



**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

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NAME OF FACILITY: The Pointe of South Harmony Lodge

DATE SURVEY COMPLETED: October 29, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
nn	<p>An unannounced Complaint Survey was conducted at this facility from October 28, 2025, through October 29, 2025. The deficiencies contained in this report are based on interview, record review and review of other facility documentation as indicated. The facility census on the first day of the survey was thirty-seven (37). The survey sample totaled six (6) residents.</p> <p>Abbreviations/definitions used in this state report are as follows:</p> <p>AFib (Atrial fibrillation) - An irregular and often very rapid heart rhythm. AFib can lead to blood clots in the heart and the condition increases the risk of stroke, heart failure and other heart-related complications;</p> <p>BOM - Business Office Manager;</p> <p>CG - Caregiver;</p> <p>DRC - Director of Resident Care;</p> <p>ED - Executive Director;</p> <p>eMAR - Electronic Medical Record;</p> <p>ER - Emergency Room;</p> <p>Infarction - Obstruction of the blood supply to an organ or region of tissue;</p> <p>IT - Information Technology;</p> <p>Keppra - An anti-epileptic drug, also called an anticonvulsant;</p> <p>LPN - Licensed Practical Nurse;</p> <p>MAR - Medical Administration Record;</p> <p>MD - Medical Doctor;</p> <p>MT - Medication Tech;</p> <p>NP - Nurse Practitioner;</p> <p>PCA - Posterior cerebral artery - a major artery supplying blood to the occipital lobe and other critical brain structures;</p> <p>RN - Registered Nurse;</p>		

Provider's Signature

Title

ED

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3225 3225.19.0 3225.19.2 3225.19.3 S/S – F	<p>Warfarin - An anticoagulant (blood thinner). Warfarin reduces the formation of blood clots and used to treat or prevent blood clots in veins or arteries, which can reduce the risk of stroke, heart attack, or other serious conditions.</p> <p>Assisted Living Facilities</p> <p>Records and Reports</p> <p>Records shall be available, along with the equipment to read them if electronically maintained, at all times to legally authorized persons; otherwise, such records shall be held confidential.</p> <p>The assisted living facility resident clinical records shall be retained for a minimum of 5 years following discharge or 3 years after death before being destroyed.</p> <p>This requirement was not met as evidenced by:</p> <p>Based on the lack of available information at the time of the survey; the facility was out of compliance with this requirement at the start of, during, and at the completion of the on-site survey. As a result, the authorized representatives of the Department never had the required access to records. Findings include:</p> <p>10/28/25 – Per interview with E3 (BOM) at approximately 9:00 AM, E3 stated the facility had "been sold" and are under new "owners". E3 stated the formerly used EMR system access was terminated as of</p>	<p>3225.19.2</p> <p>1. There were no residents negatively impacted by this deficient practice. The facility has obtained read-only access to the prior Electronic Medical Record (EMR) system (PCC), allowing leadership and authorized staff to retrieve historical resident records entered prior to 10/15/25. This access is currently being utilized to retrieve, print, and securely store resident clinical records as required. The facility will also ensure that resident clinical records are retained for a minimum of five (5) years following discharge or three (3) years following death prior to destruction, in accordance with Delaware State Law.</p> <p>2. All residents whose clinical documentation was entered or uploaded into the former EMR system prior to 10/15/25 had the potential to be affected by this deficient practice.</p>	01/30/2026

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	<p>10/14/25, but the new system was not yet in place.</p> <p>E3 stated she was unable to access paper versions of the resident records as most documentation was uploaded into the old system and was unable to be retrieved.</p> <p>10/28/25 - Per interview with E2 (DRC) at approximately 10:00 AM, E2 stated the EMR access was terminated by the former facility "owners" as of 10/14/25 and that the staff started documenting on paper as of 10/15/25.</p> <p>E2 confirmed the facility had no access to resident records that were entered in or uploaded into the old EMR system as of 10/15/25. E2 stated once documents are uploaded into the system, paper versions are not kept in most cases.</p> <p>10/29/25 - E1 (ED) contacted someone in the IT Department at approximately 1:15 PM to attempt access and get record retrieval from the old system. E2 (DRC) was able to download and print some residents progress notes for a certain time period, but not all of the residents needed by the Surveyor. The Surveyor was not able to access the electronic records at all during the survey, which was not resolved by the survey end.</p> <p>10/29/25 - Findings were reviewed with E1 and E2 at the exit conference beginning at approximately 1:50 PM.</p>	<p>3. The facility currently has PCC read-only access and is working with the vendor to obtain permanent access, anticipated by late January 2026. This will ensure that resident clinical records remain available to legally authorized persons and that documentation can be reviewed as needed for continuity of care and regulatory compliance.</p> <p>4. The Health Services Director (HSD) or designee will ensure that all discharged resident clinical records are securely maintained and retained for a minimum of five (5) years following discharge or three (3) years after death, prior to destruction, in accordance with Delaware State Law. Compliance will be monitored through periodic audits of resident records to verify proper retention, accessibility, and availability to legally authorized persons, to ensure 100% compliance.</p>	

