

Provider's Signature

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

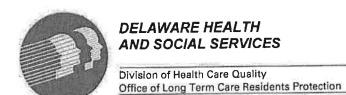
STATE SURVEY REPORT

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Office of Long Term Care Residents Protection

AME OF FACILITY: AL - Ingleside Assisted Living, LLC		DATE SURVEY COMPLETED: July 23, 2025	
ST SECTION	ATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
	An unannounced complaint survey was		
	conducted at this facility from July 18,	4	
	2025, through July 23, 2025. The deficien-		ľ
	cies contained in this report are based on		
	interview, observations and review of facil-	1	
	ity and other documentation as indicated.		
	The facility census on the day of the survey		
	was fifty-seven (57).		
	Abbreviations/definitions used in this state		
	report are as follows:		
	AA - Administrative Assistant;		
	AD – Activity Director;		
	BCC – Background Check Center/electronic		
	system which combines data streams from		
	various sources within and outside the		
	State in order to assist an employer in de-	I .	- 7
	termining the suitability of a person for em-	No.	4
	ployment in a nursing facility or similar fa-		
	cility;		1
	CBC – Criminal background check/the pro-	- In the second	
	cess conducted by the State Bureau of		ľ
	Identification (SBI) of using an individual's		
	fingerprints to identify the person and to	4	
	conduct both a State and a Federal criminal	1	
	background check;		
	CAN – Certified Nurse's Aide; DA – Dietary Aide;		
	Del.C. – Delaware Code;		
140	DHCQ – Division of Health Care Quality/di-		
	vision responsible for background checks	. It	
	for licensed facilities;		
	DON – Director of Nursing;		
	E – Employee of facility;		1
	ED – Executive Director;		
	HC – Home Care under PASA license;		
	HCA – Home Care Aide employed by a PASA		
	licensed provider;		
	IC – Independent Contractors;		
	LNHA – Licensed Nursing Home Administra-		
	have	1	

Title Greater Director

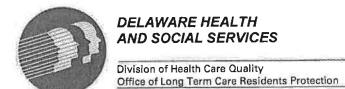


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NAME OF FACILITY: AL - Ingleside Assisted Living, LLC

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
	LPN – Licensed Practical Nurse;		
	Master List – list maintained by the BCC		
	each employer. The list contains the nam	nes	
	of all persons who:		
	-Are employed in the employer's facility	as	
	defined in 16 Del.C. 1141(b)(5);		
	-Are employed by a temporary employed	ру-	
	ment agency, home health or personal ca		1
	agency, or any other entity to work in a	fa-	1
	cility or in a private residence as defined	l in	1
	16 Del.C. 1145(b)(8);		
	-Are self-employed individuals working	as	
	an independent contractor for the e	m-	1
	ployer;		1
	NP – Nurse Practitioner;		
	PASA – Personal Assistance Servi	res	
	Agency/any business entity or subdivis		
	thereof, whether public or private, propi		
	tary or not-for-profit, which refers dir		
	care workers to provide personal as		
	tance services to individuals primarily	in	1
	their home or private residence;		
	PT – Physical Therapist;		
	RA – Resident Assistant;		1
	RN – Registered Nurse;		1
	ST – Speech Therapist.		
3225.0	Assisted Living Facilities		
3225.16.6	Staffing		
3225.16.6	The Director/Nursing Home Administra		1
	shall have overall responsibility for m		
S/S = E	aging the assisting living facility such t		
	all requirements of state law and regu	nja-	
	tions are met.		1
	This requirement was not met as	evi-	
	denced by:		
*	\[\]	1154.	1
	Based on interview and review of fac		
	and other documentation as indicated		-
	ignature Willia Williams	Title Blank Dirt (tur Date 8)	1421



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NAME OF FA	CILITY: AL - Ingleside Assisted Living, LLC	DATE SURVEY COMPLETED	July 23, 2025
SECTION	TATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
	was determined that for 46 out of 52 sta	.ff	
	(including facility staff, independent co		
	tractors and aides employed by a PASA	F.	4
	censed provider), the facility failed to e	1	
	sure each individual working in the assiste		
	living had completed background checks	1	
	the BCC and drug screening as required u		
	der Title 16 Del. C. Subchapter IV § 114		
	Criminal background checks and § 114		
	Mandatory drug screening and the r		
	quired assisted living training und		
	3225.16.14.2. Findings included:		
			ľ
	Cross refer 3225.16.14.2, Title 16 Del.		
	Chapter 11, Subchapter IV § 1141 and	§	
	1142		
	Review of the facility's job description	of	
	the Administrator, effective 10/28/0		
	listed " Essential Duties 2. Directs the	1	1
	overall operation of Ingleside's Assisted Li	E:	Y
	ing's activities in accordance with Inglesia		
	Homes, Inc.'s philosophy and current app		
	cable federal, state, and local laws".		
	capic reactal, state, and local laws		1
	7/18/25 9:53 AM – During an interview,	E1	
	(LNHA/ED) stated that her responsibiliti	es	
	included pre-employment, backgroui		
	checks and hiring.		
		i i	
	7/18/25 10:30 AM through 11:30 AM – I	- I	1
	terviews with three staff [E3 (RA), E		
	(LPN), E19 (CNA)] working on the residen		
	floors, revealed that aides [employed by		
	PASA licensed provider] were being se		
	over from an independent living location		
	work in the assisted living facility who	en	
	they were short-staffed.		· ·
	4		



