



**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 2

NAME OF FACILITY: Seaford Center Nursing Home

DATE SURVEY COMPLETED: November 22, 2024

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	<p>The State Report incorporates by reference and also cites the findings specified in the Federal Report.</p> <p>An unannounced Follow-Up and Complaint Survey to the Annual and Complaint Survey ending September 24, 2024, was conducted at this facility from November 19, 2024, through November 22, 2024. The survey process included observations, interviews, review of residents' clinical records and other documentation. The facility census on the first day of the survey was 93 (ninety-three) The survey sample size totaled fifteen (15) residents.</p>		
3201	Regulations for Skilled and Intermediate Care Nursing Facilities		
3201.1.0	Scope		
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>The facility was in found to be in substantial compliance with 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities as of November 5, 2024.</p> <p>No deficiencies were identified at the time of the survey.</p>		

Provider's Signature

Title

LNHA

Date

1/24/25

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/20/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085015	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 11/22/2024
NAME OF PROVIDER OR SUPPLIER SEAFORD CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1100 NORMAN ESKRIDGE HIGHWAY SEAFORD, DE 19973		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{E 000}	Initial Comments An unannounced Follow-Up and Complaint Survey to the Annual, Complaint and Emergency Preparedness Survey ending September 24, 2024, was conducted at this facility from November 19, 2024 through November 22, 2024. The survey process included observations, interviews, review of residents' clinical records and other documentation. The facility census on the first day of the survey was 93 (ninety-three) residents. The survey sample size totaled fifteen (15) residents.	{E 000}			
{F 000}	INITIAL COMMENTS An unannounced Follow-Up and Complaint Survey to the Annual and Complaint Survey ending September 24, 2024, was conducted at this facility from November 19, 2024 through November 22, 2024. The survey process included observations, interviews, review of residents' clinical records and other documentation. The facility census on the first day of the survey was 93 (ninety-three) residents. The survey sample size totaled fifteen (15) residents. The facility was in found to be in substantial compliance with 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities as of November 5, 2024.	{F 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

01/14/2025

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 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.