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

NAME OF FACILITY: Polaris Healthcare & Rehab Center LLC **DATE SURVEY COMPLETED: August 11, 2025**

SECTION	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 August 6, 2025, through August 11, 2025. The deficiencies contained in this report are based on observations, interviews, review of clinical records and other facility documentation as indicated. The facility census on the first day of the survey was eighty-nine (89). The investigative sample totaled twenty (20) residents.		
3201	**Regulations for Skilled and Intermediate Care Nursing Facilities**		
3201.1.0	**Scope**		
3201.1.2	**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 August 11, 2025: F726, F791 and F842.	Please cross refer to completed Plan of Correction submitted through ePOC. Thank you.	9/11/2025

Provider's Signature Julie Hecker Title N/A Date 9/4/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085058	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POLARIS HEALTHCARE AND REHABILITATION CENTER	21 W CLARKE AVENUE , MILFORD, Delaware, 19963

(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
F0000	INITIAL COMMENTS An unannounced complaint survey was conducted at this facility from August 6, 2025 through August 11, 2025. The deficiencies contained in this report are based on observations, interviews, review of clinical records and other facility documentation as indicated. The facility census on the first day of the survey was eighty-nine (89). The investigative sample totaled eighteen (20) residents. Abbreviations/definitions used in this report are as follows: ADL's - Adult Daily Living; ADON - Assistant Director of Nursing; A - Anonymous Brief Interview for Mental Status (BIMS) - test to measure thinking ability with score ranges from 0 to 15. 13-15: Cognitively intact 8-12: Moderately impaired 0-7: Severe impairment; CW- Case Worker; CNA - Certified Nurse's Aide; DON - Director of Nursing; F - Family IDT - Interdisciplinary Team; LPN - Licensed Practical Nurse; Minimum Data Set (MDS) - a standardized set of assessments completed in nursing homes; NHA - Nursing Home Administrator;	F0000		08/27/2025

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 reverse for further 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.

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

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F0000	Continued from page 1 NP - Nurse Practitioner; PC - Person Contacted; SW - Social Worker; UM - Unit Manager.	F0000		
F0726 SS = D	Competent Nursing Staff CFR(s): 483.35(a)(3)(4)(d) §483.35 Nursing Services The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.71. §483.35(a)(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. §483.35(a)(4) Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident's needs. §483.35(d) Proficiency of nurse aides. The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interviews, record review and other facility documentation, the facility failed to provide sufficient nursing staff to meet the needs of	F0726	The initial observation process was done will available residents Monitoring will include reviewing supervisors rounding report as well as grievances in morning IDT meeting Mon-Fri. On Mondays IDT will review rounding sheets and any grievances from the weekend or Holiday	09/11/2025

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F0726 SS = D	Continued from page 2 residents for 7 of 20 residents reviewed for staffing. The facility did not ensure adequate availability of staff to respond to resident care needs in a timely manner. Findings Include: As of December 2024, the facility assessment documented the following: 5 residents were independent with ADL's; 35 to 40 residents required assistance from 1–2 staff members; 50 to 55 residents were dependent on staff for ADL support. Despite this, residents experienced prolonged call bell response times and unmet care needs. At the time, the census on the Riverwalk unit was 58. 1. Interview with a resident who wished to remain anonymous: 8/6/25 2:51 PM - F1 reported multiple instances of delays when resident A1 called for assistance with toileting. On 7/16/25 7:30 PM A1 rang bell and contacted F1 about no one answering or providing assistances. F1 contacted E18 who contacted a supervisor to find assistance for A1. R3 contacted F1 at 8:30 PM to let her know someone had come to assist her to the bathroom. On 8/1/25 6:45 PM - A1 rang the call bell at 6:45 PM. At 7:55 PM, A1 contacted F1 who contacted the E18 (Former DON) due to lack of response. A1 reported finally being assisted and returned to bed by 8:45 PM. 8/11/25 in the morning an interview with E6 (Supervisor) it was confirmed that he did receive calls about A1 waiting for assistance and would need to find someone to assist with toileting. 2. Interview with a resident who wished to remain anonymous: 8/7/25 10:00 AM to 10:40 AM - An observations of A2's call bell ringing continuously for 40 minutes before staff responded. During this time, A2 reported to the surveyor of needing assistance with changing and noted such delays were common, stating that sometimes staff "just shut the light off" and do not return promptly. 3. R6's review revealed: 7/19/25 11:30 PM - A concern form documented that R6 was not placed in bed until 11:30 PM, indicating a significant delay in bedtime assistance. 8/6/25 7:00 PM to 8:00 PM – During an observation while on the Riverwalk unit there were two staff bathing a	F0726		

