and walked to the elevator.</p> <p>8/3/26 3:00 AM – A nurse's note by E5 (RN)<br/>documented, "Resident observed in semi flowers<br/>(sic) position experiencing acute shortness of breath<br/>[SOB]. T-98.9 [temperature], BP-128/78 [blood<br/>pressure], P-108 [pulse], R-22 [respiratory rate],<br/>SPO2 [pulse ox] 84% RA [room air]. Oxygen 2L [liters]<br/>NC [nasal cannula] applied. After 10 minutes resident<br/>pulse ox was 90-93%. Heart rate -98, respiratory 18.<br/>After 15-30 minutes resident continues to experience<br/>SOB and observed with use of accessory muscle to<br/>breathe. Nonrebreather mask applied on 15L, pulse<br/>oximetry noted to be 88%. Small amount of white</p> | F0684                                                                      |                                                                                                                          | 09/25/2026                                          |

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| F0684<br>SS = SQC-J                                                        | <p>Continued from page 7</p> <p>mucus noted on the mouth. NP [nurse practitioner] on call notified and n/o [new order] to send resident out to hospital for further evaluation. 911 initiated and resident sent out. Message left for [FM1, family member] and [FM2, family member] notified."</p> <p>8/3/26 3:21 AM – The hospital emergency department record documented, "... Noted to have gurgling respirations and hypoxia in the 70s. On arrival, patient with temperature of 33.5 [convert to 92.3 degrees Fahrenheit], tachycardic in the 110s, tachypneic in the 30s, saturating in the 80s on 100 % FiO2. Currently on Bipap... Suctioned extensively, respiratory therapy at bedside... Patient to be admitted to ICU [intensive care unit] for ongoing monitoring and care..."</p> <p>8/3/26 4:11 AM – The Prehospital Care Report completed by BLS personnel documented, "... On scene, pt [patient] was found in his room lying in bed. Staff reported pt was complaining of SOB, had sputum coming out of his mouth, and his pulse ox was in the 80s on 15 LPM via NRB. Staff advised he had been like this for an hour, and the sputum was a white color. Staff reported pt to have a hx [history] of CHF. At this time, breath sounds were assessed, and a set of vitals obtained. Fluid could be heard in the lungs. CPAP was prepared. Shortly after, ALS arrived on scene. Verbal report was given to ALS. ALS requested to hold off on CPAP and for the pt to be suctioned first. Crew attempted to retrieve facility suction, but facility suction was missing components. Crew quickly retrieved suction from the truck and brought it to the pt. The pt was first moved to the stretcher via sheet lift and secured in. The pt was suctioned, and then CPAP was placed on the pt..."</p> <p>8/3/26 - The Prehospital Care Report completed by ALS personnel documented, "... The patient's airway presented with pink, frothy sputum and gargled respirations that were emitting from his mouth, down his chin. He had a strong radial pulse. Staff reported the patient had been this way for about an hour, reported they had wiped his mouth but did not attempt to suction... The patient's mouth was suctioned, clearing his airway and CPAP was then placed. The patient was moved to the stretcher and secured in a fowler's position. During transport the patient was monitored by ALS. The patient's SpO2 improved with suction and CPAP, breathing became less labored..."</p> |                                                                         |  | F0684                                                                                                  |                                                                                                                          | 09/25/2026                                          |                            |

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| F0684<br>SS = SQC-J                                                        | <p>Continued from page 8</p> <p>8/5/26 11:50 AM – Observations of the facility's crash carts on the first and second floors revealed readily available suction equipment sitting on top.</p> <p>8/7/26 7:34 AM – During an interview, E5 (RN) confirmed that she worked 7 PM to 7 AM on 8/2/26 into 8/3/26. E5 stated that when she was doing rounds at 2 AM, she realized that R1 was short of breath. E5 stated that she obtained vital signs and his pulse ox was 86-88% on room air and blood pressure was normal. E5 stated that she retrieved the oxygen concentrator and applied 2 Liters of oxygen via nasal cannula, which resulted in R1's pulse ox to increase 90-93%. E5 stated that she stayed with the resident monitoring his vital signs. E5 stated that R1 was still having shortness of breath and she increased the oxygen to 3-4 Liters. E5 stated that she observed that R1 was using his accessory muscles and struggling to breathe. E5 stated that she got the non-rebreather (NRB) mask and oxygen tank and administered 15 Liters of oxygen. E5 stated that she grabbed the portable oxygen tank from the