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

ME OF FACILITY: Cadia Rehabilitation Renaissance

DATE SURVEY COMPLETED: June 2, 2025

CTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	The State Report incorporates by reference and also cites the findings specified in the Federal Report. An unannounced Complaint Survey was conducted at this facility from May 28, 2025, through June 2, 2025. The deficiencies contained in this report are based on observations, interviews, and review of clinical records. The facility census on the first day of the survey was one- hundred and seven (107). The survey sample size was fifteen (15) residents.		6/27/25
1	**Regulations for Skilled and Intermediate Care Nursing Facilities**	Cross refer to CMS 2567-L survey completed June 2 ,2025: F609 and F 610	
1.1.0	**Scope**		
1.1.2	**Nursing facilities shall be subject to all applicable local, state and federal code requirements. The provisions of 42 CFR Ch. IV Part 483, Subpart B, requirements for Long Term Care Facilities, and any amendments or modifications thereto, are hereby adopted as the regulatory requirements for skilled and intermediate care nursing facilities in Delaware. Subpart B of Part 483 is hereby referred to, and made part of this Regulation, as if fully set out herein. All applicable code requirements of the State Fire Prevention Commission are hereby adopted and incorporated by reference.** This requirement is not met as evidenced by: Cross Refer to the CMS 2567-L survey completed June 2, 2025: F609 and F610.		

ler's Signature [signature] Title NHA Date 6/12/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085052	A. BUILDING _____ B. WING _____	C 06/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CADIA REHABILITATION RENAISSANCE	26002 JOHN J WILLIAMS HIGHWAY MILLSBORO, DE 19966

(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
F 000	INITIAL COMMENTS An unannounced Complaint Survey was conducted at this facility from May 28, 2025 through June 2, 2025. The deficiencies contained in this report are based on observations, interviews, and review of clinical records. The facility census on the first day of the survey was one-hundred and seven (107). The survey sample size was fifteen (15) residents. Abbreviations used in this report are as follows: BIMS - (brief interview for mental status) - assessment of the resident's mental status. The total possible BIMS score ranges from 0 to 15 with 15 being the best; CNA - Certified Nursing Assistant; DON - Director of Nursing; NHA - Nursing Home Administrator;	F 000		
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and	F 609		6/27/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 06/17/2025

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F 609	Continued From page 1 adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined that the facility failed to report an allegation of abuse to the state agency for one of one resident (R15) reviewed for abuse. Findings include: A facility policy titled "Abuse, Neglect, Mistreatment, Misappropriation, Exploitation, and Reasonable Suspicions of Crime," revised January 12, 2023, indicated, "...Allegations of resident abuse shall be reported to the appropriate state regulatory authority within two hours...the named person accused of the act will be immediately suspended pending outcome of the investigation..." Review of R15's clinical record revealed: 1/15/25 - R15 was admitted to the facility with diagnoses including Alzheimer's disease and Dementia with unspecified severity of behavioral disturbance. 1/21/25 - An admission MDS documented a BIMS score of 00, indicating R15 was severely	F 609	a. All residents have the potential to be affected by the deficient practice. R15 still resides in the facility. The facility took the appropriate steps to rectify the noncompliance and protect the residents. b. All residents have the potential to be affected by this deficient practice. Future residents will be protected from this deficient practice by taking the corrective actions outlined below in Section C. c. An in-service will be conducted by Staff Development or designee to educate the staff on allegations of abuse needs to be reported to the State of Delaware, Department of Health and Social Services, Division of Health Care Quality within two hours of the allegation of abuse being identified in accordance with Cadias policy and regulations. A root cause analysis was conducted, and it was determined the RN supervisor failed to follow the facilities policy on reporting abuse within 2 hours.	

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F 609	Continued From page 2 cognitively impaired. 5/16/25 at approximately 9:10 PM - A facility investigation documented that E8 (CNA) informed E11 (LPN, supervisor) that E10 (CNA) had pushed R15. E11 instructed E8 to write a statement and place it under the DON's door. 5/29/25 1:55 PM - During a telephone interview, E8 stated she saw E10 in the doorway between two units. E8 reported that R15, who wears a wander guard bracelet and frequently sets off the alarmed door, was grabbed by E10, turned around, and pushed. 5/30/25 8:50 AM - During a telephone interview, E9 (CNA) stated she witnessed E10 push R15 away from the door. E9 wrote a statement and was also told by E11 to place it under the DON's door. 5/30/25 9:05 AM - During an interview, E7 (RN/UM) stated she was on call on 5/17/25. Upon arriving at the facility, she was informed of the incident by E8. E7 notified E2 (DON), who arrived at the facility at approximately 3:00 PM and began an investigation. 5/30/25 9:10 AM - During an interview, E2 (DON) stated she became aware of the incident the previous evening and came to the facility the next day (Saturday) to investigate. E2 stated, "I didn't know it wasn't reported." 5/30/25 approximately 2:00 PM - During a telephone interview, E11 confirmed that E8 had reported the allegation to her and that she instructed E8 to write a statement and leave it under the DON's door. E11 acknowledged she	F 609	d. The Nursing Home Administrator, or designee will audit the allegations of abuse to ensure that these were reported within two hours of the allegation of abuse being identified to assure the Cadias policy is followed according to regulations The audits will be performed daily or until 100% compliance is achieved for 3 consecutive days. Random audits will continue once weekly or until 100% compliance is achieved for 3 consecutive weeks. Audits will continue monthly until 100% compliance is achieved for 1 month. Once 100% compliance is met, the deficient practice will be considered resolved. All audits will be reviewed by the Quality Assurance Committee.	

