

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

## STATE SURVEY REPORT

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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	2	
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.		
Title 16 Health and Safety Chapter 11 1146 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		

Provider's Signature Comment NHA Title Executive Director Date 11/24/25



## DELAWARE HEALTH AND SOCIAL SERVICES

Division of Health Care Quality Office of Long-Term Care Residents Protection

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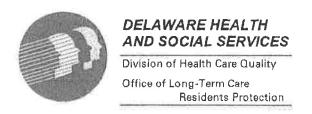
## STATE SURVEY REPORT

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DATE SURVEY COMPLETED: August 4, 2025 NAME OF FACILITY Millcroft Living Nursing Home ADMINISTRATOR'S PLAN FOR COMPLETION STATEMENT OF DEFICIENCIES SECTION CORRECTION OF DEFICIENCIES DATE SPECIFIC DEFICIENCIES regulations promulgated by the Department. (c) The Department shall promulgate regulations, regarding the pre-employment testing if all applicants, for use of all of the following illegal drugs: (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. Sept 3, 2025 Millcroft Living failed to ensure that Based on record review and interview, it was contracted therapy employees were determined that for one (E6 contracted PT) tested for Marijuana/cannabis during out of four employees reviewed for backtheir pre-employment screening. ground checks, the facility failed to have evidence of screening results for marijuana/can-1. Corrective action: nabis on the pre-employment drug screen. -The pre-employment policy was Findings include: changed to include testing for Mariju-6/25/24 - An employee file review revealed ana/cannabis. - All new contracted employees as well that E6's (contracted PT) verified drug urine as community employees have had drug screen processed at [laboratory] docu-Marijuana/cannabis testing. mented "negative" for methadone, phencycli--All contracted and community emdines, benzodiazepines, cocaine, propoxyployees drug testing will be verified as phene, amphetamines, opiates, 6-acetyl morcompleted before the employee bephine, methaqualone and barbiturates. The pre-employment urine drug screen failed gins work at the facility. to test for the marijuana /cannabis. 2.Identification of other residents: -All residents had the potential to be 7/1/24- E6 was employed as a contracted affected by this deficient practice. physical therapist with [company], who was -All residents will be protected by takcontracted to provide rehabilitation services ing the corrective actions outlined beat the facility. 8/4/25 1:35 PM - During an interview, E2

Provider's Signature Colonia Note 11/24/25

(DON) and E5 (contracted Director of Rehab) confirmed that the pre-employment urine



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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/cannabisThe 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 workIf audit reveals less than 100% compliance, a full investigation will be initiated and hiring will be temporarily suspended until compliance is achieved.	Ç	
		periode diffil compliance is achieved.		
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PRINTED: 11/25/2025 FORM APPROVED

OMB NO. 0938-0391

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	
	OF PROVIDER OR SUPPLIER ROFT LIVING			TREET ADDRESS, CITY, STATE, ZIP COD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	NT OF DEFICIENCIES T BE PRECEDED BY FULL ENTIFYING INFORMATION)	ID PREFI TAG		SHOULD BE TO THE	(X5) COMPLETION DATE
F0000	INITIAL COMMENTS  An unannounced complaint set facility from August 1, 2025, The deficiencies contained in observations, interviews, revirecords and review of other faindicated. The facility census. The sample totaled 5 resider.	survey was conducted at this through August 4, 2025. In this report are based on lew of residents' clinical acility documentation as on the first day was 87.	F0000			
safeguards	provide sufficient protection to t	he patients. (See reverse for further	instruc	I stitution may be excused from correcting pretions.) Except for nursing homes, the finding ursing homes, the above findings and plans	as stated above are o	lisclosable 90

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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