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F0726 SS = D	Continued from page 3 person, two staff in a room providing care and one staff person picking up trays and answering call bells. During this time an interview was conducted with R6, and it was explained that assistance was required by staff to help R6 to bed. R6 further revealed that there are times that we do wait more than 30 minutes or longer for call bell to be answered or to be put to bed. 4. R11's review revealed: 8/11/25 8:53 AM – During an interview R11and F2, long wait times for assistance were reported when for call bell response. F2 stated F11 was often found lying in urine and feces, prompting F2 to clean and change A2 personally due to lack of staff response. 5. R13's review revealed: 8/7/25 2:23 PM – During an interview with R13 it was revealed that call bell responses often take longer than 20 minutes to get assistance. 6. R19's review revealed: 7/21/25 3:48 PM - A concern form noted that on Sunday morning, 7/20/25, R19 waited approximately 1.5 hours for call bell response. R19 disclosed needing to use the bathroom and had to wait for F3 to assist, indicating staff were unavailable when needed. 7. R20's review revealed: 8/11/25 9:48 AM – 10:13 AM – R20's call bell rang continuously for 25 minutes before a staff person responded. 8/11/25 3:05 PM – Findings were reviewed during the exit meeting with E1, E2 (Regional), and E3 (Regional nurse).	F0726		
F0791 SS = D	Routine/Emergency Dental Srvcs in NFs CFR(s): 483.55(b)(1)-(5) §483.55 Dental Services The facility must assist residents in obtaining routine and 24-hour emergency dental care. §483.55(b) Nursing Facilities. The facility-	F0791	C. Business office manager will be the liaison with dental services for payment issues. Dental audit was conducted by Regional RN.	09/11/2025

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F0791 SS = D	Continued from page 4 §483.55(b)(1) Must provide or obtain from an outside resource, in accordance with §483.70(f) of this part, the following dental services to meet the needs of each resident: (i) Routine dental services (to the extent covered under the State plan); and (ii) Emergency dental services; §483.55(b)(2) Must, if necessary or if requested, assist the resident- (I) In making appointments; and (ii) By arranging for transportation to and from the dental services locations; §483.55(b)(3) Must promptly, within 3 days, refer residents with lost or damaged dentures for dental services. If a referral does not occur within 3 days, the facility must provide documentation of what they did to ensure the resident could still eat and drink adequately while awaiting dental services and the extenuating circumstances that led to the delay; §483.55(b)(4) Must have a policy identifying those circumstances when the loss or damage of dentures is the facility's responsibility and may not charge a resident for the loss or damage of dentures determined in accordance with facility policy to be the facility's responsibility; and §483.55(b)(5) Must assist residents who are eligible and wish to participate to apply for reimbursement of dental services as an incurred medical expense under the State plan. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview and record review, it was determined that for one (R6) out of three sampled residents for dental services, the facility failed to ensure the resident received dental services. Findings include: A review of R6's clinical record revealed:	F0791		

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F0791 SS = D	Continued from page 5 9/27/23 – R6 was admitted to the facility. 7/25/24 – A dental progress note documented that R6 wanted her teeth extracted and to receive dentures. The note documented that the treatment plan for R6 was to have new upper and lower dentures along with the extraction of the bottom teeth. 12/17/24 – A dental progress note documented that R6 stated that she wanted her lower teeth extracted and full dentures made. 3/31/25 – A dental exam note documented that R6 requested to have extractions. 4/10/25 – A dental exam note documented that R6 was seen to be reviewed for teeth extractions. 8/7/25 9:15 AM – During an interview, R6 stated that she has four teeth remaining on the bottom and has been asking to have them pulled for over a year. R6 stated that she wanted to have dentures. An observation was completed and it was noted that R6 has four remaining teeth on the bottom front. During this observation, R6 demonstrated how one of the four teeth can be moved all the way forward because it is loose. 8/8/25 8:45 AM – During an interview, E4 (unit secretary) stated that the dental team can perform teeth extractions in the facility. E4 stated that they understand that R6 wants to have her teeth extracted and the dental team is coming to the facility on 8/29/25. E4 stated that she is unaware if R6 is scheduled to have them extracted. 8/8/25 9:05 AM – During an interview, PC1 (dental company scheduler) stated that R6 is not scheduled to have extractions at that time. The appointment on 8/29/25 is for the new dentist to conduct their initial exam with R6. 8/11/25 1:30 PM – During an interview, E1 (NHA) confirmed the delay in R6's teeth extraction and starting her denture process. 8/11/25 3:05 PM – Findings were reviewed during the exit meeting with E1, E2 (Regional), and E3 (Regional nurse).	F0791		
F0842 SS = A	Resident Records - Identifiable Information CFR(s): 483.20(f)(5),483.70(h)(1)-(5) §483.20(f)(5) Resident-identifiable information.	F0842		09/11/2025

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F0842 SS = A	Continued from page 6 (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(h) Medical records. §483.70(h)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(h)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. §483.70(h)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.	F0842		

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F0842 SS = A	Continued from page 7 §483.70(h)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. §483.70(h)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is NOT MET as evidenced by: Based on record review and interview, it was determined that for one (R6) out of eighteen (18) residents in the investigative sample, the facility failed to ensure the clinical record contained accurate documentation. Findings include: A review of R6's clinical record revealed: 9/27/23 – R6 was admitted to the facility. 2/26/25 – A dental progress note was uploaded into R6's electronic medical record that included the dental progress notes of four additional residents. 8/11/25 1:30 PM – During an interview with E1 (NHA), it was confirmed that there were multiple residents' notes in R6's electronic medical record. 8/11/25 3:05 PM – Findings were reviewed during the exit meeting with E1, E2 (Regional), and E3 (Regional	F0842		

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F0842 SS = A	Continued from page 8 nurse).	F0842		