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Office of Long Term Care Residents Protection

DATE SURVEY COMPLETED: July 23, 2025

STA SECTION	ATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
	7/18/25 11:39 AM – During a combined	in- 3225.16.6	
	terview with E1 and E2 (DON), E1 co		
	firmed that (PASA) aides worked in the	as- 1) (E1) LNHA/ED and (E2) DON were	
	sisted living when they were short-staffe		
	Sisted living when they were short starte	and fingerprints on July 28, 2025.	
	7/18/25 2:29 PM — E1 provided the scho		
	ules of the 25 (PASA) aides who worked		0 /4 0 /202
	the assisted living from November 20		9/12/202
	the assisted living from November 20	minated status. The 4 employees	
	through June 2025.	who did not have the mariju-	
	7/18/25 3:00 PM - Review of the follow		li .
	staff personnel records and the DHCQ B	9	
	with E1 revealed:	clude the Marijuana/Cannabis	
	- E1 (LNHA/ED), hired on 1/3/		1
	was not listed in the BCC and		-
	not have a background check; a		-
	- E2 (DON), hired on 2/14/22, v		
	not listed in the BCC and did		
	have a background check.	pendent Contractors who work for	1
	Have a background check.	themselves will be enter in BCC. The	
	The following 11 employees had inco	1101 55	
	plete background checks:	tive July 23, 2025.	ľ
	- E4 (AD), hired on 7/25/23;	,,	
	- E5 (Receptionist), hired	on 2) All other staff and independent	
	1/20/23;	contractors had the potential to be	
	- E6 (Receptionist), hired	on affected. The (E1) LNHA/ED con-	
	7/18/24;	ducted a review of employee rec-	
	- E7 (Receptionist), hired	on ords to ensure existing employees	
	9/16/24;	were registered in the BCC system	
	- E8 (Dietary Aide), hired on 4/1/	25: and drug screening includes the Ma-	
	- E9 (RA), hired on 1/24/24;	rijuana/Cannabis screening.	
	- E10 (DA), hired on 11/25/24;		
	- E11 (DA), hired on 10/16/23;		1
	- E12 (Receptionist), hired	on 3) The root cause revealed that em-	
	9/17/24;	ployees entered BCC did not allow	
	- E14 (LPN), hired 1/25/24; and	to process due to closing out while	
	- E15 (RN), hired on 2/27/22.	entering. BCC notified (E1)	
		ED/LNHA to reprint the forms which	
	The following 4 employees did not h	allows the next steps. An Onboard-	
	marijuana/cannabis testing included in	the ling Checklist (Attachinent A) has	
	mandatory drug screening:	been developed for the community	310

E8 (DA), hired on 4/1/25;

to ensure prospective employees



SECTION

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ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED

Completion Date

- STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES
 - E10 (DA), hired on 10/16/23; E16 (DA), hired on 7/10/25; and
 - E17 (AA), hired on 6/24/25.

7/21/25 10:55 AM - During an interview, E1 stated that she never contacted anyone at the DHCQ BCC to follow up on the incomplete background checks of the 11 employees.

7/21/25 12:55 PM - During an interview with E1, surveyor requested to see evidence of background checks and mandatory drug screenings for the independent contractors (IC) who are working in the assisted living, including IC1 (Physician), IC2 (NP), IC3 (NP), IC4 (PT), IC5 (ST) and IC6 (Hair Stylist). E1 provided evidence of IC4's criminal background check. E1 lacked evidence that 5 out of 6 IC's had background checks and 6 out of 6 had mandatory drug screenings. In addition, these individuals were not listed as working in the assisted facility in the BCC Master List.

