



**DELAWARE HEALTH
AND SOCIAL SERVICES**

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

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

STATE SURVEY REPORT

Page 1 of 6

NAME OF FACILITY: Ingleside Assisted Living, LLC

DATE SURVEY COMPLETED: November 7, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
	<p>An unannounced annual and complaint survey was conducted at this facility from November 4, 2025, to November 7, 2025. The deficiencies contained in this report are based on observation, interviews, review of clinical records and other facility documentation as indicated. The facility census was fifty-eight (58) on the first day of the survey. The survey sample size was eight (8).</p> <p>Abbreviation/definitions used in this report are as follows:</p> <p>DM – dietary manager;</p> <p>DON – Director of nursing;</p> <p>LPN – licensed practical nurse;</p> <p>NHA -Nursing Home Administrator.</p> <p>Title 16 Health and Safety</p> <p>3225.0 Assisted Living Facilities</p> <p>3225.5.0 General Requirements</p> <p>3225.5.3 The assisted living facility shall adopt internal written policies and procedures pursuant to these regulations. No policies shall be adopted by the assisted living facility which are in conflict with these regulations.</p> <p>3225.5.4 The assisted living facility shall establish and adhere to written policies and procedures regarding the rights and responsibilities of residents, and these policies and procedures shall be made available to authorized representatives of the Department, facility staff and residents.</p>		

Provider's Signature Diana Williams

Title Executive Director

Date 12/3/25



**DELAWARE HEALTH
AND SOCIAL SERVICES**

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

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

STATE SURVEY REPORT

Page 2 of 6

NAME OF FACILITY: Ingleside Assisted Living, LLC

DATE SURVEY COMPLETED: November 7, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
	<p>Based on record review and interview, it was determined that the facility failed to have a sexual abuse policy that explicitly delineated with clear definitions and distinct policy language separate from physical abuse. This includes explicit identification of what constitutes sexual abuse, along with specific prevention, reporting, and response procedures. Findings include:</p> <p>Facility's "Abuse & Neglect policy... Definitions: 1. 'Abuse' shall mean:</p> <ul style="list-style-type: none">-Physical Abuse by unnecessarily afflicting pain or injury to a patient or resident. This includes but is not limited to hitting, kicking, pinching, slapping, pulling hair or any sexual molestation. When any act constituting physical abuse has been proven, the inflection of pain shall be presumed.-Emotional Abuse which includes but is not limited to ridiculing or demeaning a patient or resident, making derogatory remarks to a patient or resident or cursing directed towards a patient or resident or threatening to inflict physical or emotional harm on a patient." Revised 7/2019. <p>11/7/25 9:30 AM – A review of the facility's Abuse & Neglect policy revealed that the policy lacked distinct policy language regarding sexual abuse and procedures for prevention, reporting and response to a sexual abuse allegation.</p> <p>11/7/25 11:10 AM – During an interview, E2 (DON) stated that there was not updated Abuse policy. E2 confirmed that the 2019 policy was the current policy.</p>	<p>3225.5.4</p> <p>The Executive Director/Designee reviewed the Abuse and Neglect Policy. The Abuse and Neglect Policy were updated on 11/21/2025 to include sexual abuse, along with reporting and response procedures.</p> <p>All residents had the potential to be affected. Educate staff on sexual abuse incidence, sign and symptoms, and report requirements. Staff members take immediate action to protect the residents from further harm. Call the police and notify the appropriate state/licensing agency. Arrange for a medical examination and notify the examining physician that the resident may have been raped or sexually assaulted. Preserve all the evidence such as linens, clothing or bedclothes. The resident should not be bathed or cleaned prior to the medical examination. Allow only staff with special training in the field of rape or sexual assault to interview the alleged victim or suspected perpetrator unless instructed otherwise by the department, police or prosecutor's office.</p> <p>Sexual Abuse which includes, but not limited to any sexual contact (any intentional touching of another person's genitalia or anus, or causing such touching), sexual penetration (physical union of the genitalia or anus of one person with the mouth, anus, or genitalia of another person, regardless of penetration), or sexual intercourse (the unlawful placement of an object inside the anus or vagina, or the placement of genitalia or any</p>	<p>12/12/2025</p>