crash cart in the nurse's station as there was none in the oxygen supply room closet. E5 stated that she notified her RN Supervisor [E6] and she assessed him and called 911. E5 stated that E6 was there in the room before the nasal cannula was placed. E5 stated that she checked R1's mouth and there was nothing. E5 stated that before I placed the NRB, there were no oral secretions. E5 stated that the paramedics arrived shortly after I placed R1 on the NRB. E5 stated that she saw a small amount of white secretions on the left side of the mouth with the NRB on R1. E5 stated that R1's breathing difficulty started 20-30 minutes before EMS arrived. E5 stated after the second group of EMS personnel arrived, they asked for suction equipment. E5 stated that she went to the supply room and nothing was there. Then I went to the crash cart, grabbed it and gave it to the EMS personnel. E5 stated that "we didn't have a canister with it." E5 stated that E6 (RN Supervisor) went downstairs to get a canister. E5 stated that by the time [E6] brought the canister EMS were rolling [R1] out. E5 stated that she didn't suction him because he didn't have any secretions. In response to how often did E5 check on R1 during her shift, E5 stated that she saw him at 8 PM as he was sitting in his wheelchair; administered medications at 9-9:30 PM, and he was not able to verbalize his complaints; and then she tended to her other residents. When E5 was asked if a CNA said anything to you, she responded that the CNA told her [R1] was having trouble breathing around 2 –</p> | F0684                                                                   |                                                                                                                          | 09/25/2026                                          |

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| F0684<br>SS = SQC-J                                                        | <p>Continued from page 9</p> <p>2:15 AM. E5 said that the CNA told her when I was helping her change another resident, then I went in to see him. When asked if E5 auscultated R1's lungs during her assessment, she responded "No". When asked who called 911, the on-call doctor and family, she responded E6 (RN Supervisor). E5 stated that she was focusing on the resident. E5 confirmed that this was her first time taking care of R1.</p> <p>8/7/26 8:52 AM – During an interview, E6 (RN Supervisor) stated that she went to R1's room and R1 was sitting up in bed with NRB. E6 stated that R1 was in respiratory distress and she did not like how he looked. E6 stated R1's pulse ox was 70s and breathing heavy. E6 stated that she didn't see any need to suction. E6 stated that she called 911 and ambulance came immediately. E6 stated that at some point E5 (RN) was looking for suction canister. E6 said she immediately ran downstairs and got suction canister. When E6 was asked if she assessed R1, she responded that E5 was a competent RN.</p> <p>8/7/26 10:00 AM – During an interview, P1 (ALS paramedic) stated that R1 had fluid in his lungs and in his mouth that was running down his chin and he needed to be suctioned. P1 confirmed that the facility's suction equipment was missing a component.</p> <p>8/7/26 1:00 PM – During an interview, E7 (CNA) confirmed that she worked 3 PM to 11 PM on 8/2/26. E7 stated that R1 was fine prior to dinner. E7 stated that R1 started coughing a lot and had a lot of mucus after dinner from then on throughout the shift. E7 described R1's coughing as "hardy with his mouth closed". E7 stated that she told E5 (RN) and E6 (RN Supervisor) that he had mucus and kept coughing with a closed mouth. E7 stated that they went to take a look at him. E7 stated that R1's coughing was new as she had worked with him before.</p> <p>8/10/26 6:40 AM – During an interview, E8 (CNA) stated that she worked 11 PM to 7 AM on 8/2/26 into 8/3/26. As background, E8 stated that she recently completed school for LPN. E8 stated that when she was passing water, she heard R1's mucus and told R1 to cough it up but he couldn't cough it up. E8 stated that she gave R1 an emesis bin, sat R1 up and elevated the head of the bed. E8 stated that she kept telling R1 to cough it out. E8 stated that she told E5 (RN) about the R1's mucus, he was</p> | F0684                                                                      |                                                                                                                          |                                                                                                        |  | 09/25/2026                                          |  |

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| <b>STATEMENT OF DEFICIENCIES<br/>AND PLAN OF CORRECTIONS</b>               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>085056</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br><br>B. WING                                                                 | (X3) DATE SURVEY COMPLETED<br><br><b>08/11/2026</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>CADIA REHABILITATION SILVERSIDE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>3322 SILVERSIDE ROAD , WILMINGTON, Delaware, 19810</b>                   |                                                     |