7/22/25 2:29 PM - During an interview with HC2 (Ingleside Homes Operations Manager), surveyors reviewed the 25 (PASA) aides, who worked in the assisted living from November 2024 through June 2025, to determine if they had background checks, mandatory drug screenings and training as required. The review revealed the following:

- three (3) had no criminal background checks completed: HCA4, HCA12 and HCA18; and
- ten (10) had drug screenings missing the marijuana/cannabis testing: HCA14, HCA17, HCA18, HCA19, HCA20, HCA21, HCA22, HCA23 and HCA24; and

- are entered into the BCC and drug screens completed prior to determining their suitability for employment.
- 4) The (E1) LNHA/ED and/or designee will audit BCC 3 times per week x 1 week until 100% success, then 1x a week until 100% success, finally one month later until 100% compliance.

Examin Director Date_ Title



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Office of Long Term Care Residents Protection

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	TEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
	- twenty-five (25) had no evidence of as sisted living required training. The facility failed to ensure that require ments of all State laws and regulation were met by: -allowing facility staff to work without criminal background checks, required druscreenings and ensuring the BCC Master List included all staff; -allowing independent contractors to wor in the facility without evidence of criminal background checks, mandatory druscreening and ensuring they were place on the BCC Master List to reflect they were working in the facility; and -allowing 25 (PASA) aides to work in the assisted living facility from November 202 through June 2025 without meeting requirements for criminal backgroun checks, mandatory drug screening, assisted living training and that the BCC Master List was updated to reflect that they were working in the facility. 7/23/25 9:55 AM — Findings were reviewed during an exit conference with E1 and HC (President, Ingleside Homes, Inc.).	- ss - gs r k k sl gs d ee s- 44 s- d d d st ee d d	
3225.16.14	Assisted living facility resident assistant shall, at a minimum:	rs	
3225.16.14.2	Participate in a facility-specific orientation program that covers the following topics		
3225.16.14.2.4	Basic first aid and the Heimlich Maneuve	r;	
3225.16.14.2.5	Job responsibilities;		
3225.16.14.2.6	The health and psychosocial needs of the	е	

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	SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
3225.16.14.2.7 3225.16.14.2.9 3225.16.14.2.10	The resident assessment process; and 16 Del.C. Ch. 11, pertaining to residents' rights; reporting of abuse, neglect, mistreatment, and financial exploitation; and the Ombudsman Program; Hospice services.		
S/S = E	These requirements were not met as evidenced by: Based on interview and review of other documentation provided to the surveyor, it was determined that the facility failed to ensure that the twenty-five (HCA1, HCA2, HCA3, HCA4, HCA5, HCA6, HCA7, HCA8, HCA9, HCA10, HCA11, HCA12, HCA13, HCA14, HCA15, HCA16, HCA17, HCA18, HCA19, HCA20, HCA21, HCA22, HCA23, HCA24 and HCA25) PASA employees who provided care to the residents in the assisted living, completed the state required training program. Findings include: 7/18/25 11:15 AM — During an interview, E30 (RA) stated that there were days when the facility pulled employees from the other building (PASA employees employed by a sister company) to work in the assisted living as Resident Aids. 7/18/25 4:00 PM — E1 (LNHA/ED) presented to the surveyor the facility's schedule sheets from November 2024 through June 2025. E1 further stated, " The facility pulled employees from the other building to accompany our AL (assisted living) residents to doctor appointments or to provide direct patient care to the residents on the 2 nd and 3 rd floors."	 The Facility at this time will not be using the 25 Home Health Aides employed by PASA HCA licensed provider for not meeting the state requirement training for Assisted Living effective as of July 23, 2025. All PASA HCA had the potential to being affected. (HC2) Ingleside Homes Operations Manager has discontinued the services to Ingleside Assisted Living. (HC1) President, Ingleside Homes, Inc was not aware PASA HCA not allowed to be used in Ingleside Assisted Living due not meeting the required training to include Basic First Aid and Heimlich Maneuver, Job Responsibilities, to meet the health and psychosocial needs of the population being served, resident rights and Hospice service. Facility has discontinued the use of PASA HCA effective immediately. 	