Provider's Signature Daniel Williams

Title Executive Director Date 12/3/25



**DELAWARE HEALTH
AND SOCIAL SERVICES**

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

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

STATE SURVEY REPORT

Page 3 of 6

NAME OF FACILITY: Ingleside Assisted Living, LLC

DATE SURVEY COMPLETED: November 7, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
3225 3225.12.0 3225.12.1 3225.12.1.3 S/S - E	<p>The facility failed to have an abuse policy that contained specific definitions and distinct policy language that delineated sexual abuse from the other types of abuse and contained explicit procedures for prevention, reporting and responding to a sexual abuse allegation.</p> <p>11/7/25 2:15 PM – The findings were reviewed with E1 (NHA) and E2 (DON) at the exit conference.</p> <p>Regulations for Assisted Living Facilities.</p> <p>Services</p> <p>The assisted living facility shall ensure that:</p> <p>Food service complies with the Delaware Food Code</p> <p>Delaware Food Code</p> <p>5-2 PLUMBING SYSTEM</p> <p>5-205.11 sing a Handwashing Sink</p> <p>(A) A HANDWASHING SINK shall be maintained so that it is accessible at all times for EMPLOYEE use. (B) A HANDWASHING SINK may not be used for purposes other than handwashing.</p> <p>This requirement is not met as evidenced by:</p> <p>Based on observations and interviews, it was determined that the facility failed to comply with the Delaware Food Code. Finding includes:</p> <p>11/5/25 10:25 AM – The handwashing sink in the kitchen was clogged and not draining,</p>	<p>sexual device inside the mouth), as those terms are defined in 761 of Title 11, with a patient or resident by an employee or volunteer working at the facility. It shall be no defense that the sexual contact, sexual penetration, or sexual intercourse was consensual.</p> <p>Policies and Procedures will be made available to authorized representatives of the Department, facility staff and resident. (Attachment 1)</p> <p>3225.12.1.3</p> <p>The Handwashing sink was removed from the wall due to clogging and not draining. Work order created (Attachment 2)</p> <p>All Employees had the potential to be affected. The Dining Manager/Designee to re-educate employees on the handwashing sink may not be used for purposes other than handwashing.</p>	12/2/2025

Provider's Signature *Julia Williams*

Title *Executive Director*

Date *12/3/25*



**DELAWARE HEALTH
AND SOCIAL SERVICES**

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

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

STATE SURVEY REPORT

Page 4 of 6

NAME OF FACILITY: Ingleside Assisted Living, LLC

DATE SURVEY COMPLETED: November 7, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
3225.12.0	leaving standing water in the basin. Hand- washing sink must not be used for any other purposes that could lead to clogging.	The Handwashing Sink not able to be repaired immediately is down due to a collapsed drain. The cause of water not draining. The facility immediately assigned another sink next to the coffee machine to be available for handwash- ing purposes only.	
3225.12.1	11/5/25 2:25 PM -The finding was reviewed with E1 (ED).		
3225.12.1.3	Services The assisted living facility shall ensure that:	The facility currently has a plumbing company (vendor) reviewing the plumbing blueprints and will see how extensive the damage to the plumbing is. The facility did not go with the original plumber. The second vendor snaked kitchen floor drain down middle of the kitchen to clear blockage in mainline and re- lieve floor drains in kitchen. The plumber was able to relieve blockage of grease in line and restore all floor drains and fixtures in the kitchen. The plumber reinstalled the hand- washing sink. The Handwashing sink draining at 100%. (Attachment 3)	
S/S - E	Food service complies with the Delaware Food Code Delaware Food Code 2-4 HYGIENIC PRACTICES 2-402.11 Effectiveness. (A) Except as provided in ¶ (B) of this sec- tion, FOOD EMPLOYEES shall wear hair re- straints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed FOOD; clean EQUIPMENT, UTEN- SILS, and LINENS; and unwrapped SINGLE- SERVICE and SINGLE-USE ARTICLES This requirement was not met as evidenced by: Based on observation and interview, the fa- cility failed to ensure that hair restraints were worn to prevent hair contact with ex- posed food. Findings Include: 11/4/25 12:45 PM – During the initial kitchen tour, the Surveyor observed E4 (Cook) preparing sandwiches while not wearing a beard restraint.	3225.12.1.3 The employee was given a beard net immedi- ately. Hair and beard nets are available prior to entering the kitchen on 11/4/2025	12/22/2025