| (X4) ID<br>PREFIX<br>TAG                                                   | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ID<br>PREFIX<br>TAG                                                        | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE<br>APPROPRIATE DEFICIENCY) | (X5)<br>COMPLETION<br>DATE                          |
| F0684<br>SS = SQC-J                                                        | <p>Continued from page 10<br/>unable to cough and stated that he needed to be suctioned. E8 described R1's mucus as "it sounded bad" and he was "struggling to breathe". E8 stated that E5 told her that R1 wasn't prescribed medication for mucus. E8 stated that she told E5 a second time and E5 went in R1's room, checked his pulse ox and told her that they were sending him out. E8 stated that when the EMS personnel arrived, they asked her for the suction canister, and she tried to look for one. E8 stated that she asked E9 (LPN) who was sitting in the nurse's station and E9 responded she didn't know. E8 stated that E5 was looking for a suction canister. E8 stated "If you heard him [R1], the resident needed to be suctioned."</p> <p>8/10/26 3:03 PM – An Immediate Jeopardy was called due to the facility failure to ensure that nursing staff provided appropriate care and services to R1, a resident with a diagnosis of congestive heart failure who had an acute respiratory change of condition that started after dinner on 8/2/26. While facility staff reported to the assigned nurse multiple times that R1 was coughing, had increased mucus but could not cough it up and had trouble breathing, the nurse failed to recognize and act upon R1's acute respiratory change of condition.</p> <p>8/11/26 9:31 AM – During an interview, P2 (BLS crew member) confirmed that R1 was "breathing fast and gurgling".</p> <p>8/11/26 11:01 AM – During an interview, P3 (BLS crew member) confirmed that upon arrival that sputum was coming out of mouth, and you could see it through the NRB mask. P3 stated that there was no suction equipment in the room.</p> <p>8/11/26 1:25 PM – Findings were reviewed during the exit conference with E1 (NHA), E2 (DON), E3 (Corporate RN) and E4 (Corporate RN).</p> <p>8/10/26 5:19 PM – The facility's abatement plan for the Immediate Jeopardy included:</p> <p>The Medical Director was made aware on 8/10/26.</p> <p>All current in-house residents were reviewed to identify if any were experiencing an acute change in respiratory condition that prompted further</p> | F0684                                                                      |                                                                                                                          | 09/25/2026                                          |

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| <b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>085056</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br><br>B. WING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (X3) DATE SURVEY COMPLETED<br><br><b>08/11/2026</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>CADIA REHABILITATION SILVERSIDE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>3322 SILVERSIDE ROAD , WILMINGTON, Delaware, 19810</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                     |
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| F0684<br>SS = SQC-J                                                        | Continued from page 11<br>assessment. No residents were identified. This was<br>completed on 8/10/26 at 4:15 PM.<br><br>Facility initiated immediate education with licensed<br>nurses on responding timely to acute changes in<br>respiratory condition, performing respiratory<br>assessments including auscultation of lungs,<br>suctioning if needed, and documentation of the<br>change in condition and their assessment.<br>Competencies will be completed with licensed<br>nurses. Education will be completed by end of day<br>8/11/26. Ongoing education will be completed with<br>any remaining staff prior to the start of their next<br>shift.<br><br>8/17/26 8:25 AM – A follow-up on-site visit<br>occurred to verify the facility's IJ abatement plan.<br>Surveyor reviewed education provided, competencies<br>of licensed nurses, and interviewed ten (10) licensed<br>nurses, including unit managers. The facility's IJ<br>abatement date and time was 8/11/26 at 5:08 PM.                                                                                                                                                                                                                                                                                  | F0684                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 09/25/2026                                          |