Provider's Signature William

Title EXPORTING DIRCTUR Date 8/12/25



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	7/21/25 9:00 AM - A review of the facility' schedule sheets from November 2024 through June 2025 revealed that the twenty – five (25) PASA employees worker in the assisted living and provided care to the residents as Resident Assistants working on the 2 nd floor, 3 rd floor and on some days took the residents to their doctors' appointments. 7/21/25 9:32 AM – In an interview, HC (President, Ingleside Homes, Inc.) state that the company holds multiple licenses to operate facilities including a license for PASA. HC1 further added that the company's PASA employees were trained an also were competent in assisting the residents with ADLs or activities of daily living (tasks needed for daily living, e.g. dressing hygiene, eating, toileting, bathing). However, HC1 stated that he was not sure if the staff had completed all the training topic required when working in the assisted living.	a de	
	7/22/25 – A review of the 25 PASA employees' training records lacked evidence that the following topics were completed: - Basic first aid and the Heimlich Maneuve (abdominal thrust, a first aid procedulused to dislodge an object blocking a peson's airway); - Job responsibilities; - The health and psychosocial needs of the population being served; - The resident assessment process; - 16 Del.C. Ch. 11, pertaining to resident rights; reporting of abuse, neglect, mit treatment, and financial exploitation are the Ombudsman Program; and - Hospice services.	er e e e	

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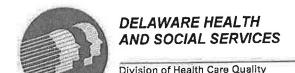
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	SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
16 Del.C. Health and Safety Regulatory Provisions Con-	7/22/25 1:33 PM – In an interview, E1 confirmed that the facility did not conduct a facility – specific training program for the 2 PASA employees who worked in the assisted living. 7/22/25 5:00 PM – Findings were reviewe with E1 and HC1. (b) Definitions. – (1) "Applicant" means any of the following: a. A person seeking employment in a facility.	d	
cerning Public Health Chapter 11 Long Term Care	c. A self-employed person or a person employed by an agency for work in a facility (c)An employer may not employ an applicant for work in a facility before obtaining criminal history. The criminal history cany person not employed directly by the	- 	
Facilities and Services Subchapter IV Criminal Back-	facility must be provided to the facility upon the person's commencement of work. (d) The requirements of subsection (c) of	y f	
ground Checks; Mandatory Drug Screening; Long-Term Care Facilities; Nurs- ing Home Com- pliance with Ti-	this section may be suspended for 60 day if the employer wishes to employ the applicant on a conditional basis. (d)(1) Before an employer may offer conditional employment, the employer must receive verification that the applicant has been fingerprinted by the SBI for purpose of the criminal history.	1- - - st	
tle XIX of the Social Security Act.	(h) An applicant may not be employed in facility, other than conditionally under subsection (d) of this section, until the applicant's employer has secured the applicant's criminal history.	er)-	
§ 1141 Criminal Background Checks	This requirement was not met as ev denced by:	i-	
S/S = E		(1)	

Title Exache Diriche Date



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STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES

ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED

Completion Date

Based on interview and review of facility and other documentation as indicated, it was determined that for 18 out of 27 staff and ICs reviewed for criminal background checks, the facility failed to obtain each individual's criminal history. Findings include:

7/18/25 3:00 PM – Review of the following staff personnel records and the DHCQ BCC with E1 (LNHA/ED) revealed that the following 13 staff lacked evidence of a criminal background check prior to working in the facility:

- -E1 (LNHA/ED), hired 1/3/22;
- -E2 (DON), hired 2/14/22;
- -E4 (AD), hired 7/25/23;
- -E5 (Receptionist), hired 1/20/23;
- -E6 (Receptionist), hired 7/18/24;
- -E7 (Receptionist), hired 9/16/24;
- -E8 (DA), hired 4/1/25;
- -E9 (RA), hired 1/24/24;
- -E10 (DA), hired 11/25/24;
- -E11 (DA), hired 10/16/23;
- -E12 (Receptionist), hired 9/17/24;
- -E14 (LPN), hired 1/25/24; and
- -E15 (RN), hired 2/27/22.

7/21/25 12:55 PM — During an interview with E1, surveyor requested to see evidence of background checks and mandatory drug screenings for the independent contractors (IC) who are working in the assisted living, including IC1 (Physician), IC2 (NP), IC3 (NP), IC4 (PT), IC5 (ST) and IC6 (Hair Stylist). E1 only provided evidence of IC4's criminal background check. E1 lacked evidence that 5 out of 6 IC's had background checks:

- -IC1 (Physician), unknown hire date;
- -IC2 (NP), unknown hire date;
- -IC3 (NP), unknown hire date;
- -IC5 (ST), hired May 2017; and

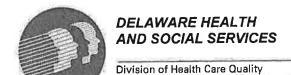
1141 Criminal Back Checks

- 1) (E1) LNHA/ED reviewed the 13 staff lacked evidence of criminal back check in BCC and was able to process. Independent Contractors who work for a company, the company will update contract to include their responsibility of background check and drugs screens. The company will need to provide proof of fingerprints results for their staff. Independent Contractors who work for themselves will have Criminal Background checks processed by the facility.
- 2) All Staff and Independent Contractors had the potential to be affected. Independent Contractors have been notified to test for Criminal Background checks. IC1 (Physician), IC2 (NP), IC3 (NP) will have fingerprints completed by September 2025. IC4 and IC5 were completed. IC6 currently in process to complete.
- 3) The root cause revealed Independent Contractors have worked in the facility for over 10 years. (E1) LNHA/ED and/or designee will continue to audit criminal background checks for all Independent Contractors. (Attachment A)
- 4) The (E1) LNHA/ED and designee will audit BCC 3 times per week x 1 week until 100% success, then 1x a week

