



**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

Page 1 of 3

NAME OF FACILITY **Millcroft Living Nursing Home**

DATE SURVEY COMPLETED: **August 4, 2025**

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	An unannounced Complaint survey was conducted at this facility from August 1, 2025, through August 4, 2025. The deficiencies contained in this report are based on observations, interviews, review of residents' clinical records and review of other facility documentation as indicated. The facility census on the first day was 87. The sample totaled 5 residents.		Sept 3, 2025
3201	Regulations for Skilled and Intermediate Care 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: No federal deficiencies were identified at the time of the survey. Mandatory Drug Screening (a) An employer may not employ an applicant without first obtaining the results of that applicant's mandatory drug screening. (b) All applicants must submit to mandatory drug screening, as specified by		

Title 16
Health and
Safety
Chapter 11
1146 Mandatory Drug Screening

Provider's Signature

[Signature] NHA

Title

Executive Director

Date

11/24/25



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	<p>regulations promulgated by the Department.</p> <p>(c) The Department shall promulgate regulations, regarding the pre-employment testing if all applicants, for use of all of the following illegal drugs:</p> <ul style="list-style-type: none"> (1) Marijuana/cannabis (2) Cocaine (3) Opiate (4) Phencyclidines ("PCP") (5) Amphetamines (6) Any other illegal drug specified by the department under regulations promulgated under this section. <p>Based on record review and interview, it was determined that for one (E6 contracted PT) out of four employees reviewed for background checks, the facility failed to have evidence of screening results for marijuana/cannabis on the pre-employment drug screen. Findings include:</p> <p>6/25/24 – An employee file review revealed that E6's (contracted PT) verified drug urine drug screen processed at [laboratory] documented "negative" for methadone, phencyclidines, benzodiazepines, cocaine, propoxyphene, amphetamines, opiates, 6-acetyl morphine, methaqualone and barbiturates. The pre-employment urine drug screen failed to test for the marijuana /cannabis.</p> <p>7/1/24- E6 was employed as a contracted physical therapist with [company], who was contracted to provide rehabilitation services at the facility.</p> <p>8/4/25 1:35 PM – During an interview, E2 (DON) and E5 (contracted Director of Rehab) confirmed that the pre-employment urine</p>	<p>Millcroft Living failed to ensure that contracted therapy employees were tested for Marijuana/cannabis during their pre-employment screening.</p> <p>1. Corrective action:</p> <ul style="list-style-type: none"> -The pre-employment policy was changed to include testing for Marijuana/cannabis. - All new contracted employees as well as community employees have had Marijuana/cannabis testing. -All contracted and community employees drug testing will be verified as completed before the employee begins work at the facility. <p>2. Identification of other residents:</p> <ul style="list-style-type: none"> -All residents had the potential to be affected by this deficient practice. -All residents will be protected by taking the corrective actions outlined below 	<p>Sept 3, 2025</p>

Provider's Signature

[Signature]

Title

Executive Director

Date

11/24/25



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	drug screen for E6 did not test for marijuana/cannabis. 8/4/25 3:10 PM – Findings were reviewed during the exit conference with E1 (NHA), E2 (DON), E3 (Regional DCS), E4 (ADON) and E5 (Director of Rehab).	3. System changes: -The pre-employment policy on drug screening was changed to include testing for Marijuana/cannabis. -The root cause of this deficiency was the exclusion of Marijuana/cannabis testing following Delaware's legalization of recreational Marijuana. 4. Success evaluation: -Weekly audits of all newly hired staff will be conducted by the HR Director and Executive Director/designee. This audit is to verify that all contract/community employees drug testing was completed. This audit is conducted PRIOR to the employee beginning work. -If audit reveals less than 100% compliance, a full investigation will be initiated and hiring will be temporarily suspended until compliance is achieved.	

Provider's Signature [Signature], NHA Title Executive Director Date 11/24/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085021		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 08/04/2025	
NAME OF PROVIDER OR SUPPLIER MILLCROFT LIVING				STREET ADDRESS, CITY, STATE, ZIP CODE 255 POSSUM PARK ROAD , NEWARK, Delaware, 19711			
(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 1, 2025, through August 4, 2025. The deficiencies contained in this report are based on observations, interviews, review of residents' clinical records and review of other facility documentation as indicated. The facility census on the first day was 87. The sample totaled 5 residents.		F0000				

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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