| F0838<br>SS = D                                                            | Facility Assessment<br><br>CFR(s): 483.71(a)(1)(3)(b)(1)(c)(1)-(5)<br><br>§483.71 Facility assessment.<br><br>The facility must conduct and document a<br>facility-wide assessment to determine what<br>resources are necessary to care for its residents<br>competently during both day-to-day operations<br>(including nights and weekends) and emergencies.<br>The facility must review and update that assessment,<br>as necessary, and at least annually. The facility must<br>also review and update this assessment whenever<br>there is, or the facility plans for, any change that<br>would require a substantial modification to any part<br>of this assessment.<br><br>§483.71(a) The facility assessment must address or<br>include the following:<br><br>§483.71(a)(1) The facility's resident population,<br>including, but not limited to:<br><br>(i) Both the number of residents and the facility's<br>resident capacity;<br><br>(ii) The care required by the resident population,<br>using evidence-based, data-driven "methods" that<br>considering the types of diseases, conditions,<br>physical and behavioral health needs, cognitive<br>disabilities, overall acuity, and other pertinent facts<br>that are present within that population, consistent | F0838                                                                   | 1. The facility assessment was reviewed for<br>completeness and accuracy and was amended to<br>include staff competencies and skill sets needed for<br>residents with CHF.<br><br>2. All residents have the potential to be affected by<br>this deficient practice. The facility assessment was<br>reviewed for completeness and accuracy.<br><br>3. A root cause analysis was conducted and<br>revealed that the facility assessment did not include<br>staff competencies and skill sets needed for<br>residents with CHF. The facility assessment was<br>updated. Education was completed with licensed<br>nurses on responding timely to acute changes in<br>respiratory condition, performing respiratory<br>assessments including auscultation of lungs,<br>suctioning if needed, and documentation of the<br>change in condition and their assessment by the<br>Staff Developer/designee.<br><br>NHA and DON were educated by Corporate Nurse<br>regarding the facility assessment and how it failed<br>to describe how staff competencies and skills sets<br>are evaluated by the facility of those who are<br>providing care to CHF residents.<br><br>The facility will review the accuracy of the facility<br>assessment based on the resident population<br>quarterly as a part of the QAPI meeting.<br><br>4. Audits of the facility assessment will be<br>conducted by the NHA/designee to ensure it | 09/25/2026                                          |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>CADIA REHABILITATION SILVERSIDE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>3322 SILVERSIDE ROAD , WILMINGTON, Delaware, 19810</b> |  |                                                     |  |
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| F0838<br>SS = D                                                            | <p>Continued from page 12<br/>with and informed by individual resident<br/>assessments as required under § 483.20;</p> <p>(iii) The staff competencies and skill sets that are<br/>necessary to provide the level and types of care<br/>needed for the resident population;</p> <p>(iv) The physical environment, equipment, services,<br/>and other physical plant considerations that are<br/>necessary to care for this population; and</p> <p>(v) Any ethnic, cultural, or religious factors that may<br/>potentially affect the care provided by the facility,<br/>including, but not limited to, activities and food and<br/>nutrition services.</p> <p>§483.71(a)(2) The facility's resources, including but<br/>not limited to the following:</p> <p>(i) All buildings and/or other physical structures and<br/>vehicles;</p> <p>(ii) Equipment (medical and non- medical);</p> <p>(iii) Services provided, such as physical therapy,<br/>pharmacy, behavioral health, and specific<br/>rehabilitation therapies;</p> <p>(iv) All personnel, including managers, nursing and<br/>other direct care staff (both employees and those<br/>who provide services under contract), and<br/>volunteers, as well as their education and/or training<br/>and any competencies related to resident care;</p> <p>(v) Contracts, memorandums of understanding, or<br/>other agreements with third parties to provide<br/>services or equipment to the facility during both<br/>normal operations and emergencies; and</p> <p>(vi) Health information technology resources, such as<br/>systems for electronically managing patient records<br/>and electronically sharing information with other<br/>organizations.</p> <p>§483.71(a)(3) A facility-based and community-based<br/>risk assessment, utilizing an all-hazards approach<br/>as required in §483.73(a)(1).