



**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 2

**NAME OF FACILITY:** Ingleside Assisted Living, LLC

**DATE SURVEY COMPLETED:** May 20, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
3102	An unannounced Complaint Survey was conducted at this facility on May 20, 2025. The deficiencies contained in this report are based on observations, interview, record review and review of other facility documentation as indicated. The facility census on the day of the survey was fifty-three (53) residents. The survey sample totaled three (3) residents.		
3102.4.4	<b>Long Term Care Transfer, Discharge and Re-admission Procedures</b>		
3102.4.4.1	<b>Notice before transfer. Before a facility transfers or discharges a resident, the facility must:</b>		
3102.4.4.1	<b>Notify the resident and, if known, a family member or legal representative, of the resident of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand.</b>		
3102.4.4.2	<b>Provide a copy of the notice to the Division; the State LTC ombudsman; the resident's Delaware Medicaid managed care organization (MCO), if any; any DHSS agency involved in the resident's placement in the facility, including APS; and the protection and advocacy agency as defined in Title 16 Del.C. §1102 if the resident is an individual with a developmental disability or mental illness.</b>		
S/S - D	<p>This requirement was not met as evidenced by:</p> <p>Based on record review and interview, it was determined that for one (R1) out of three (3) residents reviewed for discharge, the facility failed to provide a copy of the</p>	<p>3102.4.4.2</p> <p>Resident R1 has been reviewed by the Executive Director. Not able to correct, the resident was discharged and no longer at the facility.</p>	<p>July 11, 2025</p>

Provider's Signature Denia Williams

Title Executive Director Date 5/29/25



**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 2 of 2

**NAME OF FACILITY:** Ingleside Assisted Living, LLC

**DATE SURVEY COMPLETED:** May 20, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
	<p>discharge notice to the Division of Healthcare Quality and the State Long Term Care Ombudsman as required. Findings include:</p> <p>4/15/25 - The facility provided written notice to R1 and family member/representative; however, the facility failed to provide a copy of this notice to the Division of Healthcare Quality and the State Long Term Care Ombudsman as required by regulation.</p> <p>5/20/25 - Per interview with E1 (Director), it was confirmed that while the facility does have a process for providing discharge notices, in this instance they "simply forgot" to send the discharge notice to the Division of Healthcare Quality and the State Long Term Care Ombudsman.</p> <p>5/20/25 - Findings were reviewed with E1 at the exit conference.</p>	<p>A 30-day discharge notice audit tool was created and implemented which states the name of residents, date of the letter, letter sent to State Long Term Care Ombudsman and Division of Healthcare Quality to achieve 100% compliance.</p> <p>After meeting with the R1 family to discuss the 30-day discharge notice, the family acknowledged the notice. The Executive Director accidentally forgot to send the email to the State of Long-Term Care Ombudsman and Division of Healthcare Quality.</p> <p>The Executive Director/designee will audit discharge notice 3 times per week until 100% success, then once a week until 100% success, finally one month later until 100%.</p>	

Provider's Signature

*Dennis Williams*

Title

*Executive Director*

Date

*5/29/25*

## 30 Day Audit Discharge Notice

[illegible]