9/12/2025

Provider's Signature Would William

Title Burnhy Director Date 8/12/3



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	-IC6 (Hair Stylist), hired April 2015. 7/23/25 9:55 AM – Findings were reviewed during the exit conference with E1 and HC (President, Ingleside Homes, Inc.).	C1	
§ 1142 Manda- tory drug screening.	(a) An employer may not employ an app cant without first obtaining the results that applicant's mandatory drug scree ing.	of 1142 Mandatory Drug Screening: n- 1) The Marijuana/Cannabis testing	
S/S = E	(c) The Department shall promulgate reulations, regarding the pre-employme testing of all applicants, for use of all of the following illegal drugs: (1) Marijuana/cannabis. (2) Cocaine. (3) Opiates. (4) Phencyclidine ("PCP"). (5) Amphetamines. (6) Any other illegal drug specified the Department under regulation promulgated under this section. (e)The employer must provide confirmation of the drug screen in the manner prescribed by the Department's regulations.	bers that were hired for Ingleside Assisted Living were resent to redo drug screen with the Mariju- ana/cannabis panel. 2) All Staff and Independent Contrac- tors had the potential to be af- fected. Independent Contractors have been notified to test for drug screen. IC1 (Physician), IC2 (NP), IC3 (NP) will have drug screen com- pleted by September 2025. IC4 and IC5 were completed. IC6 currently	
	This requirement was not met as endenced by: Based on interview and review of facil documentation as indicated, it was determined that for 10 out of 27 staff and lotthe facility failed to ensure the mandated drug screening included marijuana/cannotis testing. Findings include:	ent Contractors have worked in the facility for over 10 years. (E1) LNHA/ED and/or designee will continue to audit mandatory drug screening for all Independent Contractors. (Attachment A)	
	Review of the following individuals the worked in the facility revealed their premployment drug test lacked mariana/cannabis testing: -E8 (RA) drug test dated 3/24/25;	then 1x a week for one week until 100% success, finally one month later until 100% compliance.	, 1



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-E10 (RA) drug test dated 11/19/24; -E16 (RA) drug test dated 6/16/25; and -E17 (RA) drug test dated 6/10/25. 7/21/25 12:55 PM — During an interview with £1, surveyor requested to see evidence of background checks and mandatory drug screenings for the independent contractors (IC) who are working in the assisted living. Review of 6 out of 6 independent contractors (ICs) working in the facility lacked evidence of the mandatory drug screening prior to working in the facility. These individuals included: -IC1 (Physician), unknown hire date; -IC2 (NP), unknown hire date; -IC3 (NP), unknown hire date; -IC4 (PT), hired October 2014; -IC5 (ST), hired May 2017; and -IC6 (Hair Stylist), hired April 2015. 7/23/25 9:55 AM — Findings were reviewed with £1 (LNHA/£D) and HC1 (President, Ingleside Homes, Inc.).	SECTION	TATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
		-E10 (RA) drug test dated 11/19/24; -E16 (RA) drug test dated 6/16/25; and -E17 (RA) drug test dated 6/10/25. 7/21/25 12:55 PM — During an interviewoith E1, surveyor requested to see evidence of background checks and mandatory drug screenings for the independent contractors (IC) who are working in the asisted living. Review of 6 out of 6 independent contrators (ICs) working in the facility lacked evidence of the mandatory drug screening prior to working in the facility. These individuals included: -IC1 (Physician), unknown hire date; -IC2 (NP), unknown hire date; -IC3 (NP), unknown hire date; -IC4 (PT), hired October 2014; -IC5 (ST), hired May 2017; and -IC6 (Hair Stylist), hired April 2015. 7/23/25 9:55 AM — Findings were reviewed with E1 (LNHA/ED) and HC1 (President, I	w vi- a- nt s- c- vi- ng li-	

ions Title Blatid Director



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NAME OF FACILITY: AL - Ingleside Assisted Living, LLC

Office of Long Term Care Residents Protection

S' ECTION	TATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
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STATE SURVEY REPORT

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NAME OF FACILITY: AL - Ingleside Assisted Living, LLC

Office of Long Term Care Residents Protection

STATEMENT OF DEFICIENCIES SECTION SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
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36		