</p> <p>§ 483.71(b) In conducting the facility assessment, the<br/>facility must ensure:</p> <p>§ 483.71(b)(1) Active involvement of the following<br/>participants in the process:</p> | F0838                                                                      | <p>Continued from page 12<br/>includes staff competencies and skill sets necessary<br/>to provide care for residents with CHF. Monitoring<br/>frequency will include weekly until 100% compliance<br/>is achieved for three consecutive reviews, then<br/>monthly until 100% compliance is achieved for three<br/>consecutive months. Results of audits will be<br/>reviewed in the Quality Assurance and Performance<br/>Improvement (QAPI) meeting quarterly. Additional<br/>education or corrective action will be implemented<br/>as indicated.</p> | 09/25/2026                                                                                             |  |                                                     |  |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>CADIA REHABILITATION SILVERSIDE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                            |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>3322 SILVERSIDE ROAD , WILMINGTON, Delaware, 19810</b> |                                                                                                                          |                                                     |                            |
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| F0838<br>SS = D                                                            | <p>Continued from page 13</p> <p>(i) Nursing home leadership and management, including but not limited to, a member of the governing body, the medical director, an administrator, and the director of nursing; and</p> <p>(ii) Direct care staff, including but not limited to, RNs, LPNs/LVNs, NAs, and representatives of the direct care staff, if applicable.</p> <p>(iii) The facility must also solicit and consider input received from residents, resident representatives, and family members.</p> <p>§483.71(c) The facility must use this facility assessment to:</p> <p>§483.71(c)(1) Inform staffing decisions to ensure that there are a sufficient number of staff with the appropriate competencies and skill sets necessary to care for its residents' needs as identified through resident assessments and plans of care as required in § 483.35(a)(3).</p> <p>§483.71(c)(2) Consider specific staffing needs for each resident unit in the facility and adjust as necessary based on changes to its resident population.</p> <p>§483.71(c)(3) Consider specific staffing needs for each shift, such as day, evening, night, and adjust as necessary based on any changes to its resident population.</p> <p>§483.71(c)(4) Develop and maintain a plan to maximize recruitment and retention of direct care staff.</p> <p>§483.71(c)(5) Inform contingency planning for events that do not require activation of the facility's emergency plan, but do have the potential to affect resident care, such as, but not limited to, the availability of direct care nurse staffing or other resources needed for resident care.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on interview and documentation review, the facility failed to ensure the facility assessment described the staff competencies and skill sets that were necessary to provide the level and types of</p> |                                                                            |  | F0838                                                                                                  |                                                                                                                          |                                                     | 09/25/2026                 |

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| F0838<br>SS = D                                                            | <p>Continued from page 14<br/>care needed for the resident population, specifically<br/>for CHF residents. Findings included:</p> <p>Cross refer to F684</p> <p>Review of the "Facility Assessment Silverside 2025 –<br/>2026" revealed the following:</p> <p>-under "Section B. Acuity-Disease, Condition, &amp;<br/>Treatments, Heart Failure (CHF)" diagnosis<br/>accounted for "30.5% of Admissions/Stays" and<br/>were at a "Very High Frequency Relative to<br/>Benchmark"; and</p> <p>-under "II. Staffing, Training, Services &amp; Personnel,<br/>B. Acuity-Diseases, Conditions, &amp; Treatments...<br/>Pulmonary... Staff Training/Competencies/Skill Sets<br/>Evaluated... Suctioning... Staff<br/>Training/Competencies/Skill Sets Evaluated... 2. Staff<br/>training/competency/skills sets: Staff<br/>Training/Competencies and skills sets as required:<br/>All nursing staff that provide direct care are licensed<br/>or certified per their roles. The facility provides new<br/>hire orientation and annual mandatory training. All<br/>staff receive education related to the following:<br/>Customer Services, Workplace Harassment, Cultural<br/>Competence, Corporate Compliance, Fire Safety,<br/>Disaster Response, Oxygen Management, Tag<br/>out/Lockout, Hazardous Material Handling, Resident<br/>Rights, Trauma Informed Care, Communication of<br/>Resident Change in Condition, Abuse, Dementia,<br/>Infection Control, Body Mechanics, HIPAA, QAPI, and<br/>Risk Management."