Provider's Signature Dennis Williams

Title Executive Director

Date 12/3/25



**DELAWARE HEALTH
AND SOCIAL SERVICES**

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

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

STATE SURVEY REPORT

Page 5 of 6

NAME OF FACILITY: Ingleside Assisted Living, LLC

DATE SURVEY COMPLETED: November 7, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
S/S - E	<p>11/4/25 12:53 PM – Finding was confirmed with E3 (DM).</p> <p>11/7/25 2:15 PM – Findings were reviewed with E1 (NHA) and E2 (DON) at the exit conference.</p> <p>3-5 Limitation of Growth of Organisms of Public Health Concern</p> <p>3-501 Temperature and Time Control</p> <p>3-501.17 Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking. (A) Except when PACKAGING FOOD using a REDUCED OXYGEN PACKAGING method as specified under § 3-502.12, and except as specified in ¶¶ (E) and (F) of this section, refrigerated, READY-TOEAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and held in a FOOD ESTABLISHMENT for more than 24 hours shall be clearly marked to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded when held at a temperature of 5°C (41°F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1.</p> <p>This requirement was not met as evidenced by:</p> <p>Based on observation and interview, it was determined that the facility failed to ensure refrigerated food items were labeled with a date and to ensure food items were discarded within 7 days of refrigerated storage: Findings include:</p> <p>11/4/25 12:35 PM – Three 16-ounce bottles of water, one 5-gallon container of pickles, one 5-gallon container of vanilla icing and</p>	<p>All Residents had the potential to be affected by improper food handling no negative outcomes.</p> <p>The Dining Manager/Designee to re-educate Food Employees on the importance of wearing the correct hair restraints when handling food. Hair restraints such as hats, hair coverings or nets, beard restraints, clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed Food, clean equipment, utensils, and linens and unwrapped single service and single use articles.</p> <p>The Dining Manager/Designee will audit hair-nets and beard nets daily for 1 week, then 2x per week for 1 week, then 1 x per month for one month. Audit will be ongoing until 100% compliance then periodically at the facility discretion. compliance. (Attachment 4)</p> <p>3-501.17</p> <p>The Dining Manager immediately disposed of all refrigerated food items which were not labeled with a date on the same day 11/4/2025.</p> <p>All residents had the potential to be affected but not negative outcomes at this time. The Dining Manager/Designee to re-educate the</p>	12/22/2025

Provider's Signature Daniel Williams

Title Executive Director Date 12/3/25



**DELAWARE HEALTH
AND SOCIAL SERVICES**

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

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

STATE SURVEY REPORT

Page 6 of 6

NAME OF FACILITY: Ingleside Assisted Living, LLC

DATE SURVEY COMPLETED: November 7, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
	<p>one quart of heavy cream were observed in Refrigerator 1 opened and undated.</p> <p>11/4/25 12:40 PM – One pan of roast pork and one of pan corn chowder, both marked 10/2/25, and three undated pans containing mashed potatoes, sauerkraut, and kielbasa were observed in Refrigerator 2.</p> <p>11/4/25 12:45 PM – One jar of mayonnaise, one jar of relish and one bottle of coffee creamer were observed in Refrigerator 3 opened and undated.</p> <p>11/4/25 12:50 PM – Findings were confirmed with E3 (DM).</p> <p>11/7/25 2:15 PM – Findings were reviewed with E1 (NHA) and E2 (DON) at the exit conference.</p>	<p>staff on the marking system to meet the marking criteria. The marking system is to be used Ready to eat, time/temperature control for safety food prepared and held in the food establishment for more than 24 hours shall be clearly marked to indicate the date and day by which the Food shall be consumed on the premises, sold, or discarded when the held at a temperature of (41F) or less for a maximum of 7 days.</p> <p>The marking system is to includes preparation of day 1 and discarding food in the refrigerator after 7 days. Food not prepared by the facility will be dated with an open date.</p> <p>The Dining Manager/Designee will audit refrigerators daily for 1 week, then 2x per week for 1 weeks, then 1x per month for one month. Audit will be ongoing until 100% compliance then periodically at the facility discretion. (Attachment 5)</p>	

Provider's Signature Daniel Williams Title Executive Director Date 12/3/25