



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Health Care Quality
Office of Long-Term Care Residents Protection

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

STATE SURVEY REPORT

Page 1 of 3

NAME OF FACILITY: Meadowcrest At Middletown Senior Living

DATE SURVEY COMPLETED: March 4, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
	<p>An unannounced Annual and Complaint Survey was conducted at this facility from March 3, 2025, through March 4, 2025. The deficiencies contained in this report are based on interview, record review, review of other facility documentation and State reports. The facility census on the first day of the survey was sixty-four (64). The survey sample totaled eight (8) residents plus one (1) additional subsampled resident.</p> <p>Abbreviations/definitions used in this state report are as follows:</p> <p>CNA – Certified Nurse Assistant; CSD – Culinary Services Director; ED - Executive Director; FO - Facilities Operation; LPN – Licensed Practical Nurse; RN – Registered Nurse; RSD – Resident Services Director.</p>		
3225	Assisted Living Facilities		
3225.19.0	Records and Reports	3225.19.6	
3225.19.6	Reportable incidents shall be reported immediately, which shall be within 8 hours of the occurrence of the incident, to the Division. The method of reporting shall be as directed by the Division.	A Resident R5 continues to reside in the community with no negative outcome identified in relation to the deficient practice.	
3225.19.7	Reportable incidents include:	B All residents have the potential to be affected.	
3225.19.7.1.3	Emotional abuse.	C A review of reportable incidents over the last 30 days has been conducted with no findings of deficient practices identified. A review of policies and procedures was conducted with no required changes needed. The individual responsible for	
3225.19.7.1.3.1	Staff to resident.		
S/S - D	This requirement was not met as evidenced by:		

Provider's Signature [Signature] Title EXECUTIVE DIRECTOR Date 3/21/25



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	<p>Based on interview and review of clinical record, the State Reporting System and other facility documentation, it was determined that for one (E5) out of nine sampled employee files, the facility failed to report a staff to resident altercation to the State Incident Reporting System within the 8-hour reporting regulation. Findings include:</p> <p>5/31/23 – R5 was admitted to the facility.</p> <p>10/9/24 - R5 expressed concerns regarding an incident of care that occurred on 10/6/24 by R9 (CNA). When the concern was expressed, E8 (former RSD) immediately suspended E9 and began an investigation. The investigation revealed and confirmed the allegation of some intimidating words and care actions that caused R5 some emotional distress. The facility and employee record confirmed that E9's employment was terminated.</p> <p>10/11/24 – E8 reported the incident to the State Reporting System at approximately 1:00 PM, two days after the incident had occurred and not within the 8-hour regulation timeline.</p> <p>3/4/25 – Per interview with E1 (ED) at approximately 1:25 PM, E1 confirmed the staff to resident altercation was reported late and not within eight hours after the incident occurrence.</p> <p>3/4/25 – Per interview with E2 (RSD) at approximately 1:25 PM, E2 stated she was not in the position at the time of this incident. E2 stated she reports the incidents when they occur and will then conduct the</p>	<p>reporting the incident timely is no longer employed with the community.</p> <p>D The RSD/designee will conduct audits weekly until compliance 100% is achieved over 4 consecutive evaluations. Finally, the RSD/designee will conduct an audit 1 month later. If 100% compliance is achieved, the community will conclude the deficiency has been corrected and reportable incidents will be reviewed at quarterly QA.</p> <p>Completion Date: 3/21/2025</p>	

Provider's Signature

[Handwritten Signature]

Title

EXECUTIVE DIRECTOR

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	<p>investigation. E2 stated she submits the 5-day follow-up at the conclusion of the investigation.</p> <p>3/4/25 - Findings were reviewed with E1 and E2 at the exit conference, beginning at approximately 1:30 PM.</p>		

Provider's Signature

[Handwritten Signature]

Title

EXECUTIVE DIRECTOR

Date

3/21/25