</p> <p>8/11/26 11:35 AM – During a combined interview, E3<br/>(Corporate RN) and E4 (Corporate RN) were asked to<br/>show in the facility assessment how the facility<br/>evaluates staff competencies and skills, upon hire<br/>and routinely thereafter, specifically for CHF<br/>residents. Finding was immediately confirmed. The<br/>facility assessment failed to describe how staff<br/>competencies and skills sets are evaluated by the<br/>facility of those who are providing care to CHF<br/>residents.</p> <p>8/11/26 1:20 PM – Finding was reviewed during the<br/>exit conference with E1 (NHA), E2 (DON), E3 and E4.</p> | F0838                                                                   |                                                                                                                                                                                                                                                                                      |                                                                                                        |  | 09/25/2026                                          |  |
| F0842<br>SS = D                                                            | <p>Resident Records - Identifiable Information</p> <p>CFR(s): 483.20(f)(5), 483.70(h)(1)-(5)</p> <p>§483.20(f)(5) Resident-identifiable information.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | F0842                                                                   | <p>1. R1 no longer resides at the facility. R1 was<br/>negatively affected by this deficient practice.</p> <p>2. All residents that have a diagnosis of CHF have<br/>the potential to be affected by this deficient practice.<br/>An audit of all CHF residents was conducted by</p> |                                                                                                        |  | 09/25/2026                                          |  |

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| <b>STATEMENT OF DEFICIENCIES<br/>AND PLAN OF CORRECTIONS</b>               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>085056</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br><br>B. WING                                               |  | (X3) DATE SURVEY COMPLETED<br><br><b>08/11/2026</b> |  |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>CADIA REHABILITATION SILVERSIDE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>3322 SILVERSIDE ROAD , WILMINGTON, Delaware, 19810</b> |  |                                                     |  |
| (X4) ID<br>PREFIX<br>TAG                                                   | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ID<br>PREFIX<br>TAG                                                        | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE<br>APPROPRIATE DEFICIENCY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (X5)<br>COMPLETION<br>DATE                                                                             |  |                                                     |  |
| F0842<br>SS = D                                                            | <p>Continued from page 15</p> <p>(i) A facility may not release information that is resident-identifiable to the public.</p> <p>(ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.</p> <p>§483.70(h) Medical records.</p> <p>§483.70(h)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-</p> <p>(i) Complete;</p> <p>(ii) Accurately documented;</p> <p>(iii) Readily accessible; and</p> <p>(iv) Systematically organized</p> <p>§483.70(h)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-</p> <p>(i) To the individual, or their resident representative where permitted by applicable law;</p> <p>(ii) Required by Law;</p> <p>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</p> <p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(h)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> | F0842                                                                      | <p>Continued from page 15</p> <p>nursing to check for edema and confirm accurate skilled charting.</p> <p>Further residents will be protected by this deficient practice by measures outlined in section 3.</p> <p>3. Root cause analysis was conducted and revealed that licensed nurses failed to accurately assess for edema and document it in skilled charting.</p> <p>Staff Developer will re-educate licensed nurses on the importance of accurate skilled charting relating to CHF residents and edema.</p> <p>The nurse orientation checklist was updated to include education related to accuracy of skilled charting for focused assessments, including but not limited to CHF.</p> <p>4. The DON/ADON will complete random audits on CHF residents to confirm documentation of edema in skilled charting is accurate. Audits will be completed for 5 observations daily for 3 days or until 100% compliant, then 5 observations weekly for 3 weeks or until 100% compliant, then monthly for 3 months or until 100% compliant.</p> <p>Results of audits will be reviewed in the Quality Assurance and Performance Improvement (QAPI) meeting quarterly. Addition education or corrective action will be implemented as indicated.</p> | 09/25/2026                                                                                             |  |                                                     |  |