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F 609	Continued From page 3 had not read the statement and did not report the allegation to the state agency. E11 further confirmed that the accused staff member was allowed to continue working on the unit. 5/30/25 3:02 PM - During an interview, E10 (CNA) stated he was sitting between the units and continually redirecting R15. E10 stated, "I didn't push him. I was trying to re-direct him away from the door." There was no evidence the facility reported R15's allegation of abuse. 6/2/25 2:45 PM - Findings were reviewed with E1 (NHA), E2, E3 (CNO), and E4 (COO) during the exit conference.	F 609		
F 610 SS=D	Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated. §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.	F 610		6/27/25

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F 610	Continued From page 4 This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that for one (R15) out of one resident reviewed for abuse, the facility failed to protect residents by not suspending the accused staff member pending the outcome of the investigation. Findings include: A facility policy titled "Abuse, Neglect, Mistreatment, Misappropriation, Exploitation, and Reasonable Suspicions of Crime," revised January 12, 2023, indicated, "...Allegations of resident abuse shall be reported to the appropriate state regulatory authority within two hours...the named person accused of the act will be immediately suspended pending outcome of the investigation..." Review of R15's record revealed: 5/16/25 at approximately 9:10 PM - A facility investigation documented that E8 (CNA) informed E11 (LPN, supervisor) that E10 (CNA) had pushed R15. E11 instructed E8 to write a statement and place it under the DON's door. 5/17/25 - The facility provided investigation packet documented the following: a statement written by E10 accused, wrote "the accusation of rough is untrue." statement written by E18 (RN part time supervisor) wrote R15 was "thoroughly checked by from head to toe and there were no bruising/skin issues noted." statement written by E11 wrote that at the time of the incident she was providing care to a resident on another unit and remembers E8 telling her about the allegation. Interviews and skin checks performed on R15 and the other residents that were assigned to E10	F 610	a. All residents have the potential to be affected by the deficient practice. R15 still resides in the facility. The facility took the appropriate steps to rectify the noncompliance and protect the residents. b. All residents have the potential to be affected by this deficient practice. Future residents will be protected from this deficient practice by taking the corrective actions outlined below in Section C. c. The facility did an audit of all residents with current allegations of abuse. There was no evidence that other residents were affected by this deficient practice. A root cause analysis was completed, and it was determined that RN supervisor failed to remove E10 from the facility immediately. The RN supervisor was educated when there is an alleged abuse or neglect of a resident. The employees accused of abuse need to be removed from the facility immediately pending investigation The staff Developer/ designee will in-service nursing staff on Cadias Abuse policy. d. The Nursing Home Administrator or designee will audit all Reportables of allegations of abuse and neglect of	

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F 610	Continued From page 5 the evening prior by E2. No issues or concerns were noted. 5/30/25 - at approximately 2:00 PM - During a telephone interview, E11 confirmed the accused was not immediately suspended pending outcome of the investigation. 5/30/25 9:10 AM - During an interview, E2 (DON) stated she was made aware of the incident the following day and went to the facility to conduct an investigation about the allegation of abuse. E2 stated " I completed the investigation, E10 wasn't suspended because it was determined there was no abuse. E10 was allowed to continue to work his scheduled shifts providing resident care the remainder of the shift on 5/16/25 following the allegation without suspension and continues to work at the facility. 6/2/25 2:45 PM - Findings were reviewed with E1 (NHA), E2, E3 (CNO), and E4 (COO) during the exit conference.	F 610	residents to assure the Cadia policy is followed according to the regulation including removing the employee from the facility pending investigation. The audits will be performed daily or until 100% compliance is achieved for 3 consecutive days. Random audits will continue once weekly or until 100% compliance is achieved for 3 consecutive weeks. Audits will continue monthly until 100% compliance is achieved for 1 month. Once 100% compliance is met, the deficient practice will be considered resolved. All audits will be reviewed by the Quality Assurance Committee.	