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Title

E1

Date

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Title 16 DE CODE; Chapter 11; Subchapter III S/S - G	<p>Abuse, Neglect, Mistreatment, Financial Exploitation, or Medication Diversion of Patients or Residents</p> <p>(81 Del. Laws, c. 206, § 31; 83 Del. Laws, c. 22, § 1.)</p> <p>§ 1131. Definitions.</p> <p>(12) "Neglect" means the failure to pro- vide goods and services necessary to avoid physical harm, mental anguish, or mental illness. Neglect includes all of the following:</p> <p>c. Failure to carry out a prescribed treat- ment plan for a patient or resident.</p> <p>This requirement was not met as evi- denced by:</p> <p>Based on review of available record and medication administration records, inter- view and review of other facility documen- tation, it was determined that for two (R2 and R5) out of six residents reviewed for medication administration, the facility failed to administer the Physician ordered medications. These medication errors re- sulted in harm to R5 and the potential harm for R2. Findings include:</p> <p>1. 3/18/25 - R5 was admitted to the facil- ity.</p> <p>5/16/25 - Per the ER records from a hospi- tal admission on May 19, 2025, R5 experi- enced seizure activity secondary to a sub- acute left posterior cerebral artery (PCA) infarction. R5 was started on a new pre- scription for Keppra 500 mg by mouth every 12 hours when discharged from the</p>	<p>Title 16 DE CODE; Chapter 11; Subchapter III S/S - G</p> <p>1. There were two residents negatively impacted by this deficient practice. This facility will ensure that all prescribed treatment plans for a patient or resident are available to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness.as described in (81 Del. Laws, c. 206, § 31; 83 Del. Laws, c. 22, § 1.)</p> <p>2. All residents receiving anti-seizure and/or anticoagulant therapy have the potential to be affected by this deficient practice.</p> <p>3. All licensed nurses and medication technicians will be in-serviced by the Health Services Director (HSD) on medi- cation pass documentation by 01/30/2026.</p> <p>4. The Health Services Director (HSD) or designee will conduct medication admin- istration audits to ensure medications are</p>	<p>01/30/2026</p>

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	<p>hospital to a rehab facility on 5/23/25 and continued when readmitted to the AL facility.</p> <p>10/22/25 – R5 became unresponsive, was noted to have some seizure type activity and was transported to the ER.</p> <p>10/28/25 - Per review of investigative documents, review of available medical records including medication administration records, employee statements and interview, it was determined that R5 failed to receive the prescribed morning dose of Keppra from 10/18/25-10/22/25, and the evening dose of Keppra from 10/18/25-10/21/25 which resulted in R5's transfer to the hospital because of unresponsiveness and seizure type activity.</p> <p>10/28/25 – Per interview with E2 (DRC) at approximately 10:00 AM, E2 confirmed R5's Keppra was not administered as prescribed. E2 stated she investigated as to why and found the staff did not follow up with pharmacy or notify her that the medication was missing and unable to be given.</p> <p>10/28/25 – Per review of documented staff statements, staff noted that they were emailing and faxing the pharmacy back and forth to get the medication. However, in checking with the pharmacy, the pharmacy only had received one communication or email which was from the provider on 10/22/25. E2 stated the pharmacy had no record of the medication not being available, and E2 stated she had no staff communication of the missing medication.</p>	<p>administered in accordance with physician orders and at prescribed times.</p> <p>Medication Administration Record (MAR) audits specific to anti-seizure and anticoagulant medications will be completed weekly for four (4) weeks and then monthly for four (4) months by the HSD or Assistant Health Services Director (AHSD) to ensure 100% compliance. In addition will continue to utilize contracted pharmacy services for quarterly audits.</p>	

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	<p>10/28/25 – R5's anti-seizure medication was not given, which resulted in harm to R5. R5 became unresponsive and suffered seizure type activity which resulted in a hospitalization.</p> <p>2. 5/7/25 - R2 was admitted to the facility with diagnoses including Atrial Fibrillation (AFib) and an artificial heart valve. Medical records which included the eMAR were not available.</p> <p>Per available documentation, R2's order was for Warfarin 1 mg-take 1.5 tabs on Tuesday, Thursday and Saturday and 2 tabs on Monday, Wednesday and Friday. Regular testing of R2's blood clotting levels was ordered to monitor therapeutic levels.</p> <p>9/5/25 - Per NP1's (Nurse Practitioner) email to E2 (DRC) at 10:01 PM, NP1 noted that R2's lab result was subtherapeutic on 8/12/25 and MD1 had ordered a loading dose of Warfarin over two days and then return back to the standing dose of Warfarin on 8/16/25.</p> <p>NP1 noted per this email communication to E2, that R2's lab value done on 8/28/25 was again subtherapeutic. NP1 reviewed R2's MAR and found that after the loading doses of Warfarin 3 mg and 4 mg were given, the resumption of the prescribed standing dose of Warfarin 1 mg-take 1.5 tabs on Tuesday, Thursday and Saturday and 2 tabs on Monday, Wednesday and Friday was not resumed. This resulted in R2 not receiving this anticoagulant between 8/16/25 and 9/5/25. NP1 indicated</p>		

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	<p>that E2 needed to contact MD1 for orders on a loading dose again.</p> <p>10/28/25 – Per interview with E2 at approximately 2:00 PM, E2 stated the medication was not resumed as ordered for 8/16/25 and discovered only when the lab value was again subtherapeutic on 8/28/25.</p> <p>10/28/25 – Per available documentation and interview, E2's Warfarin was not administered over this period of time (21 days), which had potential blood clotting complications for R2 due to the diagnoses of AFib and an artificial heart valve.</p> <p>10/29/25 - Findings were reviewed with E1 (ED) and E2 at the exit conference beginning at approximately 1:50 PM.</p>		

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