|                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                            |                                                                                                                          |                                                                                                        |  |                                                     |  |
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| F0842<br>SS = D                                                            | <p>Continued from page 16</p> <p>§483.70(h)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(h)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on interview and record review, it was determined that for one (R1) out of three residents reviewed for respiratory care, the facility failed to accurately document R1's edema on the daily skilled charting. Findings include:</p> <p>Cross refer F838</p> <p>The facility's policy and procedure entitled "Skilled Nursing Documentation", last reviewed 1/13/26, revealed:</p> <p>- "POLICY: It is the policy of Cadia Healthcare to maintain clinical resident records in accordance with accepted professional standards and practices."</p> <p>- "PROCEDURE: Resident care is documented in the electronic medical record. Documentation is completed at least daily to support skilled services. Documentation must reflect the clinical and medical necessity for the resident's stay. Documentation will illustrate resident's progress toward nursing and therapy goals."</p> | F0842                                                                      |                                                                                                                          |                                                                                                        |  | 09/25/2026                                          |  |

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| F0842<br>SS = D                                                            | <p>Continued from page 17</p> <p>Review of R1's record revealed:</p> <p>7/20/26 11:48 PM – R1's admission assessment by E11 (RN/UM) documented that he had bilateral lower extremity +3 pitting edema.</p> <p>7/21/26 - R1's care plan for congestive heart failure had the intervention to "Monitor/report PRN [as needed] any s/sx [signs or symptoms]... dependent edema of legs and feet..."</p> <p>7/26/26 – The admission MDS assessment documented that R1 had an active diagnosis of congestive heart failure.</p> <p>7/28/26 – A cardiology consult note by C1 (PA) documented under Physical Exam that R1 had "3+ edema into bilateral thighs" and "Weight has been stable at 178 pounds at our facility which is consistent with hospital weight".</p> <p>Review of the daily skilled charting by the following six (6) nurses with respect to R1's edema revealed:</p> <p>-E12 (LPN) documented no edema on 7/22/26 12:03 PM and 2:23 PM;</p> <p>-E13 (LPN) documented no edema on 7/23/26 11:24 AM;</p> <p>-E14 (LPN) documented no edema on 7/24/26 3:15 PM, 7/25/26 2:49 PM, 7/26/26 3:10 PM, 7/28/26 3:04 PM, 7/29/26 3:30 PM, and 7/31/26 3:23 PM;</p> <p>-E15 (LPN) documented no edema on 7/27/26 10:41 AM;</p> <p>-E16 (LPN) documented no edema on 7/30/26 2:40 PM; and</p> <p>-E17 (LPN) documented no edema on 8/1/26 2:02 PM and 8/2/26 7:36 PM</p> <p>8/7/26 1:00 PM – During an interview, E7 (CNA) stated that R1 had bilateral lower extremity edema.</p> <p>8/10/26 3:25 PM – During an interview, the</p> | F0842                                                                      |                                                                                                                          |                                                                                                        |  | 09/25/2026                                          |  |

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| F0842<br>SS = D                                                            | <p>Continued from page 18<br/>inaccurate daily skilled charting with respect to R1's<br/>lower extremity edema by six nurses for twelve<br/>consecutive days (12) were reviewed with E2 (DON).</p> <p>8/11/26 1:20 PM – Finding was reviewed during the<br/>exit conference with E1 (NHA), E2, E3 (Corporate RN)<br/>and E4 (Corporate RN).</p> |                                                                            |  | F0842                                                                                                  |                                                                                                                          |                                                     | 09/25/2026                 |

